

Victorian Veterans Sector Study 2022



FINAL REPORT

July 2022

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Executive summary

Scope and approach

The scope of this Study was determined by the Terms of Reference (ToR), a full copy of which is available in Attachment A.

There are five key themes that this Study focuses on:

- > data and demographics,
- > mental health and suicide prevention,
- > employment, education and training
- > housing and homelessness, and
- > the impact of COVID-19 on the sector.

This Study aims to understand veterans' experiences in relation to the five key themes of the ToR and understand how veterans interact with the support services available to them in Victoria.

Some additional themes that arose through the data collection process and ensuing analysis have also been included in this report.

The Study was conducted in accordance with the methodology diagram in Attachment B.

Grosvenor's approach was to conduct:

- > a detailed review of documents and data provided by the Department of Families, Fairness and Housing's Office for Veterans (OFV)
- > a detailed review of available literature regarding Australian veterans and the ToR items
- > focus group consultations with individuals from the veteran community and ESOs in 11 locations throughout Victoria. Case study-style overviews of each participant's feedback in the focus groups are provided at Attachment D
- > online survey for the veteran community and ESOs. The quantitative output of this is provided in Attachment C
- > consultations with Victorian Government departments
- > consultations with and data collection from nine Victorian ESOs and VSOs.

The Study has been conducted based on the information available and attainable at the time of writing. All reasonable efforts have been made to ensure that comprehensive, high quality and relevant evidence has been used in the writing of this report. Identified limitations are noted in the body of the report to aid interpretation.

The remainder of this summary provides the consolidated conclusions and recommendations for each ToR item, in addition to consideration of ESO maturity and coordination (the impacts of COVID-19 on the sector are addressed in this item).

Consolidated conclusions

Demographics and data conclusions

With such diversity in the veteran community all across Australia and throughout Victoria, greater sector stewardship is needed to ensure members of the veteran community are aware that they are either veterans or are a cohort which may be eligible for benefits (e.g. war widow/ers and dependents) and thus can access and use the services they require, in addition to supporting an effective and efficient ESO ecosystem. Such sector stewardship, which would involve one coordinating body working with and across all ESOs on various matters provides the opportunity to interrogate veteran cohorts which may have additional complexities, such as younger veterans. This also provides the opportunity to work across the sector to ensure a collaborative and coordinated approach to meeting these needs.

A particular cohort of interest identified in this year's Study is veterans who served in non-designated conflicts, which raised the potential that there may be other veteran cohorts which receive less social recognition and benefits for their service relative to their contemporaries, despite their deployment or which legislation they fall under being out of their control. Coupled with the differing definitions of who is and who is not a veteran (discussed at section 2.1) this situation has the potential to create further inequality in an already fragmented veterans sector where DVA's system is so complicated advocates must receive special qualifications for helping veterans to navigate the service system to access the benefits they are entitled to.

Data plays an important role in effective decision making across all sectors. The lack of current and accurate data at all levels of the veterans sector presents an issue for government, ESOs and other service providers seeking to improve their targeting and service provision. Some ESOs have reported that they are unable to accurately forecast due to not having sufficient data regarding where veterans live, work and access services in the community and their needs. This leads to increased challenges for government and ESOs to anticipate, or even respond to, the needs of the Victorian veteran community efficiently and effectively, despite the best efforts of all involved. In May 2022, the ADF and DVA announced the DVA/Defence Electronic Information Exchange (DDIE). This initiative is in response to both Departments recognising the effect on the veteran community where relevant information is not accessible between these departments. This is a positive development in the sector, and likely to improve insights regarding the veteran community to better aid effective service planning and provision.

ESO maturity and coordination conclusions

As shown through the ESO primary data collection process described in section 2.3.4, this Study has identified gaps and inconsistencies in data collection by ESOs, where many ESOs could not provide data regarding what services they deliver, where to, and to how many clients. While ESOs have no obligation to collect such data (aside from any specific grants

requirements), improved data collection regarding services delivered could ultimately lead to improved needs-based forecasting for ESOs and for government. The quality of data collection varies from ESO to ESO, and even occasionally from branch to branch within larger ESOs. In this current state, while RSL Victoria delivers the Veteran Central (VetCentral) phone number service to provide the veteran community with a ready 'front door', Grosvenor found that there may still be low awareness of this service among the community. As a result, there is currently no well-known, ready 'front door' or clear, regularly used referral pathways for members of the veteran community to access who may have varying capabilities to seek out or navigate across multiple ESOs. In part this is due to there being no clear peak body or sector steward for the sector. This is also due in part to limited compliance requirements for ESOs with regard to capturing, monitoring and reporting service provision data. These limited compliance requirements apply even where ESOs receive federal or state government funding for some of their services.

Coupled with this, ESOs in Victoria have a significant amount of revenue, part of which is Victorian government funding. It is unclear where or how Victorian government funding is used to achieve improved outcomes for members of the veteran community, with no high level or readily accessible reporting or clarity on this point. While the Victorian government, like many government bodies, requires funding acquittals for grant funding, this is typically at the level of an individual grant or project, and does not provide a holistic picture of overall outcomes in the veterans sector for the many streams of funding received by the sector. Grosvenor is also aware that some smaller ESOs (which can include branches or sub-branches) may obtain most of their revenue through fundraising appeals and the acquittal of these funds is governed by the *Veterans Act 2005 (Vic)*. This acquittal process likely mitigates some of the risk of the funds being used inefficiently, however, this was not a core focus of this Study.

There is a need for improved maturity and coordination within ESOs and across the sector more broadly. Consistent narratives across the 2008, 2015 and 2022 Victorian Veterans Sector Studies note the challenges veterans face in gaining awareness and accessing services provided by ESOs.

Mental health and suicide conclusions

It is heartening to see the high rates of awareness of mental health support services reported through the survey, and the changing perceptions around mental health challenges in service life reported through the focus groups. Assuming the survey response data is an accurate proxy data measure, with awareness and service usage having substantially improved in recent years, the main remaining challenges for improving mental health outcomes for veterans will be fulsomely explored and reported through the Royal Commission into Defence and Veteran Suicide, as the Commission's work progresses.

Employment, education and training conclusions

Many veterans may need employment or education and training support, yet participants in this Study reported that there is little employment or education support that is either available or that members of the veteran community are aware of. Regarding the latter, while employment and

education support services do exist, less than half of survey respondents were aware of relevant education support services they may be able to access.

Many of the employment service supports described by participants in this study included interviewing skill development and resume writing support. These skills are important, however further skill development designed to support veterans to achieve job stability would be beneficial. Job stability is a critical enabler for a successful transition to civilian life.

Given the need for these services there are opportunities to expand access to and the quality of employment and education and training support services for veterans in Victoria.

Housing and homelessness conclusions

With few veteran-specific service providers and an unknown level of service demand, it is likely that the needs of veteran community members are not being met by the provision of housing and homelessness support services throughout Victoria.

Anecdotal comments from both members of the veteran community and ESO representatives indicated that demand far out-stripped supply, but the lack of visibility of where the services are needed, and what type of accommodation is needed (e.g., single person accommodation, family accommodation) make service planning and provision across the state incredibly difficult.

Consolidated recommendations

Recommendation 1: The VVC should provide sector stewardship of the veterans sector in Victoria, including the development of a sector-wide outcomes framework, monitoring of outcomes for veterans and improved data collection and intelligence across the sector.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

With no peak body in the sector facilitating coordination and collaboration across ESOs and VSOs in the sector, the VVC can take on this role of enhancing coordination and collaboration, to ensure that:

- > an outcomes framework for the sector is developed, to provide clarity regarding what the intended outcomes for the veteran community are from the effort and resources in the Victorian veterans sector. The development of such an outcomes framework will need to be cognisant of and work within the existing constraint of the sector's data collection and

analysis capability. While this will be a challenge to the design, implementation and monitoring of an outcomes framework, it is not insurmountable, and would be a key enabler of working with ESOs and VSOs to improve their data collection and monitoring capabilities

- > the outcomes framework is monitored with timely and accurate data, to provide stronger insights into the efficacy of various initiatives – this could include an annual open survey of members of the veteran community, to build a sense of trends over time
- > ESO and VSO data collection and monitoring capabilities improve, whether this is through a series of targeted capability uplift initiatives, grants or other funding programs, or through the VVC funding a small sector-wide monitoring and evaluation unit for this purpose
- > advocacy to DVA and the ABS continues to seek opportunities for improved data collection and sharing regarding:
 - veterans who are not DVA clients
 - veterans in employment or education and training
 - veterans who are homeless or at risk of being homeless
 - veterans who identify as LGBTIQ+
 - veterans who are of Aboriginal or Torres Strait Islander heritage
 - any other data sets already collected which are not released publicly
- > advocacy across relevant Victorian government functions and service systems (e.g. mental health, acute sector, public housing, family violence) to capture the veteran status of service users, to better understand and monitor service need at an aggregated level.

Recommendation 2: The VVC should investigate further the issues associated with veteran cohorts who may receive less social recognition or state government benefits, and advocate to relevant state government bodies to ensure parity, where appropriate.

This recommendation links to one VVC objective, to a) promote the wellbeing of all members of the Victorian ex-service community.

Noting VVC's current capacity, it may elect to task a subcommittee or the OFV to conduct this investigative work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

This was a new issue raised in this Study, and more investigation is required at both state and federal levels to understand how many veterans fall into such categories, their experiences and barriers, and initiatives are developed to address discrepancies in social recognition and treatment where relevant. The VVC can advocate across state government bodies that any Victorian benefits applying to veterans are inclusive of all veteran cohorts and consistent with benefits offered in other states and territories, and advocate at a federal level for federal recognition and entitlements to also span all veteran cohorts. Grosvenor notes from VVC member feedback that the veterans falling under the *Safety, Rehabilitation and Compensation*

(Defence-related Claims) Act 1988 (DRCA Act) are not entitled to a Gold Card, and thus this could be another cohort for consideration.

Recommendation 3: In line with greater sector stewardship (refer Recommendation 1), the VVC should play a leading role with Victorian ESOs to introduce more transparency around ESO service provision, the adoption of better practices, and greater collaboration and coordination within and between ESOs.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

Given the challenges set out in this chapter, the VVC is an entity which would have the influence to work with ESOs to steer ESOs towards a more mature approach to their service delivery. This would ideally encompass:

- > conducting an ESO mapping project similar to that conducted in 2016 by the Aspen Foundation, to provide as an output a clear sense of what ESOs operate in what locations, as well as more detailed information to create a comprehensive database about what services operate at what hours and who is eligible for those services, and how those services may be accessed. Such mapping should capture the workforce composition and distribution, and ideally develop standardised service definitions which ESOs could adopt. The outputs of the mapping can then also be shared and promoted through existing veterans information platforms or support portals such as the VVC website or the existing ENGAGE portal, and communication to veteran's support groups. Grosvenor is aware that there is a veteran support portal under development nationally called ServULink which may meet this need, in which case, the VVC could support uptake of this platform across the sector
- > investigating more fully and breaking down barriers to enhanced ESO collaboration, with consideration given to:
 - better promotion and information-sharing regarding VetCentral, and the Veteran Wellbeing Centres when a Victorian Centre is developed
 - standards and protocols for information sharing and case management across multiple ESOs, for example, agreeing data definitions, how deidentification and data matching can be undertaken, frequency and protocols for information sharing, etc
 - leveraging successful models in other sectors to improve care coordination, and for the sector to move to a holistic psychosocial model of care for veterans, for example, through the delivery of training sessions on these models and the provision of enabling supports, such as communities of practice or region-specific knowledge sharing forums

- facilitation of the development of formal structures and governance arrangements to enable ESO coordination, which are not built solely on personal relationships and therefore at risk when personnel change over time. Such formal structures and governance arrangements could consist of an ESO or Victorian veterans sector charter or ToR., as well as maintenance and formalisation of existing statewide networks, and establishment of regional networks. These networks would have information flowing both across the state, and up and down the chains in the network, and with supporting subcommittees or communities of practice as required (e.g. mental health, employment, education, housing and homelessness, other)
 - providing support to regional networks to be established and coordinate on a regional basis. Due to Victoria's wide geographical distances, these could be established on a regional basis with key town centres (e.g. Geelong, Sale, Horsham, Seymour) being the central point, but with membership open to all ESOs and ESO representatives within defined geographical boundaries
 - encouraging the sector to adopt the better practices identified in this Study already implemented by some Victorian ESOs. The better practices could be shared amongst the ESO sector via various means such as at ESO round table meetings, ESO-specific meetings such as summits, communities of practice, guidance and training sessions led by experts in relevant fields such as professionally qualified clinical workers to discuss the psychosocial care model, or users or providers of CRM platforms to discuss the benefits and options available
 - any additional support, resourcing or funding required in the sector to help ESOs to modernise their systems and processes
- > setting required outcomes for achievement to the Victorian government funding currently granted to the sector, by working with state government programs and funds which provide funding to the sector, in alignment with the outcomes framework to be developed as part of Recommendation 1
 - > addressing ESO service gaps identified through more detailed mapping. For example, if a particular ESO is identified as not being able to provide information to service users regarding housing and homelessness support services, that the ESO is provided with this information. This will ensure that wherever a member of the veteran community makes contact they will receive consistent information regarding what supports are available to them and how they can access them.

Recommendation 4: The VVC should target the accessibility and quality of mental health and suicide prevention support services as a priority area in its outcomes framework and efforts to address service gaps in the Victorian veterans sector.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

Such a body of work would span multiple components, including:

- > advocacy to the ADF to address stigma of mental health challenges, including addressing any explicit or implicit penalties in the ADF system for serving members seeking out mental health support services throughout their service
- > advocacy to DVA:
 - providing more supports to veterans during transition to support and enable wellbeing
 - closing the gap between the fees mental health practitioners receive from DVA patients and from private patients, to improve access to services for DVA patients
 - to improve the awareness and capability of general practice and civilian mental health practitioners regarding veterans' issues and options for referrals
 - to identify and address service gaps in regional and rural locations
- > working with members of the veteran community and ESOs to raise awareness regarding what services are already available for the general population, in addition to veteran-specific supports, and how these may be accessed
- > working across Victorian government funded services and service providers to improve their awareness of the unique needs and barriers faced by members of the veteran community in accessing and using services for the general population. The VVC may also advocate to the ESO sector to work with key providers to encourage trauma-informed approaches to care. This will improve the accessibility and quality of mental health support services for veterans and their families, and provide greater linkages with and accessibility to existing crisis support services.

Recommendation 5: The VVC should advocate to the veterans sector, federal government and state government to better promote existing available employment, education and training supports. As part of this, the VVC should advocate to resolve service gaps, accessibility and quality of these services for veterans.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

The main considerations for the VVC include:

- > identification of communication and promotion channels to increase awareness across the veterans sector of existing initiatives
- > investigate opportunities throughout Victorian government services and programs to contribute to addressing this gap, such as the exploration of industry partnerships or the inclusion of veteran employment targets in social procurement commitments for large government contracts. While this may already exist on major projects which are required to commit 10% of their labour spend on apprentices, trainees, and cadets (with veterans being a cohort available to meet these needs through Jobs Victoria) there is no public reporting regarding the numbers of veterans supported through this initiative, and as such its impact is still unknownⁱ
- > determining whether more funding for ESOs for veteran-specific employment and education and training programs would be an appropriate mechanism for addressing these needs, but ensuring that any such new funding is aligned with the outcomes framework for the sector (Recommendation 1) and provides monitoring and reporting on the outcomes achieved for veterans as a result of the funding. ACU and other universities may be considered in such an initiative, which would align well with the Victorian government's \$400,000 funding commitment to support RPL. Any such new initiatives would require wraparound supports as well as the direct delivery of employment, education and training support services.
- > advocating to the ADF and DVA to:
 - include career planning as a regular part of service life, where appropriate
 - collect data, during transition from service, on the proportion of veterans which leave service with no formally recognised skills, trades and qualifications, to better understand veteran demographics and the need for employment, education and training services. Grosvenor notes that veterans other than those who leave before completing initial training leave with formal Australian recognised qualifications, with this the responsibility of the Australian Defence College and data held by the Defence Member and Family Support Branch. This existing process could be a viable avenue to explore and advocate for stronger data collection and reporting
 - advocate for the broadening of eligibility criteria for employment, education and training support services for veterans, where existing veteran support programs may have highly restrictive criteria including age or service history.

Recommendation 6: The VVC should work with the veterans sector as a priority to better integrate members of the veteran community with existing Victorian Government housing and homelessness supports and initiatives as a priority cohort, and work with existing service providers to ensure a core set of wraparound supports are provided at each location.

While housing and homelessness services for members of the veteran community do exist across Victoria, awareness of these services was very low. Better promotion and communication of these existing services would increase awareness and accessibility.

Beyond this initial step, the Victorian Government is undertaking significant investment in housing and homelessness supports which could be further leveraged to provide priority access for members of the veteran community, through Homes Victoria and public and social housing programs. Veterans also experience many of the vulnerabilities experienced by other priority cohorts receiving housing support, but currently, there are no veteran-specific housing programs available in Victoria's public or community housing space. As a result, veterans or family members that meet the eligibility criteria can access social housing, and where other eligibility criteria are met they may also have priority access, by applying via the Victorian Housing Register. Ensuring consistent priority access for veterans across Victorian Government housing and homelessness supports will help ensure veterans receive the supports they require.

Glossary

TERM OR ABBREVIATION	MEANING
ABS	Australian Bureau of Statistics
ADF	Australian Defence Force
Contemporary veteran	Those who have seen operational service with the ADF from 1999 onwards
COVID-19	The SARS-CoV-2 coronavirus variant first reported in December 2019
DFFH	Department of Families, Fairness and Housing
DVA	Department of Veterans Affairs
ESO	Ex-service organisation, member-based organisations supporting veterans and/or their families
Ex-service community	All veterans, all surviving partners of veterans and all dependants of veterans, as per the <i>Veterans Act 2005 (Vic)</i>
IGADF	Inspector-General of the Australian Defence Force
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
MRCA	The <i>Military Rehabilitation and Compensation Act 2004</i>
OFV	Office for Veterans
PTSD	Post-traumatic stress disorder
RSL	Returned and Services League
ToR	Terms of Reference
VEA	<i>Veterans Entitlement Act 1986</i>
Veteran	<p>There are many different definitions of a veteran. According to 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”.</p> <p>The federal definition of a veteran, as per the <i>Australian Veterans’ Recognition Bill 2019</i>, is “a person who has served, or is serving, as a member of the Permanent Forces or as a member of the Reserves”. As per this Bill, a veteran may be an individual who has served in the Australian Defence Force with at least one day of continuous full-time service.</p> <p>A third definition of a veteran can be found in the <i>Veterans Entitlement Act 1986 (VEA)</i>. According to the VEA, veterans include people who have “continuous full-time service with the Defence Force (Army, Navy or Air Force) of Australia during WW1 or WW2”. This definition also has a provision for people serving post-WW2 to be considered as veteran provided, they “were allotted for duty in an operational area”.</p> <p>In this Study the term ‘veteran’ is used to refer solely to veterans, while the term ‘veteran community’ is used to refer to</p>

TERM OR ABBREVIATION	MEANING
	veterans as well as those close to the veteran. 'Veteran community' is defined below
Veteran community	This term encompasses veterans as well as war widow/ers, dependents, family members of a veteran, carers and others that are directly associated with the veterans that have served
Veterans sector	A sector comprised of ESOs, veteran support organisations, and government entities working to support members of the veteran community
VSO	Veterans support organisation, non-member-based organisations supporting veterans and/or their families
VVC	Victorian Veterans Council
War widow	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
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
WW1	World War 1
WW2	World War 2
Younger veteran	This term generally refers 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 1999 to the present day

1 Introduction

The Victorian Veterans Council (VVC) is an independent statutory body that provides advice to the Victorian Government through the Minister for Veterans regarding issues impacting the Victorian veteran community. In 2021, the VVC commissioned the third Victorian Veterans Sector Study (the Study; this report) to be delivered by Grosvenor Performance Group (Grosvenor). As an advisory body to the Minister for Veterans, the VVC has commissioned the Study to better understand the current landscape of the veteran community in Victoria and receive recommendations on how best to support the sector's current and emerging needs.

Two previous Victorian Veterans Sector Studies, conducted in 2008 and 2015 respectively, provided snapshots of the veteran community at the time. These previous reports provided recommendations to the VVC related to several key themes such as awareness and access to support services, ex-service organisation (ESO) and veteran support organisation (VSO) management and coordination, commemoration activities, data capture, and understanding the changing composition of the veteran cohort in Victoria. Both reports are publicly accessible through the VVC website.

The purpose of this third Study is to build on the findings of the previous two studies by providing a current picture of the veteran community cohort in Victoria, including the strengths, challenges and gaps to be addressed to better support Victorian veterans.

1.1 Scope

The scope of this Study was determined by the Terms of Reference (ToR), a full copy of which is available in Attachment A.

There are five key themes that this Study focuses on:

- > data and demographics,
- > mental health and suicide prevention,
- > employment, education and training
- > housing and homelessness, and
- > the impact of COVID-19 on the sector.

This Study aims to understand veterans' experiences in relation to the five key themes of the ToR and understand how veterans interact with the support services available to them in Victoria.

Some additional themes that arose through the data collection process and ensuing analysis have also been included in this report.

1.2 Approach

The Study was conducted in accordance with the methodology diagram in Attachment B.

Grosvenor's approach was to conduct:

- > a detailed review of documents and data provided by the Department of Families, Fairness and Housing's Office for Veterans (OFV)
- > a detailed review of available literature regarding Australian veterans and the ToR items
- > focus group consultations with individuals from the veteran community and ESOs in 11 locations throughout Victoria. Case study-style overviews of each participant's feedback in the focus groups are provided at Attachment D
- > online survey for the veteran community and ESOs. The quantitative output of this is provided in Attachment C
- > consultations with Victorian Government departments
- > consultations with and data collection from nine Victorian ESOs and VSOs.

1.3 Limitations

The Study has been conducted based on the information available and attainable at the time of writing. All reasonable efforts have been made to ensure that comprehensive, high quality and relevant evidence has been used in the writing of this report. There are some limitations of the data used and data collection activities that were out of the control of the Study which may have impacted the possible insights from the data, and the Study as a whole. These limitations include:

- > limited and varying levels and quality of available data, research and information related specifically to Australian veterans, and more specifically those based in Victoria. This remains a gap in the knowledge, as cited in the 2015 Victorian Veterans Sector Study and found during the data collection from ESOs and VSOs. The data provided was not consistent across each ESO and resulted in each ESO providing varying amounts and quality of data. This impacted Grosvenor's ability to compare data sets with the same information to conduct an in-depth analysis on ESO service provision across the sample. This limitation extends to the availability of 2021 Census data which would be useful for the purposes of this report. The 2021 Census data is scheduled to be released in three stages across mid-2022 to early-mid 2023, and at the time of writing, only the first stage of data has been released. This has provided some high level population information which has been included in this report where relevant, however more complex topics such as employment data or homelessness estimates are scheduled for later release and therefore is unavailable for Grosvenor to include in this report. Additionally, as the 2021 Census data was released later in the project timeline, it was unable to be used to inform initial research and data collection
- > engagement with a smaller number of Victorian veterans than expected through the focus group consultations. It is important to note that while the number of veterans Grosvenor engaged with through the face-to-face focus groups for this Study was lower than expected (12), this Study aimed to provide an indicative sample with qualitative insights from members of the veteran community, as opposed to a statistically significant representative sample of the Victorian veteran population. For the purposes of the Study, sufficient

information was collected from consultations and the online survey to understand aggregated themes that arose from the responses. In addition, due to engaging with less veterans in those focus groups, this provided Grosvenor with the ability to gain a deep understanding of a smaller number of people, as opposed to a high-level understanding of a larger number of people. As such we have prepared detailed deidentified case studies from each focus group, which are provided at Attachment D. The focus groups were held at 11 locations across Victoria, and Grosvenor prioritised locations for the focus groups with the highest veteran concentration locations to increase the likelihood of attendance

- > the online survey was open for a period of six weeks, for any member of the veteran community or any ESO representative to respond to. As with any open survey process, there may be bias in the results, where those responding have a stronger emotional response to the subject matter than the general population, either positive or negative.

Lastly, Grosvenor notes that little information was available to this Study in addition to literature and desktop sources cited in section 6.1 regarding the ToR element of suicide prevention and the availability and use of suicide prevention support services. The ethics approval received for the veteran focus groups precluded questions regarding suicide, to ensure participant safety, and when asked ESO representatives had little to add on this subject matter. As such chapter 6 predominantly focuses on mental health support services. When information was available this has been included, to deliver against this ToR element to the best of Grosvenor's ability.

1.4 Acknowledgements

Grosvenor would like to acknowledge the time and effort provided by all stakeholders, organisations, representatives, and other individuals that contributed to this Study.

In particular, Grosvenor would like to acknowledge and thank:

- > the VVC members for their time and guidance during the Study
- > the Department of Families, Fairness and Housing's Office for Veterans for their ongoing data provision, support and feedback
- > the ESOs and other VSOs that provided valuable information and data, through consultations, the online survey and data collection, to inform the Study.

But most importantly, all members of the veteran community that gave their time, either through the focus groups or the online survey, to provide important insights for input into this review. The stories, experiences and feedback shared has been invaluable for informing this year's study, and we thank those who contributed their insights for their honesty and openness.

1.5 Context to this Study

1.5.1 The VVC's remit

The VVC's remit is described in the *Veterans Act 2005 (Vic)*. The key parts of the Act as they relate to the conduct of this Study are set out in the following.

The objectives of the VVC are to (clause 5):

- a) promote the wellbeing of all members of the Victorian ex-service community;
- b) promote the commemoration of those who have died in the performance of service or duty;
- 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;
- d) actively promote the significance of, and the key values associated with, the spirit of ANZAC;
- 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.

The functions of the Victorian Veterans Council are to (clause 6):

- a) ensure that the objectives of the Victorian Veterans Council are met to the maximum extent that is practicable;
- b) monitor and advise the Minister on issues affecting Victoria's ex-service community;
- c) investigate and report on any aspect of veterans affairs referred to it by the Minister;
- d) consult with the ex-service community when developing advice for the Minister;
- 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 powers of the VVC (clause 7) are that the VVC may do all things that are necessary or convenient to enable it to carry out its functions.

1.5.2 Current issues

Veterans are at risk of being traumatised through the period of their service with the ADF and can experience significantly higher rates of mental health challenges compared with the general populationⁱⁱ. Within the last two years there have been a range of reports and media stories which have had the potential to re-traumatise veterans, by reminding them of aspects of their service or creating stressors which trigger mental health challenges linked back to the veterans' service.

One of these potentially re-traumatising reports is the Afghanistan Inquiry conducted by the Inspector-General of the Australian Defence Force (IGADF). The IGADF is appointed by the Minister for Defence and exists independent of the ADF chain of command. The IGADF provides the means for reviewing performance of the ADF justice system, conducting inquiries concerning the military justice system, providing independent oversight and review of complains and an avenue for the Minister to conduct inquiries into matters concerning the ADFⁱⁱⁱ.

In 2016, the Department of Defence (Defence) commissioned the IGADF to conduct an inquiry into the behaviour of the armed forces in Afghanistan, after allegations emerged that members of the Special Forces may have breached the Law of Armed Conflict^{iv}.

The Afghanistan Inquiry report was submitted to the Chief of the Defence Force and identifies that there is credible information which suggests that multiple Afghan residents were victims of unlawful killings by members of the ADF. Following the conclusion of the inquiry, a squadron was initially going to have been disbanded and stripped of all battle honours, with individual citations coming under scrutiny as some soldiers are identified as suspected perpetrators of war crimes^v. This decision was later overruled by the Minister for Defence at the time^{vi}.

Whilst the inquiry into Australia's conduct in Afghanistan was underway, many stories continued to be released in the media, focusing on specifically on the behaviour of members of the special forces. In early 2020, journalism program Four Corners aired an episode aimed at exposing members of special forces who engaged in killings and misconduct in Afghanistan^{vii}. The reporter, Mark Willacy, has also started an investigation into the alleged torture and mistreatment by members of the Special Air Service (SAS) in 1999 as part of the SAS Regiment in East Timor^{viii}. Following the investigations both by the IGADF and media, many members of the SAS have felt forced out of their unit, with one SAS figure claiming that over 100 members have left since the release of the Afghanistan Inquiry^{ix}.

In addition to the above reports being released over this time, the media has also shared a range of stories and releases from the defamation trial of veteran Ben Roberts-Smith. Roberts-Smith has earned many awards for his military service, having previously been awarded the Medal for Gallantry as well as the Victoria Cross for Australia (VC) for most conspicuous gallantry^x. In 2018, he was portrayed in the media as an alleged perpetrator of war crimes, and some newspapers have also accused Roberts-Smith of being a perpetrator of domestic violence and bullying, claims which Roberts-Smith refutes. The media coverage has spanned from June 2018 to the time of writing, with ongoing speculation and opinion shared in mainstream media regarding the case. Closing submissions for the trial are expected in July.

In early 2020, the United States and the Taliban came to an agreement for bringing peace to Afghanistan, which included reductions in both the number of US and allied forces in Afghanistan, as well as violence by the Taliban. In April of 2021, the Australian Government announced that the ADF would be withdrawing from Afghanistan, and by mid-2021, it was reported that all ADF personnel had been withdrawn. During the time Australia had a military presence in Afghanistan, the ADF deployed more than 39,000 personnel. Of these, 260 were wounded or suffered injuries and 41 lives were lost^{xi}. Following the withdrawal from Afghanistan, the Taliban has violently taken control of many areas and are assumed to be destroying infrastructure developed to help girls receive education^{xi}. Multiple people connected to the ADF either through employment or family relationships have stated that the losses Australia experienced were essentially for nothing^{xii}.

Domestically, after significant advocacy from the community, the Royal Commission into Defence and Veteran Suicide was established by the Australian Government in July 2021. The Royal Commission's establishment was prompted by community calls for an inquiry to address systematic issues being faced by members and veterans of the ADF which can often lead to

suicide^{xiii}. The Royal Commission is currently conducting hearings to collect evidence with an interim report expected in August 2022^{xiv}. The experiences of some veteran community members have been shared through the media.

In June 2022, DVA released the results of an independent review of the DVA compensation claims processing system and backlog. The review found that, as at December 2021, 17,000 claims were being processed, and 37,000 claims were in the backlog and exceeded DVA's claims processing capacity. It was also noted that in order to eliminate the existing backlog by June 2023, the report estimated a projected 122,000 – 125,000 additional claims would need to be processed by this June deadline. As part of this independent review, consultations with veterans identified five themes related to their claims process experience, one of which is a lack of compassion, empathy, respect and trust from DVA for veterans. The report states that some veterans have had to repeatedly talk about their past experiences to the point where they feel scrutinised, and this revisiting of past experiences may also re-traumatise some veterans.

In addition to media reports directly relating to Victorian veterans, another story that has dominated the media and could potentially have an adverse impact on veterans is the conflict between Russia and Ukraine. The conflict, which began in February of this year, has resulted in thousands of casualties on both sides and millions of Ukrainians fleeing the country^{xv}. At the time of writing, it appears unlikely that the conflict will conclude in the near future^{xvi}.

It is likely that media reporting on issues relating to the veterans sector will not diminish over time, and that this re-traumatising impact may continue as a result.

