



Australian Veteran Services Mapping Project Final Report

*A report prepared by
Australian Catholic University
for the Royal Commission into
Defence and Veteran Suicide*

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NOTE ON DISTRIBUTION

This report and its associated data are intended for reference and use by the Royal Commission into Defence and Veteran Suicide.

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LIST OF ABBREVIATIONS

ABN	Australian Business Number
ABR	Australian Business Register
ACN	Australian Company Number
ACNC	Australian Charities and Not-for-profits Commission
ACU	Australian Catholic University
ADF	Australian Defence Force
AGM	Annual General Meeting
ARBN	Australian Registered Body Number
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
HREC	Human Research Ethics Committee

Acknowledgement of Country

In recognition of Aboriginal and Torres Strait Islander peoples' deep spiritual connection to Country, and in continuing the university's commitment to reconciliation, it is customary to acknowledge Country as we pass through it.

We acknowledge and pay our respects to the First Peoples, the Traditional Custodians of the lands and waterways where Australian Catholic University campuses are located and thank them for their continued custodianship.

We pay respect to all Aboriginal and Torres Strait Islander men and women who have served and continue to serve with distinction as members of the Australian Defence Force in times of peace and war.



1. Executive Summary

1.1. BACKGROUND

As part of the work of the Royal Commission into Defence and Veteran Suicide, Veteran Life Research at Australian Catholic University (ACU) was engaged to undertake a six-month project to identify, verify, describe, and map the Australian veteran service provider sector.

Funding for the project was provided by the Commission. In support of the important work being undertaken by the Commission, ACU has made significant in-kind contributions to the project in the form of expertise, labour, and software development.

This project commenced in June 2022 and concluded in December 2022.

1.2. SCOPE

The purpose of this exercise was to collect data and provide the Commission with a summary document to assist the Commission in making its determinations.

Data for the project were collected from:

1. Publicly available information that points to possible veteran service providers.
2. An online survey of possible veteran service providers.

Due to time and budgetary constraints, the scope of the project was tightly controlled. This means that while the search for Australian veteran service providers was extensive, it was not necessarily exhaustive.

The information presented in this report is, however, based on what is likely to be one of the most comprehensive lists of veteran service providers that currently exists in Australia.

1.3. DATA SUMMARY

A total of 5,437 Australian veteran service providers were verified. These were arranged into seven major categories:

- Ex-service organisations (2,456)
- Healthcare providers (1,125)
- Veteran-focused organisations (775)
- Non-government organisations (631)
- Commemorative and cultural groups (264)
- Education and training providers (137)
- Government agencies (49)

A total of 849 valid survey responses were received. This figure represents 24% of the in-scope and verified veteran service providers. In terms of major category and state of location, the composition of respondents is similar to the larger population of service providers verified using the publicly available data.

As the ultimate purpose of the project was to gain an understanding of the size and scope of the population of Australian veteran service providers, it was not possible to identify a representative sample of Australian veteran service providers at the time the survey was conducted. The only way to achieve this would have been to undertake the survey once the service providers had been identified and verified. This was not possible due to the tight time constraint.

It is, however, possible to retrospectively compare the broad characteristics of survey respondents (i.e., major category and geographic distribution) with the population of verified service providers. This will assist the Commission in determining the applicability of the survey findings to the broader population of Australian veteran service providers.

The data collection methods are presented as an appendix (Appendix A).

1.4. FINDINGS SUMMARY

From the data collected, the findings suggest that:

1. Relative to its share of ex-serving members of the ADF, Queensland is the most underrepresented state in terms of having ex-service organisations, veteran-focused organisations, non-government organisations, and aged and residential care providers.
2. There is a likely shortfall in mental health training among service providers.
3. Program evaluation practices by service providers appear to be lacking.
4. There are apparent differences between ex-service organisations (membership-based) and veteran-focused organisations. For example:
 - Ex-service organisations are more likely to provide crisis counselling than other provider types but are the least likely to offer psychological wellbeing programs or mental health care. Veteran-focused organisations display the broadest focus across these three areas.
 - Ex-service organisations are typically older than other provider types – with most having formed prior to 2000. They are smaller in terms of veteran client numbers and total revenue/costs. Most veteran-focused organisations reported forming since 2010 and have relatively larger veteran client numbers and revenue/costs.
 - Veteran-focused organisations are more likely than other provider types to report receiving donations, corporate sponsorship, and grant income. Ex-service organisations are the least likely to report receiving government funding, instead relying more on membership fees and fundraising.
 - Veteran-focused organisations tend to employ higher numbers of paid staff (in similar proportions to healthcare providers and non-government organisations), as well as volunteer staff who usually are veterans or their families. Ex-service organisations are less likely to employ paid staff and instead rely more on volunteers who are almost exclusively veterans or their families.
5. Service providers expressed several concerns. For example:
 - They believe that the size and complexity of the service provider landscape is too difficult for veterans to navigate.
 - They are having difficulties in finding funding to support their operations.
 - They find their interactions with the Department of Veterans' Affairs to be difficult.
 - Healthcare providers reported that problems associated with receiving adequate and timely remuneration for their services is leading to excessive financial strain and an unwillingness to accept DVA card holders as clients.
 - Ex-service organisations reported difficulties in maintaining their membership base and attracting younger veteran members.

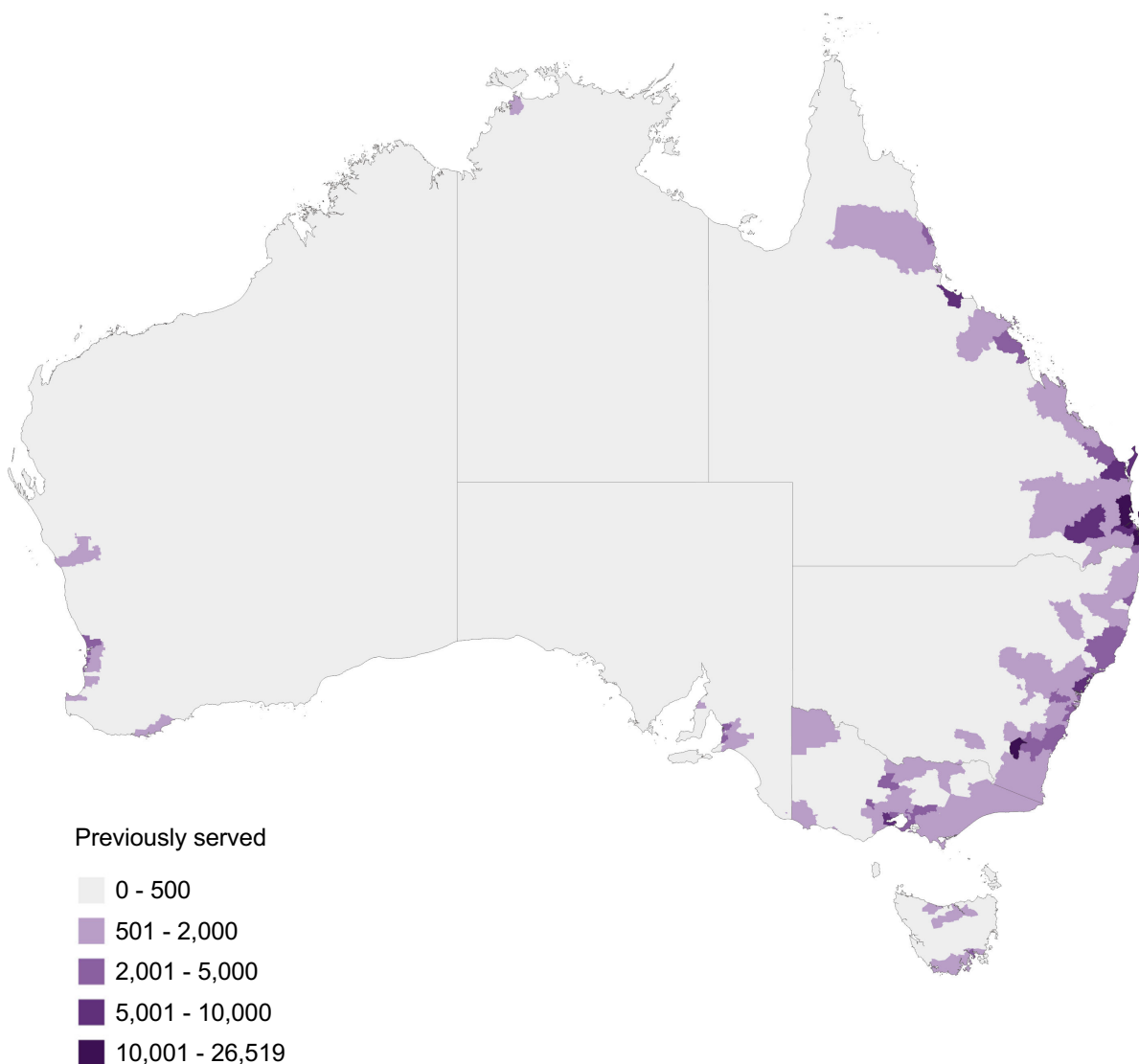
2. Locating Australia's Ex-Serving ADF Members

The term 'veteran' is defined in the Letters Patent of the Royal Commission into Defence and Veteran Suicide as any serving or ex-serving members of the ADF who have served for at least one day (Commonwealth of Australia, 2021a). The Commission divides this cohort into two groups:

- **Serving ADF member:** Any person currently serving as a member of the Australian Defence Force, whether permanent forces or reserves, and who has served at least one day.
- **Ex-serving ADF member:** Any person who has served in the Australian Defence Force, whether permanent forces or reserves, and who served at least one day and has since discharged from the Australian Defence Force (Royal Commission into Defence and Veteran Suicide, 2022a).

Using census data collected by the Australian Bureau of Statistics (ABS) in 2021 (ABS, 2022a), this section shows the geographical location of ex-serving ADF members. These are individuals who have previously served and are not currently serving in the Australian Defence Force in the regular service and/or reserves service (ABS, 2022b). This includes the Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE.

Figure 1. Distribution of All Previously Served ADF Members



2.1. EX-SERVING MEMBERS: TOTAL

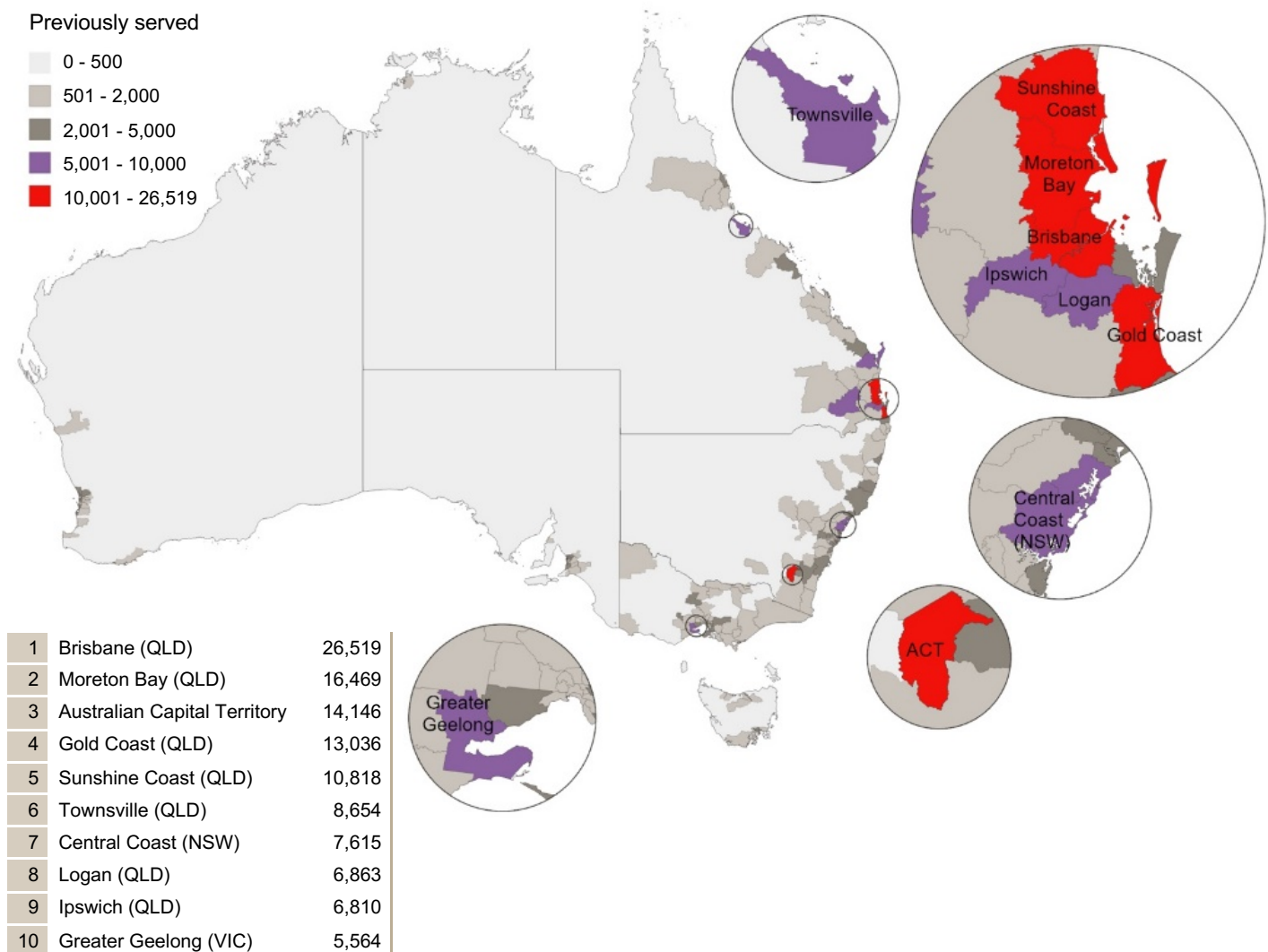
According to the ABS (2021a), there are 496,276 individuals in Australia who have previously served and are not currently serving. The Australian state with the largest population of ex-serving ADF members is Queensland (139,973) followed by New South Wales (127,657) and Victoria (94,393).¹

Table 1. All Previously Served ADF Members by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
All previously served	14,164	127,657	5,110	139,973	41,861	17,515	94,393	55,507	496,276

The local government area (LGA) with the most ex-serving ADF members is Brisbane (26,519) followed by Moreton Bay (16,469) and Australian Capital Territory (14,146).

Figure 2. Distribution of All Previously Served ADF Members by LGA



¹ Note that national totals in the state/territory breakdown tables also include other territories of Australia (ABS, 2021a). State/territory totals are subject to data perturbation by the ABS for privacy of individuals and therefore will not total exactly to national figures (ABS, 2022c).

2.2. EX-SERVING MEMBERS: MALE AND FEMALE

Males

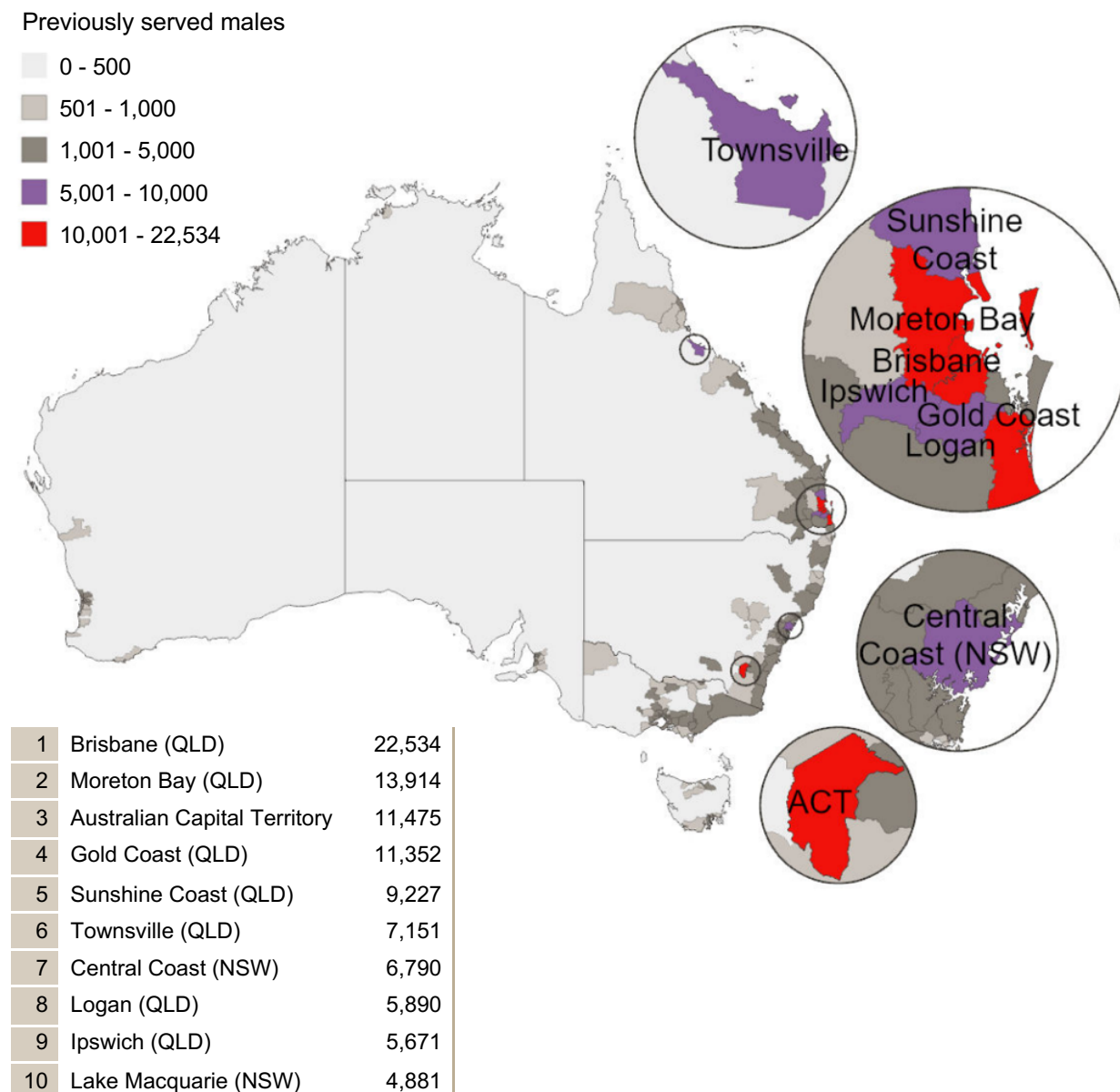
There are 429,637 male ex-serving ADF members. The Australian state with the largest population of male ex-serving ADF members is Queensland (119,571) followed by New South Wales (112,752) and Victoria (83,121).

Table 2. Previously Served Male ADF Members by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served males	11,491	112,752	4,234	119,571	36,229	14,787	83,121	47,380	429,637

The local government area (LGA) with the most male ex-serving ADF members is Brisbane (22,534) followed by Moreton Bay (13,914) and Australian Capital Territory (11,475).

Figure 3. Distribution of Previously Served Male ADF Members by LGA



Females

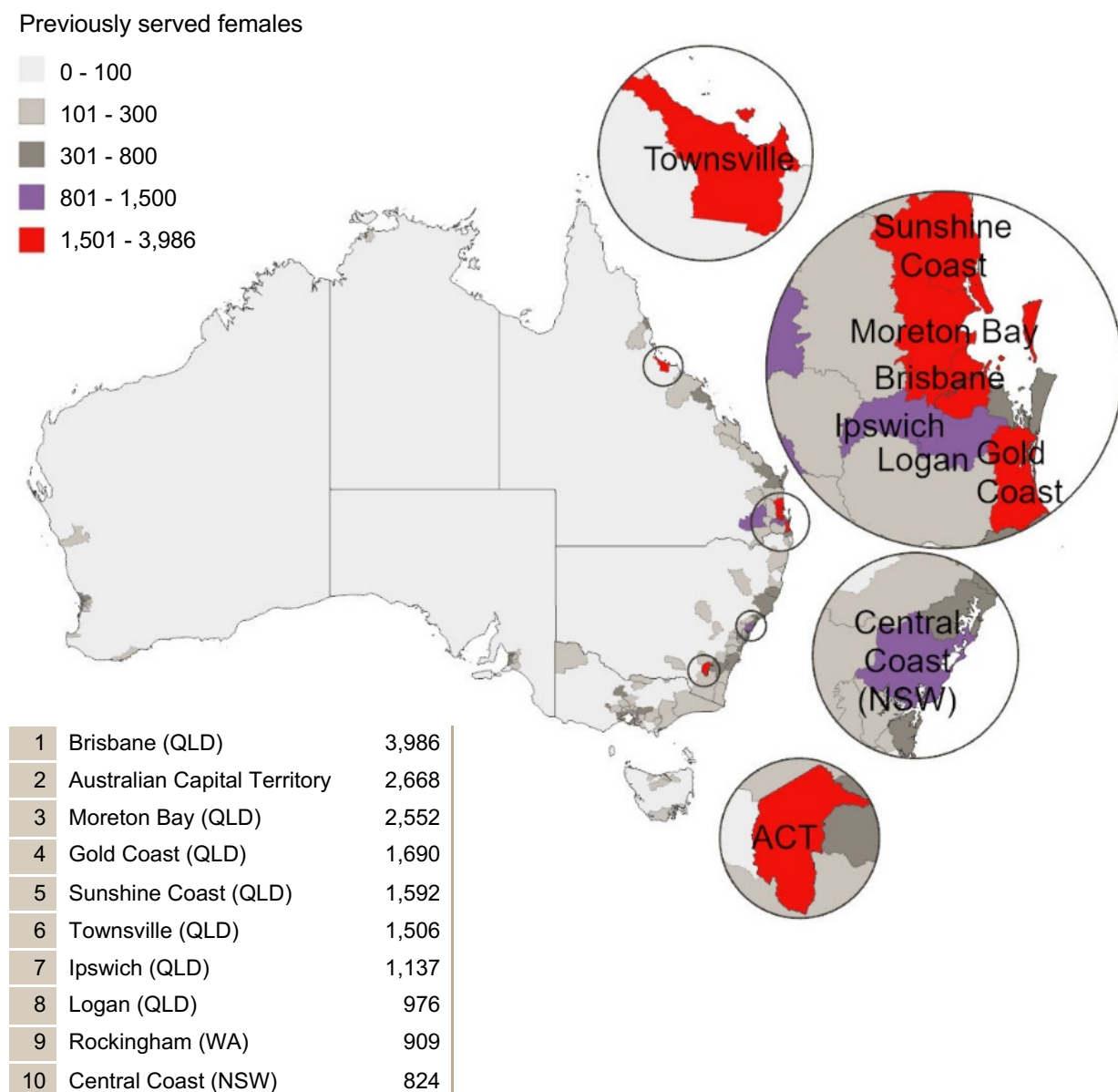
There are 66,639 female ex-serving members of the ADF. The Australian state with the largest population of female ex-serving ADF members is Queensland (20,403) followed by New South Wales (14,905) and Victoria (11,275).

The local government area with the most female ex-serving ADF members is Brisbane (3,986) followed by Australian Capital Territory (2,668) and Moreton Bay (2,552).

Table 3. Previously Served Female ADF Members by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served females	2,673	14,905	879	20,403	5,631	2,725	11,275	8,135	66,639

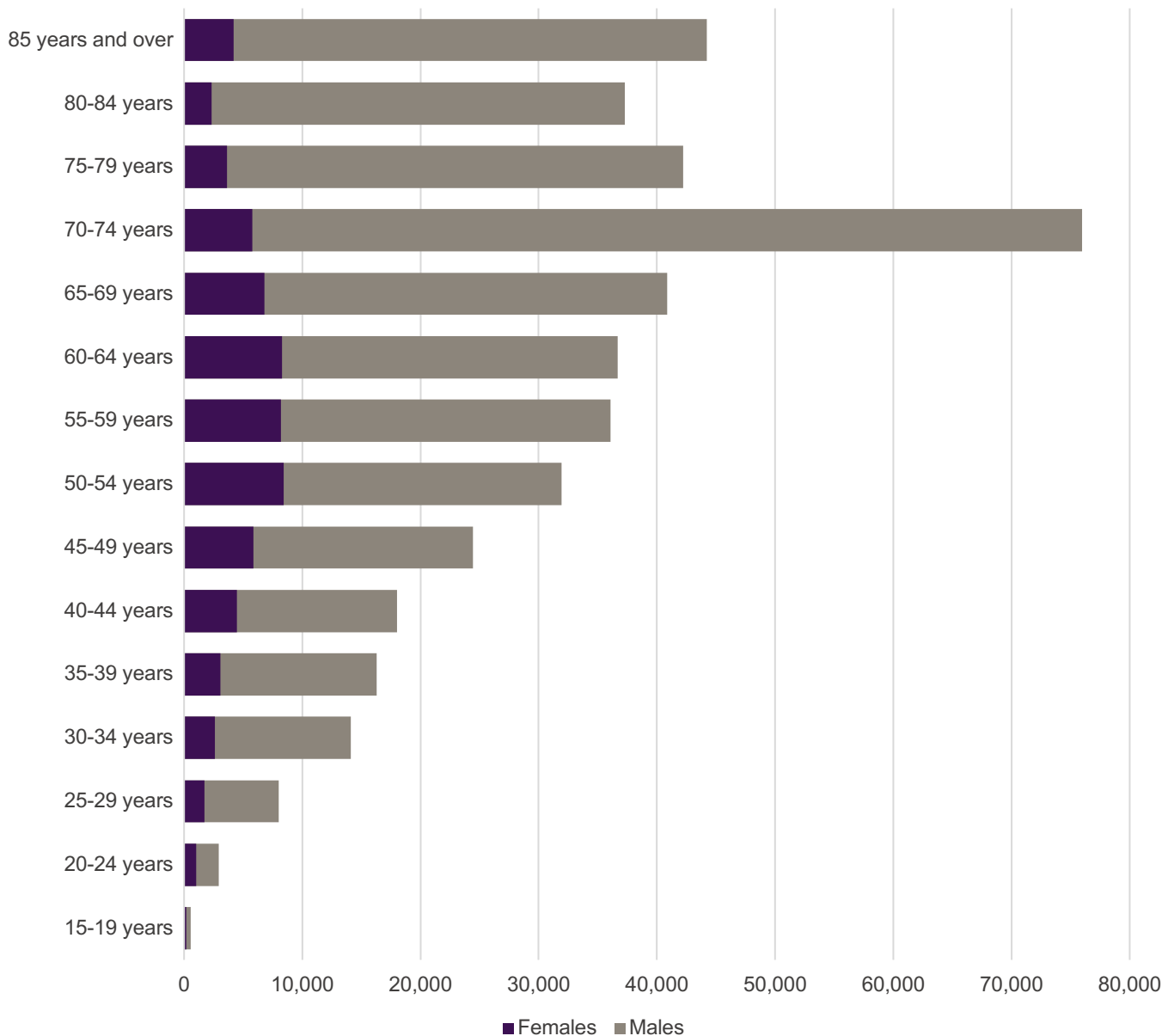
Figure 4. Distribution of Previously Served Female ADF Members by LGA



Comparison of Male and Female Age Groups

The average male ex-serving member is older than the average female ex-serving member. The largest age group of males are those aged 70-74 years followed by those aged over 85 and those aged 75-79. The 50-54 age group is the largest group of females followed by those aged 60-64 and those aged 55-59.

