How many Australian veterans are homeless? Reporting prevalence findings and method from a national study

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How many Australian veterans are homeless? Reporting prevalence findings and method from a national study

Abstract
This article presents findings from an Australian study of veteran homelessness (reference omitted to preserve the peer review process, 2019a). The AHURI Inquiry into Homelessness Amongst Australian Veterans was funded by the Department of Veterans’ Affairs (DVA) to estimate the number of homeless veterans, as well as examine veterans’ pathways into homelessness, service usage patterns and ways that service responses may be improved. This article presents the prevalence findings and describes the method employed by the research team. Drawing on primary data and extrapolating results to a larger sample of veterans, the researchers estimate that approximately 5,800 contemporary veterans experience homelessness over a 12-month period in Australia. This estimate – the first ever to be based on primary data – indicates that veteran homelessness is a much larger problem than previously estimated and deserves priority attention from policymakers and sectoral representatives.
Introduction

Veterans have been identified in international research as having an increased risk of homelessness in comparison to the general population (Tsai & Rosenheck, 2015; Tsai et al., 2016; US Department of Housing and Urban Development 2017). While robust prevalence estimates have been undertaken in the United States (see for example US Department of Housing and Urban Development, 2018), the extent of veteran homelessness in Australia has been unknown until the completion of our research. As a result, service planning has been relatively haphazard and veterans are not recognized as a priority cohort within national homelessness policy. This article reports findings from a research project undertaken to estimate the number of homeless veterans as well as examine veterans’ pathways into homelessness, service usage patterns and ways to improve service responses. This article presents the prevalence findings and describes the method employed by the researchers. For findings related to pathways into homelessness and service use see [references omitted to preserve the peer review process].

The Homelessness Amongst Australian Veterans’ project was commissioned by the Australian Government Department of Veterans’ Affairs (DVA) in response to concern about the limited evidence available to inform policy development. The project spanned almost three years (2016-2019) and was conducted by a team of researchers from the Social Policy Research Centre, UNSW Sydney and the Centre for Traumatic Stress Studies at the University of Adelaide, under the governance of the Australian Housing and Urban Research Institute (AHURI). The project team also included three veteran community researchers who brought to the team their personal experience in military service and expertise in supporting veterans experiencing homelessness.

Research related to veteran homelessness

There is a large body of literature related to veteran homelessness. To a large extent, this reflects work undertaken in the United States (US) and so its applicability to other countries may be limited. It needs to be considered that there are often distinct differences between the demographic profiles and military experiences of US serving men and women and those from other countries such as Australia and the United Kingdom. For example, the US military...

1 Cohorts identified for priority service in the Australian National Housing and Homelessness Agreement are: women and children affected by domestic violence; children and young people; Indigenous Australians; people experiencing repeat homelessness; people exiting institutions and care into homelessness; and older people (Commonwealth of Australia, 2018).
force is racially and ethnically diverse, and this trend is increasing (Parker, Cilluffo & Stepler, 2017). In contrast, Australian Defence Force (ADF) personnel are not ethnically diverse with only 2% of permanent ADF members speaking a language other than English (Australian Government, 2016). The proportion of ADF members who are Aboriginal or Torres Strait Islanders is increasing but they still make up a very small proportion of the total: from 1.4% in 2011 to 2.3% in 2015 (Australian Government, 2016). The UK Armed Forces veteran population is also ethnically homogenous with only 1% of the population reporting to be Black, Asian or another minority group in the 2017 Annual Population Survey (Ministry of Defence 2019). In addition, US research on veteran homelessness should be interpreted within the context of the US socioeconomic and political environment.

US research identifies veterans as being at greater risk of becoming homeless than non-veterans (US Department of Housing and Urban Development, 2017). Research by Fargo and colleagues (2012) assert that after controlling for race, sex, age and poverty, veteran status increases the odds of becoming homeless two-fold for men and three-fold for women. An emerging sub-field of this research also identifies contemporary veterans as being at heightened risk (see for example Metraux et al, 2017). The wellbeing of men and women returning from the conflicts of Iraq and Afghanistan is receiving increasing attention however the reasons for this increased risk are not well understood.