Considering the issues impacting the veterans sector as discussed in this section, veterans, who are already at risk of increased mental health challenges^{xvii}, are now at risk of further impacts from the compounding media attention which has been highlighting the many long-term effects of war. This was raised in one of the focus group consultations as highly distressing for one participant in particular, and a discussion was held around the feeling of re-traumatisation due to extensive media coverage of current wars. A few other participants also commented on the risk of re-traumatisation due to this media reporting.

1.5.3 Transition out, and the impact of transition out on a veterans' ability to transition successfully

Consultation and survey feedback provided by members of the veteran community to the 2015 Victorian Veterans Sector Study shared a common view that the transition process at that time was ineffective and led to veterans who are not aware of what support is available to them and how to access it.^{xviii} In the consultation and survey feedback for this Study, generally the veteran community shared a view that the transition process had undergone several significant positive changes, and while opportunities for further improvement still remained, overall the transition out process in recent years is much more effective than it ever has been in the past.

The main improvements cited by participants in this year's Study included:

- > inclusion of information regarding mental health supports

- > inclusion of seminars regarding employment, education and training supports and opportunities
- > more structured process, including a manual given to veterans separating from service which has information available on a range of topics should they need this information into the future. The checklist of transition out items requiring completion, while at times seen as 'tick-boxy' was also seen as valuable by ensuring each item was covered off in a veterans' transition out process rather than risking leaving communication of relevant supports to chance.

This correlates with data from a DVA monitoring survey of its clients which reported recent results of 76% of respondents agreeing that information provided through transition out and DVA's other supports was useful and relevant, and 62% of respondents agreeing that the information was provided at the right time for them.^{xix}

Despite these positive changes, the veterans spoken to throughout the consultations and through the survey would like more support in the transition out process. The key remaining areas for improvement raised included:

- > the timing and frequency of transition out seminars may not meet veterans' needs, given they may be discharging from a base different to where they have spent the majority of their service life, or that they may simply have operational requirements which preclude them from attending the seminars during their transition out
- > greater linkages and warm referrals between the ADF and local supports, where local supports could be permitted on-base and in the transition seminars more frequently, or where veterans could give permission for their information to be passed on to a local support service.

The transition out process remains an important enabler in a veterans' ability to successfully transition to civilian life. A 'good' transition out likely will have a neutral affect on the veterans' ability to transition to civilian life, whilst a 'bad' transition out is harder, but not impossible, for veterans to overcome. With the current variability in transition out experiences by location, it becomes incumbent on veterans to self-direct their transition out to some extent. However, not all veterans are doing this or would have the capability to do so.

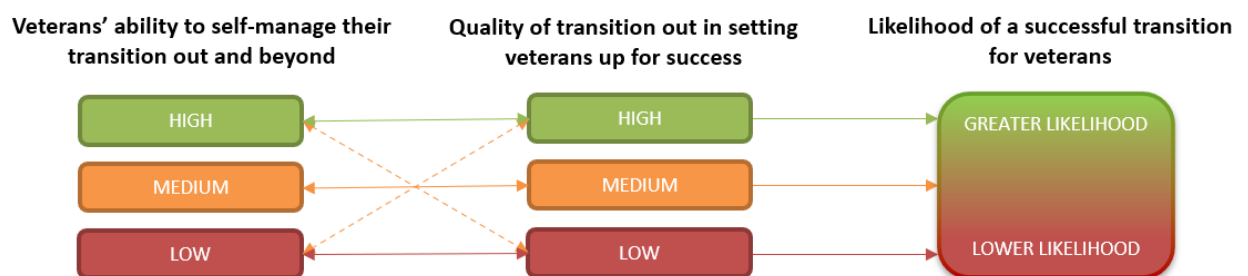
As it currently stands, a veterans' ability to self-manage their transition out and life beyond their service is a key determinant of their success in the early phases of their civilian life. Grosvenor observed a range of individual factors across veterans most likely to self-manage their transition out and life beyond service, with these being:

- > self-awareness – their ability to recognise current or potential problems they may need support with
- > positive help-seeking behaviours – their ability to search for relevant information, make enquiries and explain their needs to others, with their demographics being an overlay to this, where younger female cohorts are more likely to display these individual factors compared with older male cohorts.

It is likely there are other factors, however, given the limited research into this field Grosvenor cannot comment on what these might be. The above two factors were the factors reported as being critical for a veterans' ability to successfully transition to civilian life from discussions held in the focus group consultations.

Figure 1 below illustrates the variance in veterans' ability to self-manage and quality of transition out. As shown in Figure 1, a veteran who has a high ability to self-manage their transition out and life beyond mitigates their risk of a medium or low quality transition out process. However, a veteran who has a medium or low ability to self-manage their transition out and beyond is at greater risk of not being supported if a transition out process is of medium or low quality. Introducing greater quality controls in the delivery of transition out across Victoria and Australia, to achieve a consistent minimum viable experience, would further mitigate risks to veterans. There is also the opportunity for additional supports to be provided to veterans who may have lesser capacity to self-direct their transition out and life beyond their service.

Figure 1 – Veterans' transition outcomes model



This context is important to keep in mind across all elements of the veterans sector, where there are multiple reasons why a veteran may or may not transition successfully to civilian life or require additional supports to do so. This point is explored further in section 2.1.

1.6 Structure of this document

The remainder of this report aligns with the Study's ToR items (summarised in section 1.1 and reproduced in Attachment A), aside from section 3 (ESO maturity and coordination), which was an over-arching theme related to many of the ToR items, and so deserving of consideration in its own right.

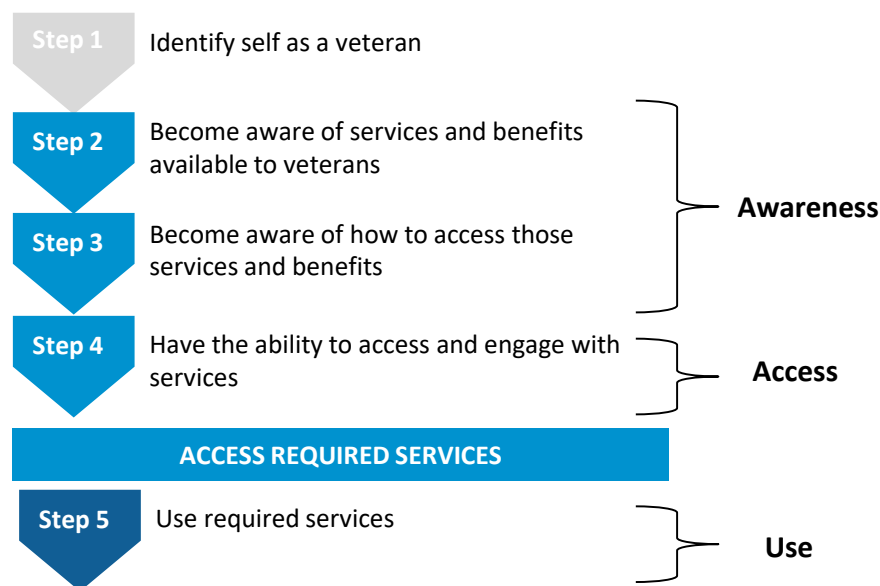
Section 2 discusses current veteran demographics and touches on ESO demographics, with a focus on assessing the availability and quality of available data in the veterans sector.

Section 3 sets out findings related to ESO maturity and coordination, as the same themes repeated across the ToR items of mental health, employment, education and training, and

housing and homelessness, and as such Grosvenor saw it prudent to describe these themes at a general level rather than repeating them in each following section. This section also provides an overview of the impacts of COVID-19 on the veterans sector.

Sections 4, 5 and 6 consider the ToR items of mental health and suicide prevention, employment, education and training, and housing and homelessness respectively. Each of these sections open with a general description of key statistics regarding these ToR items across both the general population and the veteran community, a summary of available support systems, and then set out the findings related to the levels of awareness, access and service usage for each service, as per Figure 2 below (modified from the 2015 Victorian Veterans Sector Study).

Figure 2 – Figure showing steps for veterans to access and use their required services



Each of the following sections provide self-contained conclusions and recommendations. These conclusions and recommendations are the same as those provided in the executive summary earlier in this report, which have been consolidated in the summary for ease of reading.

The remainder of this document provides supporting attachments to aid the reader's understanding of Grosvenor's approach and the outputs of the survey and focus group activities.

2 Demographics and data

2.1 Veteran demographics

There are many different definitions of a veteran. According to the *Veterans Act 2005 (Vic)*, a veteran is “a person who performed service or duty^{xx} and who now resides in Victoria but does not include current members of the Australian Defence Force rendering continuous full time service^{xxi}. The federal definition of a veteran, as per the *Australian Veterans’ Recognition Bill 2019*, is “a person who has served, or is serving, as a member of the Permanent Forces or as a member of the Reserves^{xxii}”. As per this Bill, a veteran may be an individual who has served in the Australian Defence Force with at least one day of continuous full-time service^{xxiii}. A third definition of a veteran can be found in the *Veterans Entitlement Act 1986 (VEA)*^{xxvi}. According to the VEA, veterans include people who have “continuous full-time service with the Defence Force (Army, Navy or Air Force) of Australia during WW1 or WW2^{xxiv}”. This definition also has a provision for people serving post-WW2 to be considered as veteran provided, they “were allotted for duty in an operational area^{xxv}”.

The differences between these definitions have the potential to significantly impact the veteran community. Definitions under the VEA are narrower in scope and therefore likely to provide benefits to a smaller range of people. Conversely, the Victorian definition is broader, however there is the limitation that the veteran must reside in Victoria. The plethora of different definitions of a veteran may also contribute to how people choose to self-identify. Some Victorian ex-service members may not recognise themselves as being a veteran due to not having served in a particular conflict or war zone, despite the fact that they meet the conditions under Victorian legislation.

In addition to not classifying someone as a veteran, some legislation may also classify ex-service members based on their type of service. This could lead to being perceived as ‘less of a veteran’ in comparison to their colleagues who served overseas or in particular conflicts. DVA provides a list of specific conflicts and operational areas in which a veteran must have served in order to access a service or disability pension. Veterans who have not served in an area specified may not be eligible for a pension under the *Veterans Entitlement Act (1986)*^{xxvi}. One of the challenges here is that service members often do not get control over their deployments, however they face the consequences of lesser benefits and recognition as a result of working in ‘non-designated conflicts’. As an example, for veterans to be eligible for a Disability Compensation Payment and associated benefits, they must have a particular type of service, such as eligible war or operational service^{xxvii}. Additionally, the amount of compensation and how it is paid can vary depending on which Act the veteran is receiving care under, further segmenting the benefits provided and contributing to a divide and a perception of inequality within the veteran community^{xxviii}.

Given the limited data within the veterans sector, there is currently no data to show exactly how many veterans are in the community. In 2021, the Australian Bureau of Statistics (ABS) added a question to the census which will allow the ABS to more accurately determine the number of veterans in the community and where they are typically living. The question asks if a person is currently or has previously served in the ADF in a regular or reserves capacity^{xxix}. The results of

the 2021 Census will be released in stages, beginning with key population data being released late June 2022^{xxx}.

According to the 2021 Census data released at the time of writing, there were 496,276 individuals across Australia that had previously served and are not currently serving in the ADF, of which 94,393 were from Victoria. Further to this, the 2021 Census data provided demographic data such as age, gender, and state/territory breakdowns, and Indigenous status to understand the composition of the veteran population across Australia better. The data also provides information about individuals that have served, or are currently serving, that disclosed a long-term health condition, and whether they have a need for assistance with core activities.

The data obtained through the 2021 Census provides an opportunity to begin tracking veteran data at the population-level in the future, and allow for comprehensive analysis of veteran demographics and other important parameters such as long-term health conditions. This data may be useful in the future to track the changing nature and composition of the veteran cohort. Ultimately, long-term tracking of this data would be beneficial as it would provide a data-driven perspective to informing support service delivery for veterans to ensure services are effective and tailored to veterans' needs.

Data to be released in later stages from the 2021 Census will cover employment and further location information scheduled for October 2022, and more complex topics such as distance to work and socio-economic indexes will be released early-to-mid 2023. It is unclear at this stage whether the data released in later stages will be mapped against the data about ADF service, and therefore whether it will be possible to obtain veteran-specific data about the topics scheduled for later release. If this is available, this would provide further data to track in the future.

Prior to the 2021 Census results being released, DVA possesses the most complete and comprehensive data of veterans across Australia. The Victorian Veterans Sector Study 2015 reported that there were 353,900 veterans under the care of DVA across Australia^{xviii}. Reports from the DVA show that this has decreased by 4.5%, to 338,004 in March 2022^{xxxi}. Grosvenor used the DVA data set which provides a breakdown of DVA clients by local governmental area (LGA) and mapped this as shown in Figure 3 below. Figure 3 illustrates the density of veterans that are DVA clients in each LGA, by measuring the number of veterans per square kilometre.

Figure 3 – Map showing density of veterans that are DVA clients in Victoria, split by LGA



The ESO Mapping Project, launched by Sir Angus Houston and funded by The Aspen Foundation graphed the locations of veterans aged over 65 and under 55. Older veterans (over 65) were found to live in most commonly in Victoria or along the east coast of Australia. This is consistent with the general population.

Where do the older veterans live?

Older veterans (over 65) live in locations consistent with the general Australian population.

Conversely, younger veterans (under 55) were typically identified as living either in remote mining locations or within close proximity to ADF bases. The difference in location of this cohort could be due to them having different needs, particularly relating to employment opportunities. Veterans are eligible to retire earlier than the general Australian population, and therefore older veterans are less likely to require employment support^{xxxii}. Younger veterans are therefore much more likely to need access to employment opportunities and support in comparison to older veterans who may seek to retire post-transition. Both mining locations and proximity to large

ADF bases provide employment opportunities for veterans. Additionally, remaining close to their ADF base post-transition enables more continuity in employment and education for the families of younger veterans^{xxxiii}.



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Whilst it is difficult to accurately identify the number of veterans within the Victoria community, DVA reports on the number of DVA clients within each state, grouping by Local Government Area. DVA had identified that it had just over 36,000 veteran clients within Victoria^{xxxiv}. In addition to veteran clients, the report also shows the total number of DVA clients across various segments including dependants, war widows and gold card holders^{xxxv}. Veterans and other DVA clients in Victoria were found to be living largely in the outer suburbs of Melbourne, with some regional areas also popular. The most popular LGA for veterans was the Mornington Peninsula, followed by Greater Geelong. A snapshot of some of the most popular locations of veterans within Victoria can be seen overleaf in Table 1.

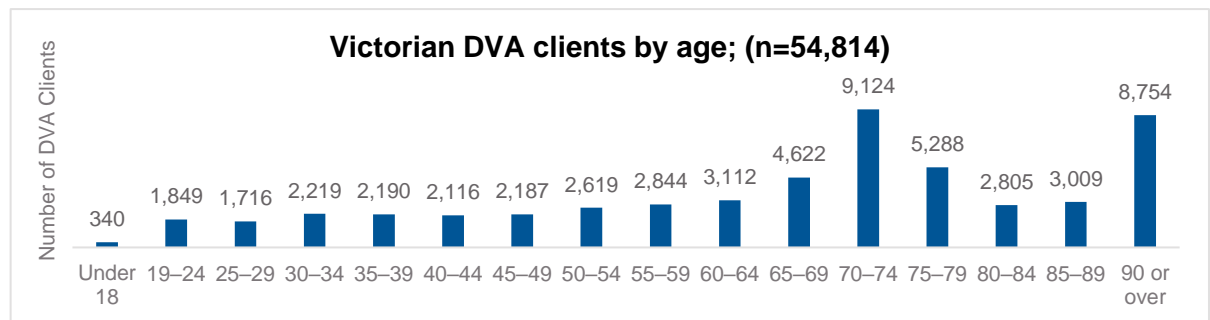
Table 1 – DVA data listing the LGAs with the highest numbers of veterans

LGA	Total DVA clients	Total veterans	Total dependants	Disability pensioners	War widows	Service pensioners	SS Age pensioners	Gold card holders	White card holders
Mornington Peninsula	3,419	2,468	959	719	514	723	27	1,141	1,719
Greater Geelong	3,058	2,000	1,071	874	483	884	39	1,215	1,156
Wodonga	1,886	1,540	353	480	109	287	27	460	1,127
Wyndham	1,751	1,388	367	432	129	313	16	400	1,007
Greater Bendigo	1,658	1,120	541	520	309	363	22	715	659
Casey	1,641	1,145	500	342	220	468	7	513	741
Banyule	1,610	1,151	461	319	254	305	10	519	794
Frankston	1,570	1,027	545	403	280	485	9	648	601
Mitchell	1,226	1,055	177	256	76	143	Under 4	264	806

Reference – Table 1: Department of Veterans' Affairs. (2021). *DVA Pensioners and Treatment Card Holders by Local Government Area as at 2 July 2021* [Data file]. https://www.dva.gov.au/sites/default/files/2021-09/lgas_jun2021.pdf

Figure 4 below shows Victorian DVA clients, segmented by age. The majority of DVA clients are within the 70-74 or 90+ age brackets, with much lower client numbers in younger age brackets. Over 75% of Victorian DVA clients are over the age of 50, with 52.9% also being over 70.

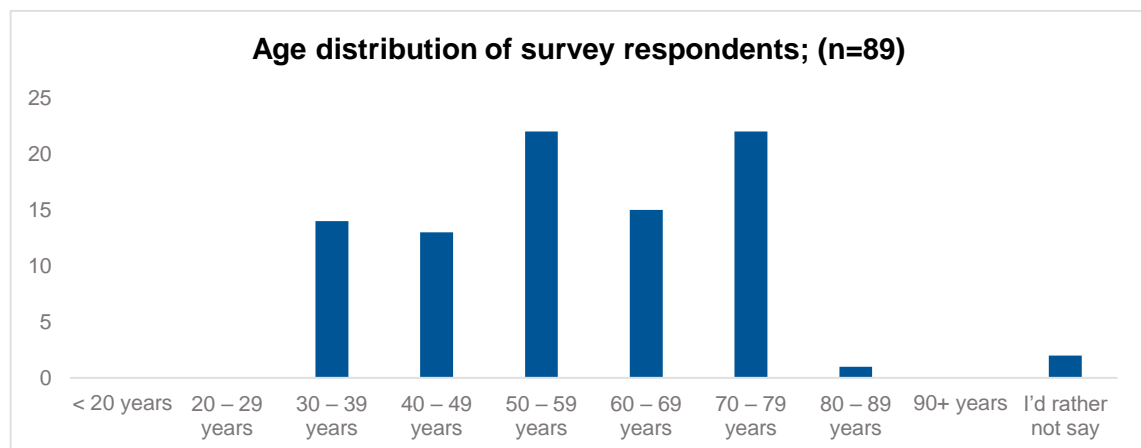
Figure 4 – DVA data of Victorian DVA clients, split by 5-year age brackets



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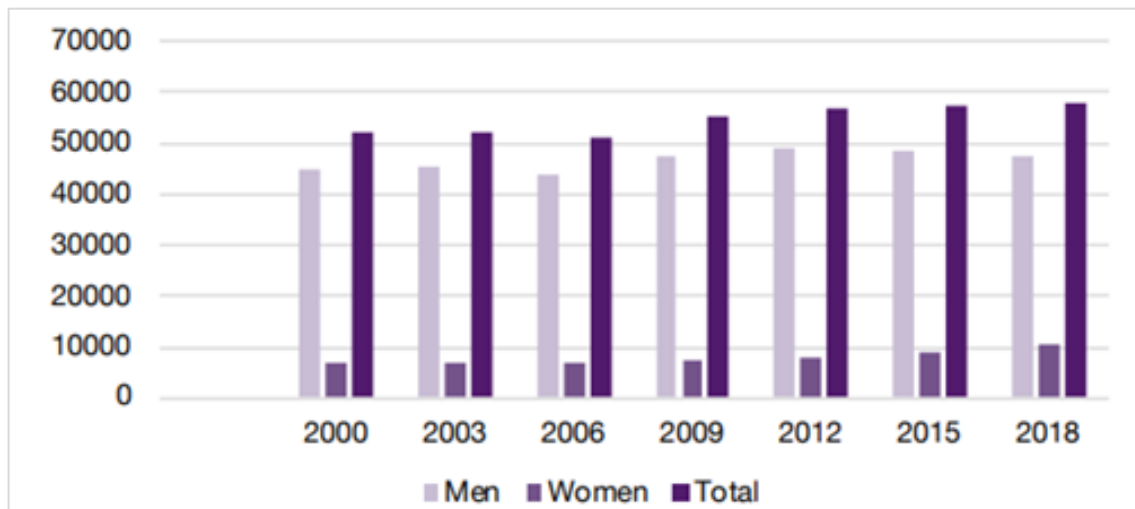
This was broadly consistent with the demographics of veteran community respondents to this Study's survey, shown below in Figure 5.

Figure 5 – Graph of Grosvenor's veteran survey respondents' age distribution, split by 10-year age brackets



Many restrictions against women in combat-related positions were not lifted until 1990, however women were unable to apply for frontline combat roles until 2013. According to the Veterans' Advocacy and Support Services Scoping Study, the number of women in the ADF has slowly increased over time, with women representing 17.9% of ADF personnel in 2018, as per Figure 6 below. In addition, DVA has advised that as at 30 June 2021, women in the permanent ADF made up 19.7% of the ADF^{xxxvii}. Despite the differences in gender, this research found that both men and women were equally affected by similar challenges when they were medically or otherwise involuntarily discharged.

Figure 6 – Graph outlining gender split in the permanent ADF at 3-year intervals



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A report published by the Australian Institute of Health and Welfare^{xxxix} found that there may be a large difference in suicide rates for ex-serving males depending on their reason for separation from the ADF.

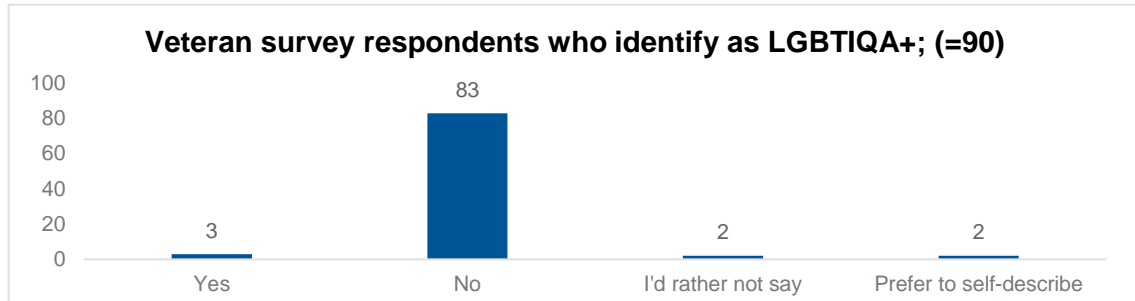
The report monitored Australian veteran suicide rates between 2001 and 2019 and identified three categories for reason of separation: voluntary separation, involuntary separation, and involuntary medical separation. According to the report, most males and females, 44.8% and 44.7% respectively, that separate from the ADF do so for voluntary reasons. Smaller proportions of males and females, 14.0% and 17.1% respectively, separate involuntarily due to medical reasons.

The report found that, between 2003 and 2019, ex-serving males that separated voluntarily had the lowest suicide rate of the three categories, with 22.2 suicides per 100,000 people in the population. In contrast, ex-serving males that separated involuntarily due to medical reasons had the highest suicide rate, with 73.1 suicides per 100,000 people in the population.

There are no publicly available reports which show the proportion of veterans who identify as a member of the LGBTIQ+ community, or as of Aboriginal or Torres Strait Islander heritage. As part of this Study, Grosvenor conducted a survey with veterans to support a more comprehensive understanding of survey respondent demographics. Whilst the survey was completed by a small sample size and may not be generalisable, the results are able to provide an indication of demographics within these two areas.

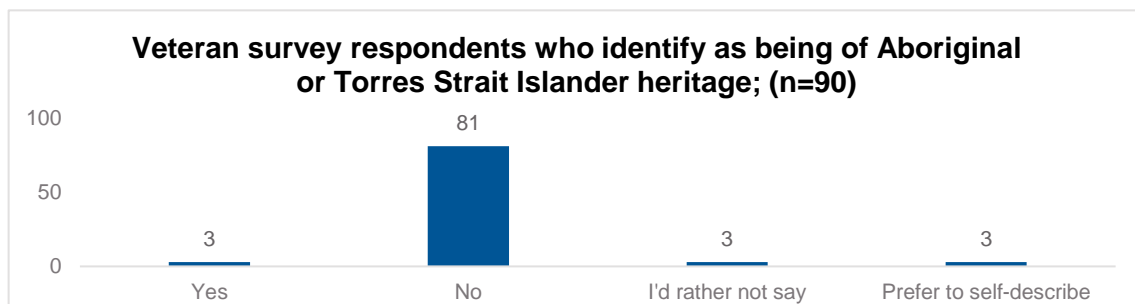
The vast majority of survey respondents reported that they did not identify as LGBTIQ+ as shown in Figure 7. Just over 3% of survey respondents identified as LGBTIQ+, with some participants preferring to self-describe (choose their own definition of how others would describe them) or not answer.

Figure 7 – Graph of Grosvenor’s veteran survey respondents’ responses to whether they identify as LGBTIQ+



Similarly, the majority of survey respondents also did not identify as being of Aboriginal or Torres Strait Islander heritage, as shown in Figure 8. Slightly over 3% of respondents identified as being of Aboriginal or Torres Strait Islander heritage, with some also preferring to self-describe or not answer. This is similar to the percentage of ADF members that identify as Aboriginal or Torres Strait Islander in DVA’s 2020-21 report, which is also 3%^{xi}.

Figure 8 - Graph of Grosvenor’s veteran survey respondents’ responses to whether they identify as having Aboriginal or Torres Strait Islander heritage



2.2 ESO demographics

Members of the veterans sector have access to a range of organisations who are able to provide them with support across a range of areas and in a multitude of ways. Organisations which provide support that is targeted towards veterans are known as either ex-service organisations (ESOs) or veteran support organisations (VSOs). Each term is defined in the Study’s glossary. There are many different ESOs and VSOs which provide different services to the veteran community (being veterans, their families and their dependents). Some more well-known entities (as indicated by those listed on the DVA website^{xli}) include the Returned and Services League (RSL), Legacy Australia, Vietnam Veterans Association, Vietnam Veterans Federation, the Defence Force Welfare Association, Soldier On, Mates4Mates and Open Arms, although there are many more of varying scale and capability.

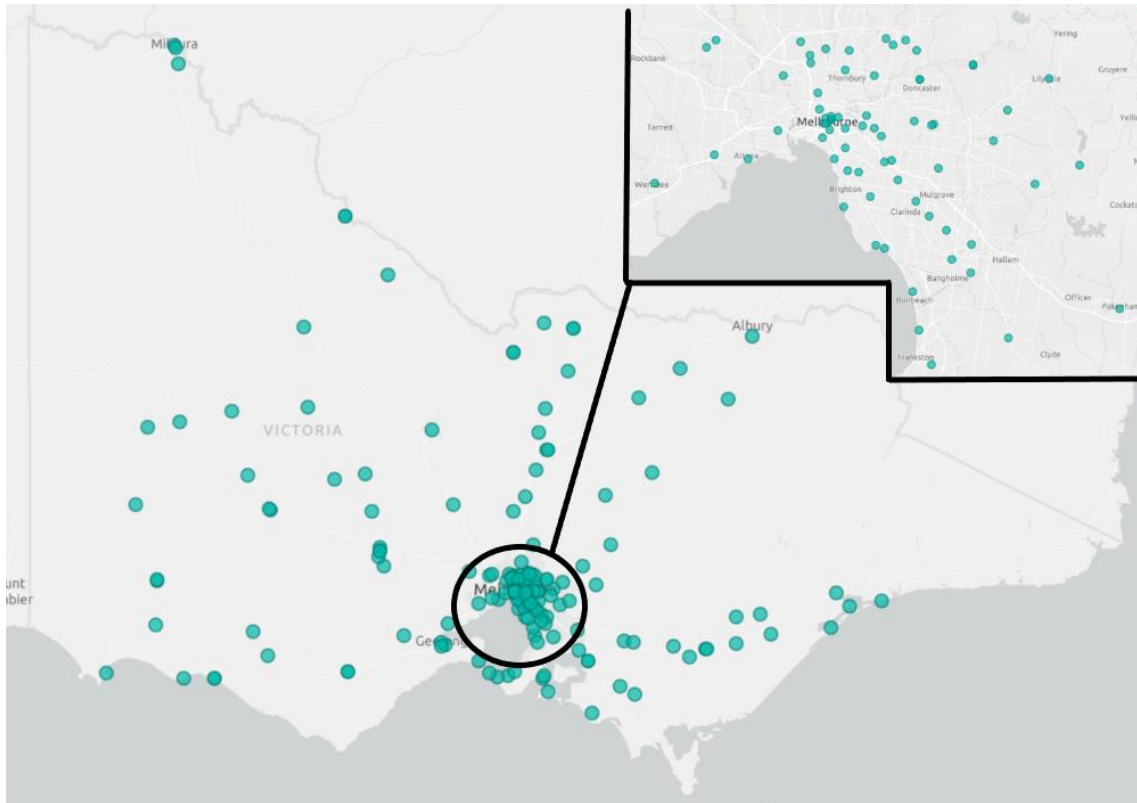
The ESO Mapping Project, conducted in 2016^{xxxiii}, identified 2,780 ESOs and VSOs across Australia, with 25% (slightly under 700) of those being in Victoria. The project found that new

ESOs and VSOs are emerging with new generations of veterans and that these are trending away from being member-based organisations. However, with the growing number of ESOs and VSOs, the report also identified multiple risks including duplication of services, less efficient use of resources, reducing the effectiveness of ESO advocacy to the Government and confusing messages to both veterans and the general public^{xxxiii}. It is important to note however that this data is several years old but has been included in recognition of there being an insufficient level of more current data available.

Another source of data that provides some insight into the ESOs and VSOs both across Australia and within Victoria, is the annual data released by the Australian Charities and Not-for-profits Commission (ACNC). Organisations and charities must register with the ACNC to be included in their data and reporting, and as a result, this information may not provide a comprehensive view of the ESOs and VSOs that exist at the time of reporting. Given this, there were 402 organisations from Victoria that stated veterans and/or their families as their main beneficiary, who were registered with ACNC in 2019^{xliii}. When comparing the ESOs and VSOs identified by the ESO Mapping Project and the organisations and charities registered with ACNC, there is a discrepancy of almost 300. It is again important to note that this may be due to a number of factors, such as the three-year difference in the datasets, and organisations not being required to register with ACNC. This again reinforces the need for better quality data and reporting from ESOs and veteran support organisations to understand the ESO sector better.

The ACNC dataset is relatively comprehensive and collects information about the locations of each registered organisation. Grosvenor used the location data in the 2019 ACNC dataset to map the Victorian organisations that listed veterans and/ or their families as their main beneficiary, as shown in Figure 9.

Figure 9 - ACNC registered charities and organisations that listed 'veterans and/or their families' as the main beneficiary



Each dot indicates a single organisation, and the highest concentration of organisations is around the Greater Melbourne area, with ACNC-registered ESOs having less presence throughout regional and rural Victoria. It is again important to note that the list of organisations mapped in Figure 9 may not be completely representative of the full ESO sector in Victoria due to organisations not being required to register with ACNC, and the data being almost three years old at the time of writing this report.