Figure 5. Population Comparison of Female Ex-Serving Members of the ADF and Male Ex-Serving Members of the ADF by Age



2.3. EX-SERVING MEMBERS: ABORIGINAL AND/OR TORRES STRAIT ISLANDER

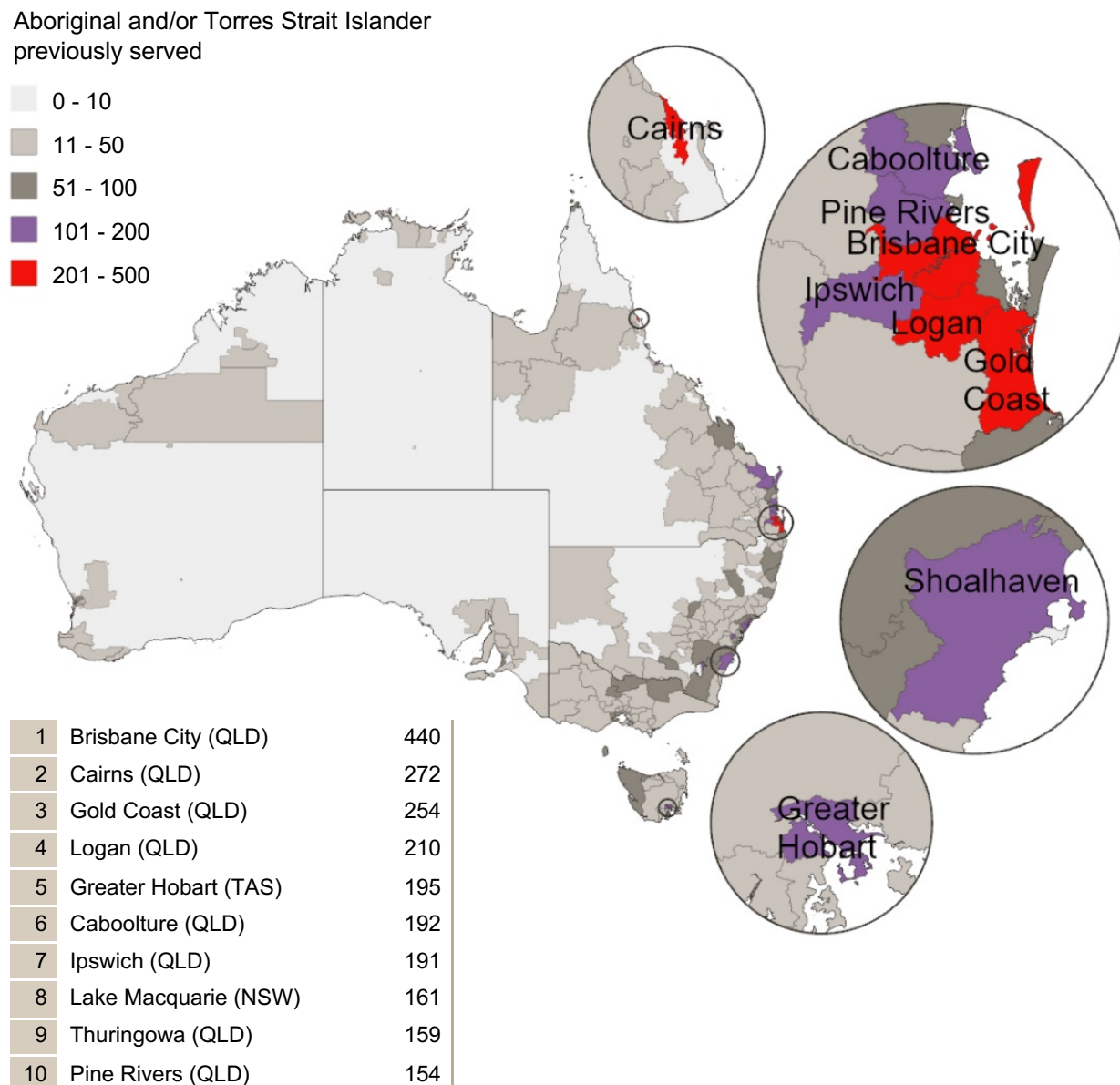
There are 11,610 Aboriginal and/or Torres Strait Islander ex-serving members of the ADF. Queensland has the largest number of Aboriginal and/or Torres Strait Islander ex-serving ADF members (4,037) followed by New South Wales (3,481), Victoria (1,115), and Western Australia (1,054).

Table 4. Previously Served Aboriginal and/or Torres Strait Islander ADF Members by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served Aboriginal and/or Torres Strait Islander	222	3,481	504	4,037	547	647	1,115	1,054	11,610

The ABS Indigenous area with the largest population of Aboriginal and/or Torres Strait Islander ex-serving ADF members is Brisbane City (440) followed by Cairns (272) and Gold Coast (254).

Figure 6. Distribution of Previously Served Aboriginal and/or Torres Strait Islander ADF Members by ABS Defined Indigenous Area (ABS, 2021b)



2.4. EX-SERVING MEMBERS: AGE

15-19 Years

There are 748 ex-serving members of the ADF aged 15-19 years. The state with the largest number in this age group is New South Wales (230) followed by Queensland (205).

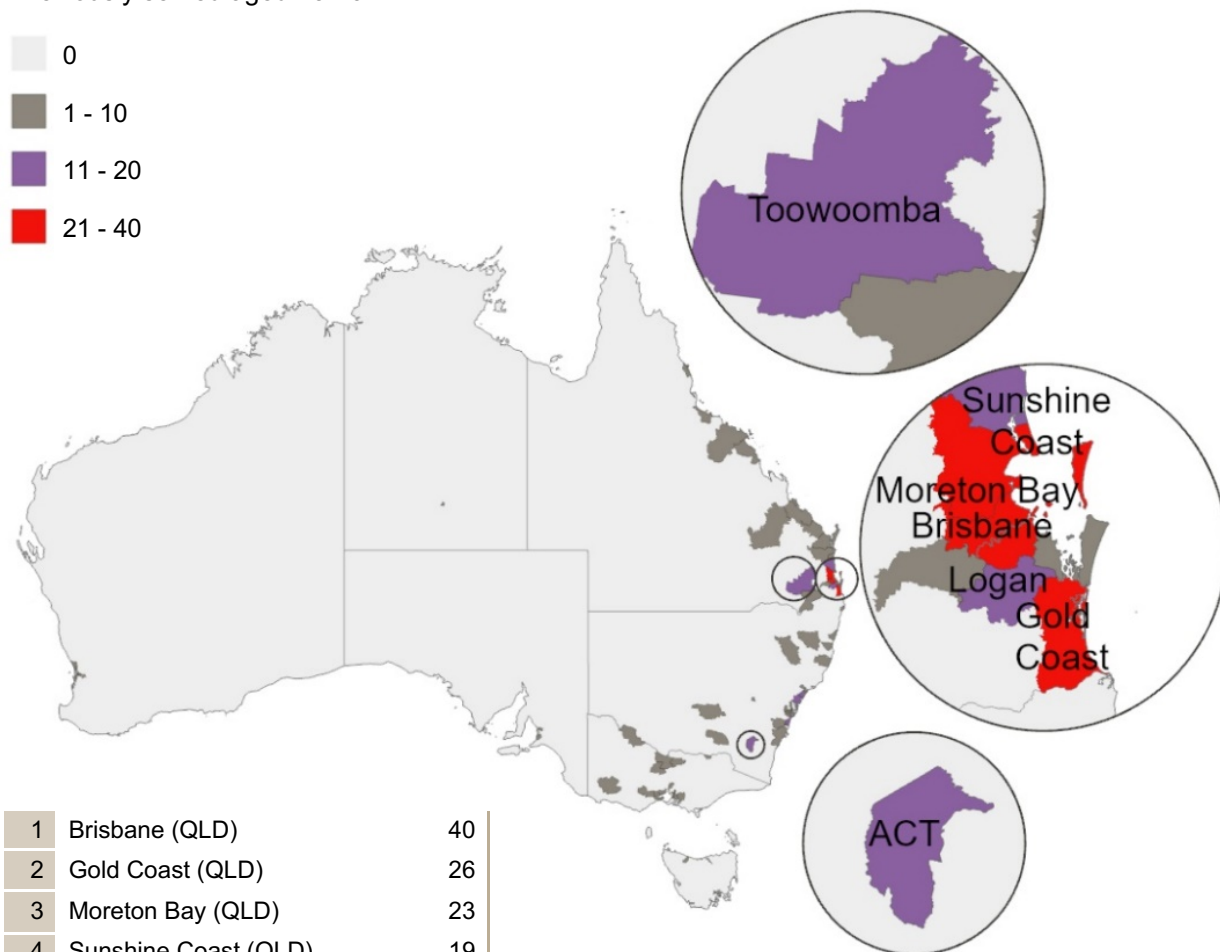
Table 5. Previously Served ADF Members Aged 15-19 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 15-19	12	230	11	205	51	19	126	87	748

The local government area with the most ex-serving ADF members in this age group is Brisbane (40).

Figure 7. Distribution of Previously Served ADF Members Aged 15-19 by LGA

Previously served aged 15-19



1	Brisbane (QLD)	40
2	Gold Coast (QLD)	26
3	Moreton Bay (QLD)	23
4	Sunshine Coast (QLD)	19
5	Lake Macquarie (NSW)	18
6	Central Coast (NSW)	13
7	Wollongong (NSW)	13
8	Logan (QLD)	13
9	Toowoomba (QLD)	12
10	Australian Capital Territory	12

20-29 Years

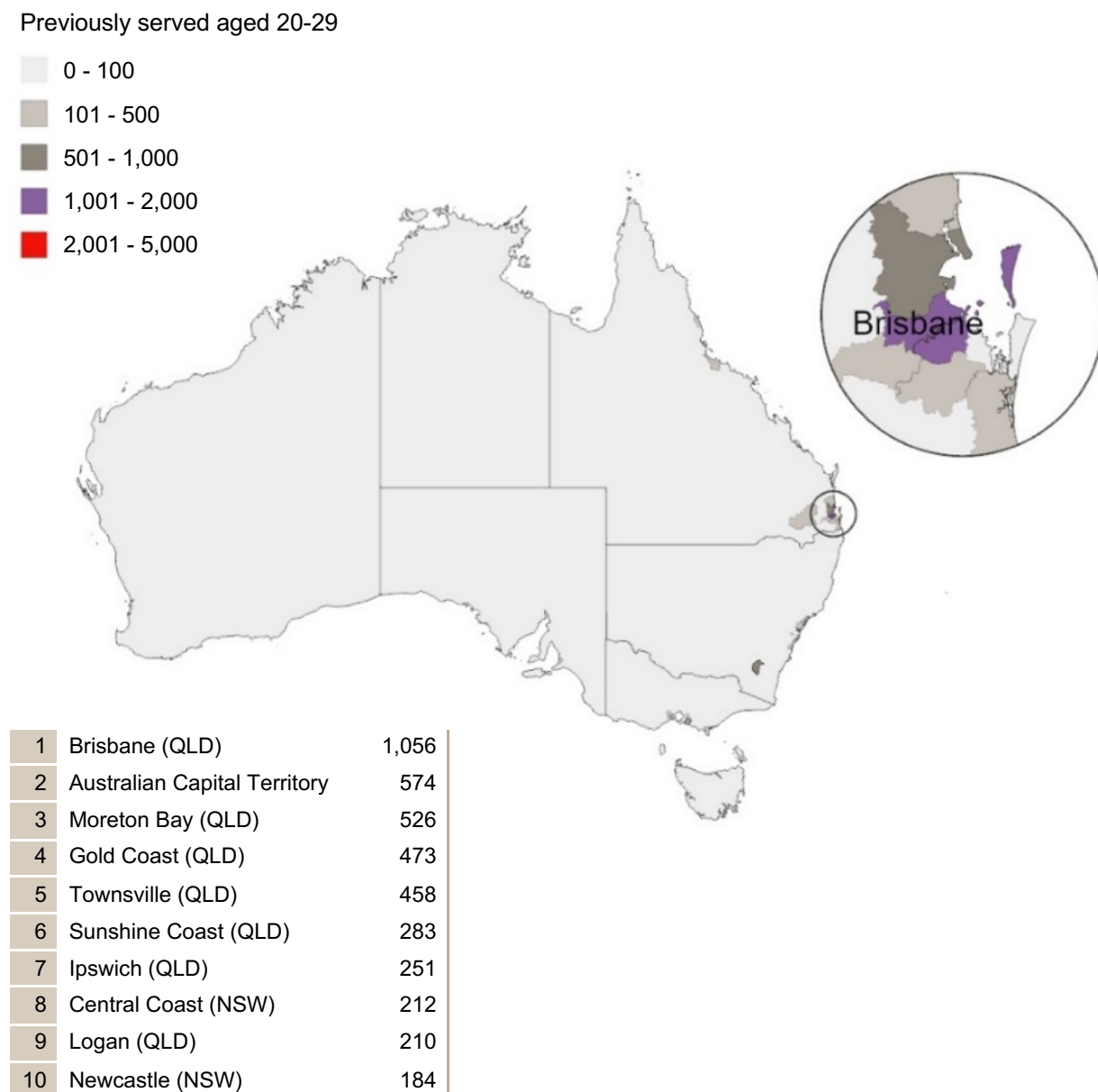
There are 13,710 ex-serving members of the ADF aged 20-29 years. The state with the largest number in this age group is Queensland (4,486) followed by New South Wales (3,636).

Table 6. Previously Served ADF Members Aged 20-29 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 20-29	575	3,636	298	4,486	838	319	2,219	1,265	13,710

The local government area with the most ex-serving ADF members in this age group is Brisbane (1,056) followed by Australian Capital Territory (574) and Moreton Bay (526).

Figure 8. Distribution of Previously Served ADF Members Aged 20-29 by LGA



30-39 Years

There are 36,102 ex-serving members of the ADF aged 30-39 years. The state with the largest number in this age group is Queensland (10,908) followed by New South Wales (9,314).

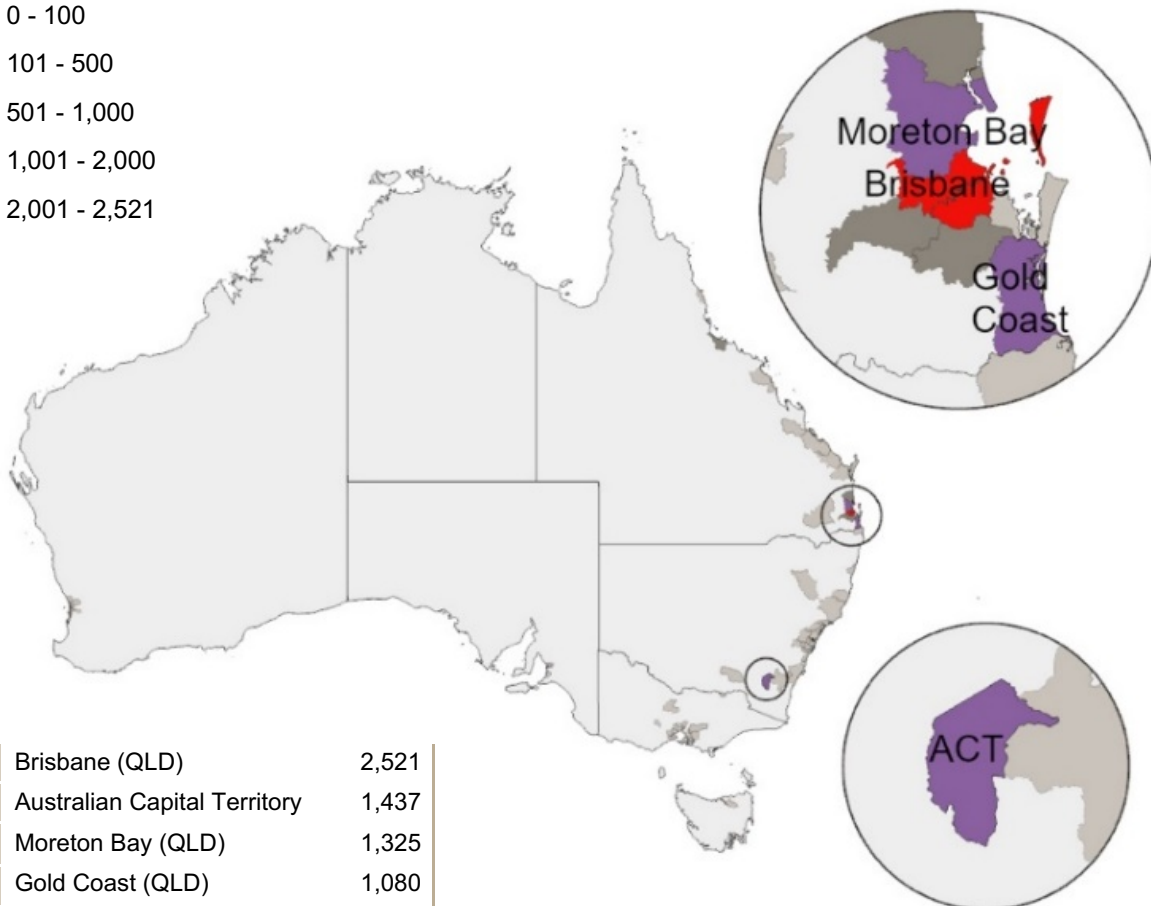
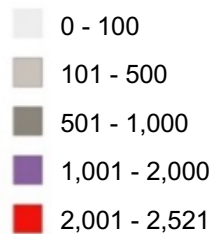
Table 7. Previously Served ADF Members Aged 30-39 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 30-39	1,435	9,314	726	10,908	2,406	1,156	6,115	4,029	36,102

The local government area with the most ex-serving ADF members in this age group is Brisbane (2,521) followed by Australian Capital Territory (1,437) and Moreton Bay (1,325).

Figure 9. Distribution of Previously Served ADF Members Aged 30-39 by LGA

Previously served aged 30-39



1	Brisbane (QLD)	2,521
2	Australian Capital Territory	1,437
3	Moreton Bay (QLD)	1,325
4	Gold Coast (QLD)	1,080
5	Townsville (QLD)	977
6	Ipswich (QLD)	785
7	Sunshine Coast (QLD)	716
8	Rockingham (WA)	570
9	Logan (QLD)	539
10	Central Coast (NSW)	464

40-49 Years

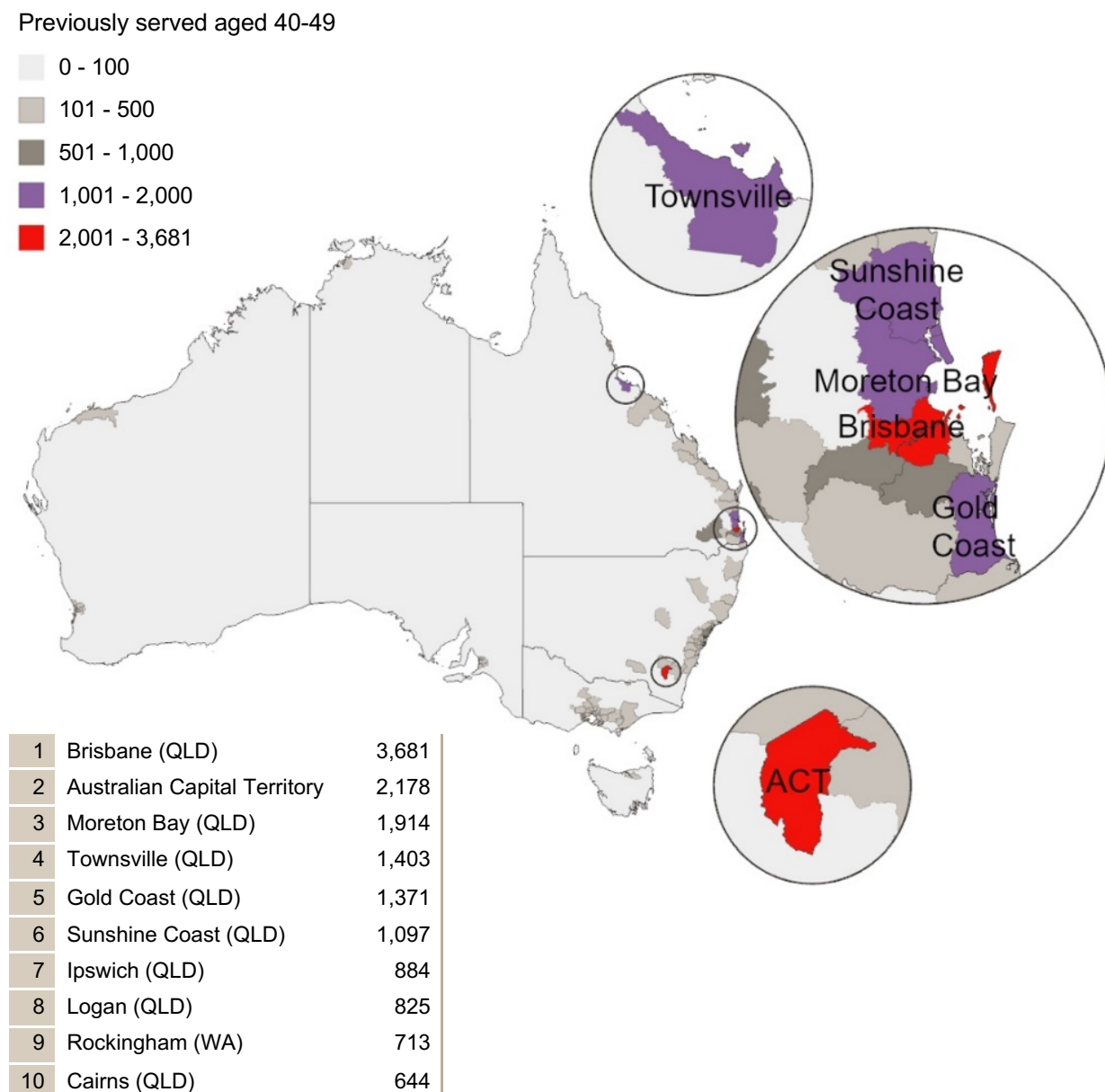
There are 52,830 ex-serving members of the ADF aged 40-49 years. The state with the largest number in this age group is Queensland (16,298) followed by New South Wales (12,421).

Table 8. Previously Served ADF Members Aged 40-49 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 40-49	2,179	12,421	867	16,298	3,677	1,974	9,135	6,258	52,830

The local government area with the most ex-serving ADF members in this age group is Brisbane (3,681) followed by Australian Capital Territory (2,178) and Moreton Bay (1,914).

Figure 10. Distribution of Previously Served ADF Members Aged 40-49 by LGA



50-59 Years

There are 84,634 ex-serving members of the ADF aged 50-59 years. The state with the largest number in this age group is Queensland (24,979) followed by New South Wales (20,037).

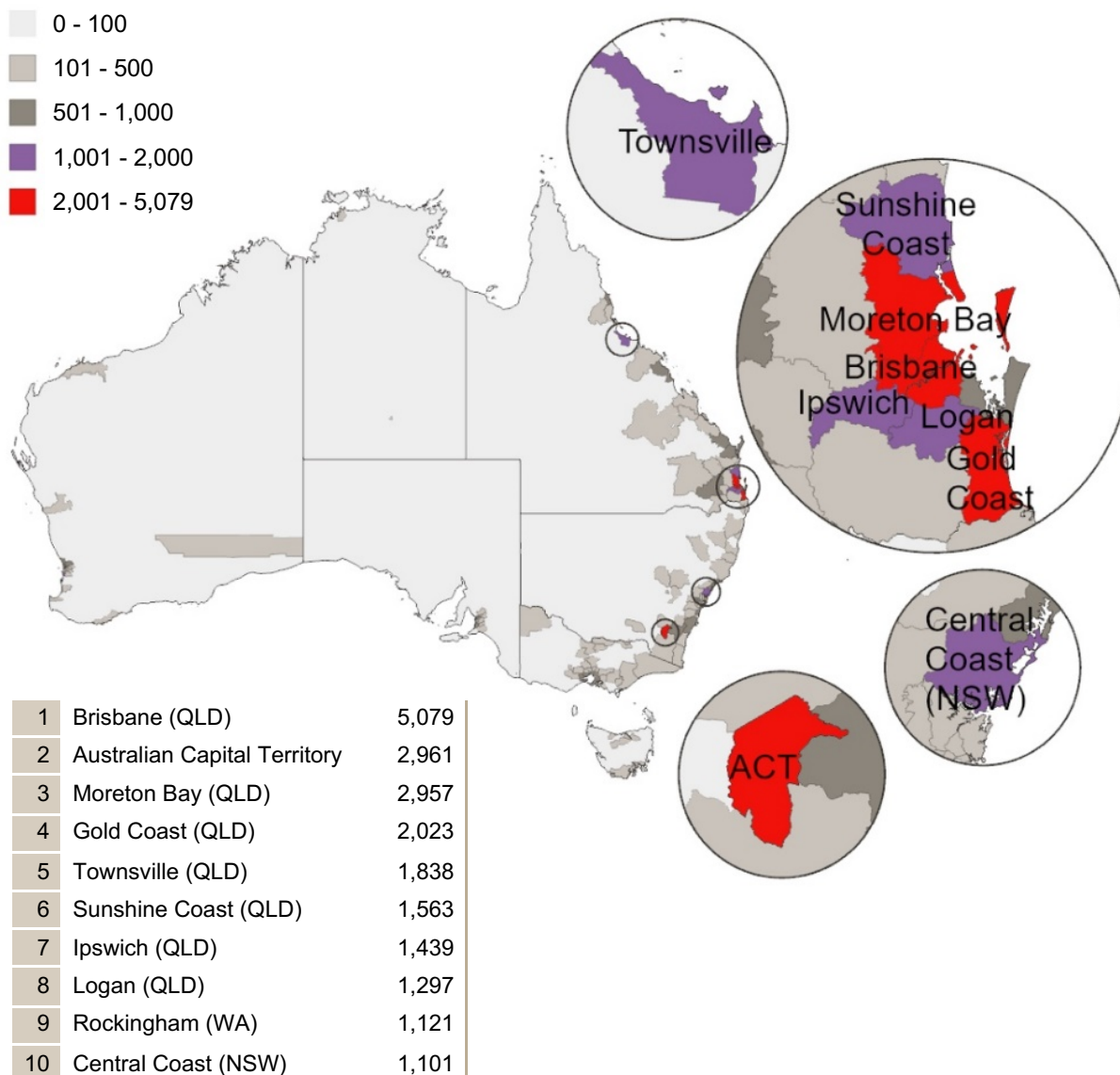
Table 9. Previously Served ADF Members Aged 50-59 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 50-59	2,967	20,037	1,244	24,979	6,760	3,292	14,977	10,364	84,634

The local government area with the most ex-serving ADF members in this age group is Brisbane (5,079) followed by Australian Capital Territory (2,961) and Moreton Bay (2,957).