A growing body of research helps to explain veterans’ vulnerability to homelessness by examining risk factors including military service as well as pre- and post- military life (see for example Metraux et al, 2016; reference omitted to preserve the peer review process, 2019). This research consistently shows that the individual risk factors associated with homelessness among veterans are very similar to those among non-veterans and include mental illness, substance abuse, and poverty (Balshem et al, 2011; Metraux et al, 2016; Tsai & Rosenheck, 2015). Adverse childhood experiences also increase the risk of homelessness for veterans and non-veterans alike (Montgomery et al, 2013).

The dynamics by which aspects of military service contribute to homelessness remain unclear, however, some US research has shown a modest link between combat experience and trauma and becoming homeless (Metraux et al, 2013). Our research for the homelessness amongst Australian veterans project also found that deployment and number of lifetime traumas were associated with an increased risk of homelessness amongst recently transitioned members of the Australian Defence Force (ADF) (reference omitted to preserve the peer...
review process, 2019). Longitudinal path analyses undertaken with a cohort of veterans who were serving in 2010 but had transitioned by 2015 showed that those recording high levels of psychological distress in 2010 were more likely to be homeless in 2015 (reference omitted to preserve the peer review process, 2019). While not explicitly concerned with homelessness, two other local studies have found that veterans who have recently left the ADF have a higher prevalence of 12-month mental disorder than the Australian population (reference omitted to preserve the peer review process, 2018); and male veterans have higher rates of suicide than men in the general population, with the difference most pronounced amongst younger men (AIHW, 2017). These studies are important as much research indicates that homelessness is associated with chronic health conditions, in particular mental ill-health.

The over-representation of veterans in the US homeless population does not neatly align with other research that shows that serving men and women outperform the general population on some health and social indicators (Metraux et al, 2016). For instance, both US and Australian research has shown that homeless veterans have higher education levels than non-veteran counterparts (Tsai et al, 2016; Flatau et al, 2018). In addition, the ‘healthy soldier effect’ shows that military personnel often have lower mortality rates than the general population because of initial assessments that screen out those with medical conditions or disabilities, as well as a requirement to maintain physical fitness during service (Bollinger et al, 2015). Some research indicates however that the better survival rates of veterans has deteriorated in the US amongst younger veterans, particularly those who fought in Iraq and Afghanistan (Bollinger et al, 2015). Such research highlights the complexity of the phenomenon and suggests that cohort specific research is required.

Research related to estimating veteran homelessness

Prevalence studies of veteran homelessness are scarce in all countries except the US. Studies in the US were conducted to improve benchmarking information to monitor the effectiveness of a strategic plan introduced in 2010 to end homelessness (US Interagency Council on Homelessness, 2010; amended 2015). This national plan included a goal to prevent and end veteran homelessness in the US by 2015 (later amended to 2017). Progress towards this goal continues to be assessed through the Annual Homelessness Assessment Report (AHAR) that is submitted to Congress by the Department of Housing and Urban Development (HUD).
This report includes point-in-time (PIT) homelessness counts\(^2\) for different at-risk groups including families with children, unaccompanied youth and veterans. A recent report indicated veteran homelessness had declined by 45% since 2009, with a PIT count of 75,609 homeless veterans in 2009 falling to 40,056 by 2016 (HUD, 2017).

Only two studies in the UK have drawn on national-level data to report the prevalence of veterans amongst the homeless population (Randall & Brown, 1994; Veterans Policy Unit, 2004). The prevalence rates indicated by these studies significantly differ (25% and 5% respectively) and more recently a number of limitations surrounding the collection of reliable national data in the UK has been reported (Jones et al, 2014).

In Australia, the issue of prevalence came to the attention of policymakers around the same time as homelessness became an important national policy agenda. The Australian Government’s White Paper *The Road Home: A National Approach to Reducing Homelessness* (2008) was presented as a ‘once in a lifetime opportunity’ (2008, p. iii) to drastically reduce homelessness in Australia. The policy outlined large-scale reform based on early intervention with identified at-risk groups; the improvement and expansion of services; and the provision of coordinated support for those considered chronically homeless. The policy included reduction targets such as the overall goal to halve homelessness by 2020 (2008, p. viii) and outlined new funding, legislation and initiatives to meet the ambitious goals.