Overall, there is a reasonable distribution of ESOs throughout Victoria. However, as discussed in section 3, the service provision and accessibility of these services may vary location by location.

2.3 Data

Data source quality, availability and currency is variable across the veterans sector. The highest quality data sets are held by DVA and published on their website, however, even these data sets do not provide a full picture of the veteran community across Australia or within Victoria. Other ad hoc data sources commissioned by state governments, ESOs or federal data collection bodies such as the AIHW contribute to making up the picture of Australia's veteran population, distribution, demographics and community idiosyncrasies.

The remaining section discusses the key available data sources with commentary on their usefulness and maturity, in order to provide insights as to data gaps and opportunities for the knowledge base in the veterans sector to be strengthened.

2.3.1 DVA data sets

Table 2 below depicts a summary of data sources available from DVA, with a description and assessment of the quality of data available in each source.

Table 2 – Grosvenor’s summary and data quality assessment of the DVA data currently publicly available

Data source	Summary	Data quality
Pensioner summary statistics – VEA only	Summary of major pension groups segmented by state, gender, age, rate of payment and conflict in which veteran first served	Current data but only considers veterans with pensions paid under VEA
Treatment population statistics	Data related to veterans with a DVA Gold or White card, segmented by state, gender, age, eligibility, card type and conflict in which veteran first served	Reported quarterly, data is current, however only considers DVA card holders
Top-20 accepted conditions (recent conflicts & Vietnam)	Summary of top-20 accepted conditions for veterans who served in conflicts in East Timor, Solomon Islands, Afghanistan, Vietnam and Iraq	Only considers select conflicts, conditions relate to conflicts beginning in 1999
Population projections (Executive Summary)	Summary of DVA beneficiaries including 10 yearly national and state forecasts for pensions, card holders and other benefits	Shows trends over 10 years, however only considers DVA beneficiaries
DVA Stats at a Glance	Overview of DVA clients, pension rates and Departmental expenditure	Current data reviewed twice yearly, but only considers DVA clients
Local Government Area (LGA) profile	Overview of DVA pensioners and treatment card holders, segmented by state	Gives indication of geographical location of DVA clients, but not all veterans
Federal electorate profile	Overview of DVA pensioners and treatment card holders, segmented by Federal electorates	Provides number and average age but does not give overall state overview

Reference – Table 2: Department of Veterans' Affairs. (2020, June 21). *Statistics about the veteran population* | Department of Veterans' Affairs. Dva.gov.au. <https://www.dva.gov.au/about-us/overview/research/statistics-about-veteran-population>

The data sources identified in Table 2 are reviewed and updated either quarterly or half-yearly. DVA provides access to its previous statistical publications, however given these publications quickly become outdated, are likely to be less relevant to the veterans sector's current climate and assessing future needs.

Grosvenor requested additional data from DVA relevant to the study's terms of reference, yet no additional data was able to be provided. This means that the only DVA data available regarding insights into the veteran population is publicly available. The result of this is that there are multiple gaps in the data which presents a challenge in accurately identifying insights which can be generalised to the wider veteran community. Some of the main gaps identified included a lack of data around the proportion of veterans who identify as LGBTIQ+ or of Aboriginal and Torres Strait Islander heritage. This lack of data prevents an intersectional analysis to understand these challenges and provide support specific to these cohorts.

Another limitation of DVA data is that not all Australian veterans are DVA clients. A 2018 report referenced in the literature review for this Study estimated that 1 in 3 veterans that served since the Vietnam war, and 1 in 5 who have served since 1999, are DVA clients^{xxxii}. DVA reported in 2019 that they support 165,000 veterans, and that the estimated living population of veterans in Australia is around 641,000, resulting in a large number of veterans that may not be engaging with DVA^{xliii}. Further to this, the 2021 Census data found that there are 496,276 individuals in Australia that have previously served, but are not currently serving in the ADF, confirming the large discrepancy between the Australian veteran population, and those that are DVA clients. This results in data that is not comprehensive of the entire veteran cohort, and may not be effective for generalising insights from the DVA data to the broader veteran cohort.

2.3.2 Victorian Veterans Sector Studies

The Victorian Veterans Council has commissioned three Victorian Veterans Sector Studies, with this document comprising the third. The first Victorian Veterans Sector Study was completed by the VVC in 2008. This report identified multiple issues affecting the estimated 93,000 veterans in Victoria at the time. The 2008 study found that as veterans age and experience losses amongst their friends and family, their social networks diminish, and they may struggle to maintain their sociability. This can be exacerbated by poor health or ageing and was found to have a greater effect on veterans living in rural areas due to limited public transport accessibility.

The 2008 report also found that ESOs had an inability to recruit and retain volunteers and difficulties in engaging with the younger veteran community. Multiple ESOs were found to be either merging or closing, potentially as a result of these challenges. Access to quality health and aged care services was a critical concern raised by veterans in the 2008 study. As members of the veteran community age, the report noted there is an increased priority to raise the number of nursing home beds and quality of services available.

The second Victorian Veterans Sector Study was completed in 2015 by Grosvenor Performance Group, the author of this third Study. The 2015 study also identified accessibility as an issue. The 2015 report found that barriers such as a lack of sufficient communication and engagement

presented challenges for veterans in accessing services. The report also noted that veterans could experience worsening conditions if they were unable to access necessary supports.

Aligning with the findings from the 2008 report, the 2015 study found that whilst the veteran community continues to decline, it is also constantly changing, presenting an increasingly complex challenge for governments to manage needs of veterans both today and in the future. As the median age of veterans lowers, there may be a shift in which areas of support are deemed the most critical, as younger veterans experience different challenges to older veterans. The 2015 report identified that family violence, homelessness and income security needs are likely to increase in line with the increase in veterans exiting the ADF at a younger age.

The findings from this current third study, conducted across 2022, are set out in the following chapters. This third study aligns with many of the findings from the previous two Victorian Veterans Sector Studies, while providing more insights into the needs and challenges of contemporary veterans.

2.3.3 Literature review findings related to data quality

Grosvenor conducted a comprehensive literature review across the knowledge base relating to the terms of reference for this study. The full literature review is provided in Attachment E, with the following providing a selection of key findings relating to data quality in the veterans sector.

In 2018, the Australian Institute of Health and Welfare (AIHW) published 'A profile of Australia's veterans'. The report drew on data from surveys conducted between 2006 and 2017 to provide an overview of socioeconomic characteristics of veterans and considered the overall health of veterans to provide some support in assessing the effectiveness of health services. Key health services were identified, alongside a discussion on hospitalisations, which noted that majority of hospitalisations were due to anxiety disorders or back pain. This report also touched on lifestyle factors such as smoking, weight, and alcohol consumption which may influence the health of veterans^{xxxii}. This report compiled data from a large range of sources to provide a broader and more complete view of veterans, providing a solid baseline to support future reporting on data and information about health and welfare within the veterans sector.

The Graduate Learning Task (GLT) Report produced in 2020 by graduates within the Victorian DPC and provided to Grosvenor provided a summary of key issues within the veterans' portfolio. This report centred around three key pillars: employment and transition support, housing and homelessness, and mental health and suicide. The report found that there are many issues such as a reluctance to access services that are interconnected across the three areas, concluding that a holistic approach to veteran support would be essential to improving overall outcomes. The key pillars in the GLT report link closely with the key focuses of this study. Whilst the report did utilise historical data back to 2010, it provided good foundational data for this study, recognising that data accessibility is a commonly identified issue within the veterans sector.

Annual reports published by the Specialist Homelessness Services Collection provide data on how many people are utilising their services. The report notes how many current and former members of the ADF are being supported by these services across Australia and in doing so have identified opportunities where the veteran community may require additional assistance in comparison to the general population^{xliv}. The Australian Housing and Urban Research Institute published details of their project into Homelessness amongst Australian veterans. The project used a combination of qualitative and quantitative data, and literature reviews to better understand veterans' needs in terms of housing services as well as the risk factors which may impact homelessness. The report also seeks to be used as a benchmark for future monitoring of veteran homelessness^{xlv}.

Further, the then-National Commissioner for Defence and Suicide Prevention engaged in many roundtable discussions with both key veteran communities as well as government agencies and departments. These discussions were aggregated into a series of documents which consider veterans. One of the key themes identified through the National Commissioner's roundtable discussions with state and territory government representatives was a lack of both general and specific data being collected about veterans. In particular, homelessness was identified as an area where data is not well captured, with insufficient data being available on this topic. It is worth noting that the Specialist Homelessness Services Collection collects data about whether their service users are, or have previously been, members of the ADF. However, this only provides information about the Specialist Homelessness Services Collection's clients, and does not provide visibility of all ADF members, or previous ADF members, that experience homelessness.

There was slightly more data available in the mental health space, with one report specifically looking at suicide by ADF members over several years. The report, published by the Australian Institute of Health and Welfare provides quantitative data and analysis of suicide by members of the ADF between 2001 and 2019^{xlvi}.

In addition to quantitative data being collected, some reports also use qualitative data to support an increased understanding of veterans. In 2020, Health and Social Care in the Community published an article focusing on the lived experience of partners of Australian veterans and first responders with PTSD. This article used interviews to understand how veterans and first responders experiencing Post-traumatic Stress Disorder were being supported by their partners^{xlvii}. The data in this article highlights the importance of protecting the family unit as a whole, rather than simply focusing solely on the veteran. This article provided an alternative viewpoint of the veterans sector, identifying challenges and barriers to support being faced by partners of veterans.

A study which focused on mental health in the veterans sector used the data collected to highlight the need for a rehabilitation program for Australians to support individuals with moral injuries^{xlviii}. One of the limitations of this study is that 90% of participants identify as religiously affiliated, and this may have impacted the results. Previous literature has noted that moral injury is not solely linked to individuals who are religiously affiliated, and chaplains are experienced in providing support to individuals of diverse religious beliefs. However, it is important to recognise that these individuals may not feel comfortable in seeking assistance for moral injuries from a

chaplain and therefore may be lacking support. Noting the lack of a breakdown by state as an additional limitation, this data still provided insight into the prevalence of and experience with moral injury within the Australian military context.

Data collected by the ABS was also utilised to further investigate mental health in veterans. The National Survey of Mental Health and Wellbeing provided the basis for a comparison of the prevalence of mental health and substance abuse disorders between people who have served in the ADF or received DVA benefits, with the general population. Whilst the data was not specific to Victoria, it still provided valuable insights into the differences in mental health between veterans and the general population. The report highlighted opportunities to improve mental health within the veterans sector, including increasing the awareness in male veterans and improving access to mental health support services.

In 2018, La Trobe University conducted a study into how to support younger military veterans to succeed in Australian higher education. This study focused on younger veterans who recently separated from the ADF and were at the time enrolled to complete higher education. The report provided insights into the goals, experiences, and barriers to access that may be affecting veterans. Data found as part of this study enabled the authors to provide recommendations to both educational institutions and the DVA on how to improve veterans' knowledge of and experience with the higher education system^{xlix}.

A report on 'Providing pathways Guidance to Young Veterans for a Successful Transition to Civilian Workforce' was published by the National Institute of Labour Studies at Flinders University. The report aimed to provide predictive data based on analysis and modelling of DVA data against other data sources. It also highlighted expected outcomes for veterans transitioning out of the ADF. This predictive data was utilised to highlight trends relating to employment and education^l.

2.3.4 ESO primary data collection

Grosvenor's methodology sought to collect data from ESOs suggested by the VVC, and Grosvenor selected a subset of these ESOs to obtain data from a broad sample of Victorian ESOs (list available Attachment F). The data collection process aimed to understand the services provided by each ESO in different locations across Victoria, and how many members of the veteran community accessed each service in each location. Grosvenor engaged with a sample of nine ESOs as part of this process and none were able to provide the requested data to this level of granularity. In addition, Grosvenor received very little engagement from ESO representatives in the online survey, and is unable to obtain any further information from this data source.

As part of this Study, Grosvenor requested data from ten ESOs. The data request included the type of services delivered by the ESO, the locations in which the services were delivered, and the number of clients the services were delivered to, ideally with delineation between different cohorts where possible. Nine of the ten ESOs provided some data sets, however these were of varying format, quality and currency. Additionally, one ESO who did provide information was not able to provide the requested information due feeling provision of this aggregated, deidentified

data would cause privacy concerns and therefore provided slightly different information to the remaining eight ESOs. These inconsistencies impacted the level of depth of the analysis that was able to be completed. The results of this analysis are presented in section 2.2. From this activity with some of Victoria's largest and most distributed ESOs it is clear that there is limited data capture and analysis capability across the sector, inhibiting the insights government and other bodies might otherwise receive to better understand and service the veteran community.

2.3.5 Discussion of issues with data and data sources (gaps and limitations)

Whilst there was a significant amount of data that this study was able to examine, there are multiple gaps and limitations within the available data. Topics relating to mental health presented the greatest amount of data specific to veterans. Data in this area discussed rehabilitation from moral injuries, as well as considering the impact of veteran mental health issues on partners of veterans. Despite there being data available, there remains an opportunity for data which is more current and with a greater level of granularity such as data specific to veterans and data which is segmented by state. This opportunity exists at a broader, cohort level, as opposed to research studies which tend to have small samples, as this would provide a broader understanding of the mental health challenges faced by veterans. This would allow for analysis of trends at a Commonwealth and/or state level, and provide insights and information that could impact veterans broadly at a policy, or governmental level.

Trends were identified within the employment and education space, that were based however on a limited amount of data. Data in this area was also broader than that in the mental health area, focusing on veterans across Australia rather than specifically in Victoria. In addition to these gaps, the trends presented could potentially be fairly inaccurate as veteran needs for employment and education support change as the average age of the veteran population decreases. This highlights the need for more holistic data within the space to support greater accuracy and forecasting.

There was minimal data found relating to housing and homelessness within the Victorian veteran community, not only through the ESO data collection activity but in general across government data sources and research reports. Data sources that were found did not have a sufficient level of granularity to provide an accurate picture. In addition to having incomplete data, it was identified that the housing and homelessness area lacks an appropriate level of data capturing, potentially exacerbated by challenges in reaching veterans who are homeless at the time of data collection. As a result of these challenges, it is impossible to identify trends within this area and complete forecasting activities to improve future provision of services within the housing and homelessness area.

2.4 Demographics and data conclusions

With such diversity in the veteran community all across Australia and throughout Victoria, greater sector stewardship is needed to ensure members of the veteran community are aware that they are either veterans or are a cohort which may be eligible for benefits (e.g. war widow/ers and dependents) and thus can access and use the services they require, in addition

to supporting an effective and efficient ESO ecosystem. Such sector stewardship, which would involve one coordinating body working with and across all ESOs on various matters provides the opportunity to interrogate veteran cohorts which may have additional complexities, such as younger veterans. This also provides the opportunity to work across the sector to ensure a collaborative and coordinated approach to meeting these needs.

A particular cohort of interest identified in this year's Study is veterans who served in non-designated conflicts, which raised the potential that there may be other veteran cohorts which receive less social recognition and benefits for their service relative to their contemporaries, despite their deployment or which legislation they fall under being out of their control. Coupled with the differing definitions of who is and who is not a veteran (discussed at section 2.1) this situation has the potential to create further inequality in an already fragmented veterans sector where DVA's system is so complicated advocates must receive special qualifications for helping veterans to navigate the service system to access the benefits they are entitled to.

Data plays an important role in effective decision making across all sectors. The lack of current and accurate data at all levels of the veterans sector presents an issue for government, ESOs and other service providers seeking to improve their targeting and service provision. Some ESOs have reported that they are unable to accurately forecast due to not having sufficient data regarding where veterans live, work and access services in the community and their needs. This leads to increased challenges for government and ESOs to anticipate, or even respond to, the needs of the Victorian veteran community efficiently and effectively, despite the best efforts of all involved. In May 2022, the ADF and DVA announced the DVA/Defence Electronic Information Exchange (DDIE). This initiative is in response to both Departments recognising the effect on the veteran community where relevant information is not accessible between these departments. This is a positive development in the sector, and likely to improve insights regarding the veteran community to better aid effective service planning and provision.

2.5 Recommendations to the VVC regarding data and demographics

Recommendation 1: The VVC should provide sector stewardship of the veterans sector in Victoria, including the development of a sector-wide outcomes framework, monitoring of outcomes for veterans and improved data collection and intelligence across the sector.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

With no peak body in the sector facilitating coordination and collaboration across ESOs and VSOs in the sector, the VVC can take on this role of enhancing coordination and collaboration, to ensure that:

- > an outcomes framework for the sector is developed, to provide clarity regarding what the intended outcomes for the veteran community are from the effort and resources in the Victorian veterans sector. The development of such an outcomes framework will need to be cognisant of and work within the existing constraint of the sector's data collection and analysis capability. While this will be a challenge to the design, implementation and monitoring of an outcomes framework, it is not insurmountable, and would be a key enabler of working with ESOs and VSOs to improve their data collection and monitoring capabilities
- > the outcomes framework is monitored with timely and accurate data, to provide stronger insights into the efficacy of various initiatives – this could include an annual open survey of members of the veteran community, to build a sense of trends over time
- > ESO and VSO data collection and monitoring capabilities improve, whether this is through a series of targeted capability uplift initiatives, grants or other funding programs, or through the VVC funding a small sector-wide monitoring and evaluation unit for this purpose
- > advocacy to DVA and the ABS continues to seek opportunities for improved data collection and sharing regarding:
 - veterans who are not DVA clients
 - veterans in employment or education and training
 - veterans who are homeless or at risk of being homeless
 - veterans who identify as LGBTIQ+
 - veterans who are of Aboriginal or Torres Strait Islander heritage
 - any other data sets already collected which are not released publicly
- > advocacy across relevant Victorian government functions and service systems (e.g. mental health, acute sector, public housing, family violence) to capture the veteran status of service users, to better understand and monitor service need at an aggregated level.

Recommendation 2: The VVC should investigate further the issues associated with veteran cohorts who may receive less social recognition or state government benefits, and advocate to relevant state government bodies to ensure parity, where appropriate.

This recommendation links to one VVC objective, to a) promote the wellbeing of all members of the Victorian ex-service community.

Noting VVC's current capacity, it may elect to task a subcommittee or the OFV to conduct this investigative work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

This was a new issue raised in this Study, and more investigation is required at both state and federal levels to understand how many veterans fall into such categories, their experiences and barriers, and initiatives are developed to address discrepancies in social recognition and treatment where relevant. The VVC can advocate across state government bodies that any Victorian benefits applying to veterans are inclusive of all veteran cohorts and consistent with benefits offered in other states and territories, and advocate at a federal level for federal recognition and entitlements to also span all veteran cohorts. Grosvenor notes from VVC member feedback that the veterans falling under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA Act)* are not entitled to a Gold Card, and thus this could be another cohort for consideration.

3 ESO maturity and coordination

The 2015 Victorian Veterans Sector Study found that at the time, emerging ESOs and VSOs had developed rapidly yet required support to become fully established and service veterans^{xviii}. This report also raised the splintering of the ESO sector as a risk, through the sector's limited membership, funding and volunteer effort pools being spread too thinly. Now, in 2022, this risk has become a reality in the Victorian veterans' sector, which is duplicated and lacks coordination.

While an ESO is formally defined by DVA and Ryan (2014) as "an organisation whose members include veterans throughout the Commonwealth and/or persons throughout the Commonwealth who are receiving or eligible to receive pensions under Part II of the VEA as dependants of veterans. The organisation's objectives will include that of representing those persons throughout the Commonwealth"^{li}, there is no core service offering of all ESOs, nor is there much consistency in the scale or scope of service offerings provided by ESOs. ESOs, especially larger ones, often (but not always) provide advocacy services and social support services. Additionally, among other unique programs, some ESOs offer one or more of:

- > mental health support services
- > education, employment and training support services
- > housing and homelessness support services
- > welfare support services
- > financial counselling services
- > homecare services
- > family, war widow/er, youth and dependents support services
- > disability support services.

The National Commissioner for Defence and Veteran Suicide's preliminary interim report discussed ESOs and VSOs^{liii}. The report discussed the benefits and importance that these organisations have on the veteran community, as well as where there are challenges within the

sector that could be addressed to improve service delivery. It is noted that service awareness, coordination and integration are key challenges for the sector.

ESOs and VSOs support the veteran community significantly, by utilising their cultural understanding and shared experience, social and peer support networks, and providing tailored services that are veteran-specific. All of these factors among others raised in the report address both protective and risk factors that are known to impact suicide among ADF members and veterans.

Considering areas for improvement, the report states that service fragmentation should be addressed to provide a central space for veterans to access support such as peer support, veteran-specific spaces, and for accessing services across community, health and government sectors. Another area for improvement was the need for more clarity about the organisations that make up the ESO and VSO sector, to allow for clearer understanding of the organisations operating within the sector. This would ideally inform a database consolidating this information in order for it to be used for more effective support service planning and design, as well as other purposes noted in the report. This database would also greatly benefit the veteran community, as it would allow the users and those in need of services to navigate the ESO and VSO service landscape easier.

Of the services provided by the nine ESOs which participated in the data collection for this study, employment, education, and training services was the largest service offered by the participating sample, followed by family, war widow/er, youth and dependents services and mental health support services. A summary of the breakdown is provided at Table 3 below.

Table 3 – Results of Grosvenor’s analysis of service provision data provided by nine ESOs

Service	# service recipients	% of total
Employment, education and training	5,572	33%
Family, war widow/er, youth and dependents	4,135	24%
Mental health support services	3,000	18%
Social support services	2,250	13%
Housing and homelessness	724	4%
Advocacy	572	3%
Welfare services	262	2%
Homecare services	239	1%
Disability support	193	1%

Service	# service recipients	% of total
Financial support services	10	0%
Total	16,957	100%

* family, war widow/er, youth and dependents support services reported by only one participating ESO

* mental health support services reported by only one participating ESO

Even this primary data is heavily limited (refer to Attachment F for details on approach). With no detailed mapping of ESOs, the services they provide collectively and individually, it is difficult for government to determine where thin markets or service gaps may exist that could be addressed. As difficult as this is for government, the impact of this fragmented sector on the veteran community is even more significant.

With no existing map or clear 'front door' to demystify which ESO does what where in the sector, coupled with the variability in service offerings between ESOs, or even across different branches of the same ESO, there is no accessible front door for the veteran community to learn more about and connect in with appropriate support services.

RSL Victoria delivers a service called Veteran Central (VetCentral) which aims to provide a 'front door' to veterans for navigating the ESO sector. The model is certainly promising, however only two focus group participants were aware of the service prior to Grosvenor asking about VetCentral in the discussions. Further promotional activities may be required to build the awareness across the veteran community for VetCentral to become an effective 'front door' service.

Across Australia, Veteran Wellbeing Centres aim to be an easy to access 'front door' for veterans and their families to provide greater access to wellbeing services and support in their local communities. The centres will work with their state or territory governments, ESOs businesses and other organisations to support the needs and opportunities of veterans in the local community. At the time of writing, there are six Veteran Wellbeing Centres operating across the country in Townsville, Darwin, Perth, Adelaide, Wodonga, and Nowra, and two further centres were announced in the 2021-22 Federal Budget to be developed in Tasmania and Queensland. Grosvenor hopes that greater access to and take up of VetCentral and the Veteran Wellbeing Centres will contribute to addressing the current lack of a ready easy access point for veterans and their families to receive the services and support they need.

The VVC website also has a range of links to information and ESOs across a number of categories. No focus group participants were previously aware of this resource, indicating similar challenges in relation to awareness.

An example of an effective 'front door' from other sectors is The Orange Door for those who may be experiencing family violence, and Beyond Blue for those who may be experiencing anxiety, depression and challenges with suicide. Both initiatives provide those in need of their respective services with comprehensive and relevant information across multiple platforms to support people with understanding and navigating the support options available to them.

One of the biggest challenges raised by members of the veteran community in the consultations and surveys was this lack of a front door for veterans to become aware of and access services through. Currently, members of the veteran community report either finding the right services for them through luck, through their own research, or being told about a service by a friend. This is not contemporary service delivery in 2022.

Further, not only does service provision vary widely, but so too does service quality. The capability across ESOs is mixed, spanning from volunteer workforces with a diversity of relevant experiences and skills, to veteran-based workforces who may or may not have been upskilled to deliver the roles they perform, through to professional workforces hired for a role. The capability fluctuates further the more distant an ESO is from Melbourne, due to the available talent pools in regional and rural communities.

In addition to there being no front door, structured or formalised coordination between ESOs also varies greatly, both across and within ESOs. Grosvenor heard from ESO representatives that limited networks have been established spanning ESOs, while the networks that do exist are often centred around a geographical location. Such networks were either 'bottom up', having been catalysed by local ESO groups coming together from their own initiative, or initiatives driven by a particularly passionate leadership group within an ESO. Indeed, some ESOs or ESO representatives are not aware of the services offered by other state-wide or local ESOs, which is a key barrier to coordinating services and referrals across ESOs.

The National Mental Health Commission (NHMC) commented on these challenges in its 2017 report, 'Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families'ⁱⁱⁱ. The review found that:

- > in some cases, there are hostile and adversarial relationships between ESOs and DVA and other government service providers, potentially limiting opportunity for cooperation and leading to results that are not necessarily in the interests of former service members
- > the interventions of some ESOs on behalf of former serving members, though well meaning, may actually be counter-productive or indeed harmful to their welfare, for example where that behaviour may encourage a focus on loss, and a mindset and narrative about 'disability' to prove entitlement to a Gold Card, rather than a more positive and constructive approach focussed on wellness and ability
- > some interventions may not be evidence-based
- > anecdotal evidence suggested duplication in the services provided by ESOs, and further noted issues of:
 - weak corporate governance, management and accountability structures
 - rivalry between organisations to differentiate themselves from one another as they compete for funds (from the government and the wider community), attention and market share
 - a lack of evidence around the effectiveness of services provided

- misalignment with, and disconnection from, strategic priorities being pursued nationally and/or state-wide.

The NHMC report looked to the future in encouraging a potential role for government to more closely engage with ESOs to harness their expertise, commitment and service footprint as part of a broader veteran-centric service strategy.

The Aspen Foundation's ESO Mapping Project covered similar points, noting that the support services available to veterans and/or their families from [the ESOs in the study] are not clear, and that the growth of ESOs in recent years risks service duplication, increased over-heads and costs taking away from direct service provision, reduced effectiveness of advocacy and confusing messaging^{xxxiii}.

The National Commissioner for Defence and Veteran Suicide Prevention's Interim Report also noted that service fragmentation was raised throughout discussions held, and suggests DVA should work closely with state and territory organisations supporting veterans to improve the effectiveness of services available. Similar to the NHMC report, the National Commissioner's report noted that it is important to ensure a strong evidence base for activities and services conducted within the sector to provide services that are proven to be effective. In addition, it was raised that ESOs are experiencing challenges ensuring they stay relevant for contemporary veterans, and that some organisations have made concerted efforts to meet expectations of contemporary veterans^{liii}.

The preceding range of data sets and reports do indicate challenges within the ESO sector to maintain contemporary practices and effective service delivery. The overall lack of shared coordination across ESOs inhibits effective case management and coordination, the facilitation of warm referrals and little consideration of a holistic psychosocial model of care for members of the veteran community. Again, this is not aligned with better practices observable in other sectors, such as mental health and disability.

Further, this approach is unsustainable for ESOs and the sector as a whole, with an over-reliance on personal networks and relationships creating a single point of failure when ESO staff and volunteers turn over. These challenges are exacerbated in larger ESOs with multiple branches, where one branch (including what could be considered the 'corporate branches') has little visibility of the services delivered across other branches, including service scope, volume of services, resource capability and more.

While there are many challenges to address, Grosvenor also observed a range of better practices demonstrated through the ESOs consulted with. These included:

- > use of a psychosocial model of care, with appropriate clinical practices and case management where required – one ESO in particular was able to describe their engagement of professionally qualified clinical staff and use of clinical governance practices to a level that Grosvenor assessed as mature, and in line with contemporary psychosocial models of care and care coordination approaches. Given the vulnerabilities and complexities members of the veteran community may present with at any time to an ESO, ESOs need to have at least a working knowledge of trauma-informed approaches to

providing care and support, clinical governance practices and standards, and the enablers of effective case management across the sector, including care coordination

- > use of a 'no wrong door' approach and supported warm referrals – linked with the above, a few ESOs were able to describe how they facilitate referrals for members of the veteran community within parts of their own ESOs, and outside their ESO to other ESOs or veteran service providers. The common principle behind this approach was described by these ESOs as every staff member and volunteer taking accountability for supporting those who seek to access their services. On a practical level, this was explained as the person taking the initial phone call or knock at the door, whether they were an executive, paid staff member or volunteer, seeking to resolve the enquirer's need in the first instance, but where this was not possible, personally connecting the enquirer to the next person in the service chain, and not leaving the enquirer until handover to the next person was successfully achieved. One ESO described taking this even further and building in mechanisms to ensure that each enquiry was reviewed a few days after initial contact to ensure the enquirer was connected with the right service for them. Such approaches more widely implemented would help to mitigate the common problems Grosvenor heard with members of the veteran community 'falling between the cracks' when contacting ESOs for support
- > having formalised roles, with workforces balanced across volunteer, lived experience and professional cohorts – while volunteer and lived experience workforces are very effective in the right circumstances, not all problems or service needs can be met by these workforces. In particular, where a member of the veteran community is presenting with a need for mental health supports, it is essential they are supported by a professional staff member who can triage their need and refer them to the correct service, while handling their needs between the point of contact and the point of the first appointment with a psychologist or psychiatrist sensitively and appropriately in line with clinical governance standards
- > use of a client relationship management (CRM) system with data informing service provision – two ESOs discussed their use of a CRM to track their service uptake across their service area, and the insights their CRM provided them with regard to supporting service planning and provision, being able to better adapt and refine their service delivery based on presenting needs, usage and feedback. This system also enabled these ESOs to undertake effective case management, with the CRM capturing the service user's history, to make care coordination easier and handovers clearer, as well as reducing the need for the service user to repeat their needs again and again, which risks re-traumatisation or service users dropping out of the service chain due to the difficulties of them navigating the service system
- > regional networks are beginning to be established to address this gap – Grosvenor saw a strong appetite for regional networks through the focus groups. The Wodonga region has had a mature approach to coordination amongst local ESOs for some time. This approach had been emerging in the Bendigo region, with regular local meetings of ESOs to discuss and share information, but the COVID-19 pandemic has disrupted this region's momentum and meeting frequency. Grosvenor also saw a strong appetite for the establishment of such a regional network amongst the ESO representatives who attended focus groups in Geelong and Frankston. This indicates a clear desire at the local level for ESOs to join

forces to be more efficient and provide higher quality supports for members of the veteran community.

Grosvenor commends the ESOs which demonstrated these better practices and encourages other ESOs to consider whether they may be able to adopt any of these better practices into their own organisations. There may also be a sector stewardship role for the VVC in identifying other better practices across the sector, and disseminating these across the sector, to support ESOs to adopt practices relevant to them.