Figure 11. Distribution of Previously Served ADF Members Aged 50-59 by LGA

Previously served aged 50-59



60-69 Years

There are 92,677 ex-serving members of the ADF aged 60-69 years. The state with the largest number in this age group is Queensland (27,226) followed by New South Wales (21,929).

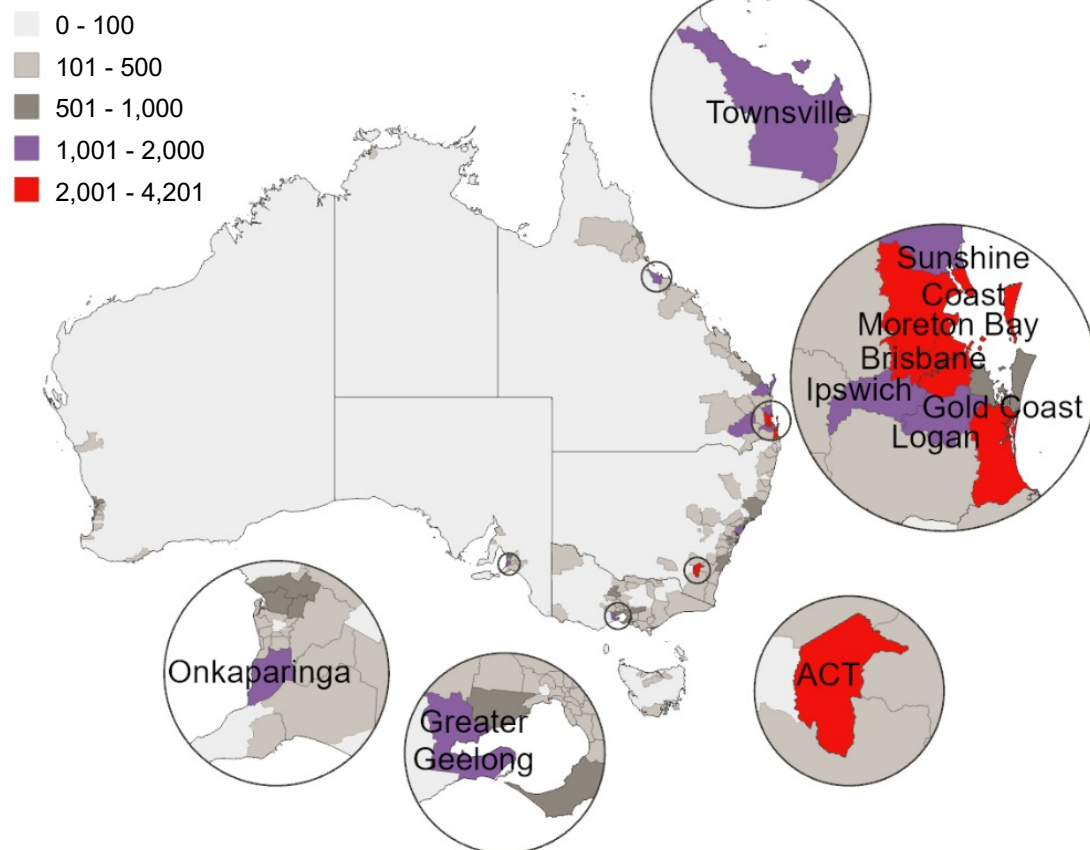
Table 10. Previously Served ADF Members Aged 60-69 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 60-69	2,607	21,929	1,029	27,226	8,737	3,483	16,750	10,897	92,677

The local government area with the most ex-serving ADF members in this age group is Brisbane (4,197) followed by Moreton Bay (3,378) and Australian Capital Territory (2,608).

Figure 12. Distribution of Previously Served ADF Members Aged 60-69 by LGA

Previously served aged 60-69



1	Brisbane (QLD)	4,197
2	Moreton Bay (QLD)	3,378
3	Australian Capital Territory	2,608
4	Gold Coast (QLD)	2,207
5	Sunshine Coast (QLD)	1,894
6	Townsville (QLD)	1,649
7	Ipswich (QLD)	1,525
8	Logan (QLD)	1,443
9	Fraser Coast (QLD)	1,213
10	Central Coast (NSW)	1,189

70-79 Years

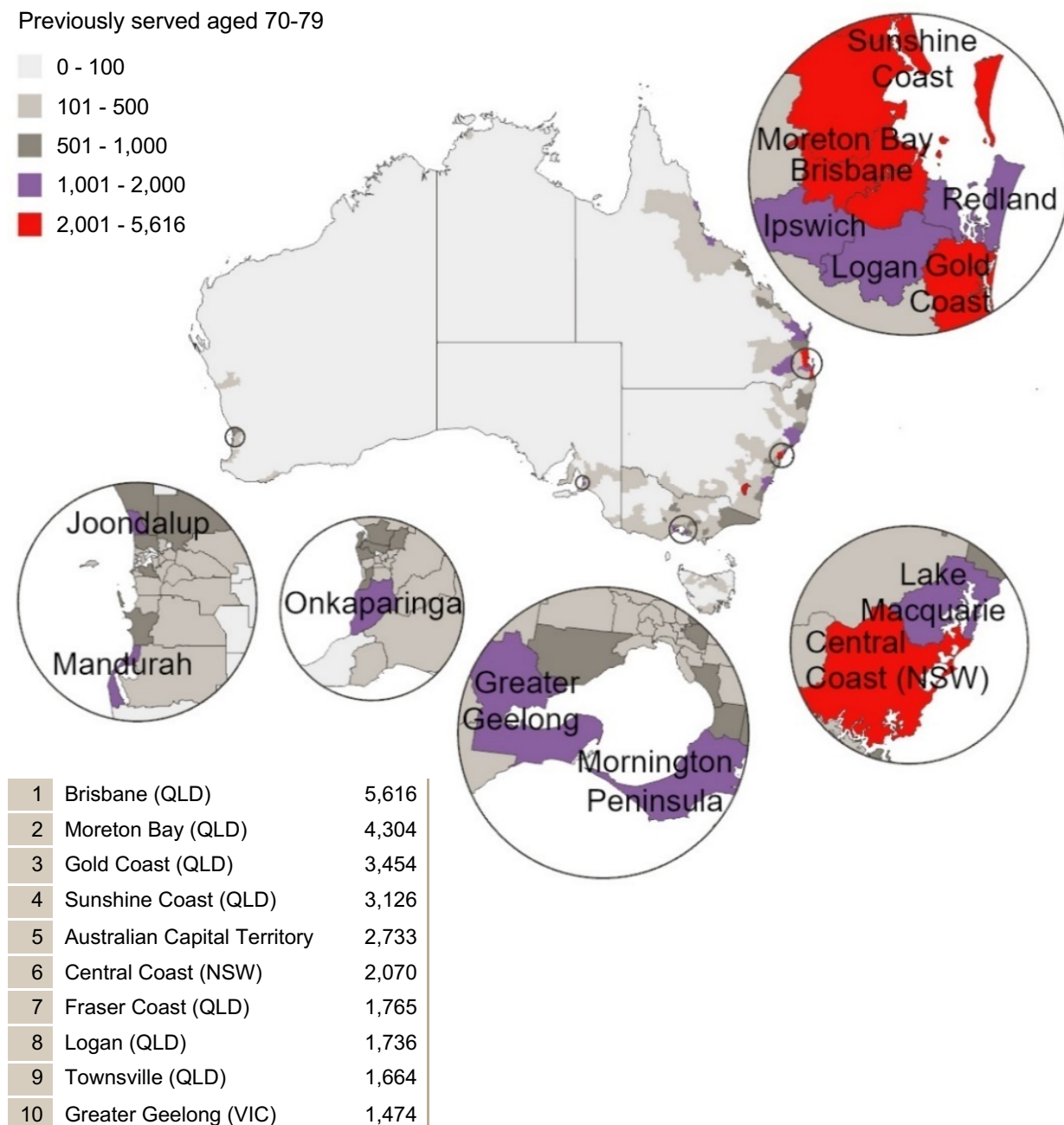
There are 127,573 ex-serving members of the ADF aged 70-79 years. The state with the largest number in this age group is Queensland (35,657) followed by New South Wales (32,626).

Table 11. Previously Served ADF Members Aged 70-79 by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 70-79	2,728	32,626	704	35,657	12,223	4,439	25,096	14,078	127,573

The local government area with the most ex-serving ADF members in this age group is Brisbane (5,616) followed by Moreton Bay (4,304) and Gold Coast (3,454).

Figure 13. Distribution of Previously Served ADF Members Aged 70-79 by LGA



80 Years and Over

There are 88,001 ex-serving members of the ADF aged 80 years and over. The state with the largest number in this age group is New South Wales (27,455) followed by Queensland (20,210).

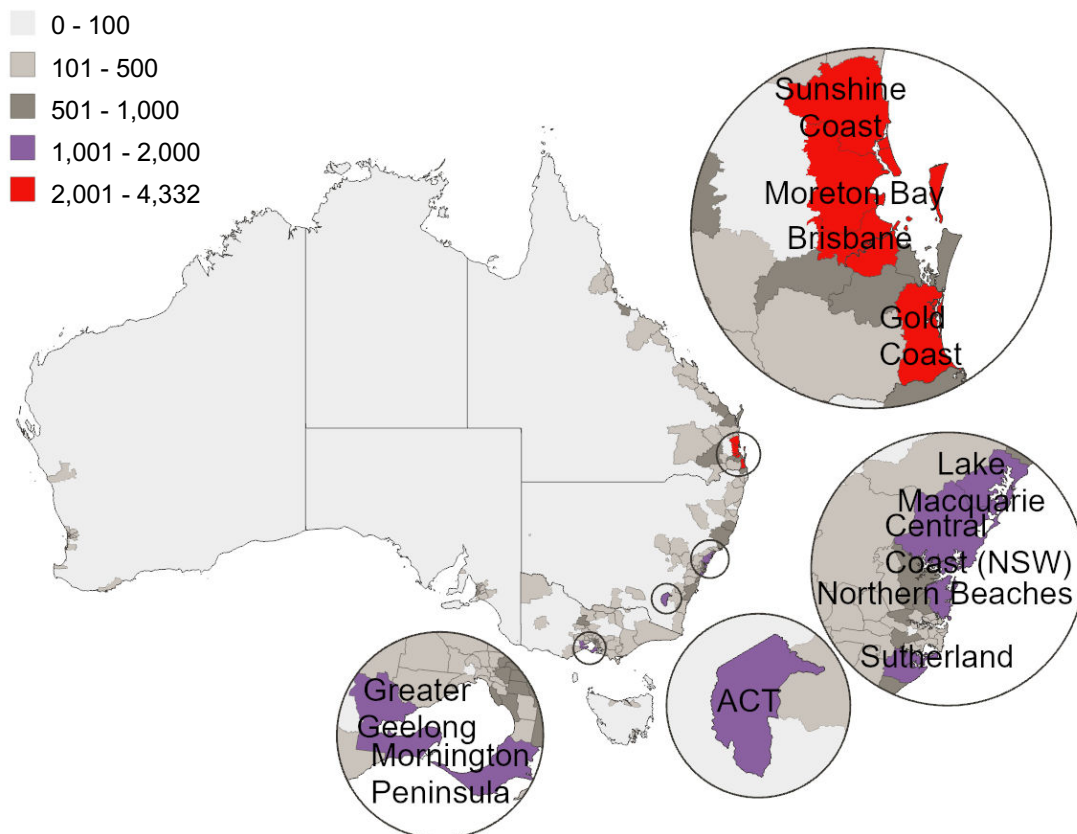
Table 12. Previously Served ADF Members Aged 80 Years and Over by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Previously served 80 and over	1,645	27,455	227	20,210	7,175	2,764	19,977	8,534	88,001

The local government area with the most ex-serving ADF members in this age group is Brisbane (4,332) followed by Gold Coast (2,407) and Sunshine Coast (2,112).

Figure 14. Distribution of Previously Served ADF Members Aged 80 Years and Over by LGA

Previously served aged 80 and over



1	Brisbane (QLD)	4,332
2	Gold Coast (QLD)	2,407
3	Sunshine Coast (QLD)	2,112
4	Moreton Bay (QLD)	2,047
5	Central Coast (NSW)	1,941
6	Australian Capital Territory	1,645
7	Northern Beaches (NSW)	1,355
8	Mornington Peninsula (VIC)	1,270
9	Lake Macquarie (NSW)	1,256
10	Greater Geelong (VIC)	1,156

3. Locating Australian Veteran Service Providers

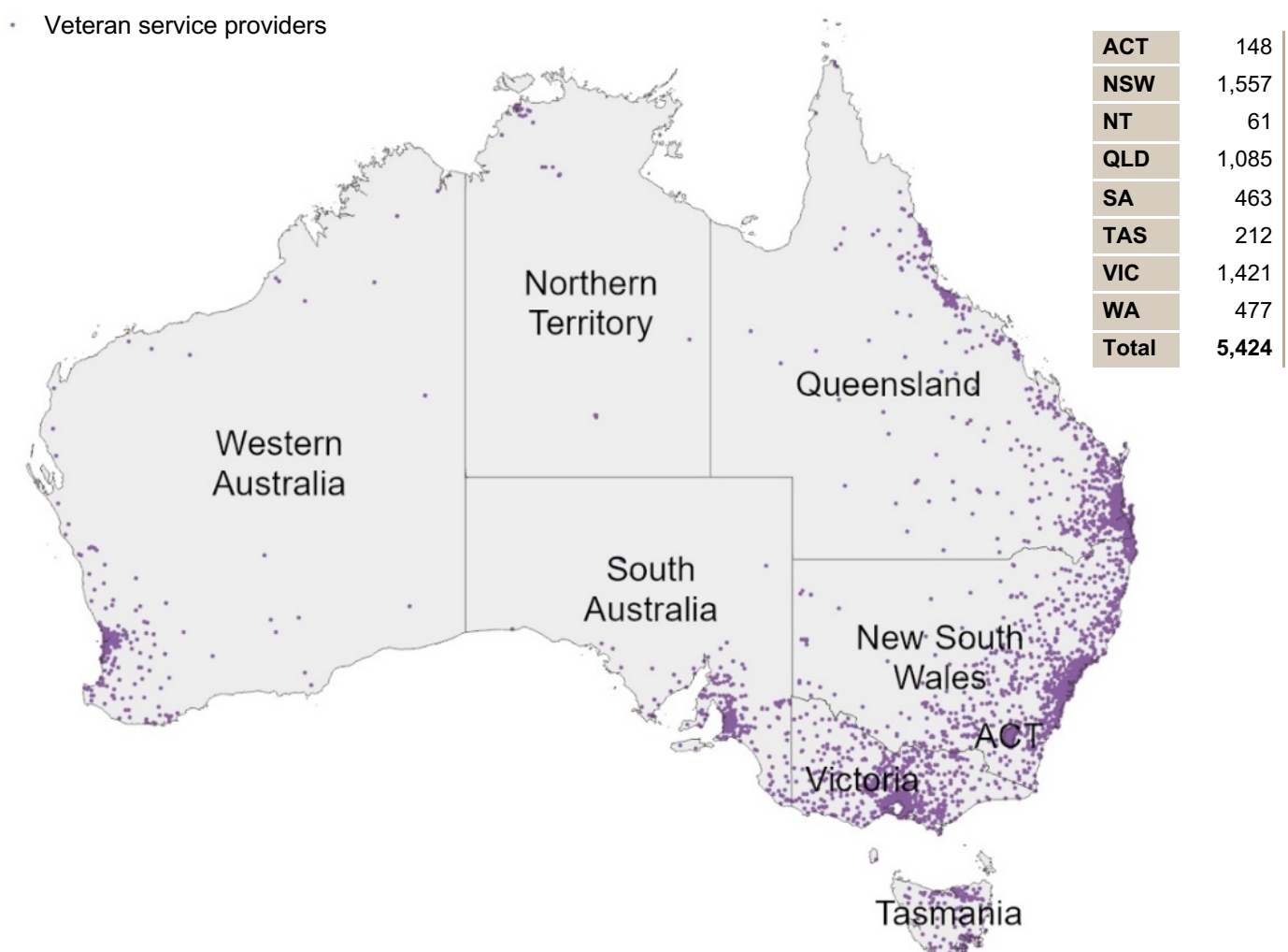
3.1. SECTOR OVERVIEW

A total of 5,437 Australian veteran service providers have been verified.²

Of that number, 5,424 are located within an Australian state or territory. A further six are in Australia but have not been located within a particular state or territory, and the remaining seven are located overseas. A postcode location has been obtained for 5,067 of these service providers.

Most of these providers are based in New South Wales (1,557; 28%), Victoria (1,421; 26%), and Queensland (1,085; 20%).

Figure 15. Distribution of Veteran Service Providers by State/Territory



² It is important to note that the dots on the following maps represent the density of service providers within local government area boundaries. Each dot represents a single provider, but not their exact location.

The verified Australian veteran service providers have been arranged into seven major categories:

- Ex-service organisations
- Healthcare providers
- Veteran-focused organisations
- Non-government organisations
- Commemorative and cultural groups
- Education and training providers
- Government agencies

The largest major service provider category is ex-service organisations (2,456; 45%) followed by healthcare providers (1,125; 21%), veteran-focused organisations (775; 14%), and non-government organisations (631; 12%).

Table 13. Veteran Service Providers by Major Category

Major Category	Count	Percentage
Ex-service organisations	2,456	45%
Healthcare providers	1,125	21%
Veteran-focused organisations	775	14%
Non-government organisations	631	12%
Commemorative and cultural groups	264	5%
Education and training providers	137	3%
Government agencies	49	1%
Total	5,437	100%

Overall, 50% of these Australian veteran service providers are registered with the Australian Charities and Not-for-profits Commission (ACNC). The veteran-focused organisations category has the highest proportion of registered charities (68%).

Table 14. Veteran Service Providers Registered as Charities

Major Category	Total	Charity	Percentage
Ex-service organisations	2,456	1,007	41%
Healthcare providers	1,125	638	57%
Veteran-focused organisations	775	526	68%
Non-government organisations	631	343	54%
Commemorative and cultural groups	264	152	58%
Education and training providers	137	70	51%
Government agencies	49	9	18%
Total	5,437	2,745	50%

3.2. EX-SERVICE ORGANISATIONS

The term 'ex-service organisation' can have various definitions. For this analysis, an ex-service organisation is defined as a veteran service provider which is largely membership-based and where the primary basis for membership is previous military service. Within this category there are five subcategories:

- Returned and Services League (RSL): State branches, districts, sub-branches, and chapters of the Returned and Services League of Australia.
- Vietnam veteran associations: Members are predominantly veterans of the Vietnam War.
- Unit and ship associations: Members are veterans with prior service with a specific unit (i.e., battalion, regiment, or squadron), ship, or similar.
- Partners and families: Membership is exclusive to partners or family members of veterans.
- Other ex-service organisations: Membership base does not fit into the other subcategories. Includes ADF branch associations, totally and permanently incapacitated (TPI) veterans' associations, and ex-service associations for specific demographic groups.

A total of 2,456 ex-service organisations have been verified. RSL state branches, districts, sub-branches, and chapters comprise approximately half of that number (1,212; 49%), followed by unit and ship associations (558; 23%), and other ex-service organisations (411; 17%).

Table 15. Ex-Service Organisation Subcategories

Subcategory	Count	Percentage
Returned and Services League	1,212	49%
Vietnam veteran associations	90	4%
Unit and ship associations	558	23%
Partners and families	185	8%
Other ex-service organisations	411	17%
Total	2,456	100%

Overall, 1,007 of the identified ex-service organisations are registered as charities with the ACNC. Of that number, 69% of RSL state branches, districts, sub-branches, and chapters are registered as charities.

Table 16. Ex-Service Organisation Subcategories Registered as Charities

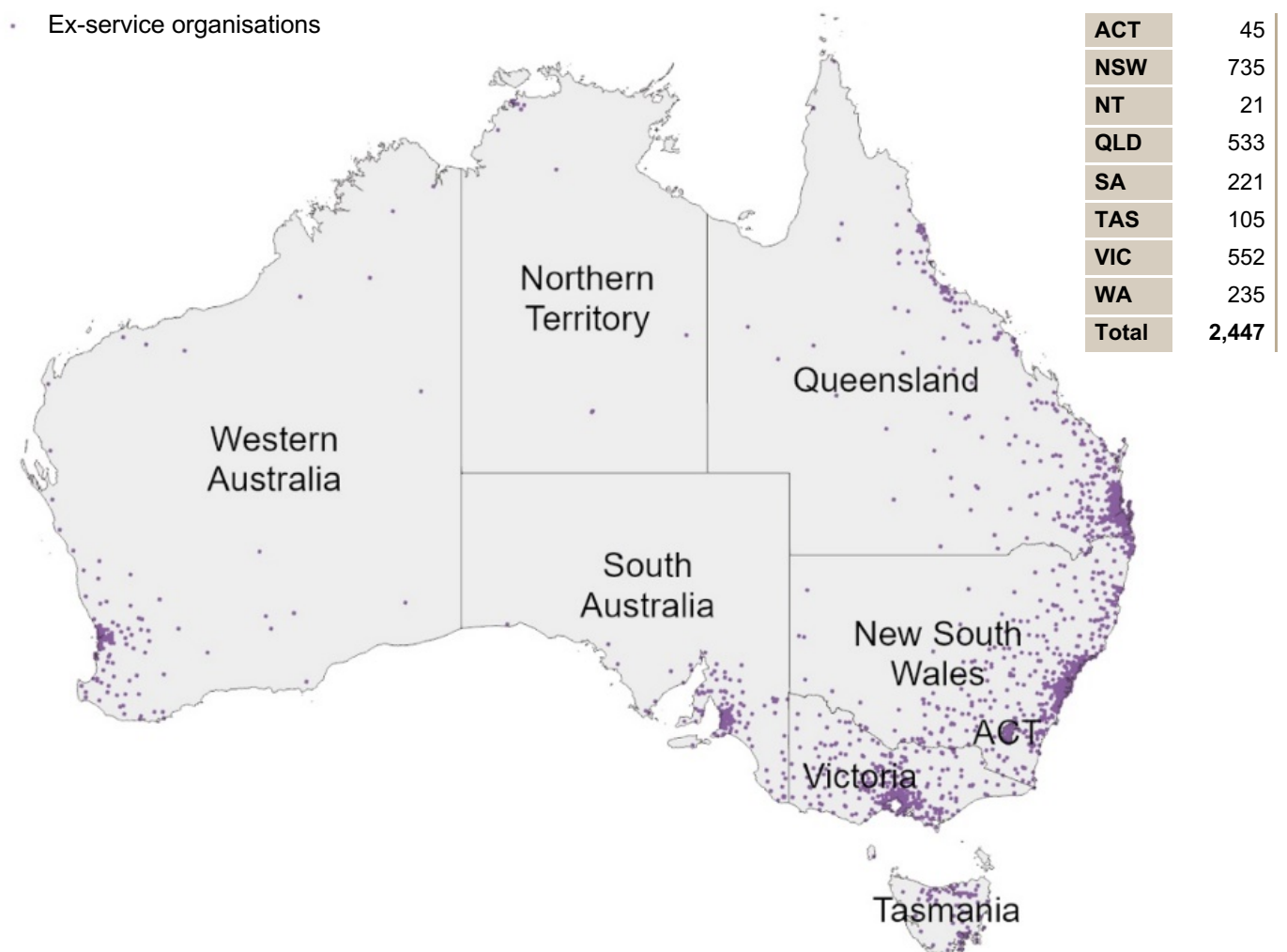
Subcategory	Total	Charity	Percentage
Returned and Services League	1,212	839	69%
Vietnam veteran associations	90	36	40%
Unit and ship associations	558	26	5%
Partners and families	185	48	26%
Other ex-service organisations	411	58	14%

A total of 2,447 ex-service organisations are located within an Australian state or territory. The most ex-service organisations are in New South Wales (735; 30%) followed by Victoria (552; 23%) and Queensland (533; 22%).

Table 17. Ex-Service Organisation Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Returned and Services League	11	382	7	248	121	52	270	117	1,208
Vietnam veteran associations	0	28	0	19	7	7	26	3	90
Unit and ship associations	23	115	5	99	56	18	168	72	556
Partners and families	3	96	1	48	8	6	13	8	183
Other ex-service organisations	8	114	8	119	29	22	75	35	410
Total	45	735	21	533	221	105	552	235	2,447

Figure 16. Distribution of Ex-Service Organisations by State/Territory



3.3. HEALTHCARE PROVIDERS

Healthcare providers offer healthcare (both physical healthcare and mental health care) or aged and residential care services. They are open to the public but offer services targeted towards veterans or their families. There are four subcategories of healthcare providers:

- Primary healthcare: Often first contact point with the health system (for both physical and mental health). May provide diagnosis, treatment, monitoring, and/or referral to secondary/allied healthcare practitioners and other treatment providers.
- Secondary physical healthcare: Care for previously identified/diagnosed physical health conditions, including treatment, therapies, programs, and equipment. Provided by qualified health professionals, either during or after primary care.
- Secondary mental health care: Care for previously identified/diagnosed mental health conditions, including treatment. Therapies provided by qualified health professionals, either during or after primary care.
- Aged and residential care: Provides aged, residential, assisted living, or community nursing care.

A total of 1,125 healthcare providers have been verified. Aged and residential care providers are the largest subcategory of healthcare providers (906; 81%).

Table 18. Healthcare Provider Subcategories

Subcategory	Count	Percentage
Primary healthcare	80	7%
Secondary physical healthcare	51	5%
Secondary mental health care	88	8%
Aged and residential care	906	81%
Total	1,125	100%

Overall, 638 healthcare providers are registered as charities. Within this category, 59% of aged and residential care providers, 55% of secondary physical healthcare providers, and 53% of secondary mental health care providers are registered as charities.