Following release of *The Road Home* (2008), the DVA - who viewed the policy as a valuable opportunity to address the needs of homeless veterans - commissioned a study to specifically examine the issue. The research presented in the Veterans at Risk report (2009) sought to enable the DVA to better advocate for homeless veterans within a context of national reform and to inform development of targeted initiatives (Thomson Goodall Associates, 2009). The Veterans at Risk Report outlines a methodology where the researchers used data collected via the 2006 Census of Population and Housing (hereafter Census) to estimate there to be ‘at

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\(^2\) Point-in-time methodology is often used to count homeless people. This comprises a count on a single night of the people in a community who are experiencing homelessness including both sheltered and visible unsheltered populations (such as rough sleepers). This methodology is common however it has been criticized for its focus on visible street homelessness and those living in shelters, while the ‘marginally housed’ such as those staying temporarily with friends or family, and those who experience homelessness intermittently are excluded (Smith & Castaneda-Tinoco, 2018).
least 3,000 members of the veteran community in Australia who are homeless’ (Thomson Goodall Associates, 2009, p. viii). As the Census does not identify veterans as a distinct population group, adjustments were made to account for the size of the veteran community and the older age distribution of veterans compared to the general population.

A more recent attempt to estimate the number of homeless veterans was made by the DVA who advised a Senate Committee examining the mental health of ex-serving and serving ADF members that they believed there to be about 200 to 300 homeless veterans throughout Australia (Foreign Affairs, Defence and Trade Committee, Department of the Senate, 2016, p. 131). The DVA submission did not include any information on how this estimate was calculated including whether it refers to DVA clients or all ex-serving men and women (DVA, 2015).

The vastly discrepant figures from the two previous attempts to quantify veteran homelessness in Australia (Thomson Goodall Associates, 2009; Foreign Affairs, Defence and Trade Committee, 2016) highlight the data limitations and definitional challenges to prevalence estimation. In Australia, national homelessness estimates are calculated using Census data, however, as the Census does not ask about current or past ADF service, the Veterans at Risk researchers assessed this as an inappropriate data source for estimation of veteran homelessness. Another data source used by policymakers to monitor homelessness in Australia is the Specialist Homelessness Services Collection (SHSC). This is a national administrative dataset that comprises information on people who have sought services from support agencies that receive funding under the National Housing and Homelessness Agreement (NHHA). On July 1, 2017, an ADF indicator was added to the SHSC, and while this enables identification of veterans, administrative data is inherently limited in quality as it only captures those people who have been in contact with services. Moreover, the SHSC only provides a partial picture of service use as homeless men and women may access a range of services not funded through the NHHA, including healthcare and hospital services, mental health services and employment services. In summary then, there is a shortage of robust information on prevalence of homelessness among veterans internationally and within Australia.

3 The researchers adopted a broad definition of ‘veteran community’ as including partners of veterans. The researchers estimated that the homeless veteran community comprised about 75% of veterans who have served in the ADF, and about 25% of female partners of veterans and war widows.

4 Previously the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH).
Describing the methodology used

The most common method used by social science researchers to estimate prevalence is to randomly select a sample from the entire population of interest and collect data that enables identification of the proportion of the population who have a specific characteristic (National Institute of Mental Health, 2017). Prevalence is then calculated by dividing the number of people with the specific characteristic (the numerator, in this case those without a secure home) with the total number of people in the sample (the denominator, in this case veterans). This method was not possible for this study because there is no data source that defines the entire veteran population, from which a random sample can be drawn, and no single dataset that measures homelessness amongst this group. Older veterans are absent from administrative datasets unless they are also accessing DVA support (such as a pension). The ADF introduced the Personnel Management Key Solution (PMKeyS) – an administrative database that contains demographic and service information on all who enlist and discharge, during a 5 year implementation period that ended in 2002. PMKeyS data are considered reliable from 1 January 2001. Personnel records that date prior to the introduction of PMKeyS are inaccessible. This means that the exact number of Australian veterans is unknown. DVA used enlistment information and assumptions about mortality rates to estimate there were around 641,000 living Australian veterans as at 30 June 2018 (AIHW, 2018), however, there is no dataset identifying who is contained in this estimate.