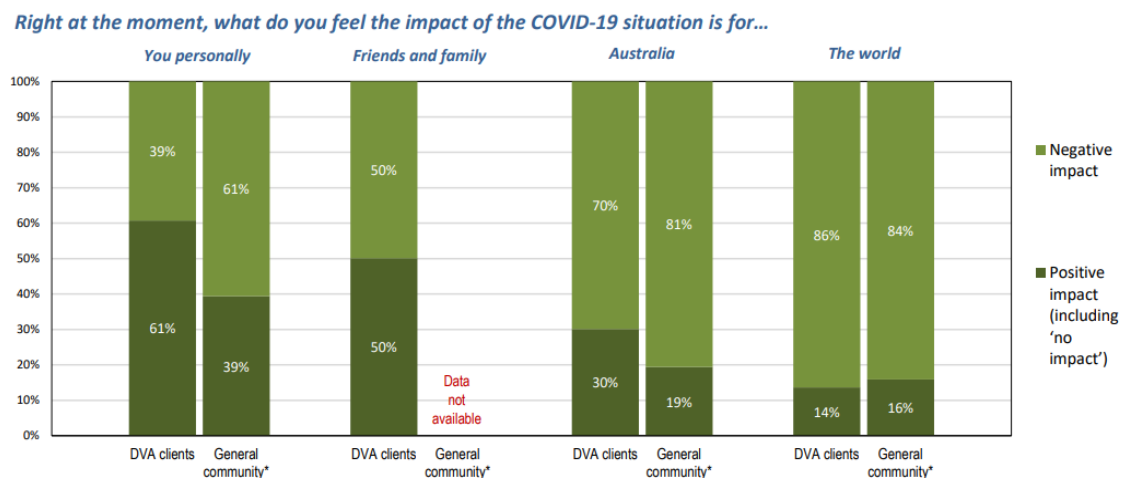
In a sector which has at least \$372 million of funding per annum in Victoria (2019 calendar year data for a small sample of ESOs, drawn from ACNC data; refer to Attachment G for data analysis methodology and clarification of which organisations are included in this sum), there exists a tangible opportunity to reform the ways in which ESOs coordinate, reduce duplication, ensure funding is spent more efficiently, and deliver improved outcomes for the veteran community at the same time.

Such changes would have a material impact on the sector. Veterans experience suicidal ideation, plans and attempts at disproportionate rates to the general population^{iv}. They also report increased incidence of chronic conditions and mental health concerns^{iv}. Improving the awareness and accessibility of support services available to the veteran community can only have a positive impact on the quality of life for members of the veteran community.

3.1 Impacts of COVID-19 on the sector

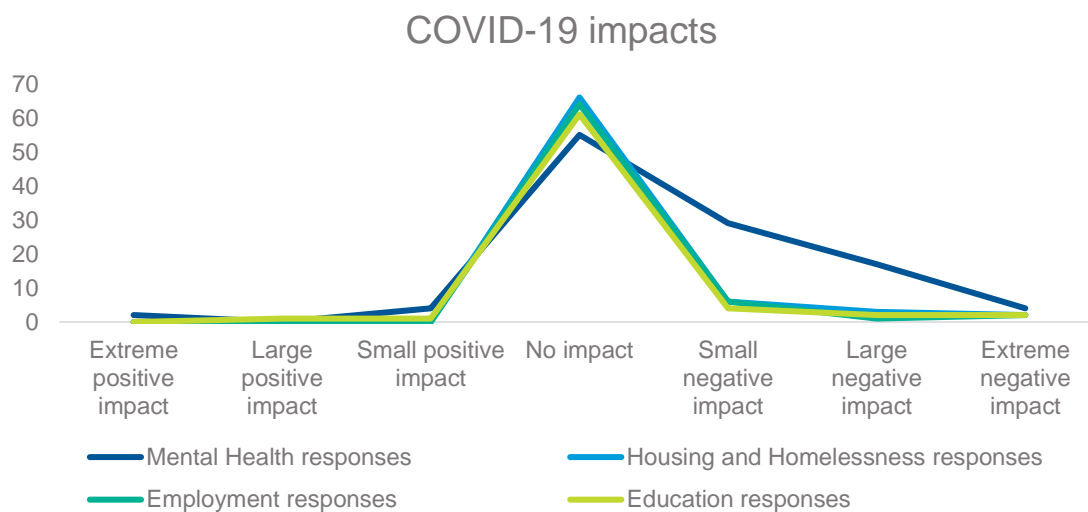
The impact of COVID-19 on the Victorian veterans sector has been less significant than expected. Most respondents to the consultations and survey did not note any impact to them, while DVA’s own customer satisfaction survey data^{xix} (Figure 10 below) showed veteran service recipients reported either no impact or a minor positive impact.

Figure 10 – DVA client satisfaction survey results regarding COVID-19 impact



This correlated with the responses from survey respondents, who generally reported no impact, or only minor positive or negative impacts on accessing services, with the exception of a negative impact being reported on mental health (Figure 11).

Figure 11 – Graph of Grosvenor’s veteran survey respondents’ responses regarding impact of COVID-19 on accessing mental health, education, employment, and housing and homelessness services



From the veteran community perspective, the main discussion point was the substitution of virtual service delivery for what had traditionally been face to face services, such as GP appointments or psychologist visits. Some veterans found telehealth appointments beneficial for them, as it saved them travel time, but others reported feeling uncomfortable engaging with the virtual medium, either due to a lack of familiarity or concerns about the security of their information.

From the ESO perspective, ESOs universally reported that they could not maintain pre-pandemic service levels during lockdown periods, given the quantum of services and programs they have traditionally delivered face to face. ESOs described social events and group programs having to be cancelled or postponed through these periods. Some ESOs moved to a virtual or remote service delivery model, where they would contact vulnerable or at-risk veterans known to them through regular phone calls or regular food and care package deliveries. No ESO reported being back to pre-pandemic service levels at this point in time.

3.2 ESO maturity and coordination conclusions

As shown through the ESO primary data collection process described in section 2.3.4, this Study has identified gaps and inconsistencies in data collection by ESOs, where many ESOs could not provide data regarding what services they deliver, where to, and to how many clients. While ESOs have no obligation to collect such data (aside from any specific grants

requirements), improved data collection regarding services delivered could ultimately lead to improved needs-based forecasting for ESOs and for government. The quality of data collection varies from ESO to ESO, and even occasionally from branch to branch within larger ESOs. In this current state, while RSL Victoria delivers the Veteran Central (VetCentral) phone number service to provide the veteran community with a ready 'front door', Grosvenor found that there may still be low awareness of this service among the community. As a result, there is currently no well-known, ready 'front door' or clear, regularly used referral pathways for members of the veteran community to access who may have varying capabilities to seek out or navigate across multiple ESOs. In part this is due to there being no clear peak body or sector steward for the sector. This is also due in part to limited compliance requirements for ESOs with regard to capturing, monitoring and reporting service provision data. These limited compliance requirements apply even where ESOs receive federal or state government funding for some of their services.

Coupled with this, ESOs in Victoria have a significant amount of revenue, part of which is Victorian government funding. It is unclear where or how Victorian government funding is used to achieve improved outcomes for members of the veteran community, with no high level or readily accessible reporting or clarity on this point. While the Victorian government, like many government bodies, requires funding acquittals for grant funding, this is typically at the level of an individual grant or project, and does not provide a holistic picture of overall outcomes in the veterans sector for the many streams of funding received by the sector. Grosvenor is also aware that some smaller ESOs (which can include branches or sub-branches) may obtain most of their revenue through fundraising appeals and the acquittal of these funds is governed by the *Veterans Act 2005 (Vic)*. This acquittal process likely mitigates some of the risk of the funds being used inefficiently, however, this was not a core focus of this Study.

There is a need for improved maturity and coordination within ESOs and across the sector more broadly. Consistent narratives across the 2008, 2015 and 2022 Victorian Veterans Sector Studies note the challenges veterans face in gaining awareness and accessing services provided by ESOs.

3.3 Recommendations to the VVC regarding ESO maturity and coordination

Recommendation 3: In line with greater sector stewardship (refer Recommendation 1), the VVC should play a leading role with Victorian ESOs to introduce more transparency around ESO service provision, the adoption of better practices, and greater collaboration and coordination within and between ESOs.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

Given the challenges set out in this chapter, the VVC is an entity which would have the influence to work with ESOs to steer ESOs towards a more mature approach to their service delivery. This would ideally encompass:

- > conducting an ESO mapping project similar to that conducted in 2016 by the Aspen Foundation, to provide as an output a clear sense of what ESOs operate in what locations, as well as more detailed information to create a comprehensive database about what services operate at what hours and who is eligible for those services, and how those services may be accessed. Such mapping should capture the workforce composition and distribution, and ideally develop standardised service definitions which ESOs could adopt. The outputs of the mapping can then also be shared and promoted through existing veterans information platforms or support portals such as the VVC website or the existing ENGAGE portal, and communication to veteran's support groups. Grosvenor is aware that there is a veteran support portal under development nationally called ServULink which may meet this need, in which case, the VVC could support uptake of this platform across the sector
- > investigating more fully and breaking down barriers to enhanced ESO collaboration, with consideration given to:
 - better promotion and information-sharing regarding VetCentral, and the Veteran Wellbeing Centres when a Victorian Centre is developed
 - standards and protocols for information sharing and case management across multiple ESOs, for example, agreeing data definitions, how deidentification and data matching can be undertaken, frequency and protocols for information sharing, etc
 - leveraging successful models in other sectors to improve care coordination, and for the sector to move to a holistic psychosocial model of care for veterans, for example, through the delivery of training sessions on these models and the provision of enabling supports, such as communities of practice or region-specific knowledge sharing forums
 - facilitation of the development of formal structures and governance arrangements to enable ESO coordination, which are not built solely on personal relationships and therefore at risk when personnel change over time. Such formal structures and governance arrangements could consist of an ESO or Victorian veterans sector charter or ToR., as well as maintenance and formalisation of existing statewide networks, and establishment of regional networks. These networks would have information flowing both across the state, and up and down the chains in the network, and with supporting subcommittees or communities of practice as required (e.g. mental health, employment, education, housing and homelessness, other)
 - providing support to regional networks to be established and coordinate on a regional basis. Due to Victoria's wide geographical distances, these could be established on a regional basis with key town centres (e.g. Geelong, Sale, Horsham, Seymour) being the

- central point, but with membership open to all ESOs and ESO representatives within defined geographical boundaries
- encouraging the sector to adopt the better practices identified in this Study already implemented by some Victorian ESOs. The better practices could be shared amongst the ESO sector via various means such as at ESO round table meetings, ESO-specific meetings such as summits, communities of practice, guidance and training sessions led by experts in relevant fields such as professionally qualified clinical workers to discuss the psychosocial care model, or users or providers of CRM platforms to discuss the benefits and options available
 - any additional support, resourcing or funding required in the sector to help ESOs to modernise their systems and processes
- > setting required outcomes for achievement to the Victorian government funding currently granted to the sector, by working with state government programs and funds which provide funding to the sector, in alignment with the outcomes framework to be developed as part of Recommendation 1
 - > addressing ESO service gaps identified through more detailed mapping. For example, if a particular ESO is identified as not being able to provide information to service users regarding housing and homelessness support services, that the ESO is provided with this information. This will ensure that wherever a member of the veteran community makes contact they will receive consistent information regarding what supports are available to them and how they can access them.

4 Mental health and suicide

4.1 Mental health and suicide in Australia

4.1.1 General population

Mental health can be an issue for many Australians, with approximately 20% of people aged 16-85 experiencing a mental health disorder in any given year^{vi}, with 45% of Australian adults being affected at some point during their life^{vii}. In the latest release of mental health data from the ABS, anxiety was reported as one of the most common mental health conditions, affecting 13.1% of the population. Additionally, approximately 1 in 10 Australians were experiencing depression^{viii}.

Over half (54%) of people who are experiencing a mental illness do not access treatment^{ix}. Stigma has been reported by BeyondBlue as a contributing factor to people not accessing support for their mental illness^x.

According to the Black Dog Institute, suicide is the leading cause of death amongst Australians aged 15 to 44. Additionally, the Black Dog Institute has estimated that the number of suicide

attempts is approximately 30 times greater than the number of deaths by suicide^{lxi}. Rates of suicide amongst the general population will be discussed further in the next section, as a comparison to rates of suicide within the veteran community.

4.1.2 Veteran community

Soldiers have been identified by the Black Dog Institute as a cohort at high risk of developing mental health issues^{lxii}. This could be attributed to the culmination of exposure to potentially traumatic events, particularly relating to PTSD and anxiety disorders where this is a highly influential factor. Subsequently, the veteran population is at a greater risk in comparison to the general population^{lxiii}. Reports published by DVA as part of the Transition and Wellbeing Research Programme have estimated that 46% of ADF members in the study who had transitioned within the previous five years met the diagnostic criteria for a mental disorder^{lxiv}. Additionally, 64.4% of transitioned and 52.1% of regular ADF members have reported that they have had concerns regarding their mental health at some point during their lifetime^{lxv}. Percentages of cohorts reporting concerns for mental health was highest in veterans, with 70.9% reporting concerns in comparison to 61% for inactive reservists and 57.6% for active reservists^{lxvi}.

Many veterans involved in the Transition and Wellbeing Programme sought assistance with their mental health within 12 months of becoming concerned^{lxvii}. Depression and anxiety were the most commonly reported reasons for veterans to access mental health support, followed by anger and relationship difficulties^{lxviii}. Over 45% of veterans reported accessing DVA treatment either through a white card (39.3%) or a gold card (5.9%). Less than 10% of both transitioned and regular ADF used ESOs to inform or assess their mental health, however this figure doubled for those with a probable mental disorder. Despite the relatively low engagement with ESOs for this purpose, the rate of satisfaction with ESO services was high.

Whilst many veterans sought assistance with their mental health within 12 months of becoming concerned, around 10% of veterans and regular ADF members involved in the Transition and Wellbeing Programme waited up to three years to access assistance^{lxviii}. Some of the most common reasons for not seeking assistance include the preference to self-manage, ability to function effectively without assistance and feeling afraid to ask for support^{lxvi}.

The AIHW maintains an online report on the health of veterans. According to this report, veterans aged 16-29 have a higher rate of mortality than the general population, similar rates for those aged 30-49, and lower rates than the general population for veterans aged 50-70. Whilst females tended to have a lower level of mortality in comparison to males the comparison between veterans and the general population was consistent between genders.

Death by suicide was the leading cause of death for veterans within the 16-29 and 30-49 age groups. Whilst suicide was also the leading cause of death for the general population within the 16-29 age group, the rates at which this occurred were significantly higher in the veteran population. In veteran males, the rate of suicide was 42.2% of deaths, in comparison to 29.1% in the male general population. Similarly, the rate of suicide in veteran females was 41.4%, with only 22% in the female general population. Overall, once adjusted for age, veteran rates of

suicide between 2002 and 2019 for males was 24% higher than the general Australian population, and the rate for female veterans was 102% higher^{lxvii}.

4.2 Available mental health and suicide support services

There are some veteran-specific mental health and suicide support services available across federal and state government levels, as well as through the ESO sector. These include:

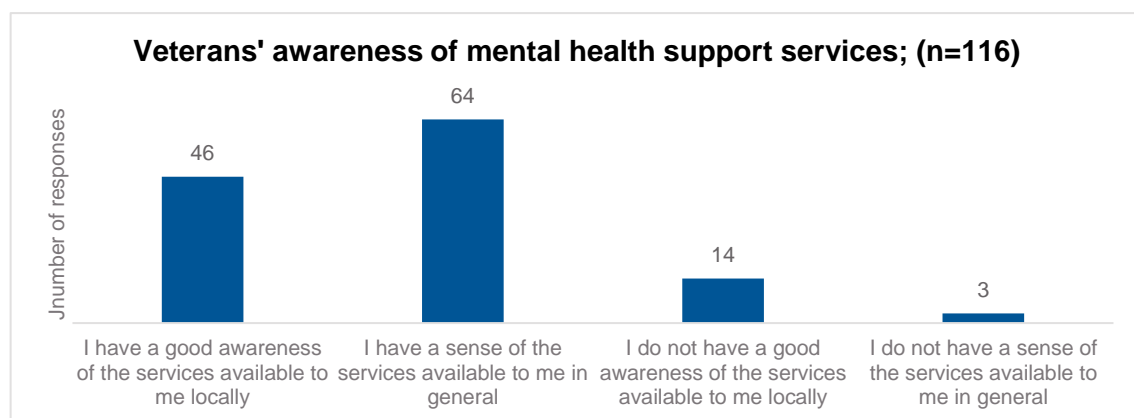
- > federal government:
 - Gold Cards and White Cards – possessors of a DVA Gold Card entitles them to care for all conditions fully covered by DVA, and possessors of a DVA White Card entitles them to care for specific conditions fully covered by DVA.^{lxviii} Gold Card holders can include war widow/ers and dependents, but only veterans are eligible for the White Card. There are eligibility criteria which must be met for possession of the cards, but once granted, the Gold Cards and White Cards are invaluable for helping members of the veteran community to access their required support services.
 - Ward 17 at Austin Health – Ward 17 (formally known as the Psychological Trauma Recovery Service Inpatient Unit) provides 20 in-patient beds and out-patient care for veterans first responders, and other cohorts who are experiencing mental health challenges and require psychiatric support^{lxix}. Ward 17 is for sub-acute care and the presenting patient's condition must be stable to access treatment, which can span psychologist services, human relationship services, a sleep clinic, and a telepsychiatry service. The triage service operates 24 hours a day, seven days a week. Ward 17 is co-funded through both Commonwealth and Victorian government funding
 - Open Arms – Open Arms provides support services to members of the veteran community through a range of face to face, phone and crisis helpline services^{lxx}. Open Arms has previously operated since 1982 as the Vietnam Veterans Counselling Service. Open Arms is accessible Australia-wide and has many programs available throughout Victoria's metropolitan and regional areas
 - Defence Family Helpline – the Defence Family Helpline is available 24/7 and is staffed by professionals including social workers and psychologists^{lxxi}
 - Engage – Engage is an online portal members of the veteran community can use to search for relevant services^{lxxii}. It is able to be filtered by support service type and location, providing an easily accessible portal with links to many services members of the veteran community can access.
- > state government in partnership with ESOs:
 - Victorian Veteran Family Services – the Victorian government, in partnership with Melbourne Legacy, allocated \$500,000 of matched contributions to establish these services during the Royal Commission into Defence and Veteran Suicide^{lxxiii}. Victorian Veteran Family Services is supported by two new Veteran Liaison Officers
- > ESO sector:

- RSL Victoria’s Veteran Central program – while not a specific mental health or suicide support service, Veteran Central provides a phone service to help members of the veteran community navigate to and connect with their required support services as a general triage and referral service^{lxiv}. The service is open to all members of the veteran community within business hours. Veteran Central was supported by the Victorian Government as a central call centre service for veterans
- SoldierOn – provides access to psychology services for members of the veteran community^{lxv}. These services are available face to face or virtually, and members of the veteran community can self-refer themselves for easy access. There were no veteran-specific suicide prevention support services or programs readily identifiable from Grosvenor’s research.

4.3 Awareness of services

The majority of respondents, 86% (105 of 122 respondents), had either a good awareness or a sense of services available to them locally or in general (Figure 12). This is a really positive result, and a strong improvement on anecdotal commentary provided to the 2015 Victorian Veterans Sector Study.

Figure 12 – Graph of Grosvenor’s veteran survey respondents’ responses regarding awareness of mental health support services available to them



Some veterans who had exited services more recently attributed the transition out process as providing them with information regarding mental health support services, and anecdotally, that they received more information on this subject than their peers who may have separated from services some years prior.

Participant E advised Grosvenor that she required mental health services throughout several years after leaving the army, however did not know where to go for support. She reports there was no transition out process at the time she exited services and was left on her own. When her issues surfaced several years post-transition, one of the challenges that she faced was that there were too many ESO groups, meaning it was difficult for her to know where to go. Having to call multiple places also meant that she

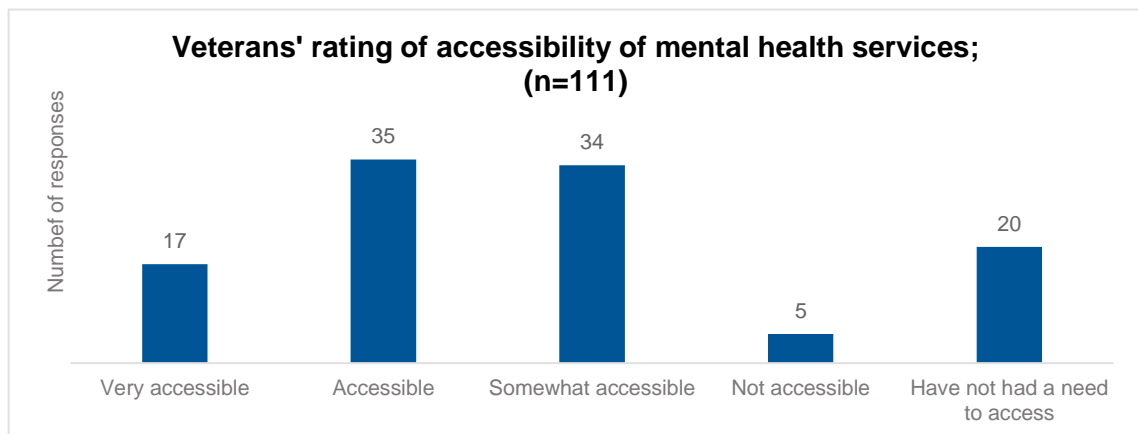
had to re-live her issues each time she called a new place to ask for support, and she found this exhausting and re-traumatising. (Participant E's story)

Having transitioned relatively recently, Participant H noted that mental health support during transition is much better than it was many years ago, from what he has heard from other people he knows who have transitioned out of the services. (Participant H's story)

4.4 Access to services

Interestingly, while awareness of high, respondents' rating of accessibility is that only 57% (52 of 91 respondents who reported accessing mental health services) report mental health services as accessible or very accessible, as Figure 13 demonstrates. There is a clear gap between the high awareness of mental health support services, and the ability of members of the veteran community to access those services. This appears to be the first barrier in veterans receiving the mental health supports they require.

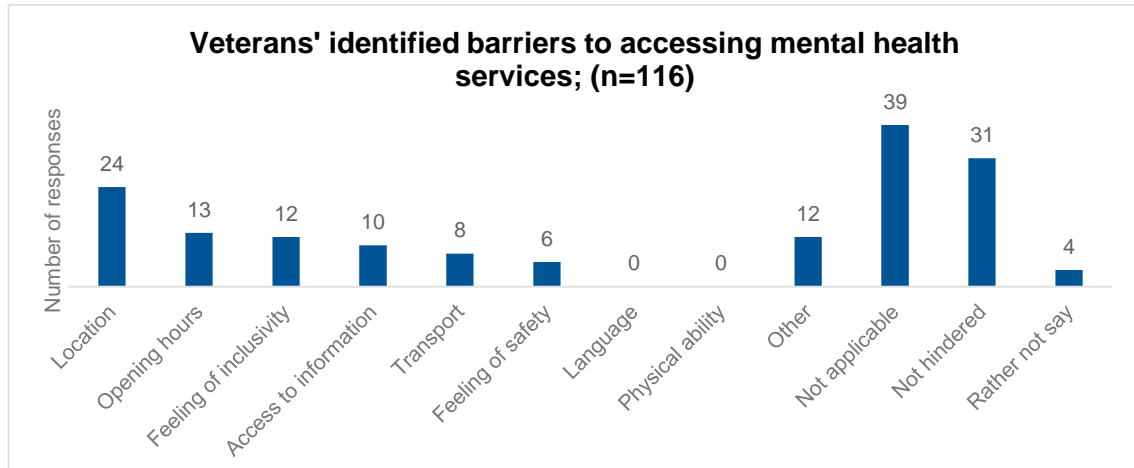
Figure 13 - Graph of Grosvenor's veteran survey respondents' responses regarding how accessible mental health services are



Participants in the focus groups generally agreed that supports to help veterans access mental health services have improved across recent years, with the White Card and the expansion of Open Arms being cited as key enablers. With specific regard to Open Arms, some veterans emphasised the importance of being able to access a service like this while still a current serving member, as there was often a fear or a perception that accessing mental health supports through the ADF could have repercussions for a serving members' career, in terms of being held back from promotions or sought-after deployments.

Survey respondents reported the highest barriers to accessing mental health services were the service location, opening hours, and feeling that the service is inclusive of their needs (Figure 14)

Figure 14 - Graph of Grosvenor's veteran survey respondents' responses regarding barriers to accessing mental health services, responses provided by participants who selected 'Other' are included in Attachment C



Through the focus groups, veterans shared that amongst the veteran community, there can be varied notions of people with mental health conditions or challenges as 'weak' or 'not up to it', all the way through to the more contemporary view that mental health conditions or challenges need not impact one's quality of life or performance, if they have the right supports in place. Veterans who had more recently exited from service were more likely to report the latter perception, whereas older veterans or veterans who had exited from service some years ago were more likely to report perceptions among their peer group of mental health challenges being seen as a sign of weakness. Such perceptions may inhibit a veteran from recognising they need support and seeking it out, as such actions may not reconcile with their view of themselves or feelings of shame at needing to access such services.

Veterans also discussed through the focus groups their perception of a 'deficit model' for veterans, where if a veteran is 'well' when exiting services, they receive little to no benefits or supports, and thus they feel there is implicit encouragement within veteran support systems for veterans to be 'unwell' to access pensions, benefits, entitlements or other supports. When such a view of veterans being 'rewarded' for being unwell exists, it then becomes even more difficult for veterans exiting services to transition effectively to a civilian life.

Lastly, veterans discussed through the focus groups that there was a difference in service accessibility in metropolitan areas compared with regional or rural areas, with a perception that it is harder for members of the veteran community living in regional and rural areas to access mental health support services compared with their metropolitan peers. This aligns with the feedback from the survey, where respondents rated location and transport as among the top barriers to accessing mental health support services (Figure 14). Veteran community members noted that accessibility also varied by cohort, where they saw younger veterans as generally being more willing to seek out and access support services compared with older veterans. There was also agreement from most veteran focus group attendees that in general veterans preferred to access veteran-specific mental health support services, as veterans have a strong desire for their experiences to be understood, rather than accessing mental health support

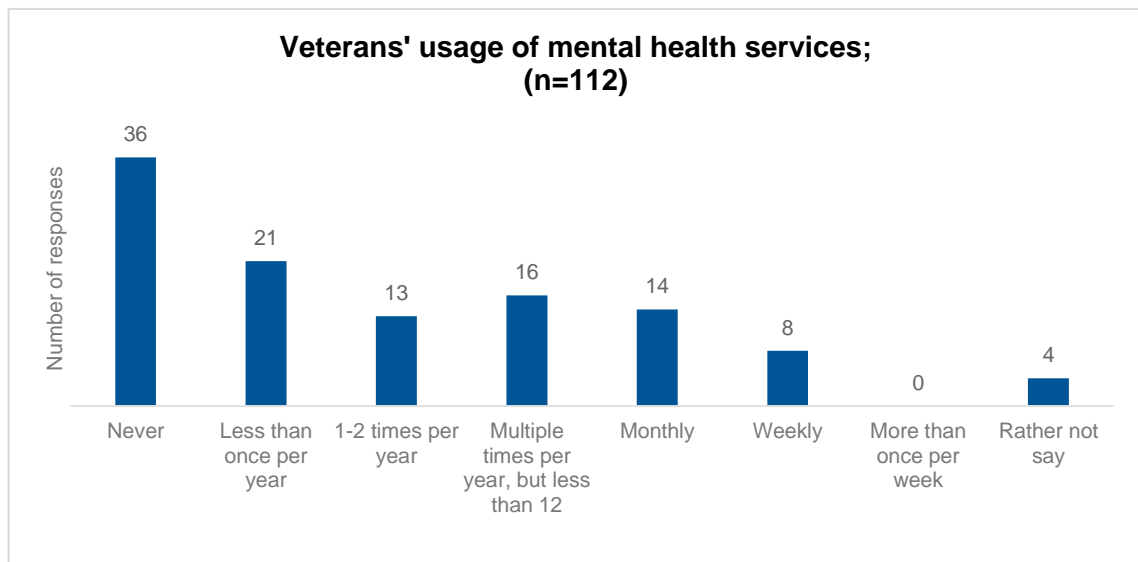
services which are more general in nature. Part of this related to the views of these veterans and those of their peers who they talked about anecdotally as viewing veteran-specific mental health practitioners as having more credibility and ability to help them as opposed to practitioners servicing predominantly civilian populations. A few veterans shared their own experiences or the experiences of themselves at seeing a civilian mental health practitioner and feeling misunderstood, or having to re-explain their case history numerous times to access the support they needed, re-traumatising themselves in the process with each re-telling.

[Participant A] stated that her version of good mental health support is having good education about what is available for veterans... As part of this process, Participant A raised the fact that a “no wrong door” policy would have been beneficial throughout her journey, where a practitioner recognises that they are not able to provide effective support to the individual, and can point the individual in the right direction, or a different direction, where they may be able to receive more effective support. (Participant A’s story)

4.5 Service usage

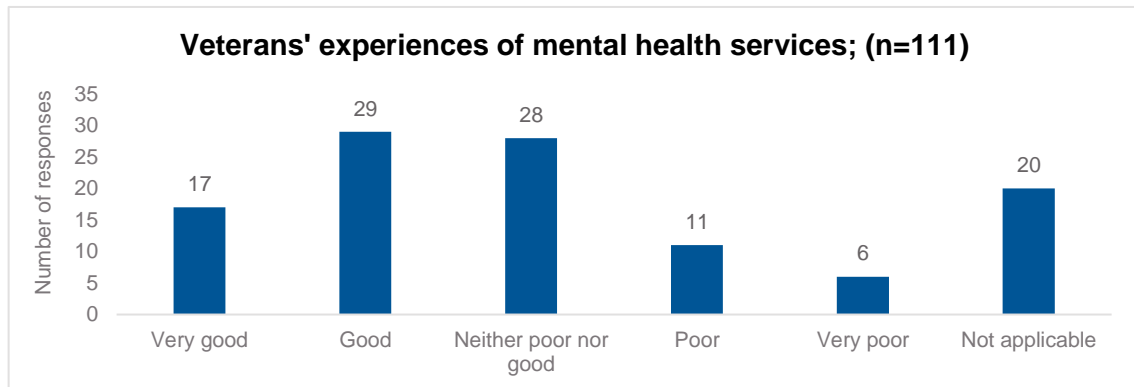
Two-thirds of survey respondents (67%; 51 of 76 respondents who reported having used mental health support services) reported using mental health services more than once per year, as shown in Figure 15 below.

Figure 15 - Graph of Grosvenor’s veteran survey respondents’ responses regarding usage of mental health services



Despite this level of self-reported usage, only half the survey respondents (50%; 46 of 91 respondents who provided a rating) rated the quality of mental health support services as very good or good (refer to Figure 16).

Figure 16 - Graph of Grosvenor's veteran survey respondents' responses regarding their experiences when using mental health services



The difference between these results tells us, as least for the cohort of survey respondents, but likely for many other members of the veteran community, there is a stark difference between the levels of awareness veteran community members have of mental health services, to their ability to access these services, and to the quality of these services when they are used. With high service usage but medium service quality there are opportunities to improve the accessibility and quality of mental health support services for the veteran community, to improve the quality of life for those who require these services.

The veteran focus groups and the survey both noted that further mental health support services were needed for the families of veterans, as families often are the first line of support provided to a veteran experiencing mental health challenges and may be a crucial part of ensuring veterans access the services they need. Currently Legacy and Open Arms are the predominant providers of mental health support services or referrals to mental health support services for families. This is only a small proportion of the total number and scale of ESOs and their services across Victoria. It is not presently known if these services meet the needs of all veteran community family members or where there is a service gap, given the scarce data available on this point and in the veterans sector more generally. It is likely that the accessibility of supports for veteran family members is lower than the accessibility of support services for veterans. Some veterans, survey respondents and ESO representatives also noted the need for support services for veteran community family members to address the impacts of intergenerational trauma in its own right, let alone the need to support family members to help veterans help themselves. This issue was confirmed in the Veterans' Advocacy and Support Services Scoping Study report^{lxxvi}.