Table 19. Healthcare Provider Subcategories Registered as Charities

Subcategory	Total	Charity	Percentage
Primary healthcare	80	27	34%
Secondary physical healthcare	51	28	55%
Secondary mental health care	88	47	53%
Aged and residential care	906	536	59%

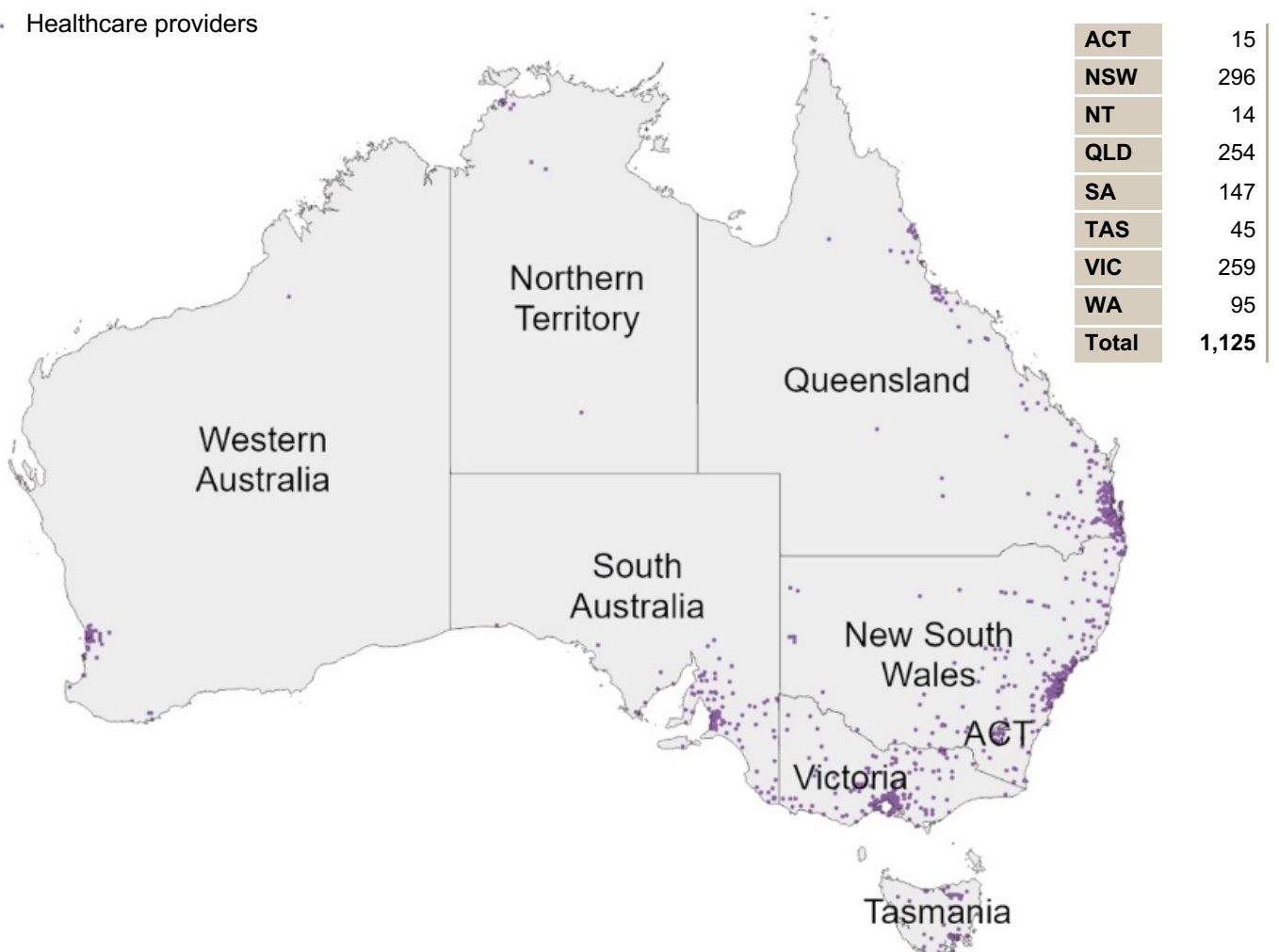
All 1,125 healthcare providers are located within an Australia state or territory. The largest number of healthcare providers are in New South Wales (296; 26%) followed by Victoria (259; 23%) and Queensland (254; 23%).

Table 20. Healthcare Provider Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Primary healthcare	2	22	6	12	7	3	23	5	80
Secondary physical healthcare	0	14	2	14	3	1	14	3	51
Secondary mental health care	5	20	4	30	5	5	10	9	88
Aged and residential care	8	240	2	198	132	36	212	78	906
Total	15	296	14	254	147	45	259	95	1,125

Figure 17. Distribution of Healthcare Providers by State/Territory

- Healthcare providers



3.4. VETERAN-FOCUSED ORGANISATIONS

A veteran-focused organisation predominantly provides services to the veteran community. These organisations are not typically membership-based and may be run by veterans and non-veterans. There are six subcategories of veteran-focused organisations:

- **Legacy:** Clubs and groups of Legacy Australia. Volunteers ('Legatees') are mostly veterans or family members but can also include members of the public.
- **Wellbeing services:** Focus on improving veteran wellbeing through a range of services, including rehabilitation, transition, information, and advocacy services.
- **Patriotic and other funds:** Trusts and other funds established to benefit veterans.
- **Defence community support:** Provide community support services predominantly for defence personnel and their families. Often located on or near ADF bases.
- **Veteran and civilian clubs:** Social or services clubs where membership is open to both veterans and civilians.
- **Other veteran-focused organisations:** Offer veteran-focused services which do not fit within the other subcategories.

A total of 775 veteran-focused organisations have been verified. Patriotic and other funds are the largest subcategory (310; 40%) followed by wellbeing services (170; 22%) and Legacy 126 (16%).

Table 21. Veteran-Focused Organisation Subcategories

Subcategory	Count	Percentage
Legacy	126	16%
Wellbeing services	170	22%
Patriotic and other funds	310	40%
Defence community support	54	7%
Veteran and civilian clubs	19	2%
Other veteran-focused organisations	96	12%
Total	775	100%

Overall, 526 veteran-focused organisations are registered as charities. The patriotic and other funds subcategory has the highest proportion of registered charities (95%).

Table 22. Veteran-Focused Organisation Subcategories Registered as Charities

Subcategory	Total	Charity	Percentage
Legacy	126	65	52%
Wellbeing services	170	97	57%
Patriotic and other funds	310	295	95%
Defence community support services	54	12	22%
Veteran and civilian clubs	19	0	0%
Other veteran-focused organisations	96	57	59%

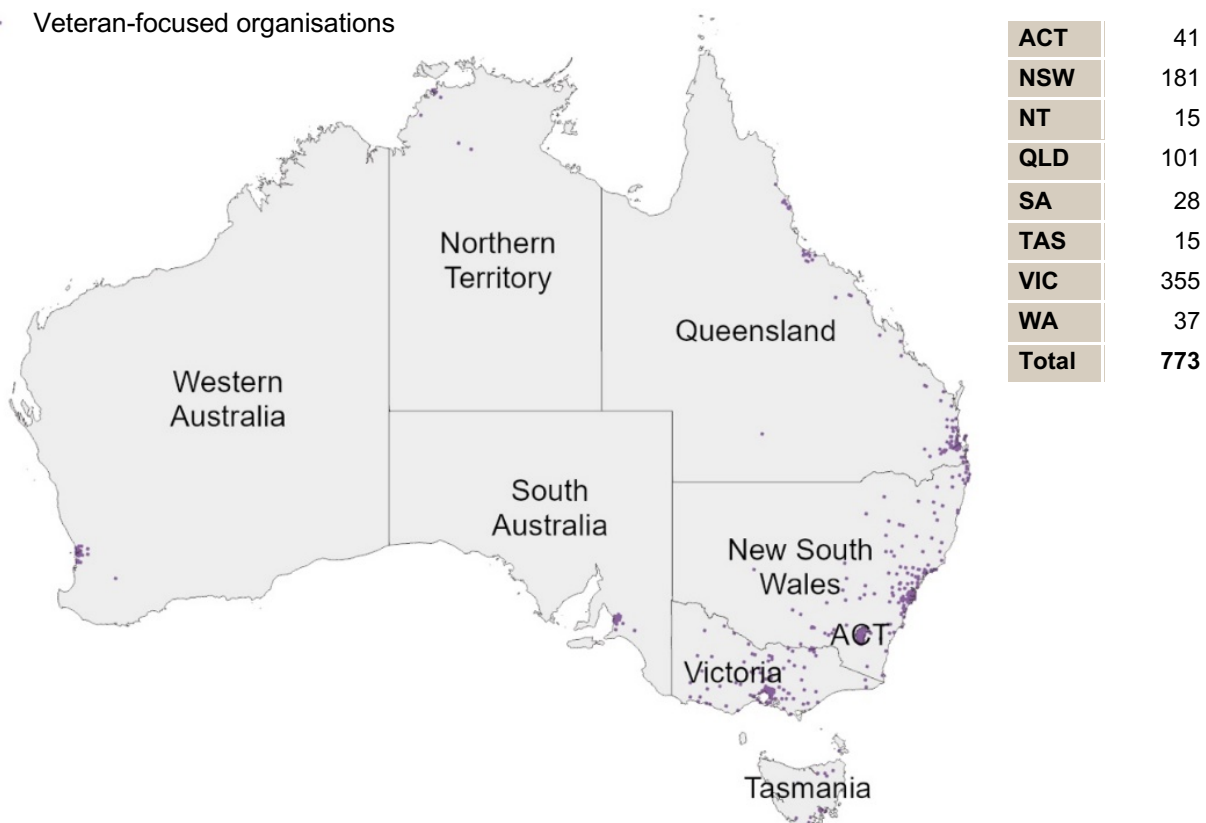
Of the 775 veteran-focused organisations, 773 are located within an Australian state or territory. The most veteran-focused organisations are in Victoria (355; 46%) followed by New South Wales (181; 23%) and Queensland (101; 13%).

Table 23. Veteran-Focused Organisation Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Legacy ³	1	78	1	11	1	2	31	1	126
Wellbeing services	15	34	4	54	11	4	32	16	170
Defence community support	4	19	5	9	1	2	8	6	54
Veteran and civilian clubs	0	2	0	1	1	6	7	1	18
Other veteran-focused organisations	10	32	4	21	11	0	13	4	95
Subtotal	30	165	14	96	25	14	91	28	463
Patriotic and other funds ⁴	11	16	1	5	3	1	264	9	310
Total	41	181	15	101	28	15	355	37	773

Figure 18. Distribution of Veteran-Focused Organisations by State/Territory

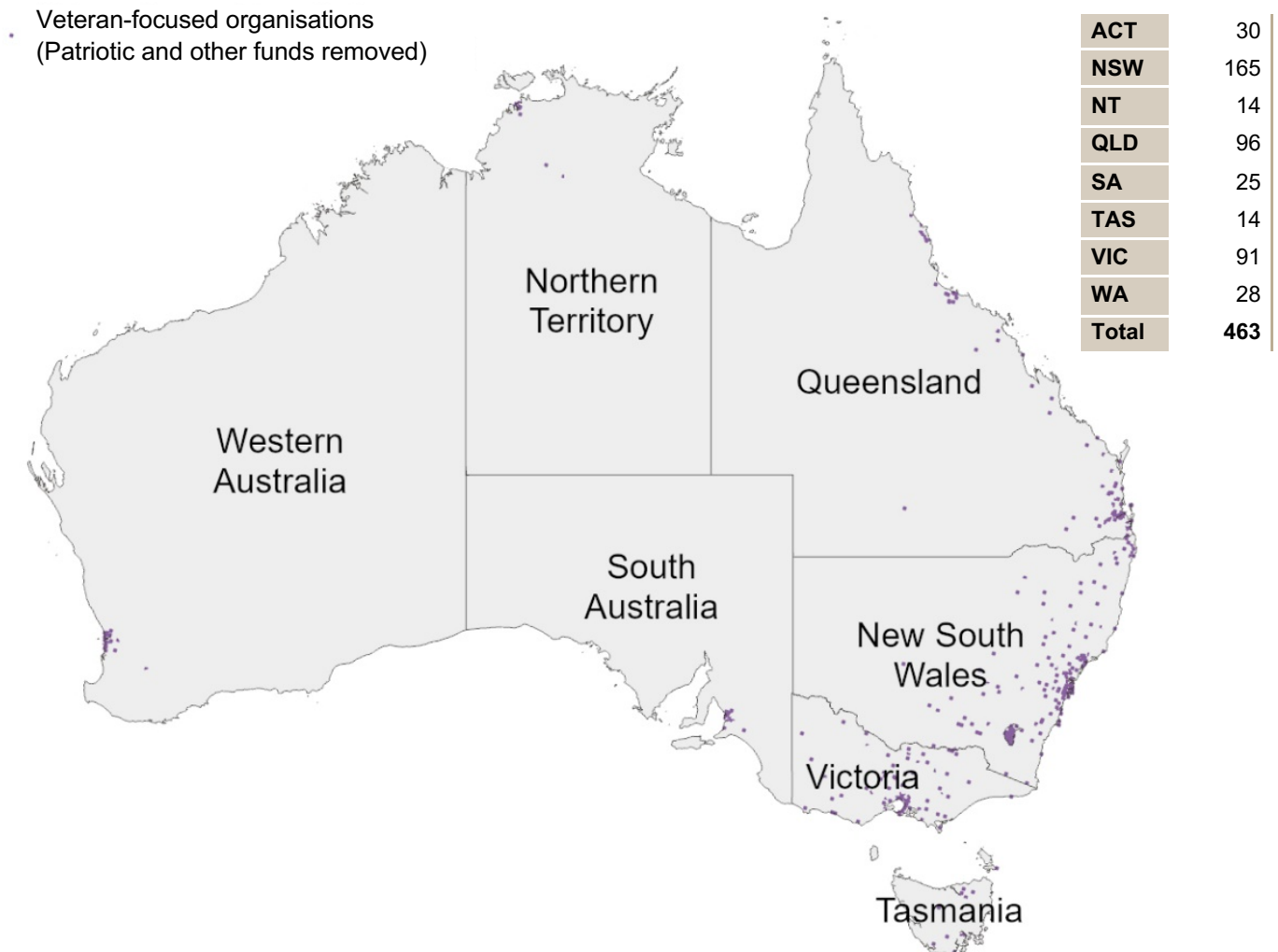
- Veteran-focused organisations



³ In some states, Legacy is consolidated into a single state-wide organisation, while in others there are separate Legacy clubs in each city and often smaller local groups associated with these larger clubs.

⁴ Patriotic funds are a specific type of fund in Victoria for purposes related to veterans and their families, governed by the *Veterans Act 2005*. Patriotic funds existed historically in other states but have been abolished.

Figure 19. Distribution of Veteran-Focused Organisations by State and Territory (Patriotic and Other Funds Subcategory Removed)



3.5. NON-GOVERNMENT ORGANISATIONS

Non-government organisations offer services that are accessible to the general community, but veterans and their families are a key beneficiary group. There are six non-government organisation subcategories:

- Emergency subsistence and housing: Specific emergency subsistence/relief such as financial aid, food aid, clothing, or emergency accommodation.
- General community support: Community organisations (such as community centres or neighbourhood houses), providing miscellaneous services including social groups, educational classes, health and wellbeing activities, childcare, seniors' groups, and community resources.
- Men's shed: Provides shared space for manual arts projects (e.g., woodworking) with focus on social interaction and wellbeing. Mainly aimed at men, but some sheds also open to women.
- Transport provision: Privately run or community-based transport (e.g., including DVA-funded transport for veterans to health appointments).
- Peak body or awareness raising: Industry organisations, councils or networks that promote awareness, provide information, or undertake policy advocacy around issues that may be relevant to veterans.
- Religious groups: Churches and other religious organisations providing spiritual services.

There are 631 non-government organisations which have been verified. Transport provision is the largest subcategory (266; 42%) followed by general community support (134; 21%).

Table 24. Non-Government Organisation Subcategories

Subcategory	Count	Percentage
Emergency subsistence and housing	28	4%
General community support	134	21%
Men's shed	77	12%
Transport provision	266	42%
Peak body or awareness raising	76	12%
Religious groups	50	8%
Total	631	100%

Overall, 343 non-government organisations are registered as charities. All emergency subsistence and housing service providers are charities followed by general community support (96%), peak body or awareness raising (96%), and religious groups (92%).

Table 25. Non-Government Organisation Subcategories Registered as Charities

Subcategory	Total	Charity	Percentage
Emergency subsistence and housing	28	28	100%
General community support	134	128	96%
Men's shed	77	58	75%
Transport provision	266	10	4%
Peak body or awareness raising	76	73	96%
Religious groups	50	46	92%

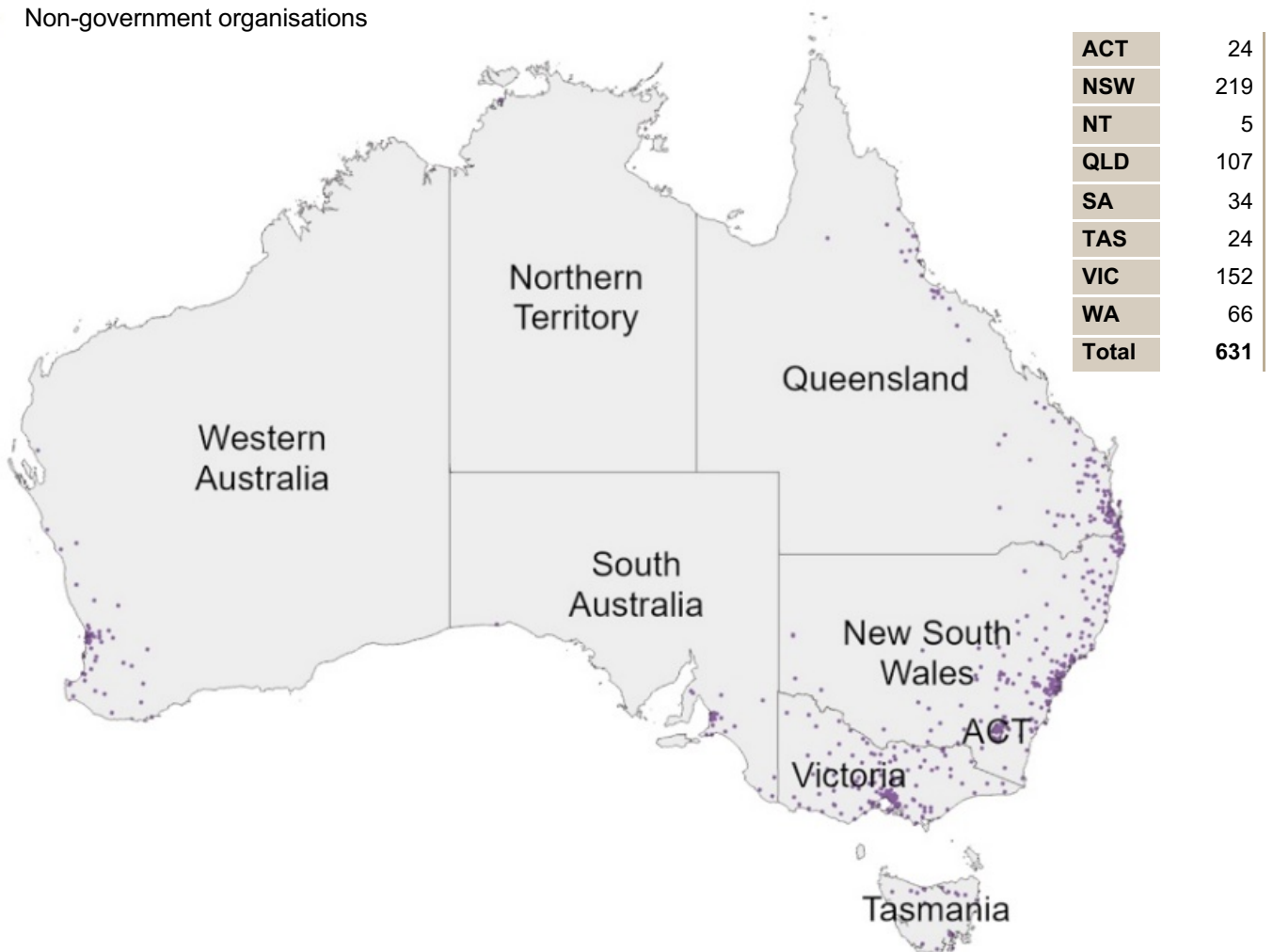
All 631 non-government organisations are located within an Australian state or territory. The largest number of non-government organisations are in New South Wales (219; 35%) followed by Victoria (152; 24%) and Queensland (107; 17%).

Table 26. Non-Government Organisation Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Emergency subsistence and housing	0	8	0	5	1	0	9	5	28
General community support	7	39	1	26	6	8	30	17	134
Men's shed	2	15	0	16	6	1	17	20	77
Transport provision	3	122	1	38	11	11	71	9	266
Peak body or awareness raising	7	20	2	14	7	1	14	11	76
Religious groups	5	15	1	8	3	3	11	4	50
Total	24	219	5	107	34	24	152	66	631

Figure 20. Distribution of Non-Government Organisations by State/Territory

- Non-government organisations



3.6. COMMEMORATIVE AND CULTURAL GROUPS

Commemorative and cultural groups honour the sacrifice of veterans, promote military history, or organise cultural activities that acknowledge the shared experiences of veterans. They are generally open to the public but have veteran-centric interests or offer specific avenues for participation by veterans or their families. Within this major category there are six subcategories:

- Museums: Establishments dedicated to preserving and sharing history (primarily military/wartime history) with the public.
- Historical societies: Organisations dedicated to preserving and researching, collecting local history (including a focus on military or wartime history). Membership open to the public.
- Memorial trusts and foundations: Organisations facilitating memorial services, or which are dedicated to commemorating specific branches/services/units/ships/individuals.
- Arts and culture: Organisations supporting participation in the arts.
- Sport and recreation: Organisations supporting participation in sport or recreational activities, not necessarily exclusively for veterans.
- Re-enactment groups: Military re-enactment groups, membership open to the public.

A total of 264 commemorative and cultural groups have been verified. The largest subcategory of commemorative and cultural groups is memorial trusts and foundations (81; 31%) followed by sport and recreation (60; 23%) and museums (47; 18%).

Table 27. Commemorative and Cultural Group Subcategories

Subcategory	Count	Percentage
Museums	47	18%
Historical societies	23	9%
Memorial trusts and foundations	81	31%
Arts and culture	32	12%
Sport and recreation	60	23%
Re-enactment groups	21	8%
Total	264	100%

There are 152 commemorative and cultural groups registered as charities. A total of 84% within the arts and culture subcategory, 83% of the historical societies, and 77% of the museums are registered as charities.

Table 28. Commemorative and Cultural Group Subcategories Registered as Charities

Subcategory	Total	Charity	Percentage
Museums	47	36	77%
Historical societies	23	19	83%
Memorial trusts and foundations	81	46	57%
Arts and culture	32	27	84%
Sport and recreation	60	21	35%
Re-enactment groups	21	3	14%

Of the 264 commemorative and cultural groups, 263 are located within an Australian state or territory. New South Wales has the most commemorative and cultural groups (83; 32%) followed by Queensland (65; 25%) and Victoria (51; 19%).

Table 29. Commemorative and Cultural Group Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Museums	0	12	1	14	4	6	9	1	47
Historical societies	0	5	0	6	2	1	7	2	23
Memorial trusts and foundations	1	24	0	14	4	7	26	4	80
Arts and culture	4	14	1	4	0	2	2	5	32
Sport and recreation	4	23	0	20	5	0	5	3	60
Re-enactment groups	0	5	0	7	0	3	2	4	21
Total	9	83	2	65	15	19	51	19	263

Figure 21. Distribution of Commemorative and Cultural Groups by State/Territory



3.7. EDUCATION AND TRAINING PROVIDERS

Providers within this category deliver education, training or employment services to veterans or their families. They are open to the public but may offer services that are targeted towards veterans or their families. Within this major category there are three subcategories:

- Universities: Universities and higher education providers.
- Vocational training: TAFE and other vocational training providers.
- Employment services: Organisations offering employment services, such as job matching, employment transition support, and occupational rehabilitation services.

A total of 137 education and training providers have been verified.

Table 30. Education and Training Provider Subcategories

Subcategory	Count	Percentage
Universities	45	33%
Vocational training	49	36%
Employment services	43	31%
Total	137	100%

There are 70 education and training providers registered as charities. The subcategory with the highest percentage of providers registered as charities is universities (43; 96%).

Table 31. Education and Training Provider Subcategories Registered as Charities

Subcategory	Total	Charity	Percentage
Universities	45	43	96%
Vocational training	49	19	39%
Employment services	43	8	19%

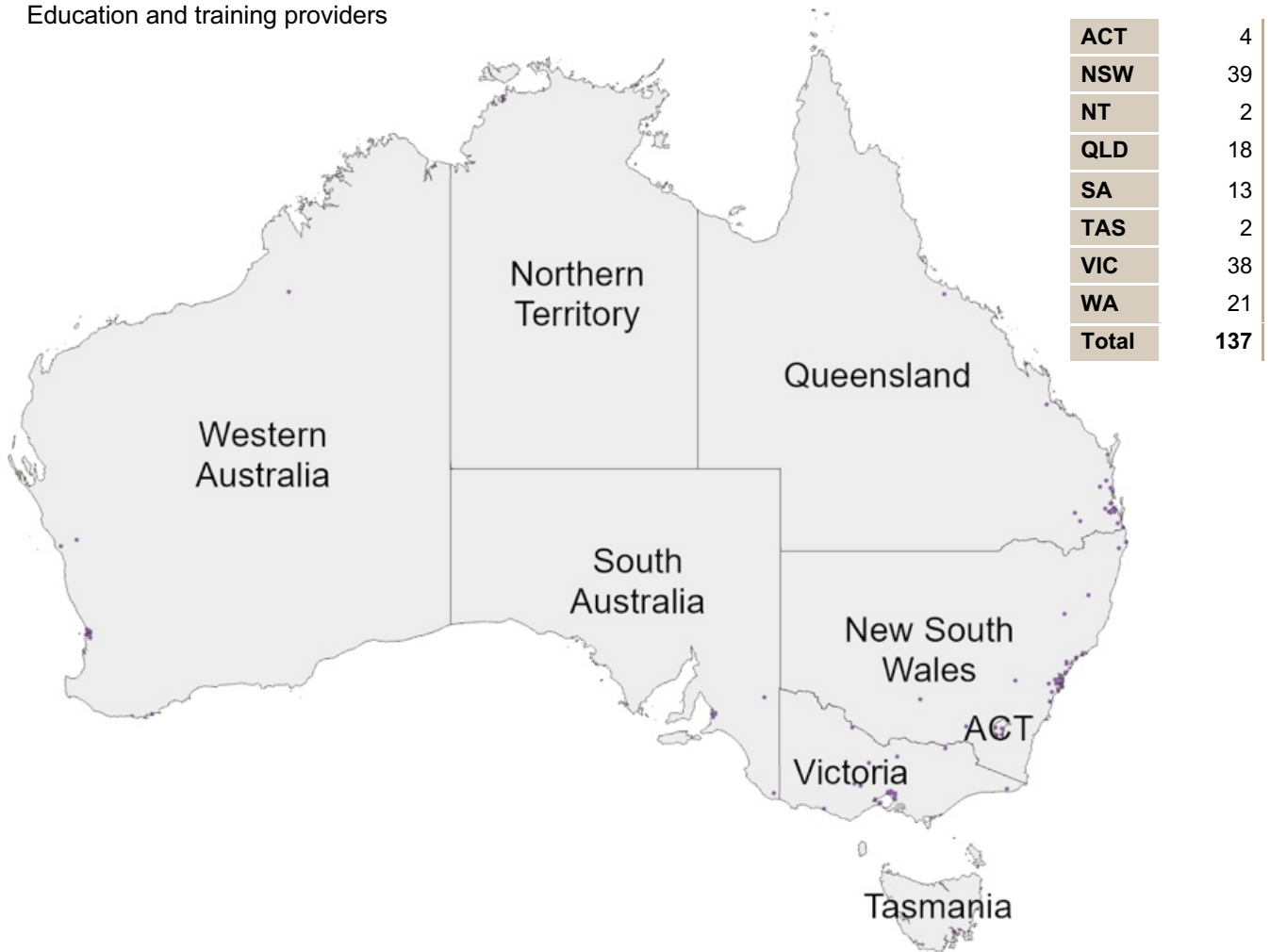
All 137 education and training providers are located within an Australia state or territory. Most are in New South Wales (39; 28%) and Victoria (38; 28%).