Given this data limitation, the researchers relied upon a reduced sampling framework: an extract from the ADF’s PMKeyS that identifies all veterans who transitioned from military service between 1 January 2001 and 11 August 2018 (the date of data extraction) (n=108,825). This means that our prevalence estimate relates only to a group of younger or contemporary veterans. DVA (2013) defines ‘contemporary veterans’ as those who have seen operational service from 1999 onwards. To estimate the number of homeless veterans in Australia, the researchers used survey data collected through the Transition and Wellbeing

5 This circumstance is shared by other countries. The UK similarly does not hold accurate data on the number of veterans in the general population and relies instead on estimates of the population size (Jones et al, 2014).

6 Military service post 1999 is often marked by the following characteristics: multiple deployments and deploying in smaller contingents; warfare often conducted in urban environments and involving extended periods away from family; use of new technologies; a higher level of expectation regarding care and support that will be provided; significant potential working life for many post discharge; and the changing role of women (DVA, 2013)
Research Programme\(^7\) (the Programme) to calculate the proportion of respondent veterans who had experienced homelessness within a 12 month period, and this proportion was then extrapolated to a larger cohort of contemporary veterans.

The Programme is a multi-cohort study, funded by the Department of Defence and DVA, that examined the mental health and wellbeing of ex-serving and serving ADF members. For this research, the population comprised all men and women who had transitioned from regular ADF service between 2010 and 2014 (n=24,932). Prevalence estimates were calculated by weighting survey data collected during 2015 (n=4,326) up to the entire population of ADF personnel that left between 2010 and 2014\(^8\). The survey included nine questions that were used to establish who had experienced homelessness during their lifetime and over the last twelve months\(^9\), as well as identify specific risk factors for veteran homelessness.

Findings

The prevalence estimate was calculated by extrapolating the proportion of veterans identified as homeless within the Programme population to the full cohort of contemporary veterans contained within PMKeyS and who transitioned between 2001 and 2018. According to the Programme survey data, 5.3\(^{10}\) of the recently transitioned ADF population (that is, those who transitioned from ADF service between 2010 and 2014; n=24,932) met the ABS criteria for homelessness\(^{11}\) in the 12 months prior to them completing the survey in 2015 (reference omitted to preserve the peer review process, 2019). Extrapolating this proportion to the total contemporary transitioned ADF population (n=108,825), our estimate of the number of homeless veterans is 5,767 (hereafter rounded up to 5,800). This figure encompasses all who experienced homelessness within a twelve-month period. Twelve-month prevalence is a measure often used when examining homelessness as people cycle in and out of the condition. For some, homelessness is an isolated event that happens briefly and is not


\(^8\) For a detailed description of the weighting methodology used see XX et al, 2019.

\(^9\) Survey questions used to determine homelessness status were based on the same items used by the Australian Bureau of Statistics to establish national homelessness estimates.

\(^10\) Calculation is 1,317 (veterans who had experienced homelessness within the last 12 months) ÷ 24,932 (transitioned ADF population x 100 = 5.282

\(^11\) The ABS statistical definition counts a person as homeless if their current living arrangement is in a dwelling that is inadequate or where they have no or limited tenure; or if they do not have control of and access to space for social relations. Questions include: are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent or stay in as part of a household? Have you ever experienced any of these things because you did not have a permanent place to live: stayed with relatives; stayed in a caravan; stayed in a night shelter; slept rough?

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repeated; for others, homelessness is a chronic manifestation of a lifetime of poverty and disadvantage (ABS, 2012).

This calculation assumes that the rate of homelessness amongst those who transitioned between 2010 and 2014 (and who were surveyed in 2015) and the total transitioned ADF population contained within the PMKeyS dataset (transitioned between 2001 and 2018) is similar. The researchers consider this to be a reasonable assumption as both cohorts fall within the group designated ‘contemporary veteran’ by the DVA because they share similar characteristics. However, we do not believe that it is reasonable to extrapolate the 5.3% figure (the proportion of recently transitioned ADF estimated to be homeless in a 12-month period) to the total veteran population of Australia. This is because the exact number of Australian veterans is unknown and estimates vary widely (from 635,000 to 781,000 AIHW, 2018). Further, a significant proportion of the total veteran population is elderly, with almost half of male veterans and a quarter of female veterans estimated to be over the age of 65 years (AIHW 2018). Older veterans who served post World War 2 in conflicts such as the Vietnam War do not share many of the characteristics used by DVA to describe ‘contemporary veterans’ as their experiences of the ADF and warfare differed significantly. For example, older veterans often have lower expectations regarding the provision of support services, and they were serving at a time when women were excluded from front line combat. Finally, it is likely that older veterans experience homelessness and access services differently, particularly if eligible for aged care services.