The Veterans' Advocacy and Support Services Scoping Study also noted on the issue on support for family members that:

"some of them [veterans' family members] have supported – possibly for decades – veteran partners or their children with little recognition and limited assistance. They have adapted their work, personal and social lives to accommodate those family responsibilities" (page 91)

“...most DCO [Defence Community Organisation, now known as the Defence Member and Family Support Home] support for the family stops on the day the ADF member transitions from Defence although the ADF member is able to receive some support for up to 12 months” (page 92)

The Veterans' Advocacy and Support Services Scoping Study found that family support for veterans – particularly badly injured or vulnerable veterans – is essential for their wellbeing and recommended more to be done by the Defence Member and Family Support Home, DVA and ESOs to support the families of veterans.

While [Participant C] felt supported, he noted that there was little support available for the families of veterans, who are often a critical part of the veteran support network. (Participant C's story)

Participant I highlighted that we should be including families when we look at mental health support services, noting that there are significant challenges for families both during service and transitioning out of service. (Participant I's story)

[Participant J] stated that a lot of things have changed since the Royal Commission, noting that the effect on families was an important area needing to be addressed. (Participant J's story)

Finally, as noted in section 6.1, there is high demand for mental health support services across the general Australian population, with many challenges for members of the general population to access support services. These challenges, including lengthy wait-times, little to no crisis supports, thin markets in regional and rural areas and a fragmented service system, are exacerbated for members of the veteran community through the following issues:

- > willingness of mental health practitioners to accept payment from DVA: Grosvenor heard through the focus groups that some mental health practitioners will not accept referrals for DVA clients. The main reason provided by those who provided this commentary was that the fees providers can be reimbursed for through DVA are substantially lower than the fees providers can otherwise charge patients for through the private system. Similar concerns were raised in the National Commissioner's report, which heard that the DVA fee schedule (when compared to fees that can be charged privately) can discourage mental health practitioners from working with veteran clients. The report also noted that although treatment services for any mental health condition are free for any individual that holds a White Card due to the cost being covered through non-liability health care, it is often difficult for veterans to find a mental health practitioner willing to provide these free services^{lxiii}. The DVA schedule of fees for psychologist services lists payments as being \$103.15 for a 20-50 min consultation, and \$145.65 for a 50+ minute consultation^{lxvii}. Meanwhile, the fee recommended by the Australian Psychological Society is \$267 for a 46-60 minute consultation^{lxviii}. The structural gap between these two fee levels is substantial and is likely

a contributing factor which limits veterans' ability to access psychologist services where those who require services have no capacity to pay the private fees

- > increased need for crisis supports: while crisis supports are required across all facets of the general population, veterans in the focus groups who commented on this point were adamant that the veteran cohort is particularly in need of crisis supports, due to the training received by veterans through their service life, which means that veterans can do significant damage to themselves or others when they lose control of their faculties and as such can be difficult to restrain or calm in these situations; that veterans are more likely to experience crisis situations than the general population due to the nature of their service and the prevalence of PTSD across the cohort; and that while mental health support services do exist, typically from the point of contact to the point of service there could be many elapsed weeks or months during which the veteran does not receive support.

The Royal Commission into Victoria's Mental Health System final report identified many key themes that impact people's access and usage of mental health support services^{xxxix}. A key finding from the Royal Commission's report that is related to the veteran-specific pain-points raised above is the theme that accessing and navigating services is difficult, and long wait times can lead to people's conditions getting worse before accessing services. Another key theme centred on those experiencing mental illness or psychological distress only receiving the required support when they are in a state of crisis due to limited availability of services.

These insights, coupled with the high volume usage of mental health support services across the veteran community (while noting that service usage is likely lower than optimal due to the barriers veterans face in accessing services), indicates a strong need for improving the accessibility and quality of mental health support services for veterans.

4.6 Mental health and suicide conclusions

It is heartening to see the high rates of awareness of mental health support services reported through the survey, and the changing perceptions around mental health challenges in service life reported through the focus groups. Assuming the survey response data is an accurate proxy data measure, with awareness and service usage having substantially improved in recent years, the main remaining challenges for improving mental health outcomes for veterans will be fulsomely explored and reported through the Royal Commission into Defence and Veteran Suicide, as the Commission's work progresses.

4.7 Recommendations to the VVC regarding mental health and suicide

Recommendation 4: The VVC should target the accessibility and quality of mental health and suicide prevention support services as a priority area in its outcomes framework and efforts to address service gaps in the Victorian veterans sector.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

Such a body of work would span multiple components, including:

- > advocacy to the ADF to address stigma of mental health challenges, including addressing any explicit or implicit penalties in the ADF system for serving members seeking out mental health support services throughout their service
- > advocacy to DVA:
 - providing more supports to veterans during transition to support and enable wellbeing
 - closing the gap between the fees mental health practitioners receive from DVA patients and from private patients, to improve access to services for DVA patients
 - to improve the awareness and capability of general practice and civilian mental health practitioners regarding veterans' issues and options for referrals
 - to identify and address service gaps in regional and rural locations
- > working with members of the veteran community and ESOs to raise awareness regarding what services are already available for the general population, in addition to veteran-specific supports, and how these may be accessed
- > working across Victorian government funded services and service providers to improve their awareness of the unique needs and barriers faced by members of the veteran community in accessing and using services for the general population. The VVC may also advocate to the ESO sector to work with key providers to encourage trauma-informed approaches to care. This will improve the accessibility and quality of mental health support services for veterans and their families, and provide greater linkages with and accessibility to existing crisis support services.

5 Employment, education and training

5.1 Employment and education in Australia

5.1.1 General population

The overall unemployment rate in Australia is 3.9%, with Victoria having a slightly lower percentage of 3.7%^{lxxx}. The most popular industries of employment provide services such as retail, health care and education. These industries employ approximately 80% of working Australians^{lxxxi}.

According to the 2016 Census, 24.3% of the general Australian population possess a Bachelor degree or higher. A majority of both Victorians and the wider Australian population possess a qualification above school level. A total of 44.1% of the Australian population and 43.6% of the Victorian population do not possess a non-school qualification^{lxxxii}.

5.1.2 Veteran community

Employment and education can be challenging for veterans. Only 55.3% of transitioned ADF members reported that they were engaged in civilian employment at the time of participating in the study, with the most common industries being government administration and Defence (29%), transport and storage (9.1%), and health and community services (9%). Of those who not engaged in civilian employment, 38.8% reported that there was a period of three months or longer in which they were unemployed since transitioning from the ADF. This figure is significantly higher than the overall unemployment rates of the general population^{lxxxiii}.

The Mental Health and Wellbeing Transition Study published by DVA found that whilst many veterans reported primary or high school diploma as their highest level of education, 30.9% reported that they possessed a university qualification. This statistic is consistent with both the Victorian and wider Australian population.

In addition to the affects directly to veterans, studies have found that military service has had a negative impact on the employment and careers of spouses/partners of veterans. This may be due to the location of residence or continuous relocation causing difficulty in remaining at one organisation for an extended period of time^{lxxv}.

5.2 Available employment and education support services

There are some veteran-specific employment services available across federal and state government levels, as well as through the ESO sector. These include:

> federal government:

- Prime Minister’s Veterans Employment Program^{lxxxiv} – this program has a Core Skill Identifier which is a useful tool, resume writing and job interview advice which is clear and practical (albeit brief), and a list of 837 Australian veteran-friendly employers. This program has a Veterans’ Employment Toolkit with useful information, however, a number of the links in the Toolkit to support programs or websites are no longer functional^{lxxxv}
- the Defence Force Transition Program – this program offers support and assistance to all permanent, full-time and Reserve members of the ADF. This is made up of multiple support sources such as career transition coaching and training, job search preparation workshops held either face-to-face or virtually, personalised career and employment program providing up to three months of career development and job placement support, financial advice, and a program to assist partners of ADF members with employment^{lxxxvi}
- ADF Transition and Civil Recognition program – this program provides online ADF Transition Training and Skills Guides for many service roles, which help veterans to articulate the skills they have acquired in their service life and translate these to a civilian setting^{lxxxvii}. These Guides are high quality products with sufficient detail to support veterans in using them to plan their career and prepare their resumes.

> state government:

- Victorian Government Public Sector Veteran Employment Strategy – this program set a target in November 2016 to employ 250 veterans in the Victorian public sector. This later went up to 750^{lxxxviii}. This target was exceeded in June 2021 with 766 veterans employed. In October 2021, a new target was set to employ a further 750 veterans (1,500 by 30 June 2025)
- Jobs Victoria – this program has a stream for prioritising veterans seeking employment, and provides a range of supports available to jobseekers (including veterans) while they seek employment^{lxxxix} Jobs Victoria initiatives include:
 - Jobs Victoria Fund – businesses can access up to \$20,000 in wage subsidies for employing veterans^{lxxxviii}
 - veterans can also now access tailored support on the Jobs Victoria website, and veterans and their immediate family can self-identify when they register for work
 - Jobs Victoria offers access to career counsellors, mentors, and advocates who help individuals to find and secure employment, and businesses can promote job opportunities to veterans and ADF personnel via the Jobs Victoria website
 - Veterans in Construction, which is a Victorian Government endorsed labour hire company providing a platform to enable veterans to gain employment in the

construction industry and on some of Victoria's major infrastructure projects. VC employs a diverse veteran workforce and then leases this capability to a Head Contractor

- > ESO sector:
 - RSL Veteran Employment Program – this nation-wide program supports veterans into employment but excludes veterans who have not yet exhausted their Defence Force Transition Program (DFTP) entitlements, and those who are currently in the DVA Work Rehab Program^{xc}. The program lists available job opportunities on its website
 - Soldier On Pathways Program – this nationwide program provides a jobs board, provides access to networking events, and has wraparound supports available^{xci}.

Other employment support programs Grosvenor became aware of did not offer veterans much beyond resume writing or interviewing skills, which while valuable, do not substantially support veterans' transitioning into or remaining within civilian employment.

Veteran-specific education and training support services include:

- > federal government:
 - DVA rehabilitation program funding towards approved education and training – this program funds only those with an approved rehabilitation plan to understand education and training^{xcii}. As such this is not a program open to many veterans who have separated from service
 - ADF Transition and Civil Recognition program – this program offers Recognition of Prior Learning (RPL)^{lxix} which can help veterans to expedite their access to or completion of formal education courses
- > state government:
 - Recognition of Prior Learning (RPL) – new funding of \$400,000 will ensure the qualifications and skills veterans have acquired in the ADF can be recognised through Victorian TAFE providers^{xciii}. This RPL initiative and similar initiatives greatly reduces barriers for veterans seeking to transfer their existing capabilities across to a civilian context
- > ESO sector:
 - Australian Student Veterans Association – this program offers chapters at Australian universities which veterans can connect with to provide peer support networks and a point of contact for veterans in or considering further education^{xciv}
 - Soldier On's Pathways Program – this program provides veterans with support in finding an education course, as well as RPL. It offers over 40 veteran-friendly education providers as its partners^{xcv}.
- > tertiary sector:
 - the Australian Catholic University (ACU) approached Grosvenor to share information regarding its Student Veteran Services, which span additional transition support to help

veterans settle into university life, course matching through recognising a veterans' service history and converting this to an Entry Rank, comparable to an ATAR, and mentoring support offered by veterans in their second or third year of study to first-year students^{xcvii}. The program currently supports 200 veteran students across all year levels.

There are other veteran-specific federal education support services which Grosvenor has reviewed but not included in this list, due to the programs being targeted only to children or having very restrictive criteria, and thus not being available to the bulk of the veteran demographic.

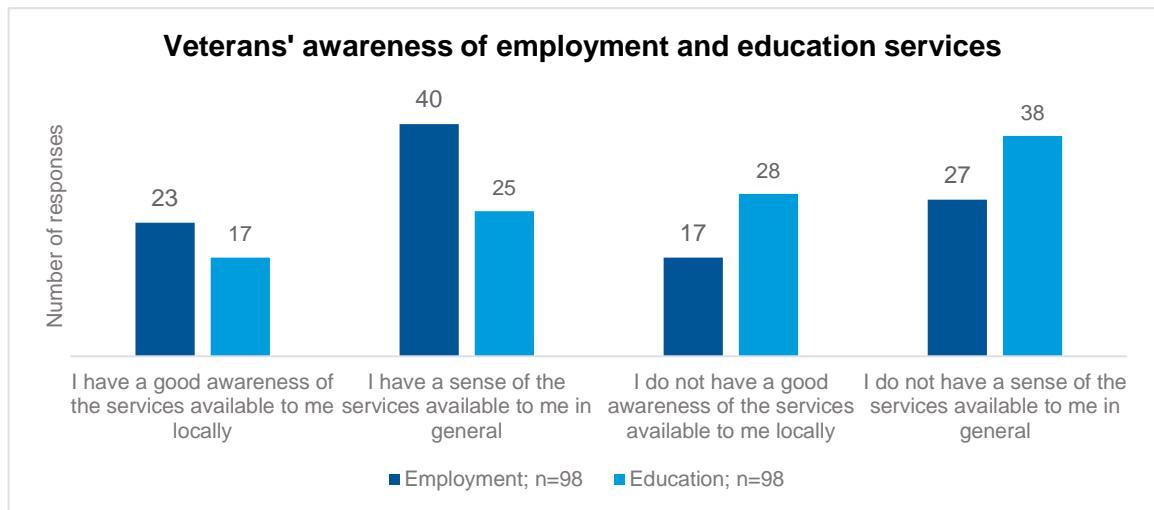
As such, there are limited veteran-specific initiatives or channels to access education services. ACU's model to support veterans into tertiary education is worth monitoring as a model which could be expanded further across other tertiary education providers. There are somewhat more veteran-specific initiatives or channels to access employment services, including through the Veterans Employment Program, but these require greater promotion to increase awareness, with many attendees at the veteran community focus groups being unaware of these services before being prompted.

Such veteran-specific services are in addition to broader government supports which are available to the general population, such as programs offered through Services Australia, the Victorian Government (such as the Free TAFE initiative) or not-for-profit organisations. As noted in section 7.1 however, these services to the general population have their own existing challenges, which can be exacerbated for veterans seeking to access these services.

5.3 Awareness of services

The majority, 64% (63 of 98) of respondents to the survey, report a good awareness of the employment services available to them locally, or a sense of the employment services available to them in general. Conversely, only 43% (42 of 98) of respondents report a good awareness of the education services available to them locally, or a sense of the education services available to them in general. Across the responding survey sample, education services were more unknown both in general and locally compared to employment services. Figure 17 shows these results below.

Figure 17 - Graph of Grosvenor's veteran survey respondents' responses regarding awareness of employment and education support services available to them



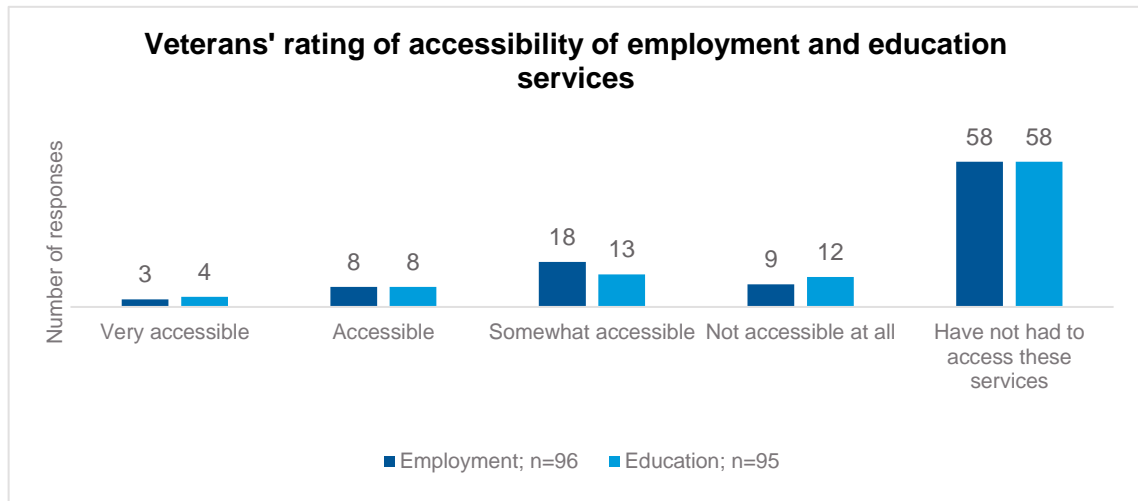
These results align with the feedback provided by participants in the veteran focus groups, who largely reported being unaware of education and training supports available to them, but also showed a proportionally higher awareness of employment supports compared with education supports.

In reflecting on his transition into the reserves, Participant I stated that he did not have much information provided to him. When he transitioned in 2015, the only support was a 100-page booklet which was up to him to read if he wanted any support. Participant I explained that since then, there have been changes to allow for each member to get a case manager to support them. In addition to this, he advised that he now attends transition seminars held by the ADF to provide support for members who are transitioning. These seminars also include representatives from the police and fire brigade, along with some employment agencies, to support veterans in deciding on which career they may like to move into. (Participant I's story)

5.4 Access to services

Close to one-third (29%; 11 of 38 respondents who had accessed services) of survey respondents rated employment services as either very accessible or accessible. The ratings for education services was similar, with only 32% of respondents who had accessed services (12 of 37) rating education services as either very accessible or accessible, as per Figure 18 below.

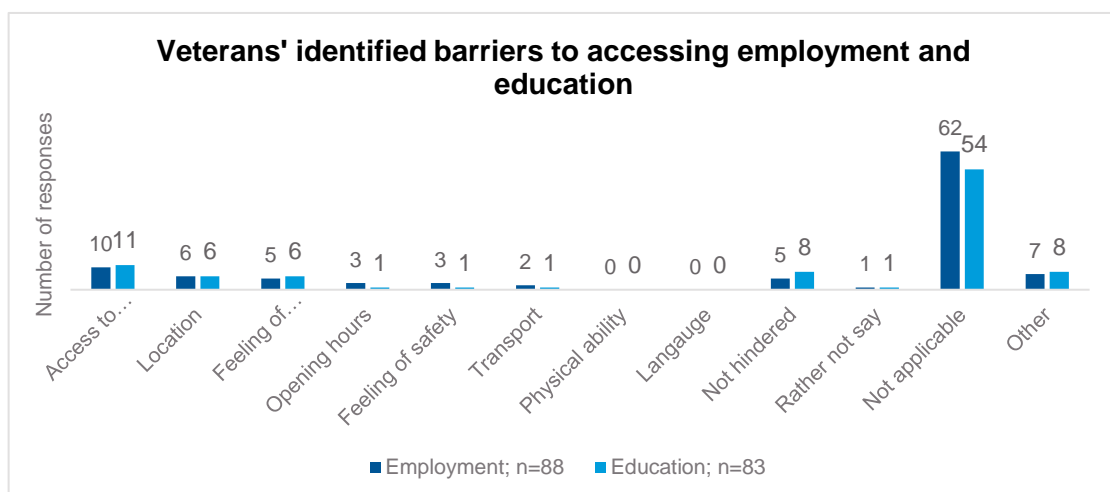
Figure 18 - Graph of Grosvenor's veteran survey respondents' responses regarding how accessible employment and education services are



Overall, veteran respondents who have accessed education and employment services are more likely to see accessibility as only somewhat accessible to them, or not accessible at all. When service accessibility is poor, it is likely those attempting to access services drop out at this point, and therefore do not receive the services they need.

The main barriers reported for accessing employment and education support were, unsurprisingly, access to information, followed by location, as shown in Figure . While location is a longer-term barrier to overcome, there is an immediate opportunity for information regarding employment and education supports to be better distributed and promoted through sources relevant to the veteran community, to combat this barrier.

Figure 19 – Graph of Grosvenor's veteran survey respondents' responses regarding barriers to accessing employment and education services



A barrier raised by several veterans through the focus groups was that while some veterans were aware employment and education programs did exist, their perception was that the eligibility criteria was geared towards veterans who had recently exited service, and therefore there was little available in the sector for those who may have transitioned out of the ADF many years ago. A few veterans also commented that the eligibility criteria for some programs could be restrictive, discussing one education support program they were aware of which veterans became ineligible for as soon as they became employed.

She has noticed in her newsfeeds that there are resources available such as bridging courses and employment courses for transitioning from ADF to civilian life that are free, however that it seems like these courses are only available during transition or recently after transition, and therefore are not necessarily available to veterans who have been separated from the ADF for many years. (Participant A's Story)

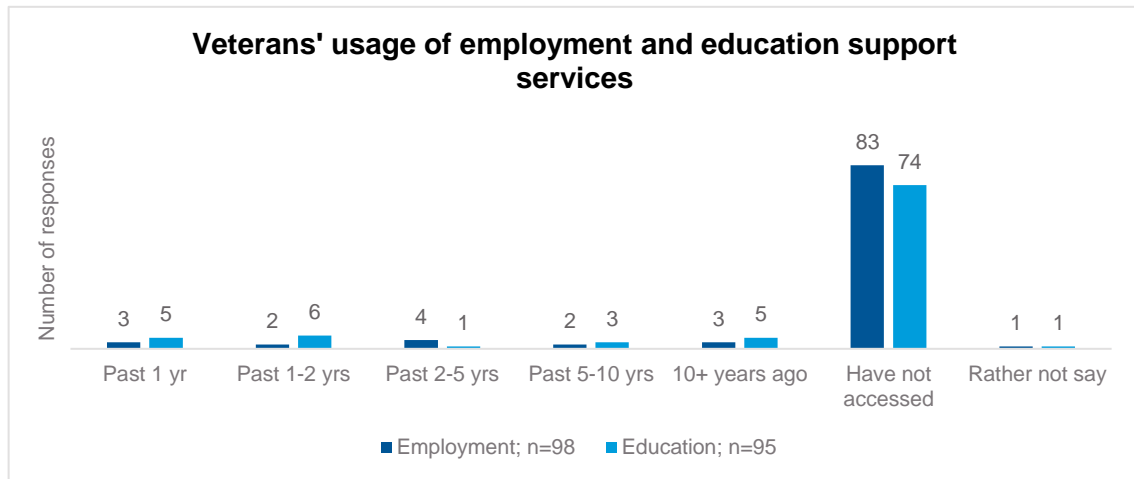
The participants discussed the \$5,000 education and training funding offered by DVA, stating that it's of an insufficient amount, and the requirements for access are inappropriate, requiring 28 days approval, with no ability for claiming funding retrospectively. They noted that if you get work once you have separated, you lose your opportunity to use the funding. The participants highlighted that if the veteran could access that funding at a time of their choosing, it would be used a lot more effectively, at a time that suited a veteran, and when they knew what education and/or training they wanted to access. (Joint Participants' Story)

There was a desire shared by multiple veterans in the focus groups for government to implement more industry partnerships or industry-based programs to encourage businesses to take on veterans.

5.5 Service usage

Only a very small proportion of survey respondents (17% of those who responded to the employment question, and 27% of those who responded to the education question) reported using employment or education services (Figure). This may be in part because there is an unknown proportion of veterans who exit from service with a formal qualification gained through their service, such as an engineering degree or a nursing degree, which facilitates their transition into corresponding civilian roles.

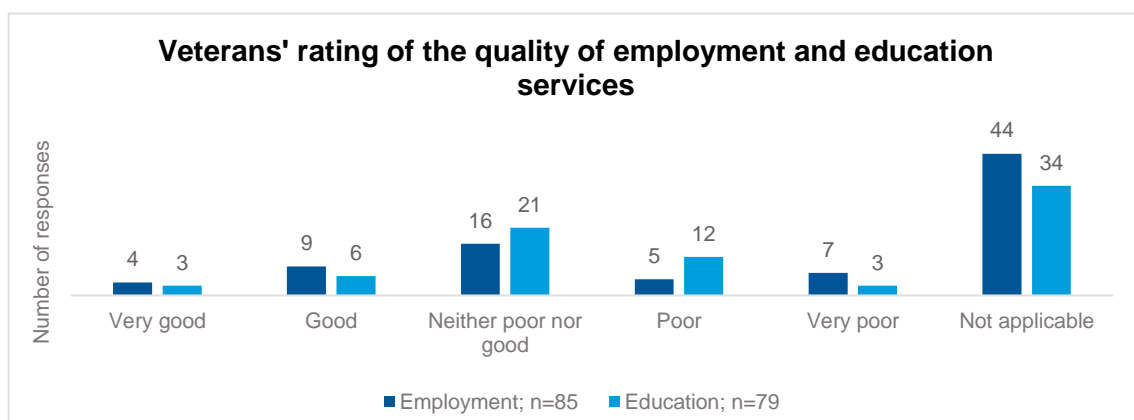
Figure 20 – Graph of Grosvenor’s veteran survey respondents’ responses regarding usage of employment and education services



Despite this, many more survey respondents rated the quality of employment and education services. It is likely that some of these survey respondents are rating their perception of service quality rather than their personal experience, given the low proportion who reported service usage in Figure .

Notwithstanding the above, there is a clear difference in the ratings between employment and education services. One-third (32%; 13 of 41 respondents who provided a rating) of respondents rated the quality of employment services as very good or good, while only a mere 11% (9 of 45 respondents who provided a rating) rated education services as very good or good.

Figure 21 – Graph of Grosvenor’s veteran survey respondents’ responses regarding their experiences when using employment and education services



While the extent to which these ratings have been provided by respondents from their personal experience of services, hearsay of others’ experiences, or perception of services, this variation is significant, indicating a need for greater effort to be invested into improving the quality and the

perception of quality of education services available for veterans relative to employment services.

Further, respondents who have accessed employment and education services are more likely to rate them as poor than good, with ratings dropping across each stage of the user journey from awareness, accessibility, and service usage.

Feedback from the veteran focus groups centred around the importance of these supports, in particular having effective and timely employment services available for the veteran community. Through these discussions the importance of the first job a veteran has after separating from the ADF became apparent. The first job post-separation is a critical enabler of a veterans' sense of self and quality of life, through supporting veterans to:

- > regain purpose and pride in themselves
- > more easily transition to civilian life and norms
- > have sustained employment over the remainder of their post-services life.

Purpose and pride

Some attendees at the focus groups described their period in service as giving them significant purpose and pride, with a sense of where they fit in the broader system, and how they contributed to the overall goals of the ADF. They also spoke about the pride in their work, of being the best at what they do, and taking pride in their appearance and delivery of tasks.

These same attendees then discussed this as a feeling of loss when transitioning to civilian employment, where it can be at times harder to understand where you fit, or what contribution you're making, or to be recognised as an expert. One attendee in particular joked that attending a desk job felt so small after having delivered operational service.

[Participant G] shared the impact of losing your pride when you leave, given that you aren't in the uniform anymore, and you lose that sense of 'I can do it, I'm tough'. He found that for himself and those older than him it was really important to get a job soon after transitioning to get back into normality. (Participant G's story)

Finding ways to reinvigorate that sense of purpose and pride in civilian roles, especially in that first job post-separation, is critical for supporting ongoing motivation and their sense of self.

Smoothing transition to civilian life and norms

The first job post-separation was commented on by a few focus group attendees as having aided their transition to civilian life, through being exposed to norms across the general population, in terms of dress code, modes of speech and conduct, and societal expectations. Having this workplace experience can help veterans to transition more effectively than if they were not in employment and as such were unable to observe and practice conforming to these norms.

Have sustained employment

Having a stable resume was described by a few attendees as being important for leaving their service life behind, and being able to develop their career as a civilian. Achieving sustained employment, for a minimum of 26 weeks in the first year of employment, is a measure that is targeted by employment policy experts as being a key threshold to cross in substantially reducing a person's likelihood of being unemployed or underemployed later in their career^{xcvii}.

To realise these outcomes, ideally the planning for a veteran's future career would commence prior to them commencing the transition out process, where they take the time to understand their interests, capabilities and aptitudes, and what civilian careers or roles this could translate to. A few veterans who participated in the focus groups recommended this actually occurs two to three years before transition out. As this ideal state may be difficult to achieve, given the practical realities of service life and veterans' own interest in undertaking this early planning, the greatest opportunity to improve the current state is to improve the relevant aspects of the transition out process, which every veteran will move through.

Participant G felt that employment, education and training had a strong impact on veterans' mental health. He talked about when you get into a normal job and talk to normal people and become normal yourself, you can push that stuff behind you, it's where people don't take that step that they get sucked in by demons that they get into trouble. He shared the impact of losing your pride when you leave, given that you aren't in the uniform anymore, and you lose that sense of 'I can do it, I'm tough'.

When considering employment support, Participant H stated that they would like to see support around resume writing and helping veterans into jobs. This is related to the idea that Participant H held around employment and a job providing an individual with a sense of purpose and knowing that transitioning out of the ADF can mean losing one's sense of purpose. (Veteran H's Story)

Building on the commentary in section 1.5.2, veteran representatives in the focus groups acknowledged that the transition out process had substantially improved over time, yet there were still opportunities for further improvement, with greater promotion of and connection to employment and education services being one of them. Veterans reported employment and education supports through the transition out process were currently promoted or delivered to varying levels of effectiveness. Grosvenor understands through anecdotal discussions that employment and education is now a requirement for discussion on the transition out checklist, however, it is likely the extent to which this is completed remains variable, and dependent to a degree on the consistency of approach applied by the personnel managing the transition out process for an individual. Given transition seminars are now mandatory to attend within 12 months of the transition date, there are opportunities to further increase their usefulness and relevance for exiting members^{xcviii}. Further extending and improving the information provided through transition seminars, transition discussions and in the transition out manual would ensure veterans have a better understanding of what is available to them should they require these services in the future.

There is also an opportunity for all levels of government to critically review the current state of employment and education services provided to the veteran community, and assess whether

these are meeting the need, or if eligibility criteria or new initiatives require consideration, to increase the veteran community's awareness, and subsequently ability to access and use, these critical services.

Such improvements would contribute to a range of outcomes for government, from contributing to a better quality of life for the veteran community, to supporting macroeconomic objectives such as labour market participation, through to minimising the burden on social services for veterans who do fall through the cracks and do not receive the timely supports they need to aid their successful transition to civilian life. Effective employment and education supports have a high positive impact on the life of a veteran, and the volume of veterans who exit the ADF each year and will require these services increases the importance of improving employment and education supports.

5.6 Employment, education and training conclusions

Many veterans may need employment or education and training support, yet participants in this Study reported that there is little employment or education support that is either available or that members of the veteran community are aware of. Regarding the latter, while employment and education support services do exist, less than half of survey respondents were aware of relevant education support services they may be able to access.

Many of the employment service supports described by participants in this study included interviewing skill development and resume writing support. These skills are important, however further skill development designed to support veterans to achieve job stability would be beneficial. Job stability is a critical enabler for a successful transition to civilian life.

Given the need for these services there are opportunities to expand access to and the quality of employment and education and training support services for veterans in Victoria.

5.7 Recommendations to the VVC regarding employment, education and training

Recommendation 5: The VVC should advocate to the veterans sector, federal government and state government to better promote existing available employment, education and training supports. As part of this, the VVC should advocate to resolve service gaps, accessibility and quality of these services for veterans.