Table 32. Education and Training Provider Subcategories by State/Territory

Subcategory	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Universities	2	13	1	8	5	1	10	5	45
Vocational training	2	12	0	3	2	1	19	10	49
Employment services	0	14	1	7	6	0	9	6	43
Total	4	39	2	18	13	2	38	21	137

Figure 22. Distribution of Education and Training Providers by State/Territory

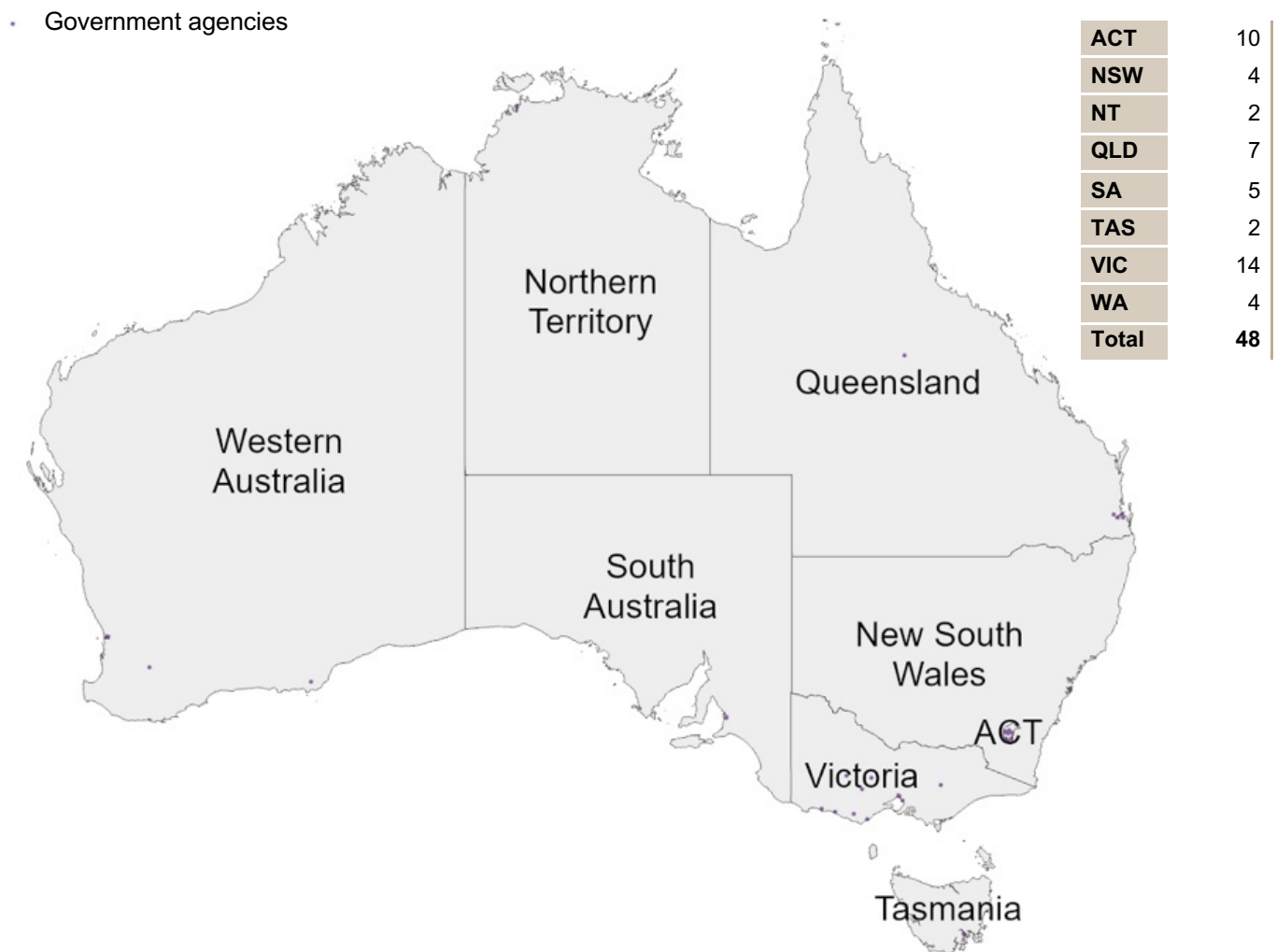
- Education and training providers



3.8. GOVERNMENT AGENCIES

The government agencies category includes any government entity (Commonwealth, state, territory, or local) which provides services to veterans or their families with the exception of those providing healthcare services or education and training. A total of 49 government agencies have been verified. All but one of these government agencies are located within an Australian state or territory. The most government agencies are in Victoria (14; 29%) followed by the Australian Capital Territory (10; 21%) and Queensland (7; 15%).

Figure 23. Distribution of Government Agencies by State/Territory



4. Identifying Geographical Gaps in Veteran Service Provision

This section broadly compares the locations of the veteran service providers that have been verified with the locations of ex-serving ADF members. The focus is on the three largest major categories identified (ex-service organisations, veteran-focused organisations, and non-government organisations) as well as the aged and residential care subcategory.

The information that is provided here, however, must be accompanied by some caveats. It is, for example, important to note that the data used here may only correspond to the service provider's primary location or headquarters. Some providers may have multiple locations, or cover a broad area from a single location, but this may not be reflected in the maps provided. Also, different kinds of services will vary in their geographical reach. For instance, some services may need to be physically close to where their clients live, whereas others can service a much wider area.

Limitations on address data coverage also mean some veteran service providers have only an approximate location which is some distance from their exact location, and some areas may have veteran service providers which were missed in the verification process.

More accurate identification of geographical gaps in veteran service provision will require a continued search for service providers and further in-depth analysis which was beyond the scope of this current project.

This section will, however, help point to where possible geographical gaps in veteran service provision could be occurring and where further investigation may be warranted.

4.1. STATE DISTRIBUTION OF SERVICE PROVIDERS

Each state or territory's share of ex-serving members of the ADF population has been compared to its share of veteran service providers.

Relative to its share of those who have previously served (28%), Queensland is underrepresented in ex-service organisations (22%), veteran-focused organisations (21%), non-government organisations (17%), and aged and residential care providers (22%). Victoria, with 19% of the total number of ex-serving members, is overrepresented among ex-service organisations (23%), veteran-focused organisations (20%), non-government organisations (24%), and aged and residential care providers (23%).

Table 33. State/Territory Shares of Previously Served Population and Service Provider Categories

State	Previously served	Ex-service organisations	Veteran-focused organisations	Non-government organisations	Aged and residential care
ACT	3%	2%	6%	4%	1%
NSW	26%	30%	38%	35%	26%
NT	1%	1%	3%	1%	<1%
QLD	28%	22%	21%	17%	22%
SA	8%	9%	5%	5%	15%
TAS	4%	4%	3%	4%	4%
VIC	19%	23%	20%	24%	23%
WA	11%	10%	6%	10%	9%
Total	100%	100%	100%	100%	100%

While offering a broad indicator, these patterns are not uniform within each state or territory. The analyses in the subsequent sections account for this by mapping the correspondence between ex-serving members of the ADF and veteran service providers at the local government area level.

4.2. EX-SERVICE ORGANISATIONS

Across Australia, there is an average of 203 ex-serving members for each verified ex-service organisation. Tasmania (167), Victoria (171), New South Wales (174), and South Australia (189) have fewer ex-serving members for each ex-service organisation than the national average. Western Australia (236), the Northern Territory (243), Queensland (262), and the Australian Capital Territory (315) have higher average numbers of ex-serving members for each ex-service organisation.

Table 34. Average Number of Previously Served ADF Members for Each Verified Ex-Service Organisation by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Australia
Ex-service organisations	45	735	21	533	221	105	552	235	2,447
Previously served	14,164	127,657	5,110	139,973	41,861	17,515	94,393	55,507	496,276
Average	315	174	243	263	189	167	171	236	203

Nationally, there is an average of 4.9 ex-service organisations per 1,000 ex-serving members of the ADF. Most local government areas are around this national average. Local government areas around the state capital cities tend to be below the national average (reflecting a denser population of ex-serving members) while regional local government areas are slightly above the national average.

Given their small populations, many rural and remote local government areas either have a high number of ex-service organisations per 1,000 ex-serving ADF members (often one ex-service organisation serving a small number of ex-serving members) or no ex-service organisations at all (perhaps meaning the population of ex-serving members is too small and sparse to sustain any ex-service organisations). Some remote local government areas, notably in remote South Australia and Western Australia (marked with diagonal lines), have no known population of ex-serving members.⁵

A total of 104 local government areas have fewer than one ex-service organisation per 1,000 ex-serving members of the ADF. The local government areas of Cockburn (2,079), Gosnells (1,847), and Palmerston (1,199) have the largest populations of ex-serving members served by no more than one ex-service organisation.

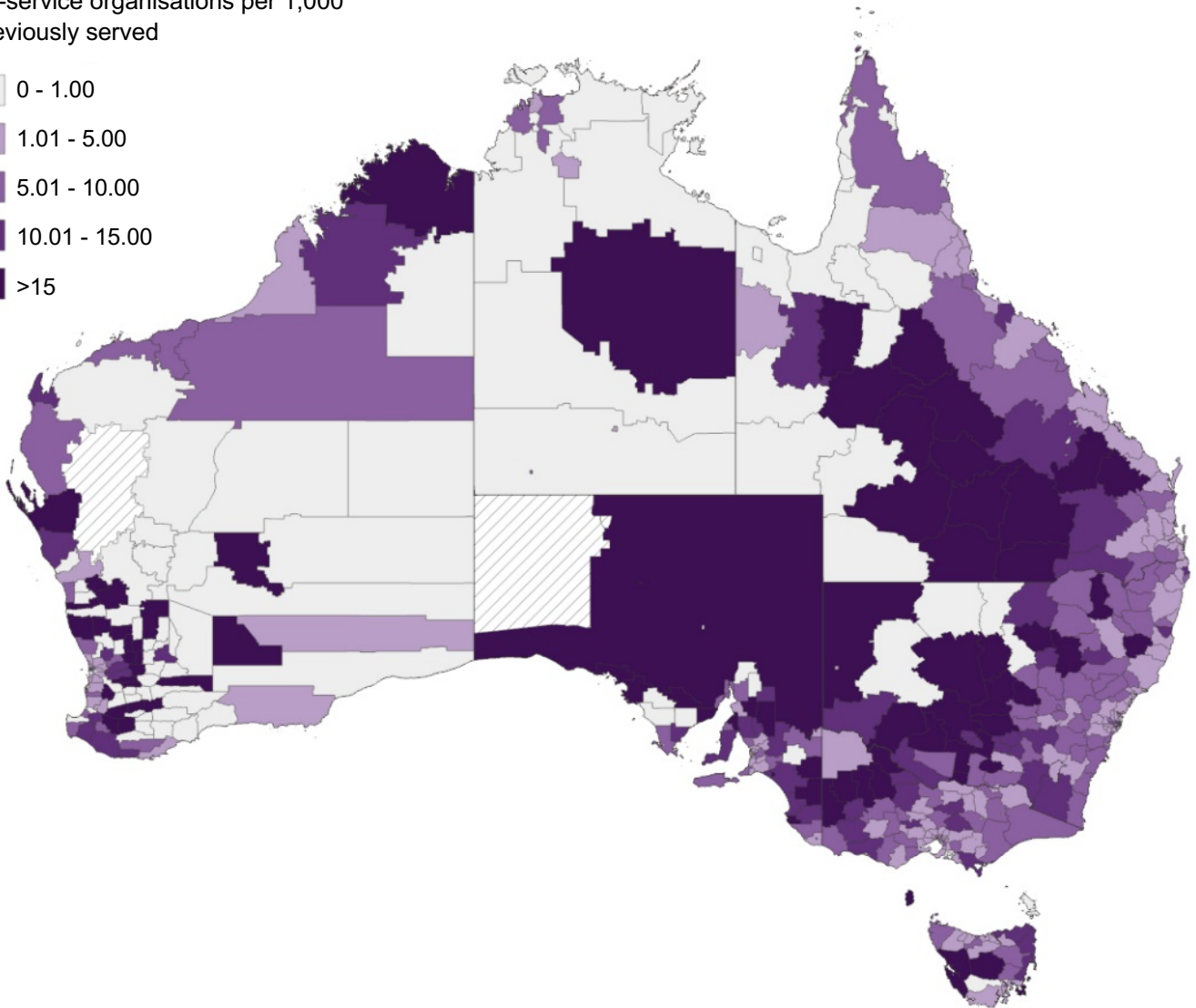
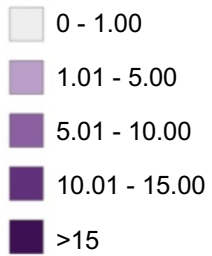
Table 35. LGAs with 0-1 Verified Ex-Service Organisations by Population of Previously Served (10 Most Populated)

LGA	No. Previously Served
Cockburn (WA)	2,079
Gosnells (WA)	1,847
Palmerston (NT)	1,199
Busselton (WA)	1,101
Brighton (TAS)	514
Dardanup (WA)	359
Chittering (WA)	203
East Fremantle (WA)	201
Strathfield (NSW)	186
Ashburton (WA)	142

⁵ The ABS performs data perturbation (small random adjustments) to maintain confidentiality of census results. It is possible that these local government areas have a small number of veterans, but data adjustments mean that the veteran population has been reported as zero.

Figure 24. Distribution of Ex-Service Organisations by Distribution of Previously Served ADF Members (LGA)

Ex-service organisations per 1,000
previously served



4.3. VETERAN-FOCUSED ORGANISATIONS

Across Australia, there is an average of 1,072 ex-serving ADF members for each verified veteran-focused organisation (excluding patriotic and other funds). Victoria (1,037), New South Wales (774), the Australian Capital Territory (472), and the Northern Territory (365) have fewer ex-serving members than the national average, while Queensland (1,458), South Australia (1,674), Tasmania (1,251), and Western Australia (1,982) are all above the national average.

Table 36. Average Number of Previously Served ADF Members for Each Verified Veteran-Focused Organisation by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Australia
Veteran-focused organisations	30	165	14	96	25	14	91	28	463
Previously served	14,164	127,657	5,110	139,973	41,861	17,515	94,393	55,507	496,276
Average	472	774	365	1,458	1,674	1,251	1,037	1,982	1,072

Nationally, there is an average of fewer than one veteran-focused organisation per 1,000 ex-serving ADF members (excluding patriotic and other funds). Local government areas with an above average number of veteran-focused organisations per 1,000 ex-serving members are mainly located in regional New South Wales and Victoria, as well as parts of central Queensland.

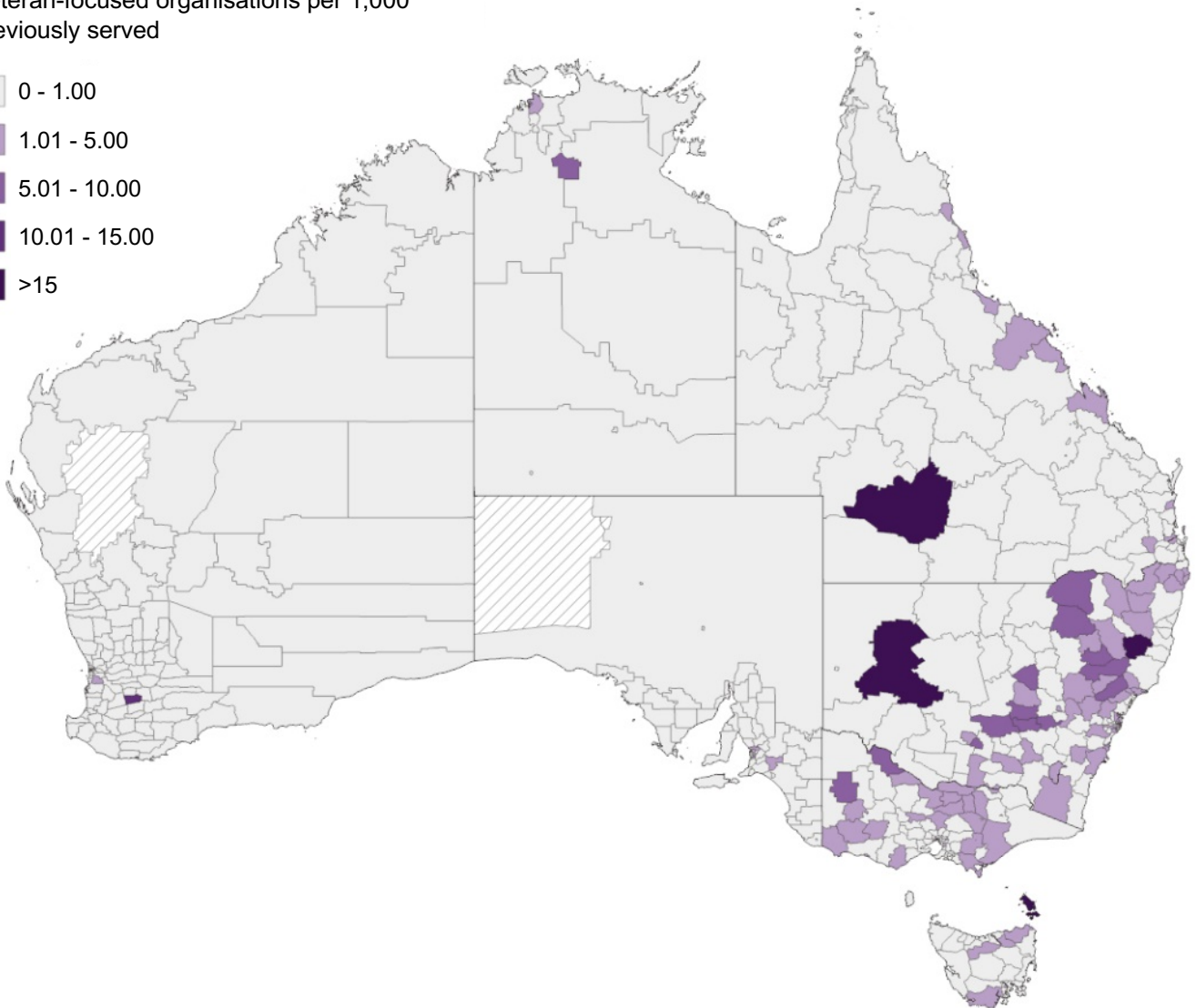
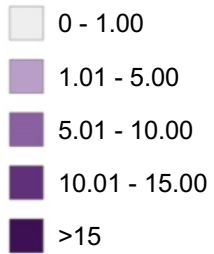
Most local government areas have fewer than one veteran-focused organisation per 1,000 ex-serving members. Moreton Bay (16,496), Gold Coast (13,036), and Sunshine Coast (10,818) have the largest population of ex-serving members with fewer than one veteran-focused organisation per 1,000.

Table 37. LGAs with 0-1 Verified Veteran-Focused Organisations by Population of Previously Served (10 Most Populated)

LGA	No. Previously Served
Moreton Bay (QLD)	16,496
Gold Coast (QLD)	13,036
Sunshine Coast (QLD)	10,818
Central Coast (NSW)	7,615
Logan (QLD)	6,863
Ipswich (QLD)	6,810
Greater Geelong (VIC)	5,564
Toowoomba (QLD)	5,521
Lake Macquarie (NSW)	5,435
Fraser Coast (QLD)	5,103

Figure 25. Distribution of Veteran-Focused Organisations by Distribution of Previously Served ADF Members (LGA)

Veteran-focused organisations per 1,000
previously served



4.4. NON-GOVERNMENT ORGANISATIONS

Across Australia, there is an average of 786 ex-serving ADF members for each non-government organisation. The Australian Capital Territory (590), New South Wales (583), Tasmania (730), and Victoria (621) all have fewer ex-serving members per non-government organisation than the national average, while the Northern Territory (1,022), Queensland (1,308), South Australia (1,231), and Western Australia (841) are all above the national average.

Table 38. Average Number of Previously Served ADF Members for Each Verified Non-Government Organisation by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Non-government organisations	24	219	5	107	34	24	152	66	631
Previously served	14,164	127,657	5,110	139,973	41,861	17,515	94,393	55,507	496,276
Average	590	583	1,022	1,308	1,231	730	621	841	786

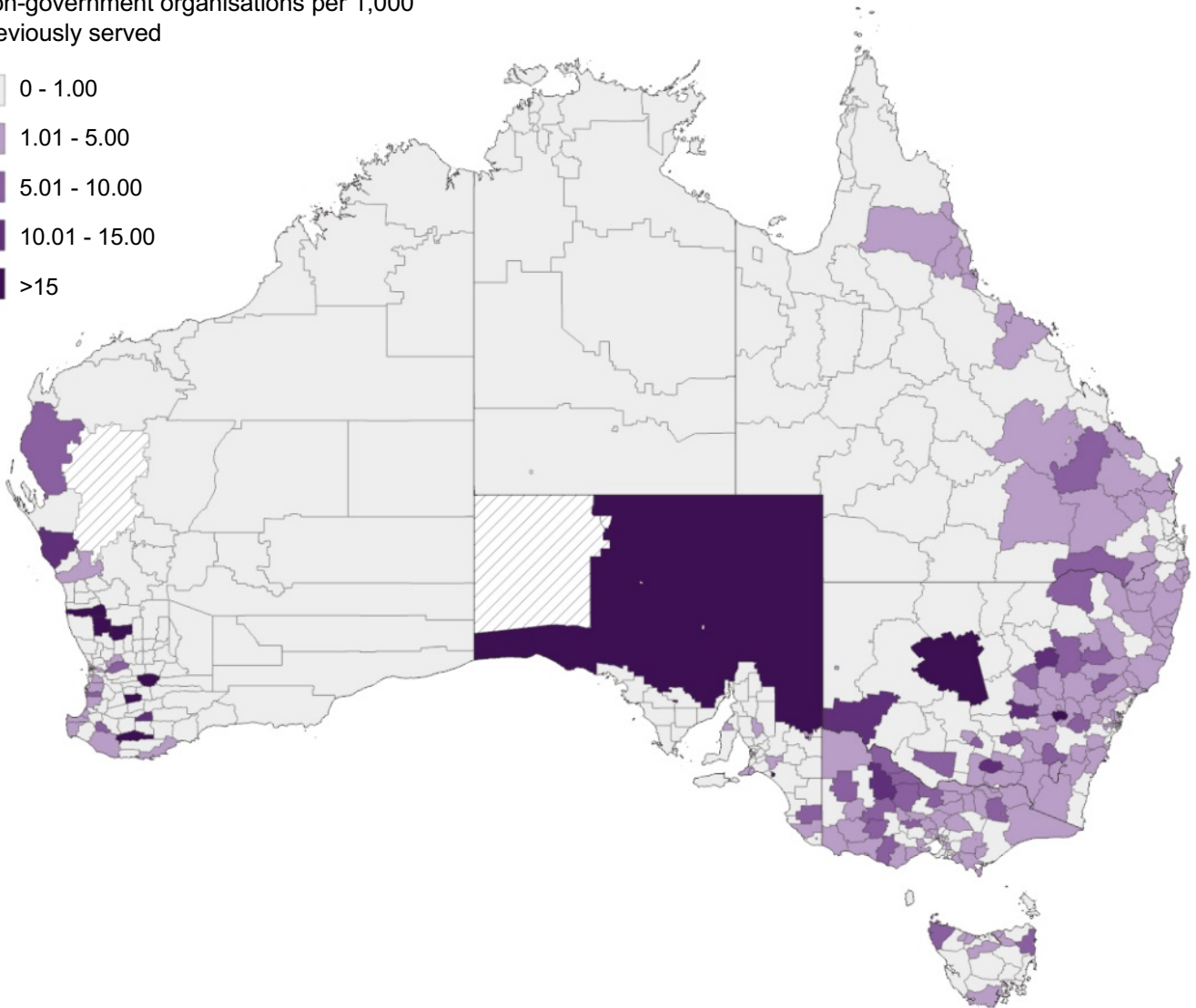
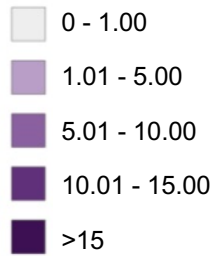
Nationally, there are approximately 1.3 non-government organisations per 1,000 ex-serving ADF members. A total of 326 local government areas, however, have fewer than 1 non-government organisation per 1,000 ex-serving members. Brisbane (25,519), Moreton Bay (16,469), and Gold Coast (13,036) have the largest populations of ex-serving members with fewer than one non-government organisation per 1,000.

Table 39. LGAs with 0-1 Verified Non-Government Organisations by Population of Previously Served (10 Most Populated)

LGA	No. Previously Served
Brisbane (QLD)	26,519
Moreton Bay (QLD)	16,469
Gold Coast (QLD)	13,036
Sunshine Coast (QLD)	10,818
Townsville (QLD)	8,654
Central Coast (NSW)	7,615
Logan (QLD)	6,836
Ipswich (QLD)	6,810
Toowoomba (QLD)	5,521
Lake Macquarie (NSW)	5,543

Figure 26. Distribution of Non-Government Organisations by Distribution of Previously Served ADF Members (LGA)

Non-government organisations per 1,000 previously served



4.5. AGED AND RESIDENTIAL CARE PROVIDERS

Across Australia, there is an average of 238 ex-serving members aged 70 and over for each aged and residential care provider that offers specific services to veterans. South Australia (147), Tasmania (200), and Victoria (213) all have fewer ex-serving members aged 70 and over for each provider than the national average, while New South Wales (250), Queensland (282), and Western Australia (290) are above the national average. Australian Capital Territory (489), and the Northern Territory (465) are well above the national average.

Table 40. Veterans Aged Over 70 Per Aged and Residential Care Provider by State/Territory

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Total
Aged and residential care providers	8	240	2	198	132	36	212	78	906
Veterans aged over 70 years	3,911	60,084	930	55,863	19,399	7,205	45,075	22,611	215,571
Veterans aged over 70 years per aged and residential care provider	489	250	465	282	147	200	213	290	238

Nationally, there are an average of 4.2 aged and residential care providers per 1,000 ex-serving members aged 70 and over. A total of 272 local government areas have fewer than one aged and residential care provider per 1,000 ex-serving members aged 70 and over. Penrith (1,177), Rockingham (1,150), and Ballarat (1,105) have the largest populations of ex-serving members aged 70 and over, with fewer than one aged and residential care provider per 1,000.