Our estimate of approximately 5,800 contemporary veterans experiencing homelessness within a 12 month period indicates that the scale of veteran homelessness is bigger than previously estimated (see Foreign Affairs, Defence and Trade References Committee, 2016; Thomson Goodall Associates, 2009). Moreover, our estimate is likely to be an undercount, not only because it excludes older veterans but also because those veterans who were homeless at the time the survey was implemented were less likely to have participated than veterans who were never homeless. Thus, the full extent of homelessness amongst the veteran population in Australia may be substantially higher than this estimate.

These findings suggest that the rate of 12-month homelessness for contemporary veterans (5.3%) is significantly higher than the rate for all Australians. Data collected via the 2014 General Social Survey indicates that approximately 1.9% of Australians aged 15 years and
over experience homelessness within a 12-month period\textsuperscript{12} (ABS, 2015). While these rates are not directly comparable due to different methodologies and counting rules employed, the significant disparity strongly suggests that veterans are over-represented in the Australian homeless population. This finding would align with international research, particularly from the United States (see for example Perl, 2015). The over-representation of veterans in homeless populations in many western countries speaks to the unique stressors that serving men and women face, and the immediate and long term challenges encountered by many in transitioning from the military, particularly those with physical and/or mental injuries.

Implications of findings

The prevalence estimate reported here provides the first accurate baseline of contemporary veteran homelessness in Australia. This baseline can be used as a benchmark to track changes in the rate of veteran homelessness over time, however, as the Transition and Wellbeing survey is a cross-sectional dataset, new and improved longitudinal sources of data are needed. While the researchers have seen improvements in existing data sources and available methodologies during the course of the project (such as the addition of an ADF identifier to the SHSC, and the linkage of datasets to enable identification of veterans), further progress is required. The addition of an ADF identifier to the Census would enable ongoing monitoring and would bring Australia into line with countries with similar policy goals already collecting such data (e.g. the United Kingdom and the United States) as well as those that are in the process of adding a military service question to the census (such as Canada\textsuperscript{13}).

As well as highlighting necessary improvements to existing datasets, the prevalence estimate strongly points to the necessity of service reform. Other project findings provide further information about the types of services that may be required by homeless veterans and that may be used to inform service responses. The Transition and Wellbeing survey utilizes the Australian Bureau of Statistic’s definition of homelessness. This definition makes no distinction between levels or categories of homelessness\textsuperscript{14} but instead classifies someone as homeless if their current living arrangement is in an inadequate dwelling and they have no or

\textsuperscript{12} Calculation uses data from the 2014 General Social Survey: 351,000 (homeless population) ÷ 18,463,700 (population of Australians aged 15 years and over, 2014) x 100 = 1.9

\textsuperscript{13} Statistics Canada have added a new question to the 2019 Census Test (in preparation for the 2021 Census) to identify respondents who have served or are serving in the Canadian military. This follows a period of consultation during 2017/18.

\textsuperscript{14} The cultural definition of homelessness (Chamberlain & MacKenzie, 2008) identifies 3 categories: tertiary, secondary and primary homelessness that describe people in worsening levels of insecurity – from those living in private boarding houses to couch surfers to rough sleepers.

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limited tenure; and if the person has no suitable accommodation alternative. The Transition and Wellbeing survey adds to this picture by providing information on the duration of respondents’ most recent episode of homelessness. Analysis of the survey data shows that 46% of those in the transitioned ADF who had been homeless within the last 12 months, were without a home for less than 4 weeks; 26% were homeless for 1-4 months; 5% were homeless for 4-6 months; and a sizable 19% were homeless for 6 months or more (reference omitted to preserve the peer review process, 2019). Assuming that this pattern remains consistent across the larger cohort of contemporary veterans contained within the PMKeyS dataset, then about half of our prevalence estimate (5,800) can be considered transitionally homeless (that is, homeless for less than 4 weeks within a 12 month period, n=approximately 2,900); a quarter can be considered to have been homeless for a significant period of time (homeless for 1-4 months, n=approximately 1,450); and another quarter can be considered to be chronically homeless (homeless for 4 months or more, n=approximately 1,450).