This recommendation links to two VVC objectives, to: a) promote the wellbeing of all members of the Victorian ex-service community; and to e) promote cooperation and collaboration across organisations dealing with veterans' welfare and other ex-service community issues.

Noting VVC's current capacity implementing this recommendation may require increasing its resource base, or working with the OFV to provide delivery capacity for this work. This falls within the VVC's power to do all things that are necessary or convenient to enable it to carry out its functions.

The main considerations for the VVC include:

- > identification of communication and promotion channels to increase awareness across the veterans sector of existing initiatives
- > investigate opportunities throughout Victorian government services and programs to contribute to addressing this gap, such as the exploration of industry partnerships or the inclusion of veteran employment targets in social procurement commitments for large government contracts. While this may already exist on major projects which are required to commit 10% of their labour spend on apprentices, trainees, and cadets (with veterans being a cohort available to meet these needs through Jobs Victoria) there is no public reporting regarding the numbers of veterans supported through this initiative, and as such its impact is still unknown^{xix}
- > determining whether more funding for ESOs for veteran-specific employment and education and training programs would be an appropriate mechanism for addressing these needs, but ensuring that any such new funding is aligned with the outcomes framework for the sector (Recommendation 1) and provides monitoring and reporting on the outcomes achieved for veterans as a result of the funding. ACU and other universities may be considered in such an initiative, which would align well with the Victorian government's \$400,000 funding commitment to support RPL. Any such new initiatives would require wraparound supports as well as the direct delivery of employment, education and training support services.
- > advocating to the ADF and DVA to:
 - include career planning as a regular part of service life, where appropriate
 - collect data, during transition from service, on the proportion of veterans which leave service with no formally recognised skills, trades and qualifications, to better understand veteran demographics and the need for employment, education and training services.

Grosvenor notes that veterans other than those who leave before completing initial training leave with formal Australian recognised qualifications, with this the responsibility of the Australian Defence College and data held by the Defence Member and Family Support Branch. This existing process could be a viable avenue to explore and advocate for stronger data collection and reporting

- advocate for the broadening of eligibility criteria for employment, education and training support services for veterans, where existing veteran support programs may have highly restrictive criteria including age or service history.

6 Housing and homelessness

6.1 Homelessness in Australia

6.1.1 General population

The 2016 Census found that there were over 116,00 individuals in Australia that could be categorised as homeless by the ABS^c. In Victoria, this was 24,817 individuals^{ci}. Due to the staged release of the 2021 Census, Grosvenor is unable to include this data in this Study as the data estimates for homelessness from this Census will be released in early-mid 2023.

The Specialist Homelessness Services Annual Report 2020-21^{cii} reported that 278,300 clients across Australia used specialist homelessness services in the one-year reporting period, and of these, 105,500 clients were based in Victoria.

This report also stated that in the 2020-21 reporting period, for 18% of clients the main reason for reaching out to support services was the current housing crisis, and 34% were experiencing the housing crisis. In addition to this, 29% of clients stated that they were affected by housing affordability stress. Given the current housing affordability challenges, the Victorian Government has aimed to address this by investing in the Big Housing Build, Affordable Housing Rental Scheme, Regional Workforce Pilots and funding other regional housing projects^{ciii}.

6.1.2 Veteran community

There are a small number of sources that provide insight into the homeless veteran population in Australia, and in some cases, more specifically in Victoria. There is no centralised, single source of homelessness data that can be used to understand the demographic composition of the homelessness population in Victoria, and as a result, service usage rates, estimates based on historical data, and other indicators are used and collated to obtain a better understanding of this cohort^{civ}. While Census data can provide estimates for homelessness, it cannot be used as a single source of truth for homelessness data as the estimates do not reflect actual numbers of homeless people. In this way, Census data provides a source of input, alongside other data sources available on homelessness, as outlined below, to build a clearer picture of the homeless population.

A study published by the Australian Housing and Urban Research Institute (AHURI)^{civ}, which aimed to use existing data and estimates based on known information about veterans, estimated the number of contemporary Australian veterans that experience homelessness over a 12-month period to be 5,767 throughout the country. This number was estimated based on data that stated that 5.3% of recently transitioned ADF members experience homelessness as defined by the ABS.

The publicly available Specialist Homelessness Services Annual Report 2020-21^{cii} reports on the usage of specialist homelessness services, which are defined as organisations that receive government funding to provide accommodation related and/or personal services to individuals

either at risk of homelessness or are currently experiencing homelessness. This report states that the number of current or former members of the ADF using specialist homelessness services between the 2020 and 2021 reporting period to be 1,300 across Australia^{xiv}. DFFH provided Grosvenor with data from Homes Victoria authorised for use in this report. This data stated that in 2020-21, there were 611 clients accessing specialist homelessness services in Victoria that identified themselves as having served, or currently serving, in the ADF, and 48% were homeless at any presentation to services. Additionally, of the 611, 174 were first-time clients, 48 were indigenous clients, and there were more males (361) than females (249). It was also noted that 42.9% of clients reported having mental health issues, and 23.4% reported family violence issues.

Grosvenor was advised by OFV that Homes Victoria collects data on the number of public housing renters and people registered on the public housing register who are in receipt of a DVA payment, and where applicable, DVA numbers are noted. Considering that not all veterans are DVA clients or cardholders, it is likely that the number of veterans and/or their families registered for or using social housing is most likely under-representative of the actual number.

To improve the accuracy of data captured, OFV and Victorian Housing Register (VHR) have collaborated to implement a veteran-specific identifier on the social housing application provided by VHR scheduled to be officially included in late June 2022. This will allow applicants for social housing to identify if they are an ADF veteran, or are an immediate family member of a veteran, and what support needs they currently have in place or require, and allow for improved data capture for veterans.

The Legislative Council Legal and Social Issues Committee's Inquiry into Homelessness in Victoria^{ci} report stated that that approximately two-thirds of people experiencing homelessness do not seek help from support services. It is important to note that this estimated statistic is not specific to veterans and relates to the general homeless population. However, when comparing the number of estimated homeless veterans as stated in the AHURI report^{civ}, and the number of veterans accessing specialist homelessness services from the report of service usage^{cii}, this figure aligns with the estimate that around two-thirds of individuals experiencing homelessness may not seek help. This indicates that many veterans experiencing homelessness are unlikely to proactively seek help from support services through their own initiative.

Building on this, the AHURI report found that main barriers for veterans engaging with support services are: not believing that support is needed, lack of knowledge of where to seek support, and not trusting the support services. Veterans either at risk of homelessness, or experiencing homelessness were also found to be reluctant to reach out to mainstream homelessness support services. It was also identified that females are more likely engage with homelessness support services than males, and are also more likely to reach out for support at an earlier stage than males.

In addition, more than 93% of transitioned and regular ADF members are estimated to have been in stable housing in the previous two months^{cv}. As a result, housing and homelessness support services tend to have relatively low volumes of veterans that require and utilise this support. However, for those that do require housing and homelessness support, these services

are incredibly high impact. As we know from Maslow’s hierarchy of needs^{cvi} and other social constructs, having secure and safe housing is a critical precursor to any individual being able to progress in other areas of their life.

A number of risk factors for experiencing homelessness as a veteran were identified^{civ}. Many different factors were identified in the report, with the strongest risk factors being:

- > higher levels of psychological distress during service
- > relationship breakdown
- > unemployment following transition.

This report also found through qualitative research that individuals with multiple risk factors for homelessness were more likely to be homeless than individuals with single risk factors. One ESO conducted their own research into the housing and homelessness sector for veterans and shared their results with Grosvenor for this Study. One question in that ESO’s research asked participants why they felt they were experiencing, or are currently experiencing, housing or homelessness challenges. Respondents could tick more than one option, and over half of those responding reported financial challenges and mental health issues. Over one-third reported relationship breakdowns and a major life event as reasons for their experiences. It is clear these are key risk factors which may increase the likelihood of a member of the veteran community needing housing or homelessness support.

According to the Specialist Homelessness Services Collection report and associated data tables^{cvi}, the main reason clients who identified as current or former ADF members were seeking support was ‘housing crisis’ by around 20% of clients. The second most reported reason was ‘inadequate or inappropriate dwelling conditions’ by 14% of clients, followed by family and domestic violence by 14% of clients. The following table outlines the top three reasons for seeking support for clients identifying as current or former ADF members, split by whether the clients were homeless at the start of support, or at risk of homelessness on at the start of support.

Table 4 - Reported main reason for seeking specialist homelessness services support for Specialist Homelessness Services Collection clients that identified themselves as current or former members of the ADF

Homeless at the start of support		At risk of homelessness at the start of support	
Housing crisis e.g. eviction	177 clients	Family and domestic violence	108 clients
Inadequate or inappropriate dwelling conditions	132 clients	Housing crisis e.g. eviction	99 clients
Financial difficulties	57 clients	Financial difficulties	96 clients

6.2 Available housing and homelessness support services

In Victoria, there is only a small number of veteran-specific service providers for housing and homelessness services. The level of that support also varies by provider and across different locations. These veteran-specific services are complemented by Victoria's public and community housing services and homelessness supports which can be accessed by members of the general population.

The largest organisations delivering veteran-specific housing and homelessness services in Victoria are Vasey RSL Care and Carry On.

Based on primary data Grosvenor collected, and publicly available information about the two organisations, there are over 300 available properties in Victoria for veterans, war widows/widowers, and their current dependants, partners and/or carers to access. There is varied and limited data publicly available that denotes the total number of properties available across both Vasey RSL Care and Carry On, and the breakdown of the property types, such as single-occupancy properties compared to properties suitable for families. The reason for this varied visibility of data and information is unknown.

New capacity will be added by Vasey RSL Care, which is opening a 'V-Centre' in Ivanhoe in 2023^{cviii}, which will provide veterans with emergency short-term accommodation for up to 30 residents. Emergency short-term accommodation can range in duration from one week to up to six months. The V-Centre will focus on providing wraparound support for residents which are categorised into three groups:

- > housing support to support veterans into accommodation after received the required support they need at the V-Centre, which is expected to take between three to six months
- > clinical support to provide physical mental health and social support to the residents
- > complementary support such as life skills, income support and financial literacy, career and employment support, and community engagement.

Carry On also provides crisis accommodation to veterans and/or their immediate family members that may be experiencing difficult circumstances, including but not limited to individuals that are homeless, or at risk of homelessness, veterans being unable to access health services pre- or post-operations where access to medical providers is beneficial, and families that cannot afford accommodation where a veteran may be hospitalised at a location away from their hometown. In addition to this, Carry On provides clients with financial hardship support.

Other service providers in the housing and homelessness area include:

- > Open Arms provides crisis accommodation services to anyone that is eligible for Open Arms services^{cix}. This includes any individual that has served at least one day in the ADF, their partners and families, ex-partners of veterans who are co-parenting, and reservists with one day continuous fulltime service or hazardous service.

- > a set of five units in Richmond, Melbourne, managed by RSL Victoria and Housing Choices Australia provides short to medium term accommodation to younger veterans with complex needs and their families. The residents of this accommodation are provided with links to support services to support them through challenges they are experiencing to provide a wraparound support model.

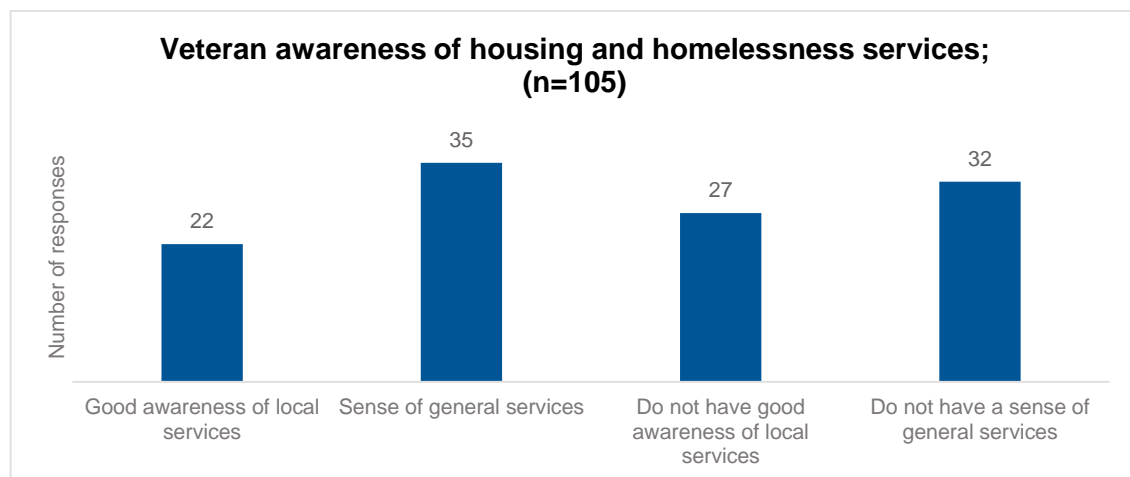
Considering the support services currently available for veterans in relation to accommodation, housing and homelessness, there tends to be more support available in metropolitan areas and less opportunities for accessing support in rural or regional locations.

6.3 Awareness of services

Having an awareness of existing support services is important for veterans that are homeless or at risk of being homeless, as this is the first barrier that may impact a veteran receiving the housing and homelessness support that they require.

Grosvenor’s survey of the veteran community indicated poor/low local and general awareness of housing and homelessness services available for veterans. The survey found that only 21% (22 out of 105) of respondents to the question regarding awareness of services reported that they have a good awareness of the services available to them locally, and only 33% (35 out of 105) stated that they have a sense of services available to them in general. Figure 22 shows these results.

Figure 22 - Graph of Grosvenor’s veteran survey respondents’ responses regarding awareness of housing and homelessness support services available to them



This theme was further echoed by four participants that came to the focus groups. It is clear from these survey responses and the responses of focus group participants that not many members of the veteran community would know what services are available to them if they become homeless or were at risk of becoming homeless.

Participant A had minimal personal experiences relating to housing and homelessness issues, but advised that if she were to experience issues, she would not know where to go to for help. (Participant A’s story

Participant A was a female veteran that spoke to Grosvenor about her experience in reaching out and accessing support services and creating a sense of community for veterans in her town.

She is a single mother that separated from the Australian Defence Force (ADF) several years ago. She is loosely associated with a local ESO but has had to work hard to seek out the support she has needed over the years since separating from the ADF. All the support she has received has been the result of self-driven research.

Through her involvement with her local veteran community group, she has found that everyone shared similar struggles despite group members spanning three generations, raising concerns that issues have not been addressed for a long time. Participant A's goals are to ensure that better support is available to veterans in the future, particularly those based in regional towns and rural areas, so that future veterans do not have to go through the struggles she has gone through, and that support services are available and accessible to them when required.

Participant A's experiences of mental health, and related support services

Participant A advised Grosvenor that the psychological debrief she received after leaving the ADF was poor. After separating from the ADF, she completed mental health care plans with her general practitioners (GPs) and engaged with the mainstream processes of seeking mental health support. However, she found that the support she was receiving was from support providers not effectively equipped to support her and her needs considering her background in the ADF. After finding one ESO through her own research, Participant A now says the best support she has ever received came from that ESO's counsellor.

She stated that her version of good mental health support is having good education about what is available for veterans. Without her own initiative, she would never have found the support she needed through that ESO, and she feels that there is an opportunity to educate mental health practitioners about services such as that ESO, which may be better suited to support the needs of veterans seeking mental health care and support than mainstream services. As part of this process, Participant A raised the fact that a "no wrong door" policy would have been beneficial throughout her journey, where a practitioner recognises that they are not able to provide effective support to the individual, and can point the individual in the right direction, or a different direction, where they may be able to receive more effective support.

The lack of referrals from mainstream mental health practitioners to the ESO she engages with was one example of the lack of awareness more broadly of support services available to ADF members and veterans. Participant A noted that people in her life, such as her parents, also pushed her towards mainstream care as they did not have an awareness of veteran-specific supports available, emphasising the lack of awareness of available support across the general community.

Participant A stated that she would like networking opportunities with others in similar situations, and to have more direct access to government representatives and entities. She wants clear communication with these representatives and entities that is through her own direct channels (rather than communicating via an ESO representative that she has no confidence in), and

wants to work together on plans and strategies that are not dictated by her local ex-service organisation.

Participant A's experiences of employment, education and training, and related support services

Participant A reports she did not need any supports relating to education, employment and training. As a trained nurse, Participant A was able to transition into civilian nursing roles with no additional training required.

She has noticed in her newsfeeds that there are resources available such as bridging courses and employment courses for transitioning from ADF to civilian life that are free, however that it seems like these courses are only available during transition or recently after transition, and therefore are not necessarily available to veterans who have been separated from the ADF for many years.

With regards to education of the general wider community about veterans and veterans' issues, Participant A felt that educating the general community about veterans' issues is important. She feels that such education has positive flow-on effects such as more people in the community thinking about veterans' issues, creating a dialogue in the local community around veterans' issues, and ultimately the creation of support networks and other groups being formed within communities. Participant A also raised that people that work in schools, such as education and school officers, should be educated to be aware of and understand what children of veterans could be going through, to have a support network and dialogue in schools for this. Participant A felt that the education should come from an overarching body that talks to ESOs and educates them on veterans' issues.

Participant A's experiences of housing and homelessness, and related support services

Participant A had minimal personal experiences relating to housing and homelessness issues, but advised that if she were to experience issues, she would not know where to go to for help. Further to this, she explained that if an individual is looking for support for regional or rural Victoria, supports that show up on a Google search tend to be Melbourne-specific. This could be another barrier to accessing these services for individuals which find themselves in this situation.

Participant A's other relevant experiences

Experiences with the local ESO she first contacted

As a single mother, Participant A doesn't feel comfortable in her local ESO environment, as it feels like the culture is not welcoming to female veterans. She feels that the team at her local ESO is not welcoming of female veterans, and this is felt even through how she is referred to by those that work there – males are referred to as veterans and females are referred to as ex-service women.

In addition, it is only recently that she has learned that individuals can go to their local ESO and tell the ESO team that they are struggling and need support. This method of seeking support is not advertised, and Participant A feels that this ESO needs to remove the 'boys club' mentality and be honest and transparent with supports that they can provide. In addition to this, ESO's should understand what support is available so that they are able to point those seeking support in the right direction, as Participant A did not see this happen in her own experience.

Help-seeking behaviours and barriers to receiving support

Participant A feels that she is expected to reach out and ask for help when she needs it, however this becomes very difficult when she is not sure what to ask and who to reach out to. It becomes increasingly difficult when considering other life pressures, such as caring and providing for young children, negatively impact help-seeking behaviours. She feels that there is scope for more proactive support from ESOs, for example reaching out to check in on veterans and the veteran community in the area, to connect with veterans that may be in a position where it is difficult for them to reach out for support.

Participant A noted a difference in how men and women are viewed in terms of supports they are able to access and receive, and that this disadvantages female veterans. During transition, it is expected that a male veteran's wife will support them through this process. However, from a female veteran's lens, when transitioning, the expectation is that you are someone's wife or mother, shifting the focus away from the female veteran's need for support as they are seen as the source of support for others. Ideally Participant A said that there would be gender neutral support in the future to provide all veterans with the same level of care regardless of gender.

Participant B's story

Participant B recently transitioned from the ADF through a medical discharge. During their transition, Participant B has accessed various services available to them, for mental health, education, and employment support. Participant B is now employed and studying a Certificate IV in Mental Health.

Participant B's experiences of mental health, and related support services

Participant B shared that they have a private psychiatrist which they regularly access, but that the wait times for appointments, with both seeing his psychiatrist and his GP are often lengthy. Participant B is also aware of and has occasionally reached out to both a national ESO and a locally based ESO in the past for mental health support.

Participant B takes part in an informal 'veterans' hour' support program for veterans via their local cross fit gym, where veterans can come together for a veteran-only session once a week to talk and exercise together. The veterans' hour receives some funding from the locally based ESO and DVA in order to offer subsidised gym memberships for veterans. Participant B sees this program as very valuable, given veterans' 'don't like sitting still'. Participant B is passionate about moving forward with his life, rather than focusing on 'woe is me' for being discharged due to injury, when you need to move forward. Participant B noted that 'if you want things, they're there. Everyone has a phone these days. [You] can't get help if you don't help yourself'.

Participant B recounted that he was unaware of his local ESO through his transition period, and only found out about the organisation much later. Now, his local ESO case manager will call him to invite him to events, which keeps him connected to his community and involved in things.

Participant B's experiences of employment, education and training, and related support services

Participant B stated that he was aware of lots of employment programs available to veterans, through organisations such as the national ESO he engages with, and through these programs you get to know people and build your networks, because you see the same people turning up to those events.

Participant B's experiences of housing and homelessness, and related support services

Participant B talked about some of the challenges associated with finding housing while he was separating from the ADF, noting having difficulties dealing with Defence Housing Authority (DHA) while being medically discharged, such as having to organise storage with little support. Participant B also shared a negative experience with the case manager handling his transition, feeling that he had more knowledge of the related policies than she did, noting that his case manager was new to her role. This resulted in Participant B being unaware of the rehabilitation

centre or other programs which could support him, which he only found out about later through talking to others in his local community.

Participant B described supports such as a different local ESO and another different local ESO as being a good way to access wider support networks if he needed them. While Participant B felt confident in his ability to access housing support services if he needed them, he knew of three veterans in his local community who had nowhere to go. Participant B suggested that a community home [for veterans] within the region, which could provide food and a bed, 'wouldn't go astray'.

Participant C's story

Participant C transitioned from the ADF where he was a Senior Non-Commissioned Officer. He has generally found the support services during and after transition to be good, having had support relating to his disability to modify his house to his needs.

Participant C's experiences of mental health, and related support services

Participant C discussed seeing a psychologist and a psychiatrist while discharging from the ADF, with the aim being to stay with the same organisations once he had transitioned. He sought out these providers and made these connections himself. While he felt supported, he noted that there was little support available for the families of veterans, who are often a critical part of the veteran support network.

Participant C thought that if a veteran was to transition out from a different location to the one they served at, it would be beneficial for members to be moved by the ADF to the intended transition out location prior to discharge in order to set up local community supports while still serving in the ADF. Participant C's parting comments on this subject were: "the support crew are there to support you with your clinical need. You're not entitled to anything. A person has to work hard for themselves."

Participant C's experiences of employment, education and training, and related support services

Participant C did not share any personal experiences he had regarding education, employment and training, aside from stating that he was aware of a national ESO providing this kind of support.

Participant C's experiences of housing and homelessness, and related support services

Participant C related a generally positive experience relating to the housing support provided to him during transition. He described being provided funding through DVA to modify a house to meet his needs. He did note however, that through this process, the builder would only deal with DVA and not with him directly, which caused him a lot of stress and delays in the modification works.

Participant C noted that although he personally had a positive experience overall, he did think that the government needed to be doing more overall to improve housing and homelessness support.

Participant C's other relevant experiences

Navigating DVA processes

Participant C related his experiences discharging from the ADF, commenting that there are Standard Operating Procedures for discharge which include a directive that states that a member cannot be discharged until the member has attained financial and health stability. He encouraged other veterans to push back on the ADF to ensure that veterans were ready for their life outside service before transitioning out. This should also include consideration of the veterans' family and their support needs prior to transition being completed.

Participant C has been involved with two DVA claims processes, one for the modifications to his house as mentioned above, and one for receiving a scooter to support his mobility. Participant C was happy with the outcomes from both processes but shared that it is really important for veterans to fill out the paperwork and follow the process, rather than expecting DVA to just give them supports and process their claims.

)

As part of the discussion during the focus group, he noted that because there are so many different avenues to access support such as several different ESOs working in the same space, this may be an issue, and perhaps there should be a central place to go to be pointed in the right direction. (

Participant G's story)

The participants both stated that if they required housing support services, they wouldn't know where to go. (

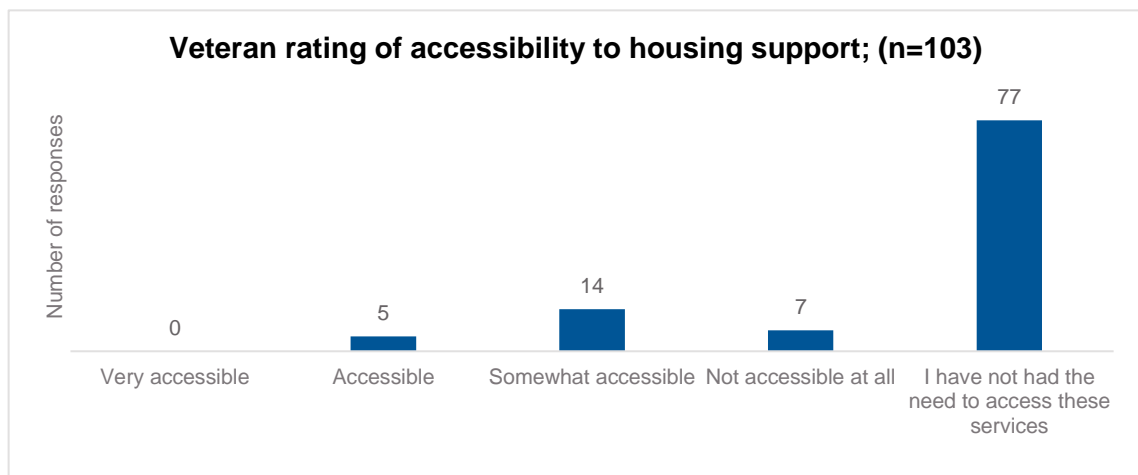
Joint participants' story)

One ESO raised that generally veterans are not aware of the housing services that are available to them, and in most cases, this ESO connected with clients through referrals from other ESOs, as opposed to clients approaching them directly for housing support.

6.4 Access to services

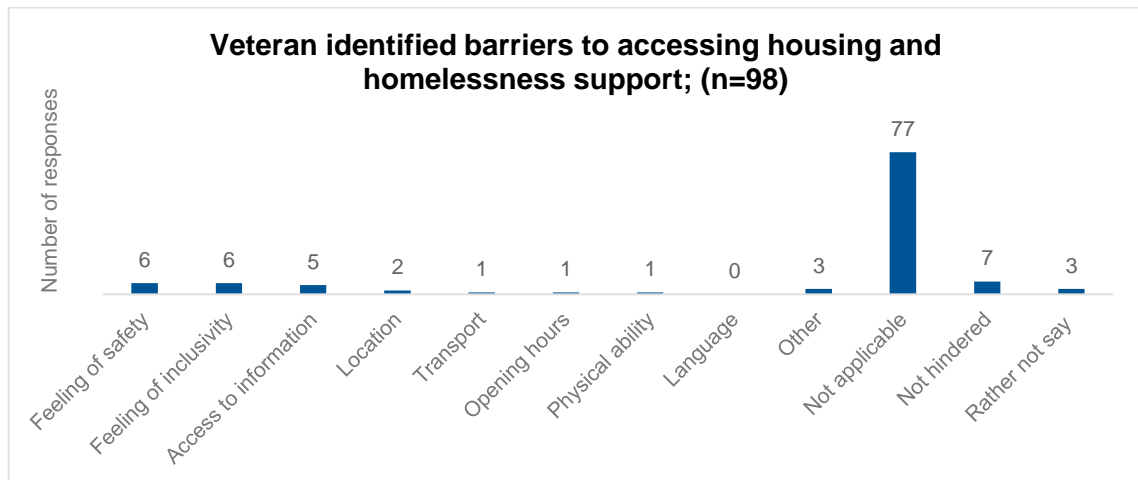
Access to services is the next barrier that an individual may face when seeking out housing support services if they are or become aware of the services available to them either locally or in general. From the online survey conducted, veterans that had the need to access these services mostly rated the accessibility of housing support as somewhat accessible, however Grosvenor notes that most respondents reported not having had the need to access these services (Figure 23).

Figure 23 - Graph of Grosvenor's veteran survey respondents' responses regarding how accessible housing and homelessness services are



The barriers identified by participants in the online survey are outlined in Figure below. Barriers to access could be physical or institutional, where factors such as physical distance and insufficient funding are barriers to accessing services. Alternatively, barriers could also be attitudes-based, where individuals do not reach out for a number of reasons that are based on their preconceptions and attitudes towards help-seeking behaviours as well as towards the housing and homelessness support services, among other attitude-based reasons.

Figure 24 – Graph of Grosvenor's veteran survey respondents' responses regarding barriers to accessing housing and homelessness services, responses provided by participants who selected 'Other' are included in Attachment C



Accommodation available to veterans and ex-serving members of the ADF advertised through Vasey RSL and Carry On's websites are based in the locations listed below. From this list, it is clear that there is minimal regional and rural presence of veteran-specific accommodation and housing:

- > Ballarat
- > Beaumaris
- > Bendigo
- > Cheltenham
- > Croydon
- > Dandenong
- > Frankston South
- > Geelong
- > Ivanhoe
- > Mildura
- > Mornington Peninsula
- > Reservoir
- > Wodonga.

The physical barrier of distance was raised by Participant A in the focus groups.

[Participant A] explained that if an individual is looking for support for regional or rural Victoria, supports that show up on a Google search tend to be Melbourne-specific. This could be another barrier to accessing these services for individuals which find themselves in this situation. (Participant A's story

Participant A was a female veteran that spoke to Grosvenor about her experience in reaching out and accessing support services and creating a sense of community for veterans in her town.

She is a single mother that separated from the Australian Defence Force (ADF) several years ago. She is loosely associated with a local ESO but has had to work hard to seek out the support she has needed over the years since separating from the ADF. All the support she has received has been the result of self-driven research.

Through her involvement with her local veteran community group, she has found that everyone shared similar struggles despite group members spanning three generations, raising concerns

that issues have not been addressed for a long time. Participant A's goals are to ensure that better support is available to veterans in the future, particularly those based in regional towns and rural areas, so that future veterans do not have to go through the struggles she has gone through, and that support services are available and accessible to them when required.

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She stated that her version of good mental health support is having good education about what is available for veterans. Without her own initiative, she would never have found the support she needed through that ESO, and she feels that there is an opportunity to educate mental health practitioners about services such as that ESO, which may be better suited to support the needs of veterans seeking mental health care and support than mainstream services. As part of this process, Participant A raised the fact that a "no wrong door" policy would have been beneficial throughout her journey, where a practitioner recognises that they are not able to provide effective support to the individual, and can point the individual in the right direction, or a different direction, where they may be able to receive more effective support.

The lack of referrals from mainstream mental health practitioners to the ESO she engages with was one example of the lack of awareness more broadly of support services available to ADF members and veterans. Participant A noted that people in her life, such as her parents, also pushed her towards mainstream care as they did not have an awareness of veteran-specific supports available, emphasising the lack of awareness of available support across the general community.

Participant A stated that she would like networking opportunities with others in similar situations, and to have more direct access to government representatives and entities. She wants clear communication with these representatives and entities that is through her own direct channels (rather than communicating via an ESO representative that she has no confidence in), and wants to work together on plans and strategies that are not dictated by her local ex-service organisation.

Participant A's experiences of employment, education and training, and related support services

Participant A reports she did not need any supports relating to education, employment and training. As a trained nurse, Participant A was able to transition into civilian nursing roles with no additional training required.

She has noticed in her newsfeeds that there are resources available such as bridging courses and employment courses for transitioning from ADF to civilian life that are free, however that it seems like these courses are only available during transition or recently after transition, and therefore are not necessarily available to veterans who have been separated from the ADF for many years.