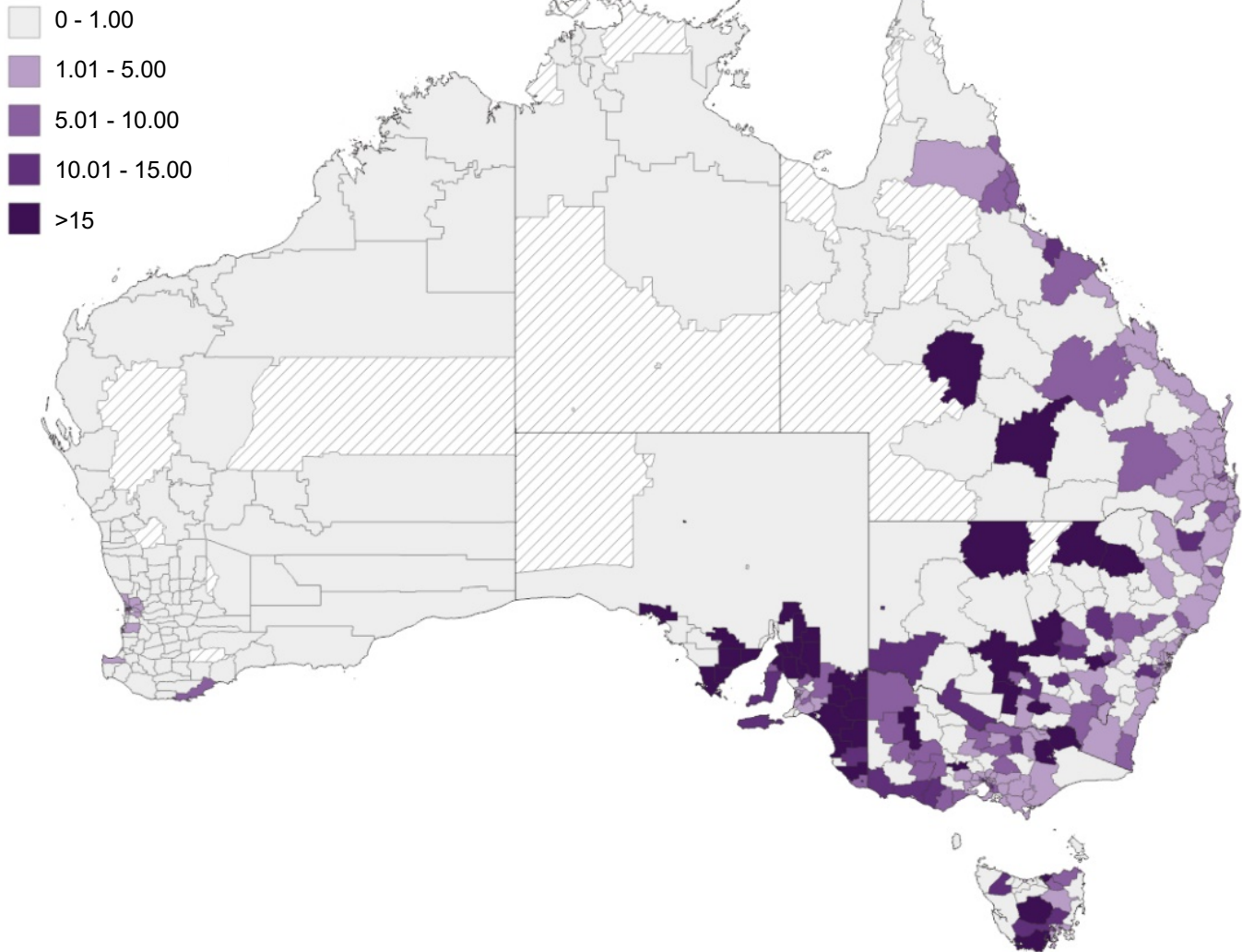
As with other categories, regional and remote local government areas tend to either have many aged care providers per 1,000 ex-serving members aged 70 years and over (often one facility and a small population of ex-serving members 70 years and over), or no aged care providers at all (the population of ex-serving members is too small to sustain aged care facilities). Many remote local government areas have no ex-serving members aged 70 years or older, although as noted above in relation to ex-service organisations, this could reflect ABS data perturbation artifacts in some cases.

Table 41. LGAs with 0-1 Verified Aged Care Providers by Population of Previously Served ADF Members Aged 70 Years and Over (10 Most Populated)

LGA	No. Previously Served
Penrith (NSW)	1,177
Rockingham (WA)	1,150
Ballarat (VIC)	1,105
Ku-ring-gai (NSW)	1,049
Blue Mountains (NSW)	975
East Gippsland (VIC)	966
Maitland (NSW)	826
Gosnells (WA)	713
Macedon Ranges (VIC)	553
Cessnock (NSW)	536

Figure 27. Distribution of Verified Aged Care Providers by Distribution of Previously Served ADF Members Aged 70 Years and Over (LGA)

Aged and residential care providers per 1,000 previously served 70 years and over



5. Australian Veteran Service Provider Survey

5.1. RESPONDENT CATEGORIES

A total of 849 valid survey responses were received. This figure represents 24% of the in-scope and verified veteran service providers.

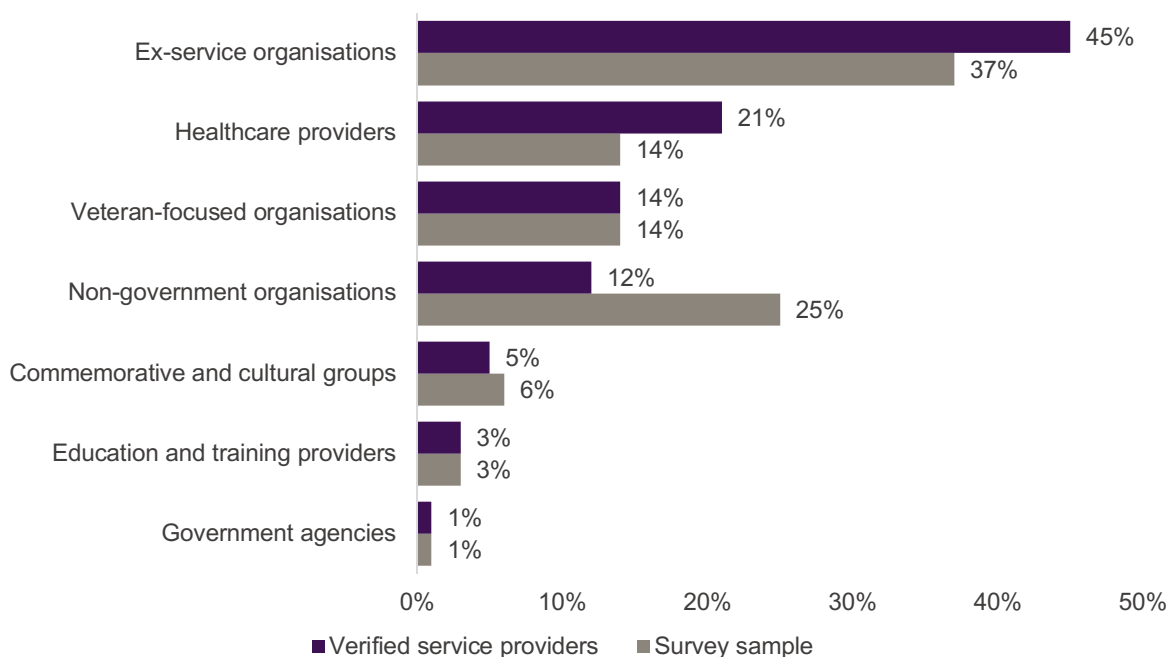
For the purpose of analysis, and in line with the main categorisation process, respondents were classified into seven major categories and associated subcategories if applicable. Ex-service organisations had the largest number of respondents (317; 37%), followed by non-government organisations (210; 25%), veteran-focused organisations (121; 14%), and healthcare providers (116; 14%).

Table 42. Respondents by Major Category

Major Category	Count	Percentage
Ex-service organisations	317	37%
Healthcare providers	116	14%
Veteran-focused organisations	121	14%
Non-government organisations	210	25%
Commemorative and cultural groups	53	6%
Education and training providers	23	3%
Government agencies	9	1%
Total	849	100%

The survey sample is comparable to the population of verified service providers, with two main exceptions. First, non-government organisations are overrepresented in the survey (25% of survey respondents compared to 12% of verified service providers). Second, healthcare providers are underrepresented in the survey (14% of survey respondents compared to 21% of verified service providers).

Figure 28. Comparison of Survey Sample and Verified Service Provider Major Categories



For the four largest categories identified (ex-service organisations, non-government organisations, veteran-focused organisations, and healthcare providers), all subcategories are broadly represented in the survey.

Table 43. Frequency and Percentage of Respondents by Major Category and Subcategories

Service Provider Major Category and Subcategories	Count	Percentage
Ex-service organisations		
Returned and Services League	198	23%
Unit and ship associations	55	7%
Vietnam veteran associations	18	2%
Partners and families	6	<1%
Other ex-service organisations	40	5%
<i>Total</i>	<i>317</i>	<i>37%</i>
Non-government organisations		
General community support	81	10%
Religious groups	38	5%
Men's shed	34	4%
Peak body or awareness raising	28	3%
Emergency subsistence and housing	17	2%
Transport provision	12	1%
<i>Total</i>	<i>210</i>	<i>25%</i>
Veteran-focused organisations		
Wellbeing services	54	6%
Legacy	21	3%
Other veteran-focused organisations	21	3%
Patriotic and other funds	16	2%
Defence community support	9	1%
<i>Total</i>	<i>121</i>	<i>14%</i>
Healthcare providers		
Aged and residential care	64	8%
Secondary mental health care	24	3%
Secondary physical healthcare	18	2%
Primary healthcare	10	1%
<i>Total</i>	<i>116</i>	<i>14%</i>
Commemorative and cultural groups		
<i>Total</i>	<i>53</i>	<i>6%</i>
Education and training providers		
<i>Total</i>	<i>23</i>	<i>3%</i>
Government agencies		
<i>Total</i>	<i>9</i>	<i>1%</i>
Total service providers	849	100%

5.2. RESPONDENT LOCATION

State location was reported by 808 respondents. Most respondents are based in New South Wales (241; 30%), Victoria (187; 23%), and Queensland (176; 22%). When comparing the survey sample with verified service providers, percentages are within 3%.

Table 44. Survey Sample and Verified Service Providers Comparison by State/Territory

State	Survey Sample		Verified Service Providers	
	Count	Percentage	Count	Percentage
New South Wales	241	30%	1,558	29%
Victoria	187	23%	1,421	26%
Queensland	176	22%	1,085	20%
Western Australia	69	9%	477	9%
South Australia	66	8%	463	9%
Tasmania	32	4%	212	4%
Australian Capital Territory	23	3%	147	3%
Northern Territory	14	2%	61	1%
Total service providers	808	100%	5,424	100%

5.3. SERVICES PROVIDED

The types of services provided to veterans or their families were reported by 821 (97%) respondents. Services aligned with social connection (608; 74%), crisis and emergency support (342; 42%), and healthcare (271; 33%) are the most common. Services related to mental health include crisis counselling (148; 18%), psychological wellbeing programs (125; 15%), and mental health care (116; 14%). One hundred and thirty-six (17%) respondents reported providing 'other' types of services to veterans. Common examples include creative arts, referrals and advice, and animal therapy.

Table 45. Types of Veteran Services Provided

Type of Service	Count	Percentage
Crisis and emergency support		
Emergency subsistence support (e.g., food, clothing, financial assistance, household items)	281	34%
Crisis counselling (e.g., mental health, addiction, domestic violence)	148	18%
<i>Total</i>	342	42%
Healthcare		
Psychological wellbeing programs	125	15%
Mental health care	116	14%
Disability support	82	10%
Other allied health	67	8%
Medical care	48	6%
Physiotherapy or exercise physiology	41	5%
Physical rehabilitation programs	36	4%
Dental care	15	2%
<i>Total</i>	271	33%

Table 45. continued

Housing and care		
Housing (e.g., temporary, permanent, relocation)	80	10%
Independent living assistance (e.g., cleaning, house maintenance, personal care, transportation)	97	12%
Residential aged care	55	7%
Respite care	48	6%
Children's programs	43	5%
Childcare	10	1%
<i>Total</i>	228	28%
Education and training		
Vocational education training	62	8%
Job placements	46	6%
Career counselling	42	5%
Tertiary education	12	2%
<i>Total</i>	110	13%
Financial and legal assistance		
Claims advice, assistance and advocacy	159	19%
Grants and scholarships	86	11%
Legal advice or assistance	49	6%
Financial counselling	42	5%
Banking services (e.g., accounts, loans, insurance)	8	1%
Superannuation	3	<1%
Health insurance	3	<1%
<i>Total</i>	230	28%
Social connection		
Social and recreational programs	434	53%
Comradeship events and/or programs	419	51%
Newsletters and/or social media	393	48%
Commemoration events and/or programs	359	44%
Community introduction and/or integration services	217	26%
<i>Total</i>	608	74%
Miscellaneous		
Research	98	12%
Legislation and policy advocacy	82	10%
Spiritual or religious programs and support	72	9%
<i>Other</i>	136	17%
<i>Total</i>	302	37%

Ex-service organisations (94%) and veteran-focused organisations (80%) are more likely to provide services related to social connection. Ex-service organisations are also more likely to provide crisis and emergency support (58%).

Table 46. Type of Services by Service Provider Type

Type of Service	All service providers	Ex-service organisations	Healthcare providers	Non-government organisations	Veteran-focused organisations
Crisis and emergency support	342 (42%)	179 (58%)	17 (16%)	85 (42%)	52 (44%)
Healthcare	271 (33%)	70 (23%)	68 (62%)	62 (31%)	47 (40%)
Housing and care	228 (28%)	73 (24%)	62 (56%)	55 (27%)	35 (29%)
Financial and legal assistance	230 (28%)	124 (40%)	5 (5%)	36 (18%)	51 (43%)
Social connection	608 (74%)	290 (94%)	47 (43%)	119 (59%)	95 (80%)

Veteran-focused organisations are more multi-dimensional in their service provision than other service provider types. That is, the proportion of veteran-focused organisations offering services in each major service category is consistently higher than the overall proportion for all respondents. The radar chart indicates that veteran-focused organisations share much in common with ex-service organisations in their overall service provision, whilst incorporating a greater focus on healthcare provision. Non-government organisations displayed a similar multi-dimensional focus, albeit not as broad as veteran-focused organisations.

Figure 30. Service Category by Service Provider Type (Radar Diagram)

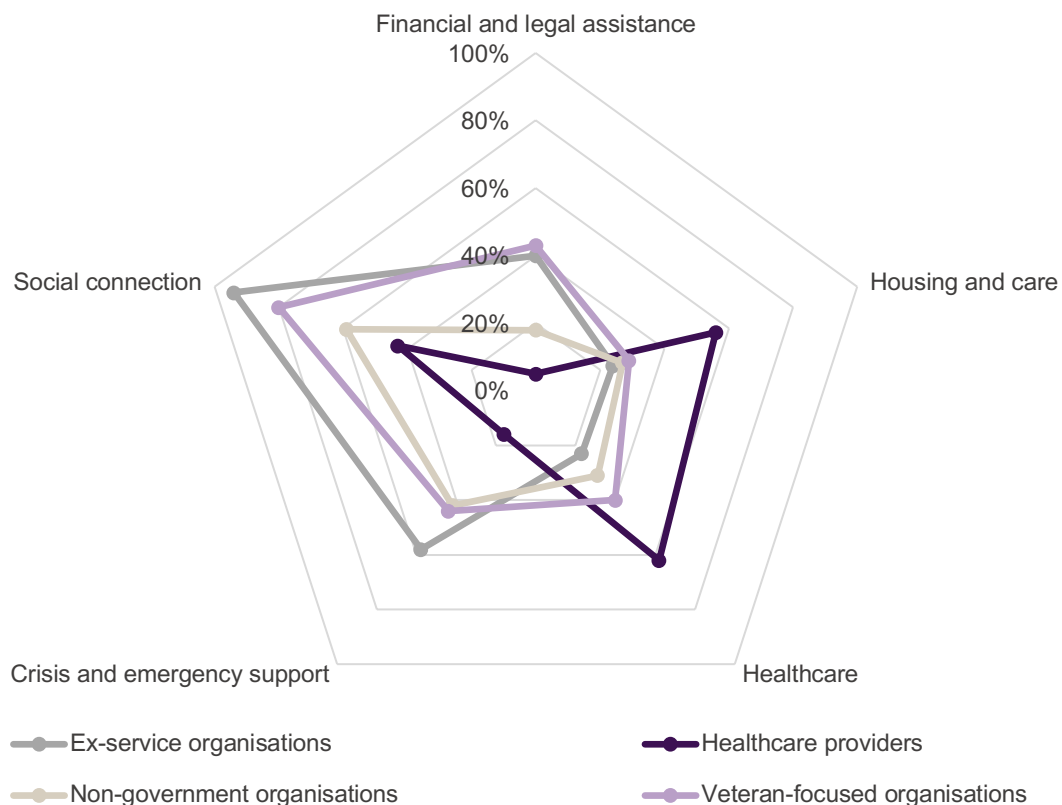
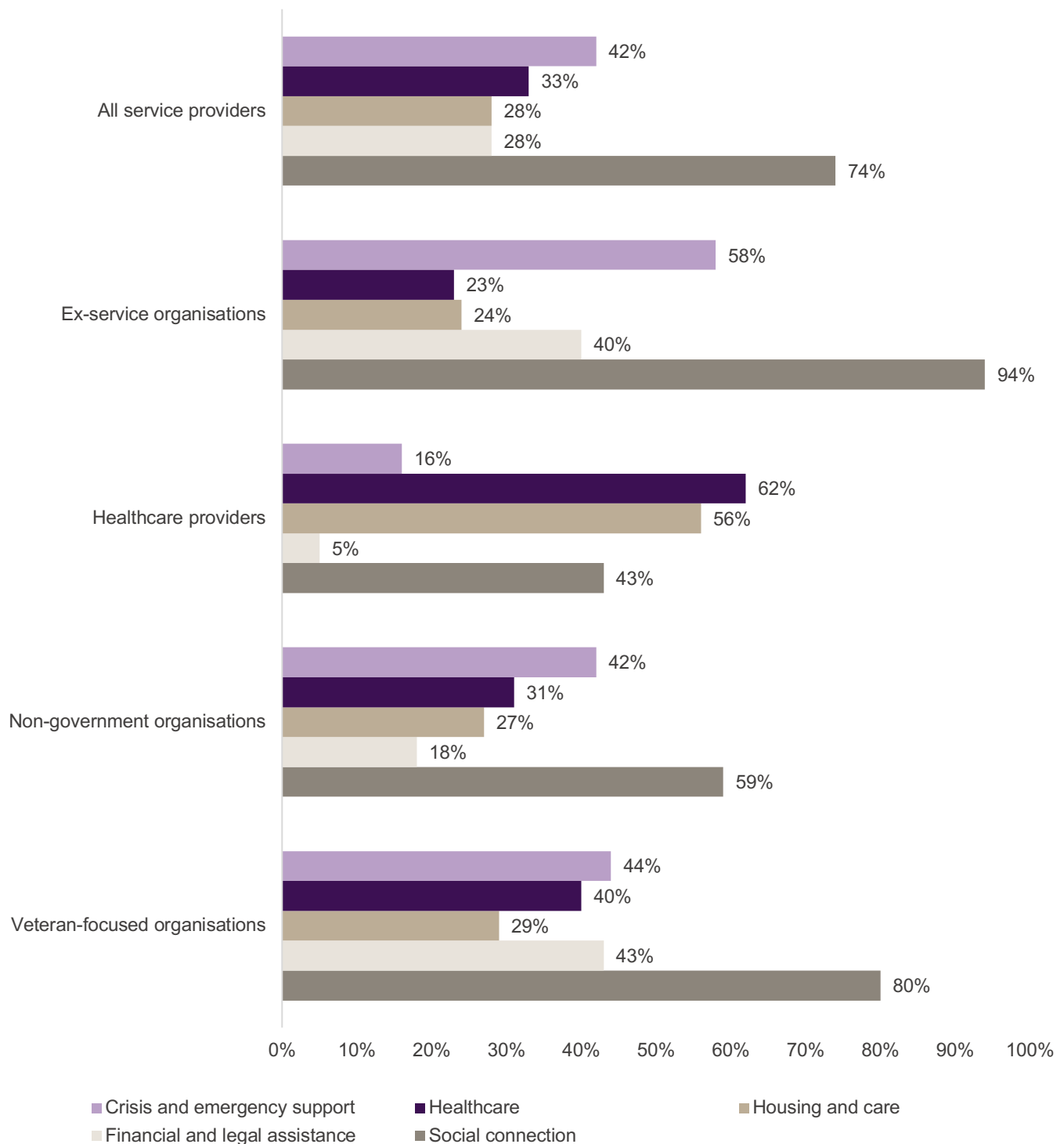
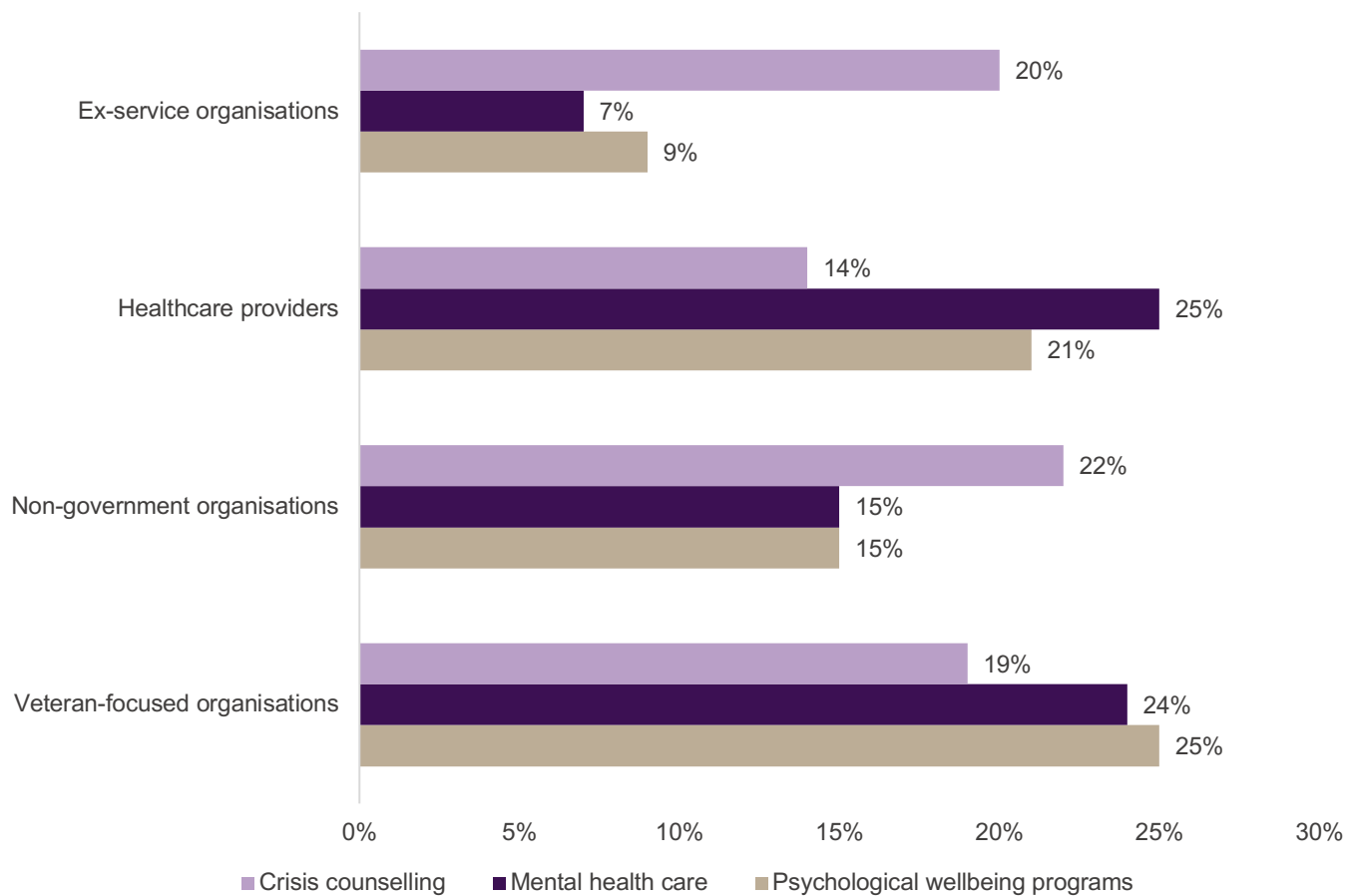


Figure 29. Service Category by Service Provider Type



The provision of mental health related services also varied by major category type. Healthcare providers (25%) and veteran-focused organisations (24%) are the most likely to report providing services related to mental health care. Ex-service organisations are more likely to provide services related to crisis counselling (20%) but are the least likely to provide services related to either mental health care (7%) or psychological wellbeing programs (9%). A relatively high proportion of veteran-focused organisations offer services in crisis counselling (19%), mental health care (24%), or psychological wellbeing (25%).