While it is important to address the service needs of each group identified above, it is likely that mainstream homelessness services and the current support provided by DVA can address the needs of those experiencing short term or transitional homelessness if they actively seek help. The researchers argue that it is the last group of chronically homeless veterans that require a specific policy and service response. Research indicates that an effective service response for chronic homelessness is the provision of permanent and supported housing as evidenced in the successful Housing First model (see for example Greenwood, Stefancic and Tsemberis, 2013; Padgett, Henwood and Tsemberis, 2015). This model is founded on the belief that the problems that sustain chronic homelessness such as mental illness and substance abuse issues cannot be effectively addressed unless the person has a home. Gaining a suitable home is the core service need for chronically homeless veterans, yet for many this need is not being met – a fact that challenges future prevalence estimates. This is because the prevalence of veteran homelessness is not only influenced by the number of new veterans becoming homeless, it is also influenced by the numbers of those who remain homeless, or living in a precarious manner. This means that there is unlikely to be a significant reduction to veteran homelessness unless the needs of chronically homeless veterans are met.

Limitations to the study

The homelessness amongst Australian veterans’ project utilized the most robust existing data appropriate to the task of prevalence estimation however certain limitations should be considered when interpreting the findings presented above. Firstly, the estimate is based upon
the Transition and Wellbeing survey data. The survey was completed by 4,326 of the 23,934 ADF members who were invited to participate and who had transitioned from Regular ADF service between 2010 and 2014 (Transitioned ADF). This represents a response rate of 18%. While this is a low proportion of the cohort, recent Australian research that examined outcomes in two studies of the same population but with varying response rates (18% and 60%) reported extremely consistent findings (Mealing et al, 2010), thereby challenging the belief that the validity of a study can be assessed by response rate. Furthermore, the study methodology allowed for respondent data to be weighted up to the entire population, allowing the calculation of population level prevalence estimates. What does need to be considered however is who is absent from the respondents. As homeless people are an extremely hard-to-reach population, it is likely that many potential respondents who were experiencing homelessness at the time the survey was conducted, did not complete a survey. The estimate is therefore highly likely to be an undercount, but it is not possible to quantify the extent of the undercount.

Secondly, the Transition and Wellbeing survey relied upon self-report of homelessness and there was no external validation of responses. This means that respondents may have under or over-reported their experience of homelessness. The existence of social desirability bias – or the tendency to under-report socially undesirable attitudes, behaviours and circumstances – suggests that under-reporting of homelessness status is most likely however again, it is not possible to determine the extent.

Finally, the Transition and Wellbeing survey was completed by ADF personnel who transitioned to civilian life between 2010 and 2014, and the survey results were extrapolated to those that entered military service some time after 2001. This means that older veterans are excluded from the dataset, yet our qualitative research confirms that some homeless veterans are elderly (reference omitted to preserve the peer review process, 2019b). As evidenced in US research, there is often a long lag time between transition from military service and becoming homeless. This group are excluded from our analysis and our estimate relates only to a contemporary group of veterans.

Conclusions

Our research finding that 5,800 ex-serving men and women experience homelessness over the course of one year is an important first step in understanding veteran homelessness in Australia however further research is required. There has been a critical gap in this field of
research and while the homelessness amongst Australian veterans’ project (reference omitted to preserve the peer review process, 2019) begins to build the evidence base, very little is known about the geography of veteran homelessness (vital information for service planning); the effectiveness of current services provided to those that seek help; and the extent of homelessness amongst older Australian veterans. This latter issue will be extremely difficult to research given the limitations of existing datasets and the efforts revealed by older veterans in our study to isolate themselves from family, and live in a manner that avoids authorities and attention (reference omitted to preserve the peer review process, 2019b). Finally, we do not know whether veteran homelessness is increasing or decreasing. While our estimate may be used as a benchmark to monitor change, improved datasets are required for longitudinal comparisons. Further, monitoring veteran homelessness is a task that is worth undertaking only if policy and service reforms are fully resourced and implemented. The fundamental purpose of measuring veteran homelessness is to inform policy and service planning and to monitor the efficacy of service implementation. The research discussed in this article provides the basis for both, and highlights the necessity of prompt action.

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