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Participant A's other relevant experiences

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Help-seeking behaviours and barriers to receiving support

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Participant A noted a difference in how men and women are viewed in terms of supports they are able to access and receive, and that this disadvantages female veterans. During transition, it is expected that a male veteran's wife will support them through this process. However, from a female veteran's lens, when transitioning, the expectation is that you are someone's wife or mother, shifting the focus away from the female veteran's need for support as they are seen as the source of support for others. Ideally Participant A said that there would be gender neutral support in the future to provide all veterans with the same level of care regardless of gender.

Participant B's story

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Participant B's experiences of mental health, and related support services

Participant B shared that they have a private psychiatrist which they regularly access, but that the wait times for appointments, with both seeing his psychiatrist and his GP are often lengthy. Participant B is also aware of and has occasionally reached out to both a national ESO and a locally based ESO in the past for mental health support.

Participant B takes part in an informal 'veterans' hour' support program for veterans via their local cross fit gym, where veterans can come together for a veteran-only session once a week to talk and exercise together. The veterans' hour receives some funding from the locally based ESO and DVA in order to offer subsidised gym memberships for veterans. Participant B sees this program as very valuable, given veterans' 'don't like sitting still'. Participant B is passionate about moving forward with his life, rather than focusing on 'woe is me' for being discharged due to injury, when you need to move forward. Participant B noted that 'if you want things, they're there. Everyone has a phone these days. [You] can't get help if you don't help yourself'.

Participant B recounted that he was unaware of his local ESO through his transition period, and only found out about the organisation much later. Now, his local ESO case manager will call him to invite him to events, which keeps him connected to his community and involved in things.

Participant B's experiences of employment, education and training, and related support services

Participant B stated that he was aware of lots of employment programs available to veterans, through organisations such as the national ESO he engages with, and through these programs you get to know people and build your networks, because you see the same people turning up to those events.

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centre or other programs which could support him, which he only found out about later through talking to others in his local community.

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Participant C's story

Participant C transitioned from the ADF where he was a Senior Non-Commissioned Officer. He has generally found the support services during and after transition to be good, having had support relating to his disability to modify his house to his needs.

Participant C's experiences of mental health, and related support services

Participant C discussed seeing a psychologist and a psychiatrist while discharging from the ADF, with the aim being to stay with the same organisations once he had transitioned. He sought out these providers and made these connections himself. While he felt supported, he noted that there was little support available for the families of veterans, who are often a critical part of the veteran support network.

Participant C thought that if a veteran was to transition out from a different location to the one they served at, it would be beneficial for members to be moved by the ADF to the intended transition out location prior to discharge in order to set up local community supports while still serving in the ADF. Participant C's parting comments on this subject were: "the support crew are there to support you with your clinical need. You're not entitled to anything. A person has to work hard for themselves."

Participant C's experiences of employment, education and training, and related support services

Participant C did not share any personal experiences he had regarding education, employment and training, aside from stating that he was aware of a national ESO providing this kind of support.

Participant C's experiences of housing and homelessness, and related support services

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Participant C noted that although he personally had a positive experience overall, he did think that the government needed to be doing more overall to improve housing and homelessness support.

Participant C's other relevant experiences

Navigating DVA processes

Participant C related his experiences discharging from the ADF, commenting that there are Standard Operating Procedures for discharge which include a directive that states that a member cannot be discharged until the member has attained financial and health stability. He encouraged other veterans to push back on the ADF to ensure that veterans were ready for their life outside service before transitioning out. This should also include consideration of the veterans' family and their support needs prior to transition being completed.

Participant C has been involved with two DVA claims processes, one for the modifications to his house as mentioned above, and one for receiving a scooter to support his mobility. Participant C was happy with the outcomes from both processes but shared that it is really important for veterans to fill out the paperwork and follow the process, rather than expecting DVA to just give them supports and process their claims.

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The barrier of distance was also raised in a consultation with an ESO representative, who advised that if a veteran finds themselves needing to move into accommodation provided by a housing service provider that is not in their current local area, there may be stressors associated with moving to another area, which can be compounded depending on the complexity of an individual's situation. For example, it was noted that the stress is further exacerbated if the veteran has a family with children, as the children may need to move schools as a result, for example, and this change can impact the parents as well as the children.

Funding was raised through the consultations, both with ESOs and in the veteran focus groups, as another key barrier. These consultees reported a lack of sufficient funding in supporting housing and homelessness services for veterans. This exacerbated existing long waiting lists.

One ESO commented on the need for funding to provide veterans with effective housing solutions and raised a concern that the lack of reliable and relevant data about homelessness, and more specifically about homeless veterans, hinders their ability to meet the demand for housing. This ESO stated that it was equally critical to have reliable and relevant data to forecast and predict for the future need for housing services and understand from a planning perspective what needs to be done to ensure that suitable and sufficient housing is available for future generations of veterans.

Considering the implication of long waiting lists, one ESO commented that it is hard to get a veteran that they are supporting into housing support services. Similarly, Participant G provided the following statement, noting both the long waiting lists as well as the flow-on effects of this.

[Participant F] recognised that one housing services provider does do good work, however they are a difficult resource to have due to new rules and compliance issues. He built on this by advising that there is not sufficient housing available, noting that the

other ESO he is involved in does not receive any funding for accommodation services.
(

Participant F's story)

Participant G noted also that he has heard some veterans have been on housing waiting lists for multiple years, and people that move to Australia from overseas get better, and more prompt, help for housing support than veterans, and has seen this contribute to negative feelings towards the systems in place, regardless of whether this is true or not. (

Participant G's story)

In the ESO consultations, two ESOs raised that the demand for housing supports outweighs the housing available, and one ESO noted that in this way more funding would be beneficial to increase supply. One ESO raised additionally that in their experience, younger veterans seem to be struggling with housing challenges more, and this is supported by the risk factors identified in the AHURI report^{cx} analysed in the literature review, which identified one risk factor for homelessness as being a younger person.

As previously noted in section 1.5.2, veterans through the focus groups discussed the impact of varied help-seeking capabilities across the veteran cohort on their ability to seek out and access services. For example, in the Joint Participants' consultation, it was noted that pride can be a barrier to seeking assistance as there can be a lot of shame associated with seeking housing support.

As identified through the literature review (refer to Attachment E), the Specialist Housing Services report^{cii} states that while 53% of clients needed long-term housing, only 4.1% received this service. 64.4% of clients seeking long-term housing did not receive the service required and were not referred on to another provider. The lack of services provided and referrals made is stated in the report to be due to a number of reasons, and these are not identified in this report for the veteran cohort. These data points, combined with the qualitative insights received for this study, highlight the discrepancy between the need for these services and the availability supply, as well as the criticality of housing and homelessness services for supporting the quality of life and wellbeing for veterans who need these services.

6.5 Service usage

Housing and homelessness support is not required by many veterans, however, for those that do require this support, it is critical that the services are effective. When considering a model such as Maslow's hierarchy of needs^{cvi}, housing is a critical step for the foundation of other needs.

The online survey found that 11% of respondents to the relevant question reported that they had experienced homelessness at some point in the past, as shown in Figure . The online survey also found that of the veterans that had experienced housing and homelessness services available, 42% rated them as poor or very poor (Figure).

The criticality of housing and homelessness services is supported by Figure and Figure from this Study's online survey. However, for those that do require this support, it is critical that the services are effective, given, housing is a critical step for the foundation of other needs.

Figure 25 – Graph of Grosvenor's veteran survey respondents' responses regarding usage of housing and homelessness services

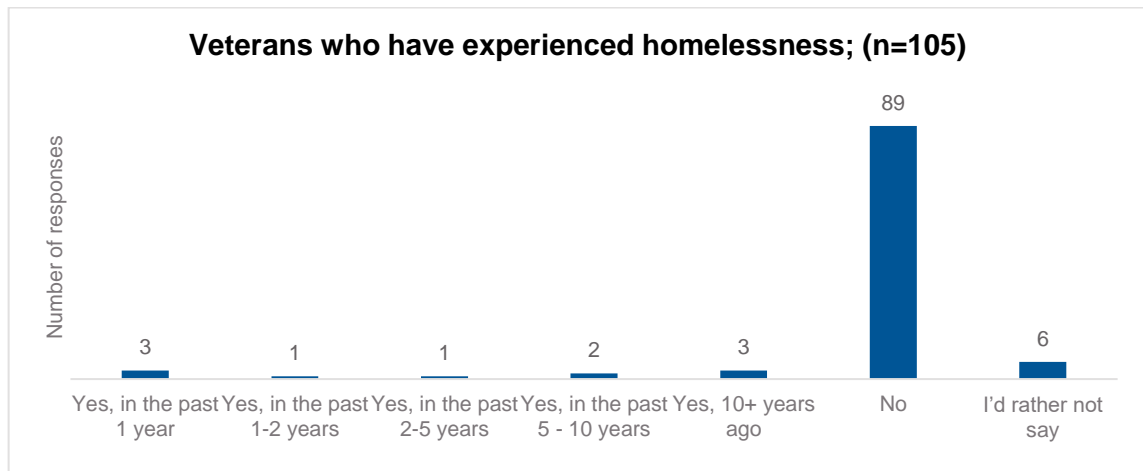
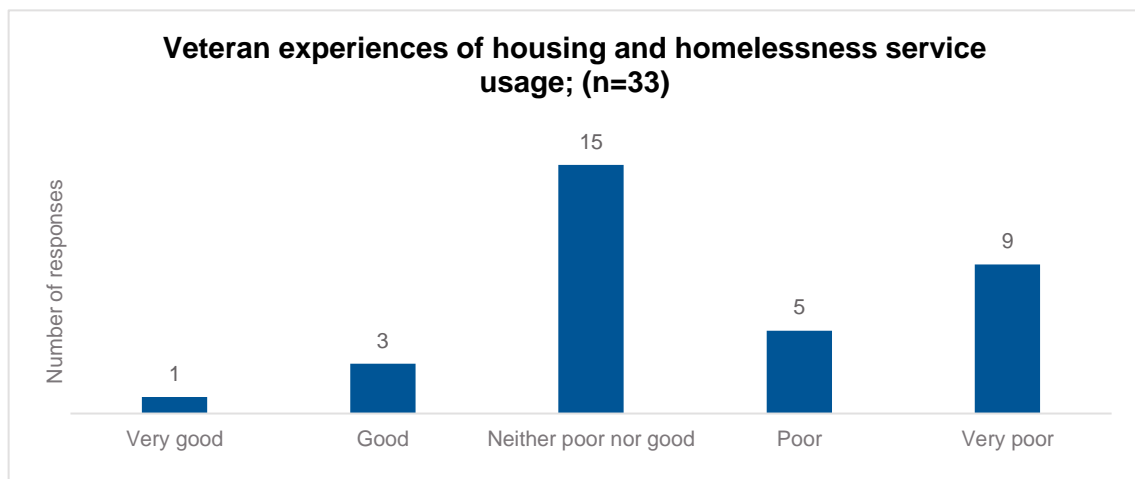


Figure 26 – Graph of Grosvenor’s veteran survey respondents’ responses regarding their experiences when using housing and homelessness services



Challenges with using the services were identified throughout the consultations and other data gathering activities. Three key items arose as themes:

- > the need for wrap-around support for veterans accessing housing and homelessness support services
- > the suitability of services that are available and are being utilised by veterans
- > the short term nature of the existing support services.

6.5.1 Wrap-around supports

The need for wrap-around support for individuals seeking and utilising housing and homelessness support services was raised in a number of consultations and is supported by the literature review.

ESOs that raised this point noted that clients presenting with housing or homelessness challenges tend to have other current challenges, such as substance abuse, gambling, financial, family and other violence, and mental health issues. In this way, one of the ESOs in particular noted the importance of wraparound support for those accessing housing services to ensure that clients can not only receive support for other challenges, but also ensure that they are able to stay in the property. This idea of accessing accommodation, as well as accessing support to maintain housing stability was raised in another consultation as one of the more complex aspects of providing housing services. One participant in particular from the focus-group consultations also believed that accommodation should be organised in tandem with health and wellbeing support services.

The literature review supported the commentary from the ESOs that individuals accessing housing and homelessness support services tend to have other current challenges. The Specialist Housing Services^{cii} report found that, of the veterans that accessed specialist housing support services, 92% were either unemployed or not in the labour force, 56% had a current mental health issue, and 28% had experienced domestic and family violence. It is worth noting that these categories may be correlated to varying degrees to the risk factors for veteran homelessness identified in the AHURI report on Homelessness amongst Australian veterans^{cii}. The strongest risk factors identified in this report, as discussed in the literature review, are increased psychological distress throughout ADF service, breakdown of personal relationship, and experiencing unemployment after transition, indicating that the risk factors may not be effectively addressed before an individual becomes homeless. Further to this, it was also stated that through qualitative research, multiple risk factors were identified by veterans as having contributed to their homelessness, as opposed to single risk factors, and that the risk factors were often reported to be interrelated.

6.5.2 The suitability of services

Commentary around the usage and suitability of the accommodation options available to veterans was shared by a small number of individuals in the consultations.

One participant in particular that came to the focus-group consultations had experienced living in accommodation provided by a veteran housing service provider and detailed their experiences in the discussion with Grosvenor.

Participant E's current accommodation does not allow her privacy, and the environment feels violent and unsafe for residents, especially those with disabilities. In particular, she spoke about the mental health challenges experienced by other residents in the housing block meaning sometimes violent situations erupted with little on-ground support provided by her housing services provider. As a result, being in close proximity with veterans who were 'stuck' in their lives, and frequently using alcohol, was a demotivating environment to live in. While grateful for a roof over her head, she felt the environment was contributing to her current mental health challenges. (

Participant E's story)

Participant E's experience in housing support services indicates that the housing services available, in her experience, are not suitable for those that need to live in and utilise them. In addition, Participant E felt that her current mental health challenges were exacerbated by the environment she was living in, as opposed to supporting or improving her mental health.

In terms of the suitability of the services, one ESO raised that most of the housing that is currently available for veterans is not suitable for families or young veterans. The same ESO and another commented on concerns regarding visitation where parents are separated, with one noting that cost of living is currently high, and how this is having an impact on one of their clients who needs to drive a distance to see his child and pay for petrol on top of other living expenses.

6.5.3 Short-term nature of housing supports

In consultations, Grosvenor found that while there are some long-term housing options available to veterans, the nature of support services are generally short-term, and veterans tend to struggle to access long-term housing. Other than the two major housing service providers for veterans, there are a number of emergency and short-term accommodation options available for veterans, and on top of this, some ESOs may choose to support their local veterans on an ad-hoc basis as outlined in the focus-group case studies by Participant F and Participant G.

Data from the Specialist Housing Services report^{cii} found that of the 53% of veteran clients that sought long term housing, only 4.1% received this service, and 64.4% were not provided with the service nor referred to another service provider for support. In contrast, 52% of veteran clients sought short term or emergency accommodation, and 70.3% received this service, and 23% were not provided with the service nor referred to another service provider. This supports anecdotal feedback that veterans tend to struggle to access long-term housing.

6.6 Housing and homelessness conclusions

With few veteran-specific service providers and an unknown level of service demand, it is likely that the needs of veteran community members are not being met by the provision of housing and homelessness support services throughout Victoria.

Anecdotal comments from both members of the veteran community and ESO representatives indicated that demand far out-stripped supply, but the lack of visibility of where the services are needed, and what type of accommodation is needed (e.g., single person accommodation, family accommodation) make service planning and provision across the state incredibly difficult.

6.7 Recommendations to the VVC regarding housing and homelessness

Recommendation 6: The VVC should work with the veterans sector as a priority to better integrate members of the veteran community with existing Victorian Government housing and homelessness supports and initiatives as a priority cohort, and work with existing service providers to ensure a core set of wraparound supports are provided at each location.

While housing and homelessness services for members of the veteran community do exist across Victoria, awareness of these services was very low. Better promotion and communication of these existing services would increase awareness and accessibility.

Beyond this initial step, the Victorian Government is undertaking significant investment in housing and homelessness supports which could be further leveraged to provide priority access for members of the veteran community, through Homes Victoria and public and social housing programs. Veterans also experience many of the vulnerabilities experienced by other priority cohorts receiving housing support, but currently, there are no veteran-specific housing programs available in Victoria's public or community housing space. As a result, veterans or family members that meet the eligibility criteria can access social housing, and where other eligibility criteria are met they may also have priority access, by applying via the Victorian Housing Register. Ensuring consistent priority access for veterans across Victorian Government housing and homelessness supports will help ensure veterans receive the supports they require.

7 Attachments

Attachment A - Study Terms of Reference

Please refer to separate document titled 'Victorian Veterans Sector Study Terms of Reference'.

Attachment B - Grosvenor's methodology

Grosvenor's methodology for conducting the Victorian Veterans Sector Study is provided below and was delivered between October 2021 and July 2022.



Step 6

Conduct quantitative data collection and analysis

- > develop data collection template to request veteran service data from up to 10 ex-service organisations and state/community service providers, to be agreed with VB and appropriately sampled once the population size is confirmed. Data requests will span:
 - types of services offered (minimum data set required)
 - # veteran, pensioners, war widow/ers, orphans and other cohorts accessing services (minimum data set required)
 - service distribution / capacity by LGA
 - extent to which veterans self-identify when accessing services
 - cost of service delivery per unit per service
 - other data sets agreed with VB
 - each data request will be supplemented by an up to 1-hour phone call to provide support to the organisation providing data, and to collect qualitative insights (e.g., barriers to access, success factors for service delivery)
- > receive and analyse data to produce a detailed service map showing service accessibility broken down by service type, usage and distribution, to produce heatmaps similar to those in section 5.1 of our proposal
- > conduct detailed review and analysis of veteran health care card data (VB will facilitate contact with DVA to receive this data, note Grosvenor has already commenced analysing the publicly available data)
- > document data analysis findings and prepare data visualisation outputs for inclusion in the report, mapping against each ToR item as relevant

Step 7

Coordinate and conduct veterans' sector consultations

- > finalise consultation logistics coordination, commenced in Step 4
- > conduct veterans' sector consultations, comprising:
 - up to 10 one on one or focus group discussions with key ex-service organisation representatives
 - up to 8 metropolitan and regional focus groups open to the veteran community, potentially in Mornington Peninsula and Frankston, Greater Geelong area, Wyndham, Wodonga, Banyule, and Casey, as well as across other metropolitan and regional hubs to target the greatest proportion of the veteran community (refer section 5.1 of our proposal). These focus groups will be coordinated, publicly advertised and promoted in partnership with local ESOs and community newspapers / groups
- > note the precise allocation of stakeholders and time groups will be confirmed as part of Steps 1 and 4
- > document veterans' sector consultation research findings and map against each ToR item

Step 8

Coordinate and conduct veterans' sector survey

- > finalise survey logistics coordination, commenced in Step 4
- > distribute online survey to the veteran community with the following features:
 - veterans, members of the veteran community, ESOs and carers for members of the veteran community can participate in the survey, so we receive a wide range of perspectives, increasing the study's credibility
 - series of predominantly closed questions mapped against the ToR items
 - some open qualitative questions to allow for the collection of veteran values and attitudes
 - demographics questions, e.g., gender, time since separation from service, to code survey responses across veteran community cohorts
 - opportunity for members of the veteran community to complete the survey in a paper-based format and return the survey via mail, if an online approach is a barrier for some respondents
- > document survey research findings

Step 9

Synthesise and analyse findings

- > synthesise findings from Steps 2, 3, 5, 6, 7 and 8 against the ToR items and themes identified throughout the research:
 - data and demographics
 - veteran mental health and suicide
 - veteran housing and homelessness
 - veteran employment and education
 - veteran attitudes and aspirations relevant to the above ToR items
 - role of the VVC, Victorian Government, ESOs, community service providers and other charitable and NFP organisations
 - the impact of COVID-19 on the veteran community
 - other observations identified through the research
- > prepare presentation pack and present and test findings with VB
- > update with VB feedback

Step 10

Draft and finalise sector study report

- > develop writing plan (report outline) and test with VB
- > develop draft sector study report, expected to be between 80-100 pages in the body in Word format, including:
 - Executive Summary of no more than five pages, including a high-level list of recommendations
 - introduction and context to the study:
 - scope
 - methodology
 - limitations
 - context to the sector study, including key findings from the 2008 and 2015 sector studies
 - environmental and social context for the veterans' sector globally, in Australia and in Victoria (drawn from the insights gathered in Steps 2 and 3)
 - the papers mentioned in 4a of the RFP
 - findings chapter discussing each ToR item:
 - data and demographics
 - veteran mental health and suicide
 - veteran housing and homelessness
 - veteran employment and education
 - veteran attitudes and aspirations relevant to the above ToR items
- commentary on the following, either integrated into the above finding's chapters or as standalone chapters/subchapters:
 - role of the VVC, the Victorian Government, ESOs, community service providers and other charitable and NFP organisations in supporting Victoria's veterans, and potential future roles, responsibilities and opportunities
 - the impact of COVID-19 on the veteran community in Victoria against each of the ToR items, with particular consideration given to the height of the pandemic in Victoria in 2020, and the ongoing effects in 2021
 - recommendations, including identification and ranking of key priorities against value/benefit and effort/difficulty
 - supporting additional appendices, including bibliography and list of data sources, list of stakeholders consulted, full survey results, aggregate data sets, etc
- > submit draft report to VB and the VVC
- > present draft report to DFFH/VB executive and the VVC in a Q&A style briefing
- > update and finalise report with VB and the VVC

provide ongoing project and risk management
(including fortnightly status reports throughout the life of the project, attendance at monthly project meetings and any additional weekly meetings)

Attachment C - Survey output

Please refer to separate document titled 'Attachment C – Victorian Veterans Sector Study Online Survey Output Report' due to the size of the document.

Attachment D - Veteran case studies

Participant A's story

Participant A was a female veteran that spoke to Grosvenor about her experience in reaching out and accessing support services and creating a sense of community for veterans in her town.

She is a single mother that separated from the Australian Defence Force (ADF) several years ago. She is loosely associated with a local ESO but has had to work hard to seek out the support she has needed over the years since separating from the ADF. All the support she has received has been the result of self-driven research.

Through her involvement with her local veteran community group, she has found that everyone shared similar struggles despite group members spanning three generations, raising concerns that issues have not been addressed for a long time. Participant A's goals are to ensure that better support is available to veterans in the future, particularly those based in regional towns and rural areas, so that future veterans do not have to go through the struggles she has gone through, and that support services are available and accessible to them when required.

Participant A's experiences of mental health, and related support services

Participant A advised Grosvenor that the psychological debrief she received after leaving the ADF was poor. After separating from the ADF, she completed mental health care plans with her general practitioners (GPs) and engaged with the mainstream processes of seeking mental health support. However, she found that the support she was receiving was from support providers not effectively equipped to support her and her needs considering her background in the ADF. After finding one ESO through her own research, Participant A now says the best support she has ever received came from that ESO's counsellor.

She stated that her version of good mental health support is having good education about what is available for veterans. Without her own initiative, she would never have found the support she needed through that ESO, and she feels that there is an opportunity to educate mental health practitioners about services such as that ESO, which may be better suited to support the needs of veterans seeking mental health care and support than mainstream services. As part of this process, Participant A raised the fact that a "no wrong door" policy would have been beneficial throughout her journey, where a practitioner recognises that they are not able to provide effective support to the individual, and can point the individual in the right direction, or a different direction, where they may be able to receive more effective support.

The lack of referrals from mainstream mental health practitioners to the ESO she engages with was one example of the lack of awareness more broadly of support services available to ADF members and veterans. Participant A noted that people in her life, such as her parents, also pushed her towards mainstream care as they did not have an awareness of veteran-specific supports available, emphasising the lack of awareness of available support across the general community.

Participant A stated that she would like networking opportunities with others in similar situations, and to have more direct access to government representatives and entities. She wants clear communication with these representatives and entities that is through her own direct channels (rather than communicating via an ESO representative that she has no confidence in), and wants to work together on plans and strategies that are not dictated by her local ex-service organisation.

Participant A's experiences of employment, education and training, and related support services

Participant A reports she did not need any supports relating to education, employment and training. As a trained nurse, Participant A was able to transition into civilian nursing roles with no additional training required.

She has noticed in her newsfeeds that there are resources available such as bridging courses and employment courses for transitioning from ADF to civilian life that are free, however that it seems like these courses are only available during transition or recently after transition, and therefore are not necessarily available to veterans who have been separated from the ADF for many years.

With regards to education of the general wider community about veterans and veterans' issues, Participant A felt that educating the general community about veterans' issues is important. She feels that such education has positive flow-on effects such as more people in the community thinking about veterans' issues, creating a dialogue in the local community around veterans' issues, and ultimately the creation of support networks and other groups being formed within communities. Participant A also raised that people that work in schools, such as education and school officers, should be educated to be aware of and understand what children of veterans could be going through, to have a support network and dialogue in schools for this. Participant A felt that the education should come from an overarching body that talks to ESOs and educates them on veterans' issues.

Participant A's experiences of housing and homelessness, and related support services

Participant A had minimal personal experiences relating to housing and homelessness issues, but advised that if she were to experience issues, she would not know where to go to for help. Further to this, she explained that if an individual is looking for support for regional or rural Victoria, supports that show up on a Google search tend to be Melbourne-specific. This could be another barrier to accessing these services for individuals which find themselves in this situation.

Participant A's other relevant experiences

Experiences with the local ESO she first contacted

As a single mother, Participant A doesn't feel comfortable in her local ESO environment, as it feels like the culture is not welcoming to female veterans. She feels that the team at her local ESO is not welcoming of female veterans, and this is felt even through how she is referred to by those that work there – males are referred to as veterans and females are referred to as ex-service women.

In addition, it is only recently that she has learned that individuals can go to their local ESO and tell the ESO team that they are struggling and need support. This method of seeking support is not advertised, and Participant A feels that this ESO needs to remove the 'boys club' mentality and be honest and transparent with supports that they can provide. In addition to this, ESO's should understand what support is available so that they are able to point those seeking support in the right direction, as Participant A did not see this happen in her own experience.

Help-seeking behaviours and barriers to receiving support

Participant A feels that she is expected to reach out and ask for help when she needs it, however this becomes very difficult when she is not sure what to ask and who to reach out to. It becomes increasingly difficult when considering other life pressures, such as caring and providing for young children, negatively impact help-seeking behaviours. She feels that there is scope for more proactive support from ESOs, for example reaching out to check in on veterans and the veteran community in the area, to connect with veterans that may be in a position where it is difficult for them to reach out for support.

Participant A noted a difference in how men and women are viewed in terms of supports they are able to access and receive, and that this disadvantages female veterans. During transition, it is expected that a male veteran's wife will support them through this process. However, from a female veteran's lens, when transitioning, the expectation is that you are someone's wife or mother, shifting the focus away from the female veteran's need for support as they are seen as the source of support for others. Ideally Participant A said that there would be gender neutral support in the future to provide all veterans with the same level of care regardless of gender.

Participant B's story

Participant B recently transitioned from the ADF through a medical discharge. During their transition, Participant B has accessed various services available to them, for mental health, education, and employment support. Participant B is now employed and studying a Certificate IV in Mental Health.

Participant B's experiences of mental health, and related support services

Participant B shared that they have a private psychiatrist which they regularly access, but that the wait times for appointments, with both seeing his psychiatrist and his GP are often lengthy. Participant B is also aware of and has occasionally reached out to both a national ESO and a locally based ESO in the past for mental health support.

Participant B takes part in an informal 'veterans' hour' support program for veterans via their local cross fit gym, where veterans can come together for a veteran-only session once a week to talk and exercise together. The veterans' hour receives some funding from the locally based ESO and DVA in order to offer subsidised gym memberships for veterans. Participant B sees this program as very valuable, given veterans' 'don't like sitting still'. Participant B is passionate about moving forward with his life, rather than focusing on 'woe is me' for being discharged due to injury, when you need to move forward. Participant B noted that 'if you want things, they're there. Everyone has a phone these days. [You] can't get help if you don't help yourself'.

Participant B recounted that he was unaware of his local ESO through his transition period, and only found out about the organisation much later. Now, his local ESO case manager will call him to invite him to events, which keeps him connected to his community and involved in things.

Participant B's experiences of employment, education and training, and related support services

Participant B stated that he was aware of lots of employment programs available to veterans, through organisations such as the national ESO he engages with, and through these programs you get to know people and build your networks, because you see the same people turning up to those events.

Participant B's experiences of housing and homelessness, and related support services

Participant B talked about some of the challenges associated with finding housing while he was separating from the ADF, noting having difficulties dealing with Defence Housing Authority (DHA) while being medically discharged, such as having to organise storage with little support. Participant B also shared a negative experience with the case manager handling his transition, feeling that he had more knowledge of the related policies than she did, noting that his case manager was new to her role. This resulted in Participant B being unaware of the rehabilitation

centre or other programs which could support him, which he only found out about later through talking to others in his local community.

Participant B described supports such as a different local ESO and another different local ESO as being a good way to access wider support networks if he needed them. While Participant B felt confident in his ability to access housing support services if he needed them, he knew of three veterans in his local community who had nowhere to go. Participant B suggested that a community home [for veterans] within the region, which could provide food and a bed, 'wouldn't go astray'.

Participant C's story

Participant C transitioned from the ADF where he was a Senior Non-Commissioned Officer. He has generally found the support services during and after transition to be good, having had support relating to his disability to modify his house to his needs.

Participant C's experiences of mental health, and related support services

Participant C discussed seeing a psychologist and a psychiatrist while discharging from the ADF, with the aim being to stay with the same organisations once he had transitioned. He sought out these providers and made these connections himself. While he felt supported, he noted that there was little support available for the families of veterans, who are often a critical part of the veteran support network.

Participant C thought that if a veteran was to transition out from a different location to the one they served at, it would be beneficial for members to be moved by the ADF to the intended transition out location prior to discharge in order to set up local community supports while still serving in the ADF. Participant C's parting comments on this subject were: "the support crew are there to support you with your clinical need. You're not entitled to anything. A person has to work hard for themselves."

Participant C's experiences of employment, education and training, and related support services

Participant C did not share any personal experiences he had regarding education, employment and training, aside from stating that he was aware of a national ESO providing this kind of support.

Participant C's experiences of housing and homelessness, and related support services

Participant C related a generally positive experience relating to the housing support provided to him during transition. He described being provided funding through DVA to modify a house to meet his needs. He did note however, that through this process, the builder would only deal with DVA and not with him directly, which caused him a lot of stress and delays in the modification works.

Participant C noted that although he personally had a positive experience overall, he did think that the government needed to be doing more overall to improve housing and homelessness support.

Participant C's other relevant experiences

Navigating DVA processes

Participant C related his experiences discharging from the ADF, commenting that there are Standard Operating Procedures for discharge which include a directive that states that a member cannot be discharged until the member has attained financial and health stability. He encouraged other veterans to push back on the ADF to ensure that veterans were ready for their life outside service before transitioning out. This should also include consideration of the veterans' family and their support needs prior to transition being completed.

Participant C has been involved with two DVA claims processes, one for the modifications to his house as mentioned above, and one for receiving a scooter to support his mobility. Participant C was happy with the outcomes from both processes but shared that it is really important for veterans to fill out the paperwork and follow the process, rather than expecting DVA to just give them supports and process their claims.

Participant D's story

Participant D is a male veteran that spoke to Grosvenor about his experience in receiving support as he transitioned from the army to civilian life. He is associated with his local ESO and through them has connected with other ESO groups. Beyond this, he has a strong commitment to the army and has not sought many services outside of his GP.