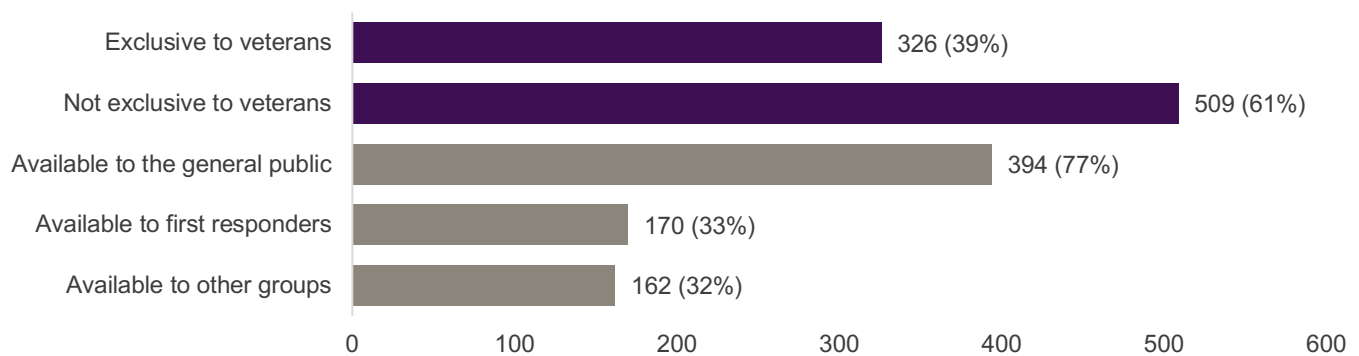
Figure 31. Mental Health Related Services by Service Provider Type



Client Focus

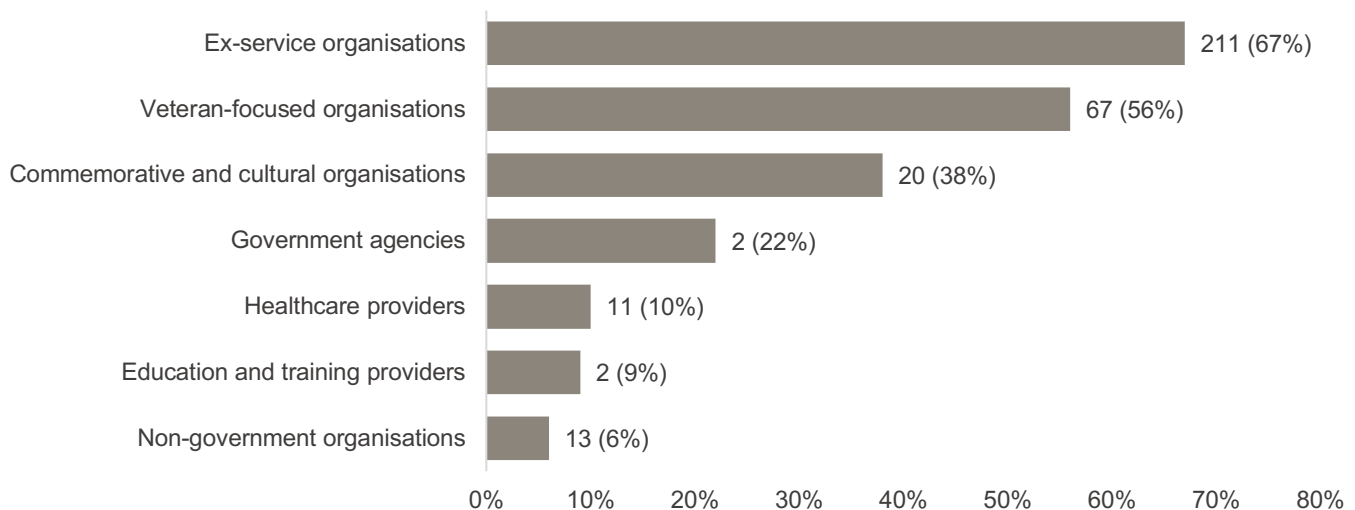
The extent to which their services are provided exclusively to veterans and their families was reported by 835 respondents (98%). Three hundred and twenty-six (39%) said they provide services exclusively to veterans, while 509 (61%) do not. Of those that are not exclusive to veterans, 394 (77%) also provide their services to the general public, 170 (33%) to first responders, and 162 (32%) to other groups.

Figure 32. Frequency and Percentage of Respondents by Veteran Service Exclusivity



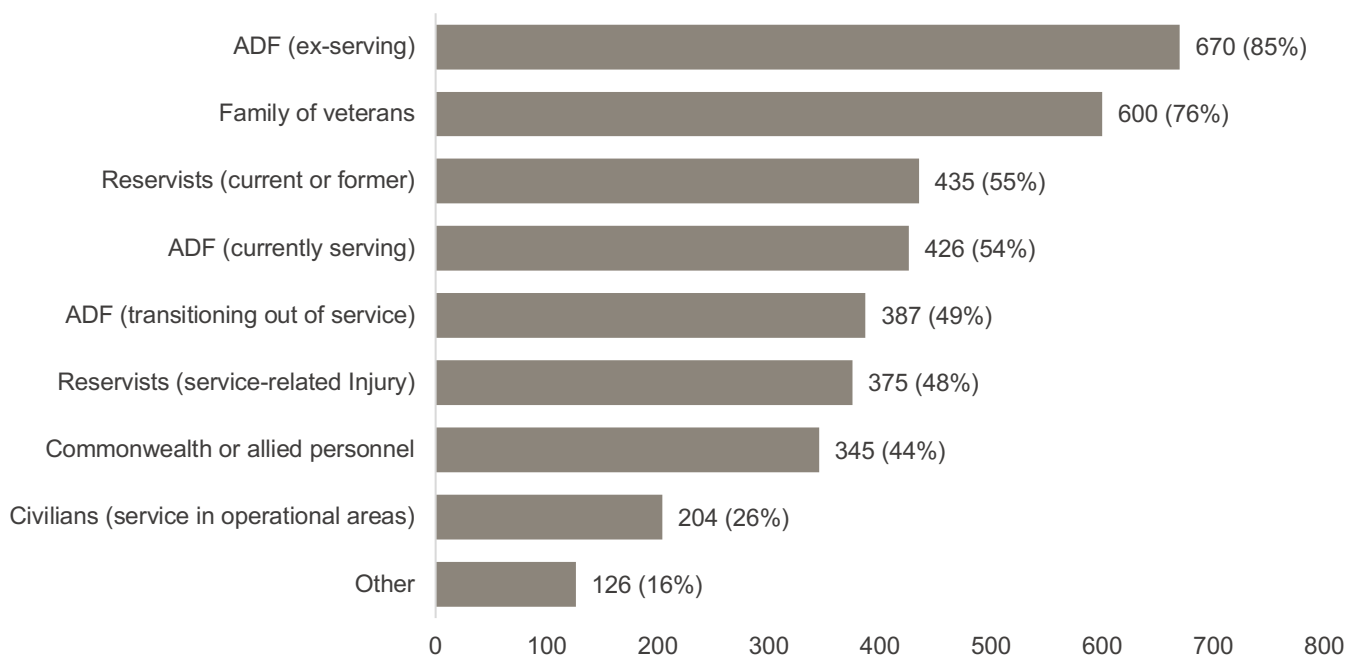
The major categories with the highest proportion of veteran exclusivity are ex-service organisations⁶ (211; 67%) and veteran-focused organisations (67; 56%). Non-government organisations, education and training providers, and healthcare providers have the smallest proportion of veteran specific service provision.

Figure 33. Veteran Exclusivity by Major Category



Most respondents reported some targeting of services to specific veteran communities (790; 93%). The groups most often targeted are ex-serving members of the ADF (670; 85%) and family members of veterans (600; 76%). Civilians with service in operational areas are the least likely group to be offered targeted or specialised services (204; 26%).

Figure 34. Veteran Communities Served



⁶ While ex-service organisations are membership-based and therefore fully exclusive to veterans or their families by definition, the ex-service organisation response here may reflect the fact that many RSL sub-branches have affiliated clubs that are open to the public.

A total of 135 (17%) respondents offer services specialised for, or targeted to, current or ex-serving members belonging to specific branches of the ADF. There is little variation in the number of respondents providing specialised services between the different branches. A total of 196 (25%) respondents offer services specialised for, or targeted to, demographic segments of the veteran population. A total of 326 (40%) respondents offer services specialised for, or targeted to, veteran family groups.⁷

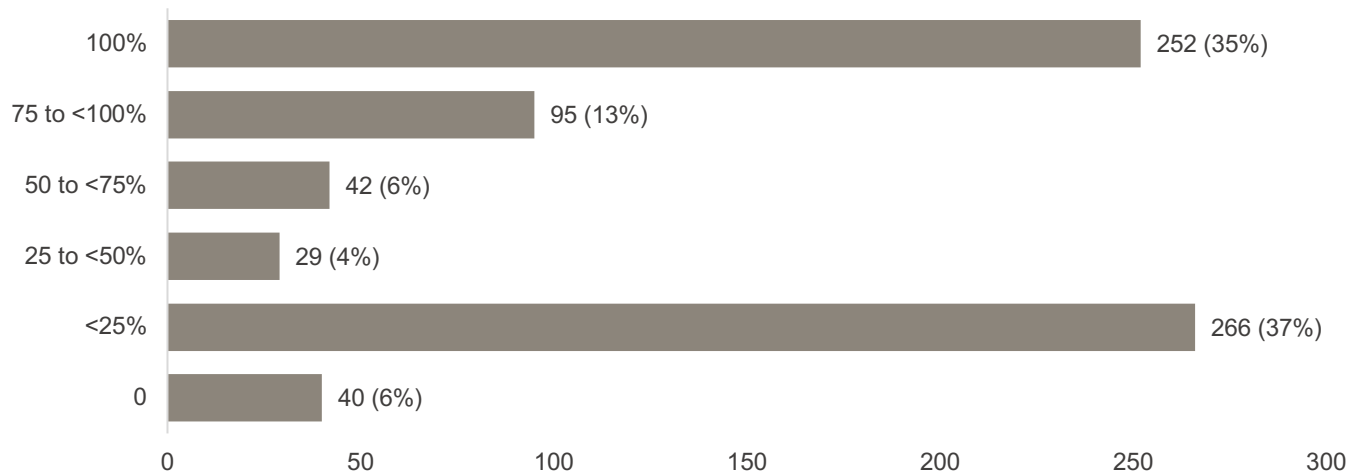
Table 47. Provision of Targeted and Specialised Services

Veteran Groups	Count	Percentage
Parts or branches of the ADF		
<i>Offers specialised services</i>	135	17%
<i>Does not offer specialised services</i>	660	83%
Army only	51	6%
Air force only	42	5%
Navy only	49	6%
Reservists only	37	5%
National service only	33	4%
Other	72	9%
Veteran groups (demographic)		
<i>Offers specialised services</i>	196	25%
<i>Does not offer specialised services</i>	599	75%
Ageing veterans (over 65)	133	17%
Younger veterans (under 35)	95	12%
Male veterans	98	12%
Female veterans	92	12%
Indigenous veterans	66	8%
LGBTQI+ veterans	57	7%
Culturally and linguistically diverse veterans	47	6%
Veterans from a specific religious group	35	4%
Other	22	3%
Family groups		
<i>Offers specialised services</i>	268	34%
<i>Does not offer specialised services</i>	518	66%
Widow/ers of veterans	212	27%
Partners or spouses of veterans	192	24%
Children of veterans	151	19%
Extended family of veterans	102	13%
Parents of veterans	91	12%
Other	23	3%

⁷ It is important to note, however, that some respondents may have selected groups to whom they make generic services available rather than identifying groups they specifically target or provide specialised services to. As such, these results may be overestimates and should be interpreted cautiously.

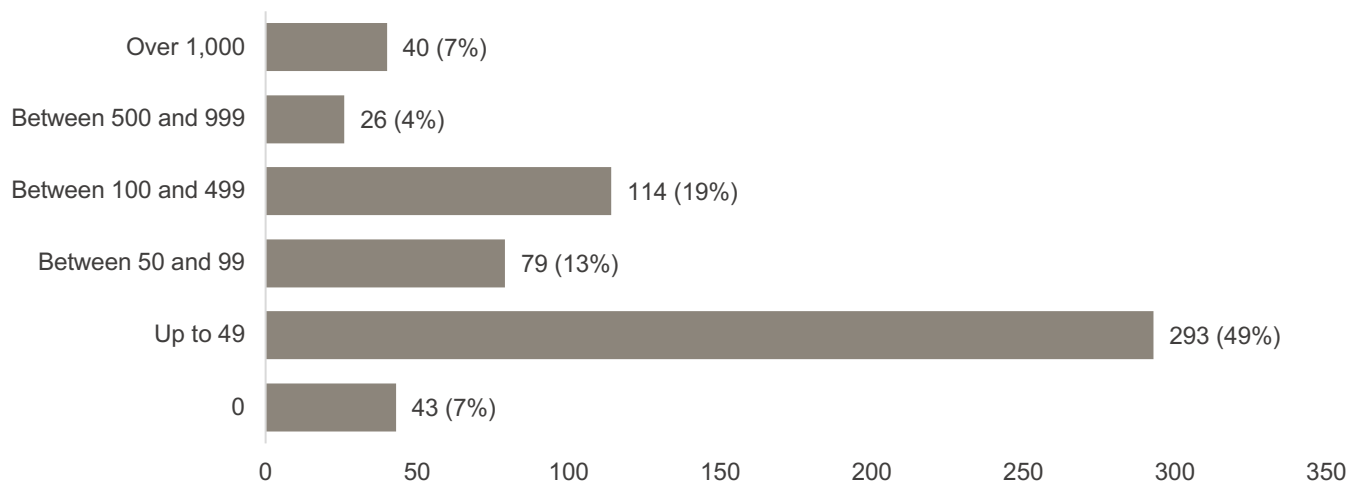
Respondents reported the proportion of their clients who are veterans or their families (724; 85%). A total of 252 (35%) only serve veterans or their families, while 95 (13%) primarily serve veterans or their families (i.e., greater than 75% of clients). For 266 (37%) respondents, veterans or their families comprise a minority within their client base (i.e., less than 25% of clients). A small number (40; 6%) do not directly deal with veterans or their families as clients.

Figure 35. Proportion of Veteran Clients



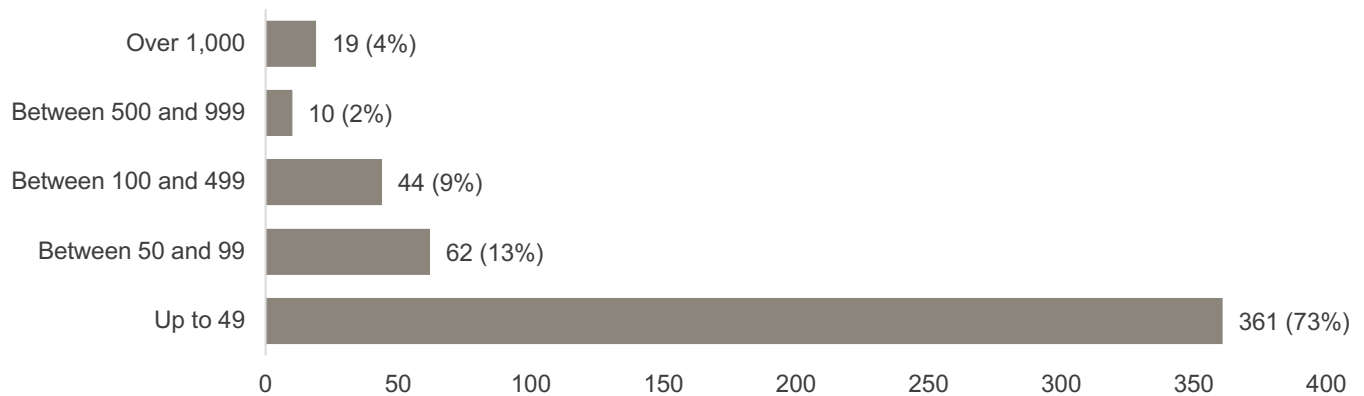
Respondents reported the number of veteran or family clients they provided services to in the last 12 months (590; 70%). Half (293; 49%) reported offering services to fewer than 50 veterans over the past 12 months. Forty-three (7%) respondents did not provide services to any veterans in the last 12 months.

Figure 36. Number of Veteran Clients Served in the Last 12 Months



Respondents reported the number of new veteran or family clients they provided services to in the last 12 months (496; 58%). Approximately three quarters (361; 73%) of respondents provided services to less than 50 new veteran or family clients in the last 12 months.

Figure 37. Number of New Veteran Clients Served in the Last 12 Months



Ex-service organisations and veteran-focused organisations have the highest proportion of veterans and their family members as clients. For example, 61% of ex-service organisations and 52% of veteran-focused organisations reported that all of their clients were veterans or their family members. In contrast, 66% of healthcare providers and 80% of non-government organisations have less than 25% of their client base as veterans.

Veteran-focused organisations are the largest veteran service providers in terms of the size of their veteran or family client base over the past 12 months. Specifically, 18% of veteran-focused organisations provided services to over 1,000 veterans or their family members. By contrast, ex-service organisations, healthcare providers, and non-government organisations reported substantially fewer numbers of veteran and family clients.

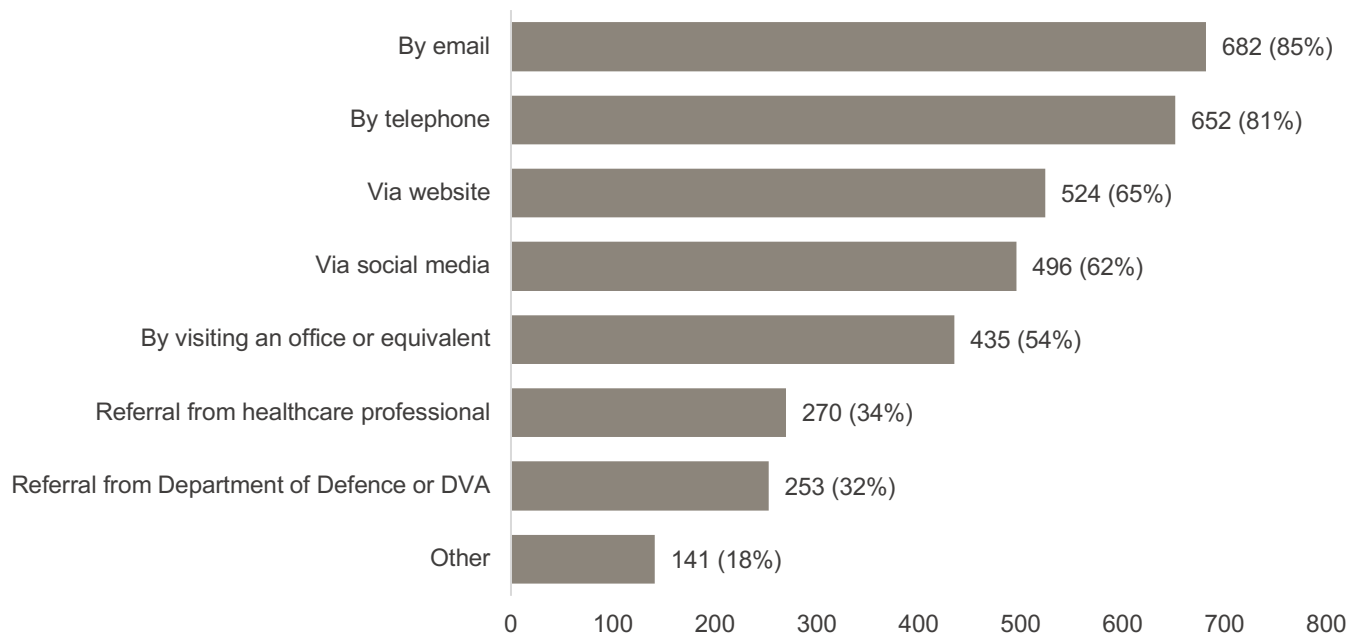
Veteran-focused organisations also grew at a higher rate (in terms of the size of their veteran client base) than other parts of the veteran service sector. This was indicated by the higher number of new veteran and family clients they engaged in the past 12 months relative to other service provider types.

Table 48. Number and Proportion of Veteran and Family Clients

Veteran and Family Client Numbers					
	All service providers	Ex-service organisations	Healthcare providers	Non-government organisations	Veteran-focused organisations
Proportion of veteran clients					
100%	252 (35%)	171 (61%)	2 (2%)	4 (2%)	57 (52%)
75 to <100%	95 (13%)	53 (19%)	11 (11%)	6 (4%)	17 (16%)
50 to <75%	42 (6%)	21 (8%)	7 (7%)	1 (<1%)	9 (8%)
25 to <50%	29 (4%)	11 (4%)	8 (8%)	6 (4%)	1 (<1%)
<25%	266 (37%)	14 (5%)	67 (66%)	132 (80%)	22 (20%)
0	40 (6%)	10 (4%)	6 (6%)	16 (10%)	3 (3%)
<i>Total</i>	<i>724 (85%)</i>	<i>280 (100%)</i>	<i>101 (100%)</i>	<i>165 (100%)</i>	<i>109 (100%)</i>
Number of veteran or family clients provided with services in the last 12 months					
Over 1,000	40 (7%)	10 (4%)	3 (3%)	4 (3%)	17 (18%)
Between 500 and 999	26 (4%)	10 (4%)	2 (2%)	1 (<1%)	7 (7%)
Between 100 and 499	114 (19%)	47 (21%)	14 (16%)	9 (7%)	32 (33%)
Between 50 and 99	79 (13%)	39 (17%)	12 (14%)	11 (9%)	13 (13%)
Up to 49	293 (49%)	109 (48%)	53 (60%)	87 (67%)	26 (27%)
0	43 (7%)	13 (6%)	4 (5%)	18 (14%)	2 (2%)
<i>Total</i>	<i>590 (70%)</i>	<i>228 (100%)</i>	<i>88 (100%)</i>	<i>130 (100%)</i>	<i>97 (100%)</i>
Number of new veteran or family clients in the last 12 months					
Over 1,000	19 (4%)	5 (3%)	1 (1%)	1 (1%)	10 (10%)
Between 500 and 999	10 (2%)	3 (2%)	-	1 (1%)	2 (2%)
Between 100 and 499	44 (9%)	14 (7%)	5 (7%)	2 (2%)	14 (14%)
Between 50 and 99	62 (13%)	24 (12%)	8 (11%)	11 (12%)	13 (13%)
Up to 49	361 (73%)	147 (76%)	58 (81%)	75 (83%)	58 (60%)
<i>Total</i>	<i>496 (58%)</i>	<i>193 (100%)</i>	<i>72 (100%)</i>	<i>90 (100%)</i>	<i>97 (100%)</i>

A total of 801 (94%) respondents reported how clients connect with them. The most common avenues for contact are email (682; 85%), telephone (652; 81%), and via a website (524; 65%).

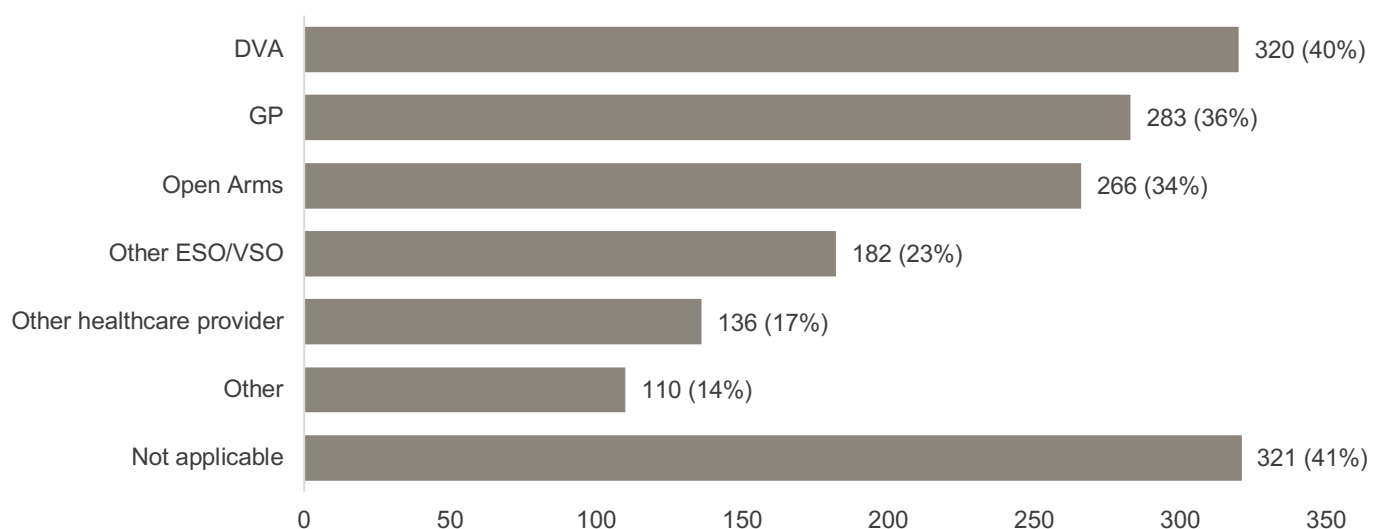
Figure 38. Methods Used by Clients to Connect with Service Providers



Referrals

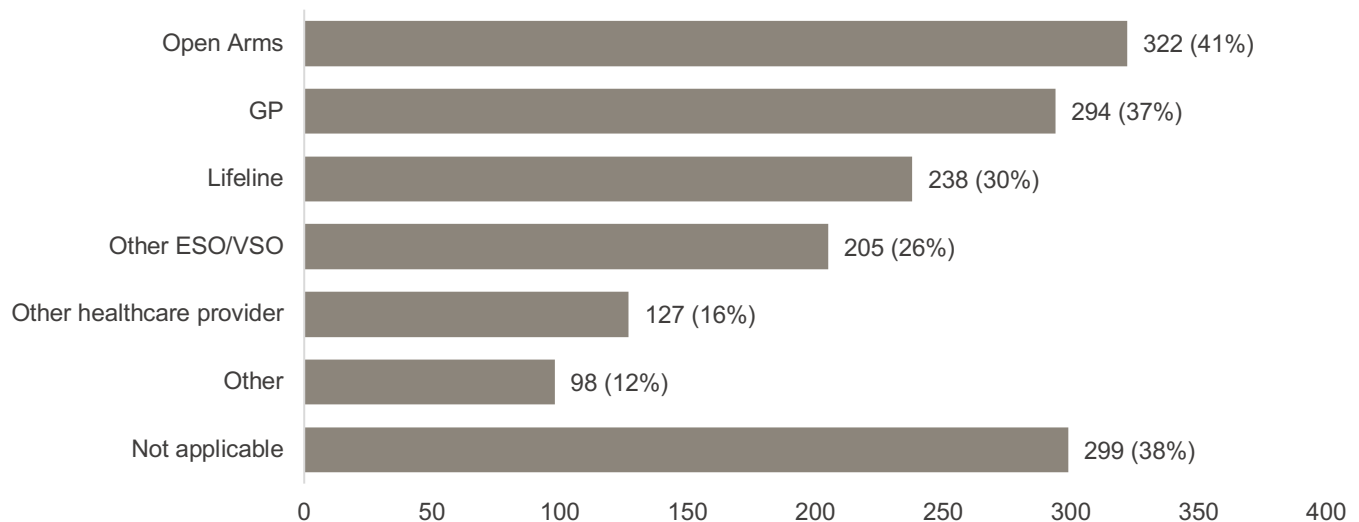
A total of 793 (93%) respondents reported who they accept referrals from. The most common source of client referrals is the DVA (320; 40%), followed by GPs (283; 36%), and Open Arms (266; 34%).

Figure 39. Client Referrals from Other Entities



A total of 789 (93%) respondents reported who they provide client referrals to. The most common entities are Open Arms (322; 41%), GPs (294; 37%), and Lifeline (238; 30%).