Participant D's experiences of mental health, and related support services

Participant D has had fairly minimal personal experiences relating to mental health and related support services. He advised Grosvenor that he does see a GP but senses that it is fairly easy to find services.

Participant D's experiences of employment, education and training, and related support services

Participant D reported that he does not have any knowledge of resources regarding support services for education, employment and training. He explained that he is very loyal to the army and has no desire to find employment elsewhere.

Participant D's experiences of housing and homelessness, and related support services

Participant D has had minimal personal experiences relating to housing and homelessness. He advised that the seminars he attended prior to leaving the army were somewhat helpful.

Participant D's other relevant experiences

ESO service gaps

Participant D is part of a local ESO which will at times join up with other ESO groups. Through this experience, he has gotten the sense that some people in ESOs have forgotten that the purpose of the ESO is to serve veterans.

COVID-19 and isolation

Participant D advised that he is not particularly bothered by COVID-19 and isolation. He explained that he does not feel isolated as he has several close friends that he can touch base with, as well as connections with those in the army.

Participant E's story

Participant E is a female veteran who spoke to Grosvenor regarding her experiences with homelessness and the challenges that she faced in accessing mental health and other support services.

She was one of few females in the army at the time she enlisted and was one of the last females to be trained in the same way as men. As a result of this training, Participant E feels she has a tendency to act more violent than other people. This has caused issues in relationships with friends and family, and she has struggled to get sufficient help to address this.

Through her experiences with homelessness, Participant E became involved with an ESO, however despite gaining access to shelter, she has continued to have a negative experience with the organisation. Participant E has seen many people lose faith and believes that there should be greater opportunities for jobs and connections for veterans.

Participant E's experiences of mental health, and related support services

Participant E advised Grosvenor that she required mental health services throughout several years after leaving the army, however did not know where to go for support. She reports there was no transition out process at the time she exited services and was left on her own. When her issues surfaced several years post-transition, one of the challenges that she faced was that there were too many ESO groups, meaning it was difficult for her to know where to go. Having to call multiple places also meant that she had to re-live her issues each time she called a new place to ask for support, and she found this exhausting and re-traumatising.

Participant E explained that when she needed psychiatric assistance, she required it to be signed off by a national ESO in advance, noting that her national ESO case manager was not medically qualified and made their decision solely based upon a report that does not capture the entirety of an individual's experiences and circumstances. She currently is under the care of a psychiatrist interstate, however, has stated that this is not suitable for her needs.

One of the challenges that Participant E has noticed is a barrier between her old friends and family since she has left the army. She links her tendency to act violently to her training and experiences in the army, which encourages a person to act in a very different manner to societal norms.

Participant E has also noticed that there is a distinct difference in needs across different demographics. She explained that some things, such as physiological needs, are unique to women in her age bracket.

Participant E's experiences of employment, education and training, and related support services

Participant E reported minimal personal experiences relating to employment, education and training. She advised that she is aware of a webpage on the her local ESO website but has not had much experience beyond this.

Participant E's experiences of housing and homelessness, and related support services

Participant E has first-hand experience with homelessness and found housing through an ESO. She stated that despite now having housing, she feels that she is missing the opportunity for connecting with others and employment.

Participant E's current accommodation does not allow her privacy, and the environment feels violent and unsafe for residents, especially those with disabilities. In particular, she spoke about the mental health challenges experienced by other residents in the housing block meaning sometimes violent situations erupted with little on-ground support provided by that ESO. As a result, being in close proximity with veterans who were 'stuck' in their lives, and frequently using alcohol, was a demotivating environment to live in. While grateful for a roof over her head, she felt the environment was contributing to her current mental health challenges.

Participant E's other relevant experiences

COVID-19 and isolation

As part of a shared housing community with 12 individuals, Participant E stated that the unit she resides in does not provide sufficient privacy or outdoor space. She advised that many people she knows have given up and will just sit inside, noting that these are the people who need help. She does not observe any in-reach services going in to help these people.

ESO service gaps

Participant E described very negative experiences with ESOs, referencing poor complaint management and management of services at her ESO. She also raised concerns about the level of experience and lack of duty of care from the ESO's Welfare Officer, noting that he recommended a neighbour do a welfare check after another resident attempted suicide.

She feels that there are many barriers to getting support, including a lack of tailoring for different needs. Participant E advised that she was able to get personalised assistance from a local ESO Support Officer, and that no one at that local ESO had heard of her housing provider until she mentioned them.

In addition to the above gaps, medical documents for Participant E have also disappeared within ADF's systems, meaning that she may become ineligible for certain payments as she is unable to prove if certain injuries are the result of her time in the military.

Participant F's story

Participant F is a male veteran who spoke to Grosvenor about his views and experience relating to mental health and homelessness. He spoke about his own experiences, as well as his view as a representative of a local ESO.

He recognises that there are organisations who offer support for mental health and related services, however, believes that more work needs to be done in this space.

Participant F believes that there is a gap in services to help combat homelessness, noting that there is insufficient housing available. He continues by saying that services such as his ESO do not receive any funding to support veterans with accommodation services. Whilst he recognises that there is work to be done in the employment space, Participant F stated that the priority should be on mental health and housing services.

Participant F's experiences of mental health, and related support services

Participant F explained that he is aware of services such as DVA's transition seminar which help to connect people with relevant service providers but feels that the statewide head of his ESO could do more. He notes that the 'member-focused culture' at his ESO is a risk and his ESO should be seeking to create more options to support the veteran community more broadly.

Participant F reported that during the time that he served, he received very little information about mental health and other related support services.

Participant F's experiences of employment, education and training, and related support services

Whilst he has not needed to access employment, educating and training support services himself, Participant F believes there is a strong need for more supports in this space. If he had to choose, he would say more investment in mental health and accommodation support services would pay relatively greater dividends, from his perspective.

Participant F's experiences of housing and homelessness, and related support services

Participant F has had minimal personal experiences related to housing and homelessness but advised that when he is supporting a veteran with these issues, ordinarily he would look at putting someone up in a motel temporarily, before trying to get them into more permanent accommodation through organisations which provide housing supports to veterans. He recognised that these organisations do good work, however they are a difficult resource to have due to new rules and compliance issues. He built on this by advising that there is not sufficient housing available, noting that his ESO does not receive any funding for accommodation services. Participant F believes that accommodation should be organised in tandem with health and wellbeing support services.

Participant F's other relevant experiences

COVID-19 and isolation

Participant F mentioned that COVID-19 had caused some challenges, explaining that his ESO was extremely difficult to manage due to only having a small amount of people to run it.

He noted that the welfare committee started reaching out to vulnerable veterans during this time, classifying them by age group and concentrating on the eldest veterans. He continued by saying that they also delivered meals and that despite the circumstances, he was happy with the outcomes achieved in support veterans throughout lockdown periods.

ESO collaboration

As part of his role at his ESO, Participant F has focused on collaborating with other ESOs. He acknowledges that there is a lot of double up between ESOs and that COVID-19 has had an impact, but overall he believes that local ESOs are sharing information well. Participant F advised that his ESO collaborates with other ESOs through monthly meetings and recognises that this is unique across Victoria. He thinks more of this in other regions would be valuable.

One of the challenges that Participant F has noticed is the availability of support for dependants of veterans. He explains that the focus in his ESO is the veteran and there have been issues that have arisen from the definition of 'dependant'.

Participant G's story

Participant G was a male veteran that discussed his experiences after transitioning out of the ADF in the 1980s, including challenges he faced during and after his service that impact him to this day. He spoke about his own experiences as well as being a representative of his local ESO.

As part of his engagement with his local ESO, he can see that there is change in the supports available from when he transitioned and hopes to be part of the continuing change that allows for better support to be provided to veterans and ex-servicemen and women.

Participant G's experiences of mental health, and related support services

Participant G found himself struggling in terms of his mental health 15 years ago and reached out to a national ESO for support. Due to having served in an undesignated warzone, he was advised that he was only able to have three visits. He was gobsmacked that he could not receive the same services as other veterans based on where he was deployed to during his service.

Participant G spent some time talking about military culture, where soldiers are taught to believe that you can do anything. This was stated to be both a strength and a weakness, as those who need help do not reach out or open up when they need support, with a prevalent perception across the military that mental health support services were for weak people. He had to go on this journey for himself, initially believing this as well, but he understands now through his own experiences that it is not a weakness to reach out and there is increased understanding across the general community that mental health challenges are a real illness and that it needs to be addressed.

Participant G was unsure how this aspect of military culture could change and how training would be available for supporting this cultural shift.

In terms of seeking support, Participant G mentioned for older veterans that a lot of people he knows tend to go to the bottle shop as they think seeking help for these issues is weak, and there was no programming to think otherwise. He knows of two ESOs which are places where people can open up, however some people struggle to admit that they need help. Regarding transition, he also noted that there is a general understanding of how one 'should' answer the questions in the psych screening, such as 'do you hear any voices?', with a prevalent concern amongst servicemen and women that answering honestly may disadvantage them in some way.

A further gap that was discussed was for the provision of support for families, such as partners and children, who Participant G acknowledged need support too. He noted that the women who stay with their husbands need support to be able to support their partners and is unsure about whether these partners and children are aware that they can get support through some ESOs. Participant G also raised that for the older generations, the wives of veterans are more likely to 'grit their teeth and ride the waves' – they take the brunt of a veterans' mental health issues domestically.

Participant G noted that individuals that leave the military should not have to do a Google search to find support services, and that this information should be known to those that transition out. From his own personal experience, there was not extensive transition support – employment was discussed, the potential for feeling certain things was raised, and then he was transitioned out into the cold.

Participant G's experiences of employment, education and training, and related support services

Participant G had no personal experiences of needing supports related to employment, education and training.

After his transition, Participant G completed some courses and found out he was viewed a certain way because he was a soldier and noticed a stigma around veterans in the university culture. He found that this did not impact him very much, but others may find this environment difficult, where they may be fragile from their experiences and entering an environment that has certain views about veterans could lead to the veteran being pushed out of that group.

When considering employment, he was unsure if there are subsidies for small businesses to work with, or hire, veterans. He stated that large businesses advise that they work with veterans as it looks good for them, however small businesses may view veterans in a way that negatively impacts their ability to gain employment with small businesses. In this way, Participant G felt that a subsidy for small businesses might provide some influence to hire veterans, which would support the veteran to gain experience in the civilian workforce and move to another job. In this way, he was suggesting that the subsidy would cover the period that the veteran worked for the small business, as opposed to an ongoing subsidy.

Participant G felt that employment, education and training had a strong impact on veterans' mental health. He talked about when you get into a normal job and talk to normal people and become normal yourself, you can push that stuff behind you, it's where people don't take that step that they get sucked in by demons that they get into trouble. He shared the impact of losing your pride when you leave, given that you aren't in the uniform anymore, and you lose that sense of 'I can do it, I'm tough'. He found that for himself and those older than him it was really important to get a job soon after transitioning to get back into normality.

Participant G's experiences of housing and homelessness, and related support services

Personally, Participant G has not experienced these issues but advised that his local ESO would step in if someone reached out and was struggling in this area to support them.

As part of the discussion during the focus group, he noted that because there are so many different avenues to access support such as several different ESOs working in the same space, this may be an issue, and perhaps there should be a central place to go to be pointed in the right direction.

Participant G noted also that he has heard some veterans have been on housing waiting lists for multiple years, and people that move to Australia from overseas get better, and more prompt, help for housing support than veterans, and has seen this contribute to negative feelings towards the systems in place, regardless of whether this is true or not.

Participant G's other relevant experiences

Follow-up post service, particularly in potentially distressing times

Participant G felt that there is no follow-up from DVA along the lines of checking in with veterans at one, five, and ten year anniversaries or intervals, for example. In addition, he felt that follow-up or engagement would be beneficial particularly in relation to relevant news in the media that could affect veterans. Participant G used the example of the Ukraine war stories in the news earlier this year impacting him quite negatively and reminding him of negative experiences from his service. He also raised the news stories surrounding Ben Roberts-Smith and impact that the media has on how civilians view veterans and the military, and as a result how there may be gross generalisations made by civilians based on media surrounding the ADF and service, and the effects of how this, impacts veterans.

Recognition of service

Being in a non-designated warzone was difficult for Participant G, as his family did not know that he was serving overseas and thought he was on holiday. In addition to this, he noted that whenever he is not recognised for his service, this compounds over time and be upsetting, and for some people being told that they were in a non-designated warzone may be the tipping point for them.

It was also raised that service being recognised by government-provided services in ways such as subsidised train tickets for all veterans would be a positive change, as this would ensure equal access to services regardless of the type of conflicts people served in and recognise service in this way.

Participant G advised that some parts of the system are not set up to support all veterans as identifying themselves as veterans, and he did not feel that he identified with the label of veteran.

Awareness of services

One way that Participant G raised as an idea to increase the visibility of support services available was to have posters in GP's offices or other similar spaces that say "Are you a veteran?" and providing a list of some names of support services and contacts for veteran-specific services that individuals can note and reach out to if they feel a need to.

Participant H's story

Participant H was a male veteran that transitioned within the last four years that discussed his experiences, particularly being associated with an ESO, and explaining his experiences largely in relation to mental health and available supports in this space.

Participant H's experiences of mental health, and related support services

Having transitioned relatively recently, Participant H noted that mental health support during transition is much better than it was many years ago, from what he has heard from other people he knows who have transitioned out of the services. He commented that it is positive that there are now transition seminars and transition coaches, and this has been in place since at least 2015. He also noted that there should be more communication between the ADF and DVA for a respectful handover during the transition period.

In terms of gaps in support services specific to the area that Participant H was based in, Participant H advised that there are not many specialised services in his local area, but there are larger organisations and support channels he knows of outside of his area. He knows that a national ESO now has complex case workers who are registered mental health workers and will work in the background supporting veterans regarding rehabilitation plans and court documents, for example. However, Participant H noted that this national ESO does not provide psychiatrist services, and usually an individual seeking this service will need to find a provider that will take the payment for this.

Another gap he identified was having veteran-informed care, particularly for local GP services. GPs understand mental health care plans, however from his experience do not have the further detail and information for veteran-specific needs. He is not sure how many GPs know ESOs exist and what ESOs can do to help veterans in need of support.

Intergenerational trauma is also a topic that was raised by Participant H, where he sees from his professional experience with children of veterans from the Vietnam War. He wasn't sure whether veterans or family members of a veteran that require support reach out for it, whether it is from specialised support services or from a GP. Participant H felt that it is not likely for the older generations to reach out compared to the younger generations, and also noted that for those with family members, self-care is not prioritised, and the needs of the family end up coming first.

Participant H's experiences of employment, education and training, and related support services

When considering employment support, Participant H stated that they would like to see support around resume writing and helping veterans into jobs. This is related to the idea that Participant H held around employment and a job providing an individual with a sense of purpose and knowing that transitioning out of the ADF can mean losing one's sense of purpose. In this way, support for employment was raised as an important aspect.

Participant H's experiences of housing and homelessness, and related support services

Participant H advised that they had had personal experiences related to seeking housing and homelessness but did not wish to provide any further information. He noted that services are available in this space to receive support. He noted that this information is provided to those transitioning in the transition seminars.

Participant H's other relevant experiences

Transition

Participant H raised that he felt there needs to be more communication when people leave the ADF. He felt that supports such as the transition seminars and coaches are great, however more consideration should be paid to considering those veterans that may need to be hospitalised and have ongoing rehabilitation for some years after leaving the ADF.

Veteran social integration post transition

Participant H recounted his experience of leaving the ADF and being unsure about how to make friends and losing a large portion of the friends he served with after transitioning. Through his engagement with his ESO, he has noted that people are trying to find a social base within their community. A particular ESO was raised as a link to a community, however many people do not engage with this ESO for a number of reasons. An option raised was including veteran-specific information and activities from a local governmental area level and sending out newsletters that include activities for veterans and social groups that they can engage with. From Participant H's perspective, this would include local councils being notified when a veteran has entered their LGA to live after transitioning out of the ADF.

Awareness of services

Participant H felt that services available to veterans need to be less siloed between ESOs and be more veteran-centric and felt that it is confusing for veterans to know where to go for support as the services seem fractured, where there are many different pieces that end up being confusing for the user.

Recognition of service

It was raised that there should be recognition of service that is not strictly related to war-like experiences. Participant H advised that individuals from many different arms and service types can experience things that may be comparable to war-like experiences. This was related to subsidised access to services, as he had experienced a situation where those from a certain number of conflicts were able to access a subsidised service, that was not accessible to him

due to him based on his service history and being deployed in a non-designated conflict. In this way he felt that recognition for service should be consistent for all veterans and not just those that served in specific conflicts, especially given choices regarding deployment is out of the control of most serving members.

Participant I's story

Participant I is a male veteran who spoke to Grosvenor about his experiences as he transitioned out of service, as well as how he has been able to provide support to others through being a representative of three local ESOs.

Participant I recently separated from the ADF after a long career. He is heavily engaged with multiple ESOs.

Through his involvement both during service and after transitioning, has found that veterans face many challenges that relate to communication and housing support. Participant I has given advice to many younger veterans about getting a plan in place early due to delays that many people are experiencing with claims through DVA. He has identified that there is insufficient information given to people whilst they are in the service to support them in preparing for their transition.

Participant I's experiences of mental health, and related support services

Participant I has advised Grosvenor that he believes the biggest barrier to mental health support services is funding. He explains that veterans need greater access to mental health support services, particularly with those who have a solid understanding of PTSD, noting that he believes the one or two services available in his local area to be an insufficient number of providers.

In discussing his own experiences relating to a traumatic event in 2008, Participant I advised that whilst there was a psych team who came to talk to him, there is a gap in supporting these veterans when they return home after similarly traumatic events.

Participant I highlighted that we should be including families when we look at mental health support services, noting that there are significant challenges for families both during service and transitioning out of service.

In regard to communication across different providers, Participant I mentioned that whilst all information is captured in medical documents, members need to take the initiative to get this. He does state that it is slowly getting better as these become more and more digitised over time.

Participant I's experiences of employment, education and training, and related support services

In reflecting on his transition into the reserves, Participant I stated that he did not have much information provided to him. When he transitioned in 2015, the only support was a 100-page booklet which was up to him to read if he wanted any support. Participant I explained that since then, there have been changes to allow for each member to get a case manager to support them. In addition to this, he advised that he now attends transition seminars held by the ADF to provide support for members who are transitioning. These seminars also include

representatives from the police and fire brigade, along with some employment agencies, to support veterans in deciding on which career they may like to move into.

Participant I also noted that there are many challenges relating to timeframes and sharing of information. He raised the issue that DVA is taking over three years to resolve claims, meaning that people would need to have a plan in place well before they exit the service. For people who are transitioning, Participant I stated that they often get their information from a civilian who does not have experience in transitioning. He noticed that when a uniformed person was involved in this process it ran a lot smoother as they had someone who understood what it was like to transition.

Participant I notes that younger veterans he knows are in fulltime work, so he has not seen many issues in helping them to find a job, however they are aware of services that are available should they require assistance. Despite this, Participant I advised that he supports members by forwarding them job advertisements or training information that has been sent to him.

Participant I's experiences of housing and homelessness, and related support services

As part of his work with one of the ESOs he is involved in, Participant I has been working on a project to develop temporary accommodation for veterans. He identified that there are nearly 6,000 homeless veterans across Australia and that there have been challenges in raising sufficient funding for this project. Participant I explained that this project aims to provide transient accommodation for up to six months, providing veterans with accommodation during the process of seeking support for a permanent housing arrangement and integrating back into the community. He mentioned that there are challenges in raising sufficient funding in order to offer this to all affected veterans.

Participant I's other relevant experiences

Interorganisational communication

One of the challenges that Participant I has faced is not knowing who is a part of other ESOs in his area. He believes that more local ESO forums or a link on the DVA website to ESO websites could provide veterans with an additional place to seek advice, other than going to one specific ESO. In addition to this, he believes that ESOs should communicate better with each other at the state level, suggesting that annual meetings occurring six months after the budget has been set would be an ideal time to conduct such meetings.

Experiences with the local RSL

As a member of one of his local ESOs, Participant I has noticed that the club appears more enticing to older veterans and is not particularly attractive for younger veterans, noting that this

could relate to attitudes of older veterans believing that veterans need to have ‘war-like’ experiences.

Participant I raised his concern about how this could impact the future of some ESO clubs. He is concerned about what will happen when members get older and there is no one to replace them in running the local ESO and wondered how it might be possible to educate younger veterans that ESOs are a place for everyone, not just the older veterans.

Participant J's story

Participant J is a male veteran who spoke to Grosvenor about his experiences utilising support services, as well as his knowledge of the challenges that are being faced by veterans.

He has been actively involved within the sector as a member of multiple ESOs and has received support through DVA. As someone who has undertaken a range of development activities, he understands one particular local ESO to be helpful for education and training.

Participant J's experiences of mental health, and related support services

Participant J has not had many experiences with mental health and related support services. He advised that, through DVA, he has had access to a dietician and personal trainer, but did not advise of any further services he has utilised through DVA.

He stated that a lot of things have changed since the Royal Commission, noting that the effect on families was an important area needing to be addressed.

Participant J mentioned that an individual that he was regularly interacting with from a service provider caught COVID-19 and left the town after this to move back home. He noted that this affected him as the individual became a friend to him over the course of their interactions, and stopped contacting him after moving back home, which he missed.

Participant J's experiences of employment, education and training, and related support services

Participant J advised that he has participated in a substantial amount of training. He confirmed that he knows where to go for education and training, stating that he would go to his local ESO as he finds this the most relevant and helpful ESO for him.

Participant J's experiences of housing and homelessness, and related support services

Participant J has had minimal personal experiences related to housing and homelessness, but advised that he has seen a lot of change in this area since the Royal Commission. He has noticed that those involved with these services are more welcoming and are letting people know that their support is available.

Participant J raised a concern around people getting the help that they need for repairs to their house. He noted that the widow of a WW2 veteran, who had been involved with two ESOs, needed work done on her house but it appeared to Participant J that she did not get the support she needed.

Participant J's other relevant experiences

Available support awareness

Participant J has noticed that, with a national ESO, when individuals leave the ADF, they get more information and there is a lot more help available. However, one of the challenges Participant J has seen is that people now have to do a course to become an advocate (rather than simply being someone interested in helping others), and he believes that this is why people are not pursuing becoming advocates as much.

COVID-19 impacts

Through the COVID-19 pandemic and lockdowns, Participant J raised that some people were worse affected than others, and that some organisations were unable to handle COVID-19 well. At Participant J's ESO, they rang some of their veterans, particularly those that were at risk or unwell, an older veteran or had been widowed.

Joint participants' story

The two joint participants spoke of their experiences together, with many similarities between them, and often bounced off one another's points and ideas. As such it was hard to separate their combined feedback into two different stories, as with other participants whose stories were more discrete. One of the participants had recently (within the last three months) completed their transition out.

Joint participants' experiences of mental health, and related support services

The joint participants were aware that mental health support was available through veteran-specific organisations with both participants referencing a national ESO. The participants stated that the reason for noting this ESO was that they knew that because of the stigma associated with mental health issues in the ADF, they knew if they reached out to this ESO, while on leave from the ADF for example, that it wouldn't get back to the ADF, as well as this ESO being able to cut through a lot of barriers.

When asked about access to mental health support, aside from this ESO, the participants noted that you could seek out a General Practitioner (GP) but were of the opinion that if you accessed Medicare while a member of the ADF, that you would be committing an offence, the participants noted that while serving, members of the ADF are supposed to go to a military GP or health service. Because of this, they highlighted this ESO as the easiest option if they wanted to access services confidentially while still serving.

When asked about how quickly the support was received, one participant noted that it took about three months, but that was primarily due to them not being aware of the type of support that they required. Of note, the participants identified the difficulties accessing psychiatric services through the COVID-19 pandemic, with psychiatrist appointment wait times blowing out and discomfort in providing personal information online through virtual consultations.

The participants discussed some gaps that they saw in mental health and related support services for veterans, noting that access to mental health support was pretty good for veterans with the establishment of the mental health white card, however they were not aware of any services for veterans' families. The participants stated that other than the ESO they were closest to, veterans' families don't have the same access to health support services that they did when the members were serving and suggested that as partners are supporting some very unwell veterans, that there would be some benefit in providing access to mental health and related support services to the families of veterans in Victoria. It was also highlighted by the participants that through the partners and families, data collection on the issues may be improved, but also noted that more needs to be done to capture important data while the members are still serving in the ADF.

When discussing the stigma associated with mental health issues in ADF members and veterans, the participants stated that the stigma is shifting, particularly the self-stigma. The participants identified pride as being one of the barriers to ADF members and veterans seeking

support for their mental health but reiterated that this is starting to change. The participants stated that there can be people who seem to be functioning very well but are in fact very unwell. They felt that these people couldn't access the appropriate services because they're fully employed, and that they need to become unemployed before assistance is provided. They felt this was a severe system limitation, that veterans were almost encouraged to become unwell before they could access benefits. They were passionate about the need for preventative supports to keep veterans well and healthy when transitioning out, rather than letting them fall into this situation.

The participants noted that ADF members are good in general with handling anxiety, noting that the military is a 'high anxiety environment' with people 'concerned about being late, that they're wearing the right thing', but they went on to highlight that anxiety can be a strength too, as it can be associated with traits such as punctuality.

The participants identified that GPs also aren't offered funding for recovery-based model training and noted that the GP is often among the first people that veterans will visit upon separation, and that more should be done around supporting access to GPs.

Joint participants' experiences of employment, education and training, and related support services

The joint participants discussed some of the issues accessing employment, education and training and related support services when separating, stating that the support offered by DVA is pretty basic, with the participants making reference to the current employment programs being a 'box-ticking exercise'. There was a feeling that some of these employment programs should be run in parallel to your military career, but that skill retention is the primary concern of the ADF. They continued, suggesting that there should be some partnerships established with industry so that throughout members' military careers they are creating connections outside the military and reducing institutionalisation.

They discussed the fact that access to these programs is often occurring during a 'crazy time' immediately after leaving the military, with a feeling that this may be too late to start providing appropriate employment support.

The participants discussed the \$5,000 education and training funding offered by DVA, stating that it's of an insufficient amount, and the requirements for access are inappropriate, requiring 28 days approval, with no ability for claiming funding retrospectively. They noted that if you get work once you have separated, you lose your opportunity to use the funding. The participants highlighted that if the veteran could access that funding at a time of their choosing, it would be used a lot more effectively, at a time that suited a veteran, and when they knew what education and/or training they wanted to access. The participants stated that the model needs to be

reconsidered, with the participants identifying the American GI Bill¹ being a model that might be an improvement.

One participant noted that involuntary and voluntary separations are often very different, with members who experience involuntary discharge being much more vulnerable. However, the participant also noted that because of the skillsets associated with those members seeking a voluntary discharge, the ADF are often calling on them right up until discharge, with the participant noting that one of their friends was supposed to discharge in November to start a new job, but he was tasked with deploying to the USA in October and had to delay their plans.

The participants highlighted their perception that in the future there would be few people who will do 20-30 years in military service and going forward there needs to be partnerships with industry (not just the Australian Public Service) to make ADF reserves more attractive. The participants noted that they felt like ADF transition seminars were all about benefits but didn't have anything to do with employment or potential pathways, and that there needs to be a more holistic approach taken with regard to transition.

Joint participants' experiences of housing and homelessness, and related support services

The participants began the discussion on housing and homelessness support by stating that they felt that access to housing support services was not great. They noted that you can easily transition from a good position to a poor one very quickly, and there was a poor understanding of the support options in general. The participants both stated that if they required housing support services, they wouldn't know where to go.

The participants again identified pride as a barrier to seeking assistance, as veterans can feel a lot of shame associated with being unable to keep a roof over their heads. They also highlighted the lack of education in this area for transitioning members, noting that the day that you separate from the ADF you stop receiving rental assistance, and many members may not know how to pay rent (or access private healthcare), and transitioning members face a lot of costs and issues they haven't previously encountered.

The participants stated that there was no mention of housing support throughout the transition process, and a "warm referral" could provide some improvements to the situation. The participants also identified gaps, stating that there should be more assistance for people when they leave the ADF, particularly through an involuntary discharge as some people leave in difficult circumstances and there can be issues associated with the timing of their exit, such as with having children in school.

When discussing benefits once you leave, the participants stated that once you separate, you have no access to any benefits, there's no gap funding until you find a job, particularly if you

¹ The GI Bill eligible veterans or dependents of veterans of the United States Armed Forces with benefits to support them with education. The GI Bill provides financial assistance for eligible people that will cover all, or some of the costs for school or training. Source: <https://www.va.gov/education/about-gi-bill-benefits/>

don't have any mental health issues, which creates a strong incentive to have mental health issues as they discussed at some length.

Joint participants' other relevant experiences

Experiences with ESOs

The participants discussed the fact that there isn't the same connection to some of the older ESOs, such as one particular ESO, that previous generations have, with the participants feeling that these ESOs don't welcome those who aren't part of a certain conflict's community. The participants also felt that this particular ESO are not good gathering spots, with many veterans not wanting to bring their children into an area that has gambling going on.

The participants highlighted the lack of promotion of the other, newer ESO supports stating that they're all focused on mental health, and if that's not the support you require, then you won't go to them.

Attachment E - Literature review

Please refer to separate document titled 'Literature review v1.0'.

Attachment F - ESOs primary data collection overview

As part of the data collection from ESOs, Grosvenor contacted ten Victorian ESOs to gain an understanding of the services they provide, who these services are provided to, where their services and clients are based in Victoria, and where possible the cost of services.

The VVC invited the ESOs to participate in the ESO data collection, and sent an introductory email to representatives of each of the ESOs. Grosvenor followed the VVC's email with the formal request for data which entailed completion of a data collection tool created by Grosvenor, and attendance at a one-hour Microsoft Teams consultation.

The ESOs that participated in the Study are listed below:

- > Aussie Veterans Association
- > Carry On
- > Melbourne Legacy
- > Open Arms
- > Soldier On
- > The Returned and Services League of Australia (RSL Victoria)
- > TPI Victoria Inc. (the Totally & Permanently Incapacitated Ex-Servicemen & Women's Association of Victoria Inc.)
- > Vasey RSL Care
- > Victorian Branch Vietnam Veterans Association.

Grosvenor again gives our thanks to these ESOs for their willingness to share their data and valuable insights with the Study.

Attachment G - Australian Charities and Not-for-profits Commission (ACNC) data analysis

Grosvenor accessed publicly available financial information of a sample of Victorian veteran support organisations and/or charities to develop an aggregated picture of Victorian ESO revenue.

The data that was accessed was the file titled 'ACNC 2019 AIS Dataset (XLSX)' from the following web location <https://data.gov.au/dataset/ds-dga-34b35c52-8af0-4cc1-aa0b-2278f6416d09/details?q=>. The data shows financial information for organisations and/ or charities that are registered with the Australian Charities and Not-for-profits Commission (ACNC) for 2019.

In the data, Grosvenor filtered the following headings to obtain Victoria-specific information for veteran and ESO organisations and charities listed in the dataset:

- > column heading: State
 - filtered to select
 - VIC
 - Victoria
- > column heading: Main beneficiaries
 - filtered to select
 - veterans and/or their families

After applying the above filters, Grosvenor calculated the total of the column headed 'Total revenue' to understand the amount of funding the ESOs registered with ACNC had in 2019.

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Endnotes

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