Figure 40. Client Referrals to Other Entities



5.4. SERVICE PROVIDER OPERATIONS

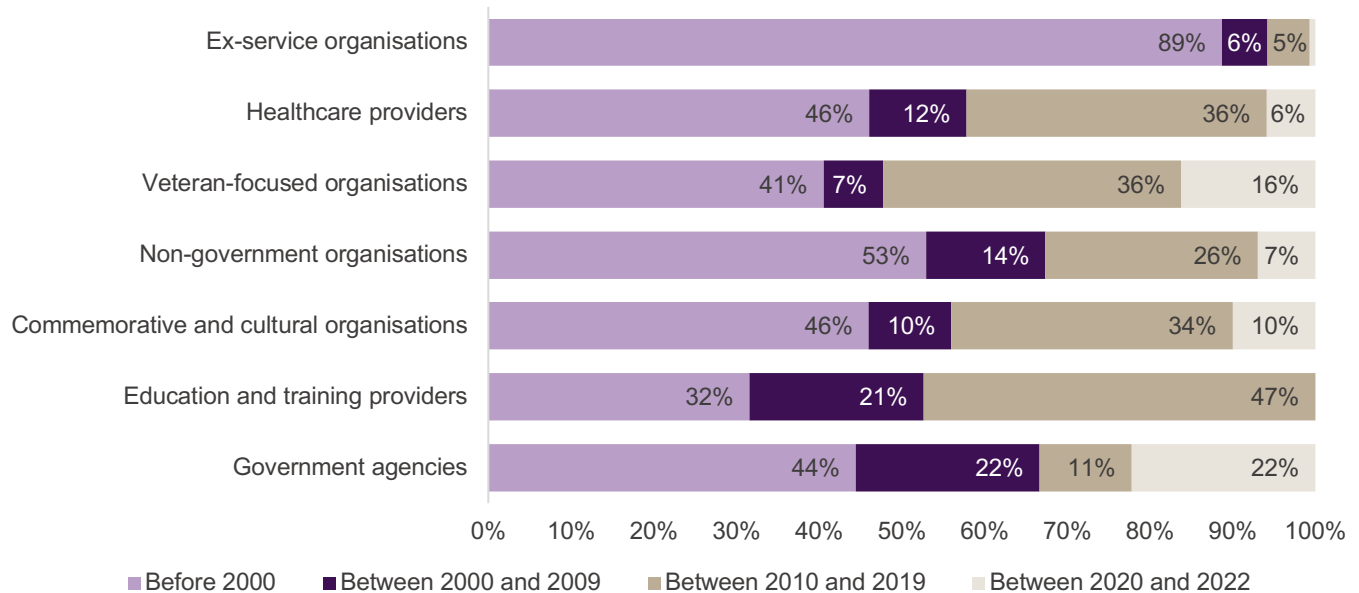
Year of operational commencement was reported by 771 (91%) respondents. Most said that their operations commenced prior to the year 2000 (484; 63%). A total of 74 (10%) respondents reported being established between 2000 and 2009, 167 (22%) between 2010 and 2019, and 46 (6%) between 2020 and 2022.

Table 49. Frequency and Percentage of Respondents by Year of Operational Commencement

Year of Commencement				
	Before 2000	Between 2000 and 2009	Between 2010 and 2019	Between 2020 and 2022
Ex-service organisations	260 (89%)	16 (6%)	15 (5%)	2 (<1%)
Healthcare providers	47 (46%)	12 (12%)	37 (36%)	6 (6%)
Veteran-focused organisations	45 (41%)	8 (7%)	40 (36%)	18 (16%)
Non-government organisations	99 (53%)	27 (14%)	48 (26%)	13 (7%)
Commemorative and cultural groups	23 (46%)	5 (10%)	17 (34%)	5 (10%)
Education and training providers	6 (32%)	4 (21%)	9 (47%)	-
Government agencies	4 (44%)	2 (22%)	1 (11%)	2 (22%)

Ex-service organisations tend to be older than other provider types with 260 (89%) formed prior to the year 2000.

Figure 41. Year of Commencement by Service Provider Type



Organisational structure was reported by 826 (97%) respondents. Of these, 442 (54%) are stand-alone, 321 (39%) are a branch/division/section of a larger organisation, and 63 (8%) are parent organisations.

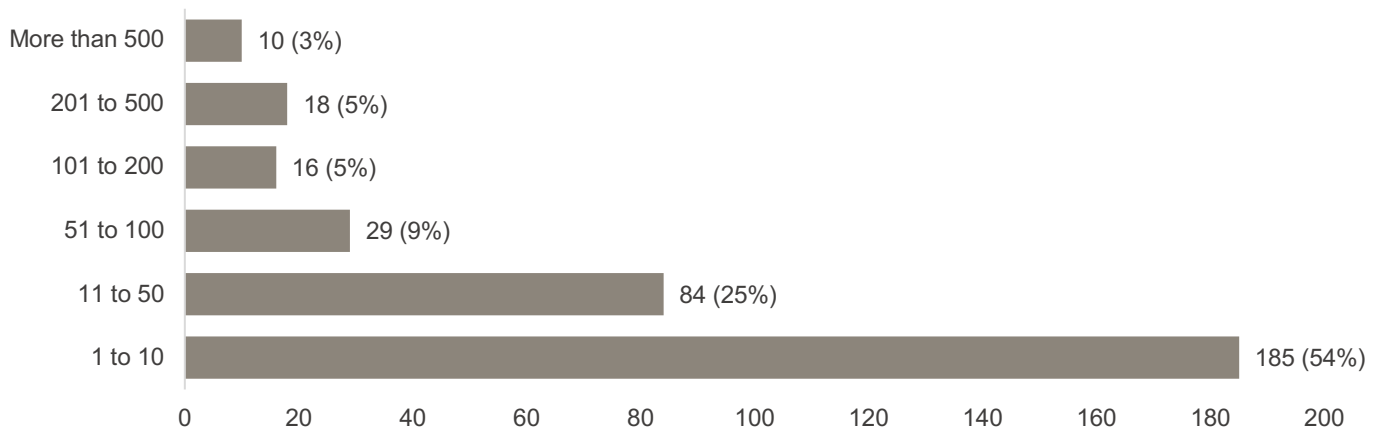
Table 50. Frequency and Percentage of Respondents by Organisational Structure

Organisational Structure	Count	Percentage
A stand-alone organisation	442	54%
A branch/division/section of a larger organisation	321	39%
A parent organisation with branches/divisions/sections	63	8%
Total organisations	826	100%

The number of respondents that reported on whether they have an ABN was 813 (96%). Of these, 720 (89%) reported having an ABN, while 93 (11%) reported not having an ABN.

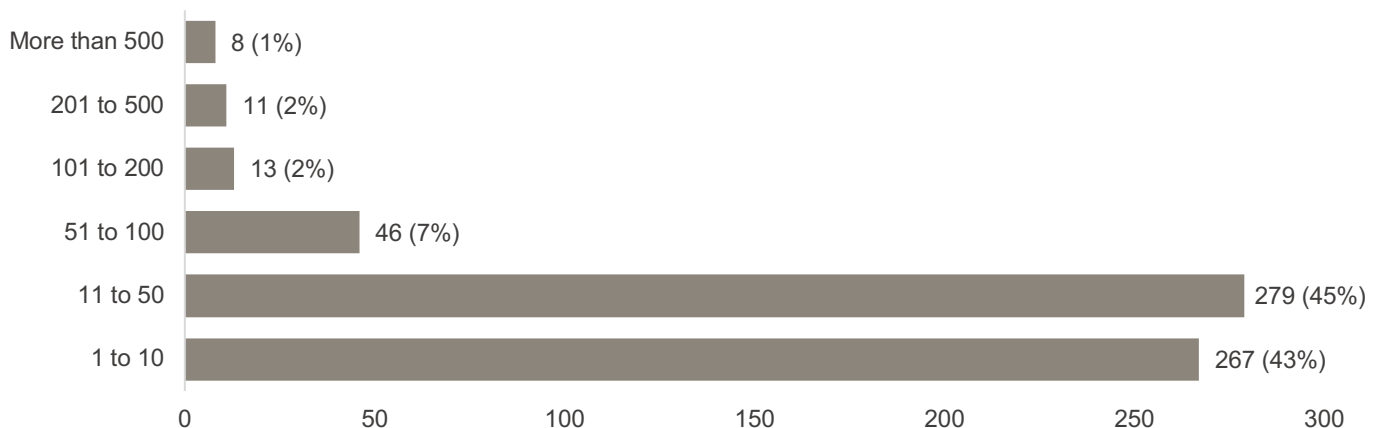
Employment of paid staff was reported by 786 (93%) respondents. Three hundred and fifty-four (45%) indicated that they employ paid staff. Of these, 342 (97%) also reported the number of paid staff they employ. A total of 159 (45%) respondents reported employing 5 or fewer paid staff.

Figure 42. Number and Percentage of Paid Staff



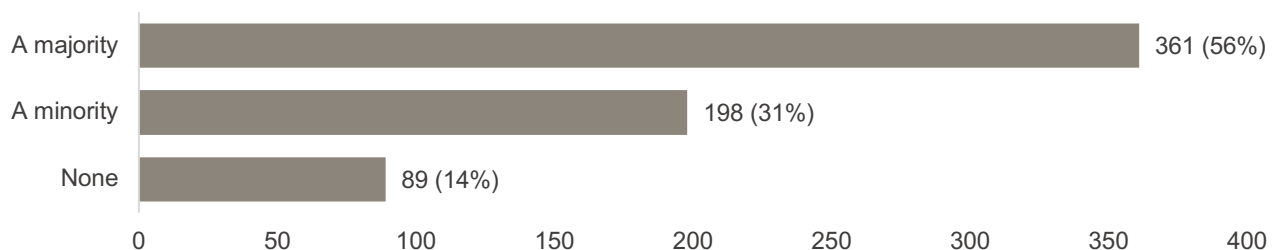
Employment of volunteer staff was reported by 783 (92%) respondents. Of these, 667 (85%) employ volunteer staff. Furthermore, 624 (94%) of these respondents also reported the number of volunteer staff they employ. The majority of survey respondents employ 50 or fewer volunteer staff.

Figure 43. Number and Percentage of Volunteer Staff



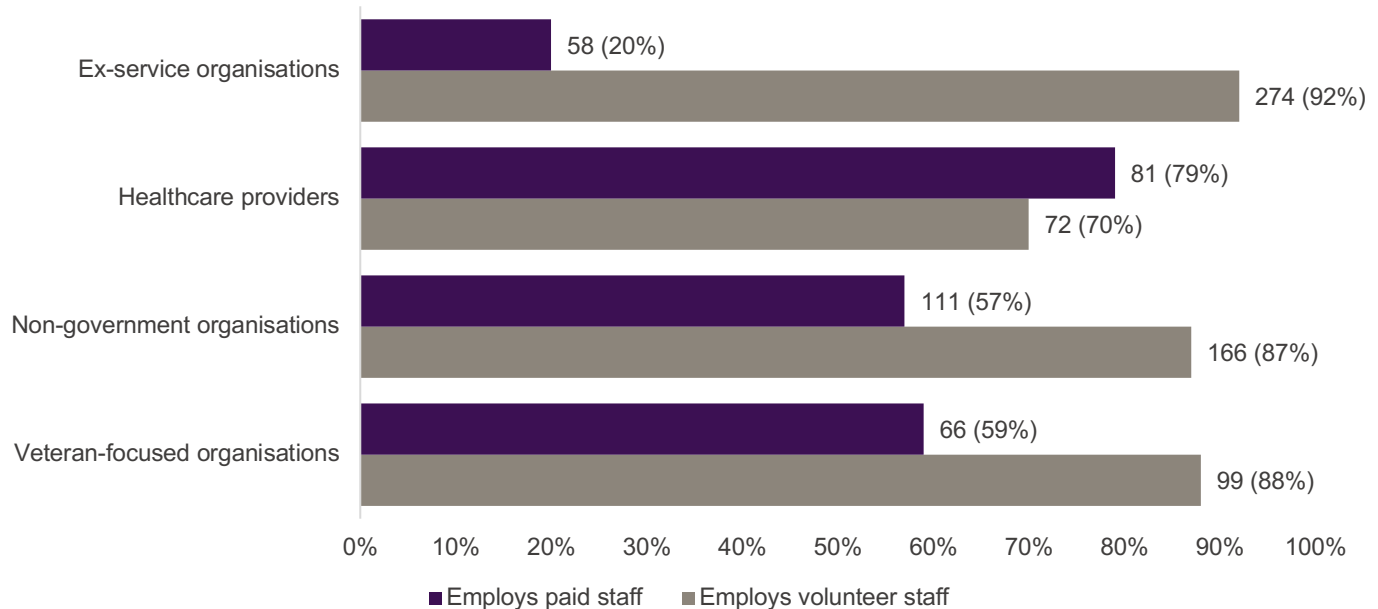
Of the respondents employing volunteer staff, 648 (76%) also reported the proportion of their volunteers who are veterans or their family members. Approximately half of respondents employing veterans or their family members reported that volunteers make up most of their staff (361; 56%). Eighty-nine (14%) respondents do not employ veterans or their family members as volunteers.

Figure 44. Proportion of Volunteer Staff Who Are Veterans or Their Family Members



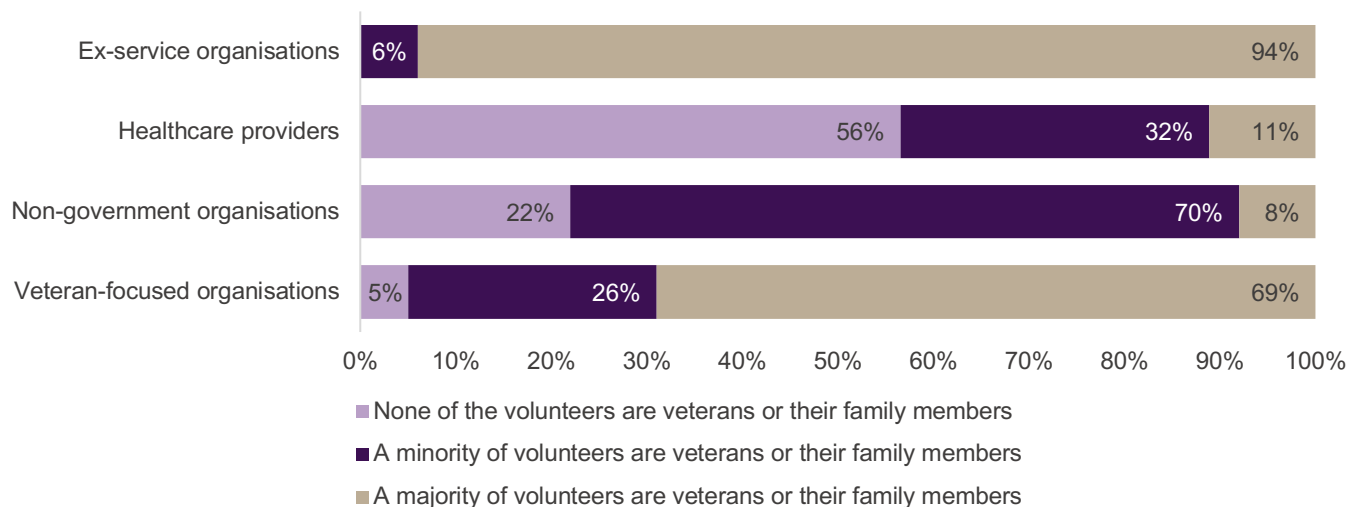
Healthcare providers are the most likely provider type to employ paid staff (81; 79%), followed by veteran-focused organisations (66; 59%), and non-government organisations (111; 57%). Comparatively, ex-service organisations are less likely to employ paid staff (58; 20%). Employment of volunteer staff is common across all provider types but highest among ex-service organisations (274; 92%).

Figure 45. Employment of Paid and Volunteer Staff by Service Provider Type



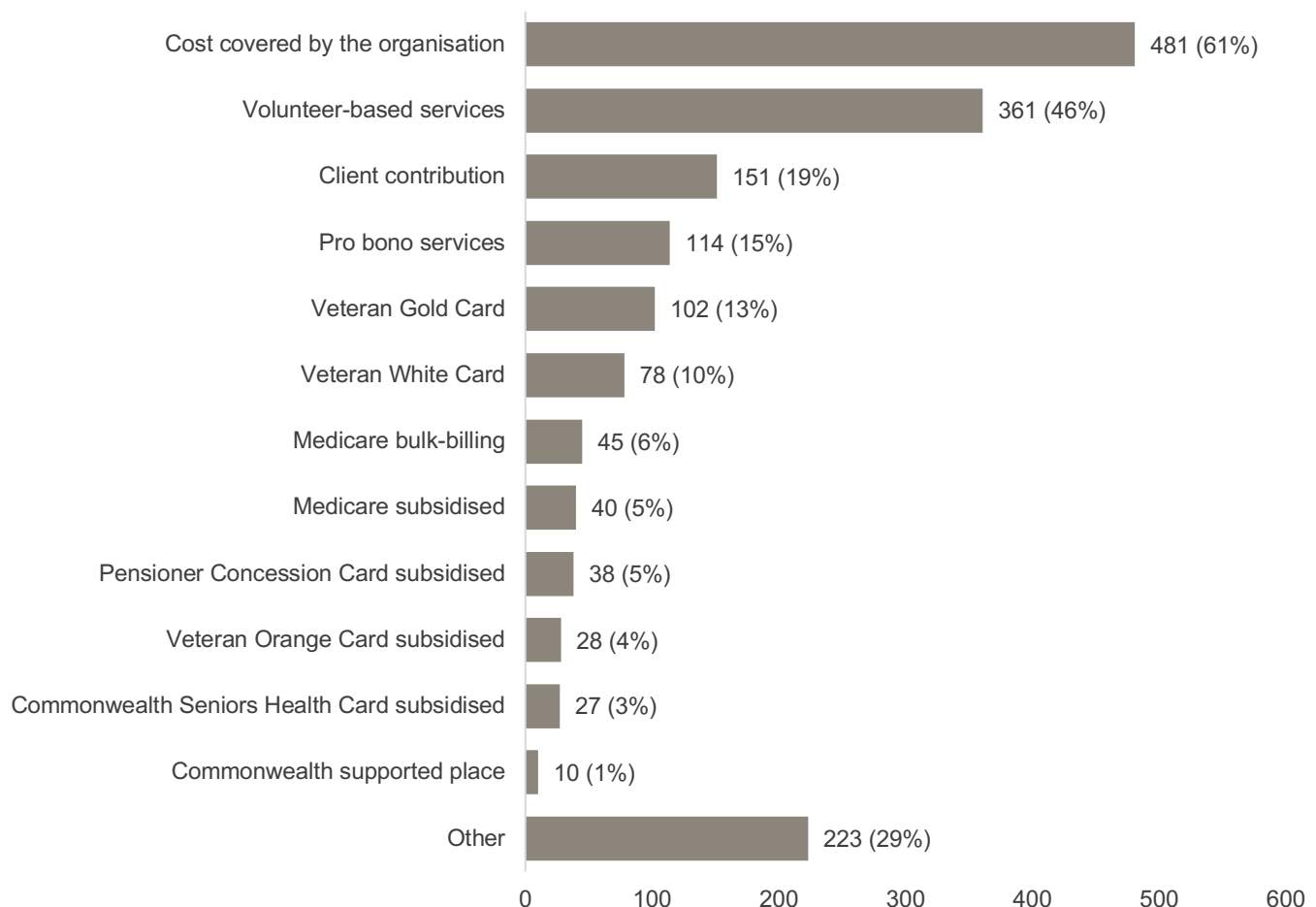
In the case of ex-service organisations, most volunteer staff (upon which they rely heavily) are veterans or their family members (252; 94%). This is true to a lesser extent for veteran-focused organisations, a substantial number of whom also reported that their volunteers are mainly veterans (68; 69%). Among non-government organisations, only a minority of volunteers are veterans or their families (110; 70%). About half of healthcare providers reported no veterans among their volunteer staff (40; 56%).

Figure 46. Proportion of Veteran Staff by Service Provider Type



A total of 783 (92%) respondents reported how the cost of their services are paid for. Most providers covered the costs themselves or rely on volunteers (361, 46%).

Figure 47. Means of Payment for Veteran Services



Revenue Sources

Main revenue sources were reported by 783 (92%) respondents. The most common government revenue source is the DVA (99; 13%). However, a relatively large number of respondents reported receiving revenue from 'other government sources' (147; 19%). These sources include funding from departments of state, territory or federal governments, My Aged Care, and the National Disability Insurance Scheme. The most common non-government revenue sources are donations (476; 61%), fundraising (442; 56%), and membership fees (307; 39%). Grant revenue (from either government or non-government sources) was reported by 312 (40%) respondents.

Healthcare providers are more than twice as likely to report receiving government funding than other types of providers (78; 76%), which is accounted for by the addition of Medicare funding (39; 38%). Ex-service organisations are the least likely to report receiving government funding (34; 11%) and are substantially more reliant upon membership fees than other organisations (204; 69%). A majority of ex-service organisations also receive revenue from fundraising (199; 67%) and donations (193; 65%). Veteran-focused organisations are the most likely to report revenue from donations (84; 75%) and corporate sponsorship (28; 25%). Grant revenue is also more common among veteran-focused organisations (58; 52%), followed by non-government organisations (81; 42%) and ex-service organisations (108; 36%).

Table 51. Sources of Revenue

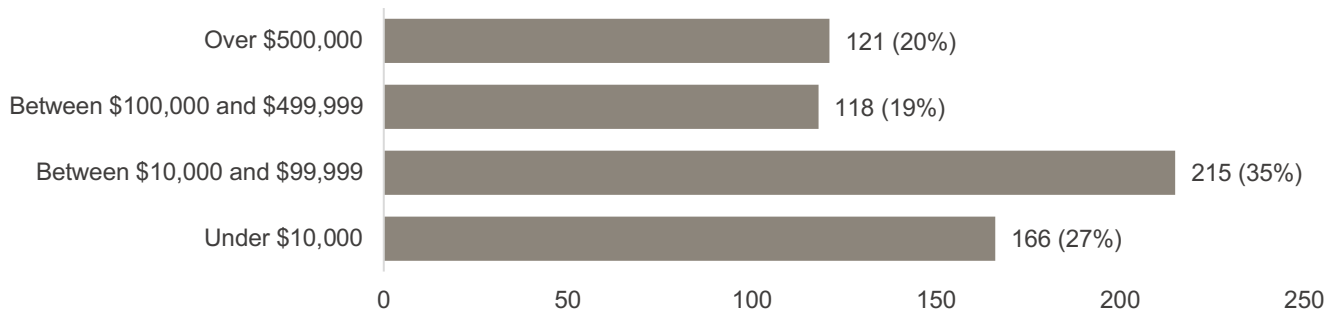
Source of Revenue	All service providers	Ex-service organisations	Healthcare providers	Non-government organisations	Veteran-focused organisations
Government revenue source					
Department of Veterans' Affairs (DVA)	99 (13%)	30 (10%)	25 (24%)	10 (5%)	23 (21%)
Medicare	44 (6%)	-	39 (38%)	2 (1%)	3 (3%)
Department of Defence	12 (2%)	1 (<1%)	-	2 (1%)	7 (6%)
Australian Defence Force	8 (1%)	2 (<1%)	-	3 (2%)	2 (2%)
Other government source	147 (19%)	9 (3%)	44 (43%)	58 (30%)	15 (13%)
<i>Total service providers with government revenue sources</i>	245 (31%)	34 (11%)	78 (76%)	65 (34%)	38 (34%)
Non-government revenue source					
Donations	476 (61%)	193 (65%)	34 (33%)	126 (66%)	84 (75%)
Fundraising	442 (56%)	199 (67%)	29 (28%)	105 (55%)	72 (64%)
Membership fees	307 (39%)	204 (69%)	6 (6%)	58 (30%)	19 (17%)
Merchandising	151 (19%)	92 (31%)	2 (2%)	21 (11%)	25 (22%)
Investment interest	119 (15%)	77 (26%)	2 (2%)	10 (5%)	24 (21%)
Clients (fee for service or co-contribution)	122 (16%)	6 (2%)	39 (38%)	52 (27%)	10 (9%)
Bequest	93 (12%)	33 (11%)	6 (6%)	19 (10%)	25 (22%)
Corporate sponsorship	88 (11%)	22 (7%)	6 (6%)	18 (10%)	28 (25%)
Trust funding	24 (3%)	9 (3%)	-	6 (3%)	6 (5%)
Claims advocacy	5 (<1%)	2 (<1%)	2 (2%)	-	1 (<1%)
Non-claims advocacy	1 (<1%)	-	-	1 (<1%)	-
Other	114 (15%)	39 (13%)	20 (19%)	22 (12%)	15 (13%)
<i>Total service providers with non-government revenue sources</i>	701 (90%)	296 (>99%)	71 (69%)	180 (94%)	107 (96%)
Grants[^]					
<i>Total</i>	312 (40%)	108 (36%)	29 (28%)	81 (42%)	58 (52%)

[^] Includes both government and non-government funded grants

Total Revenue and Costs

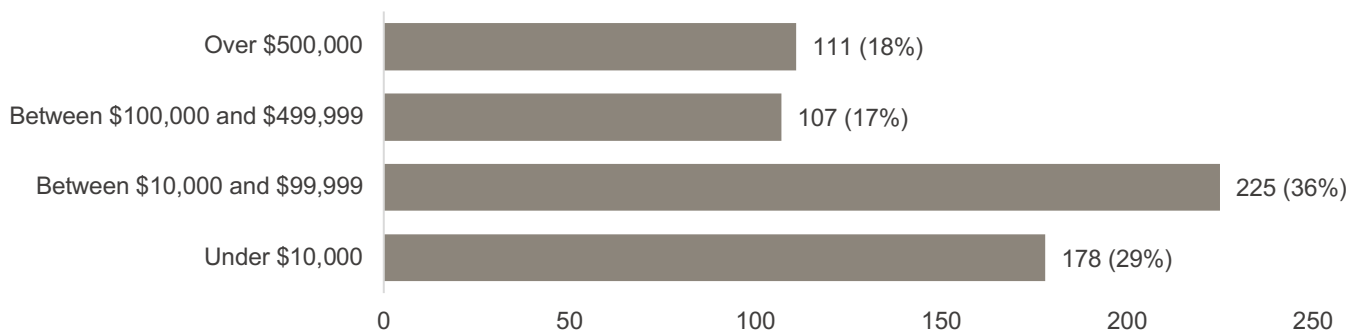
Total revenue was reported by 620 (73%) respondents. Most reported revenue between \$10,000 and \$99,999 (215; 35%) followed by under \$10,000 (166; 27%).

Figure 48. Total Revenue



Total costs were reported by 621 (73%) respondents, and similarly distributed to total revenue. Most reported total costs between \$10,000 and \$99,999 (225; 36%) followed by under \$10,000 (178; 29%).

Figure 49. Total Costs



Healthcare providers tend to report the highest revenue and costs. For example, 32 (54%) healthcare providers reported over \$500,000 total revenue while 27 (46%) reported over \$500,000 total costs. A majority of non-government organisations and veteran-focused organisations reported levels of revenue and costs greater than \$10,000 but less than \$500,000. By contrast, almost half of all ex-service organisations operated at a smaller scale, reporting total revenue and costs of less than \$10,000.

Table 52. Sources of Revenue, Total Revenue, and Total Costs by Service Provider Type

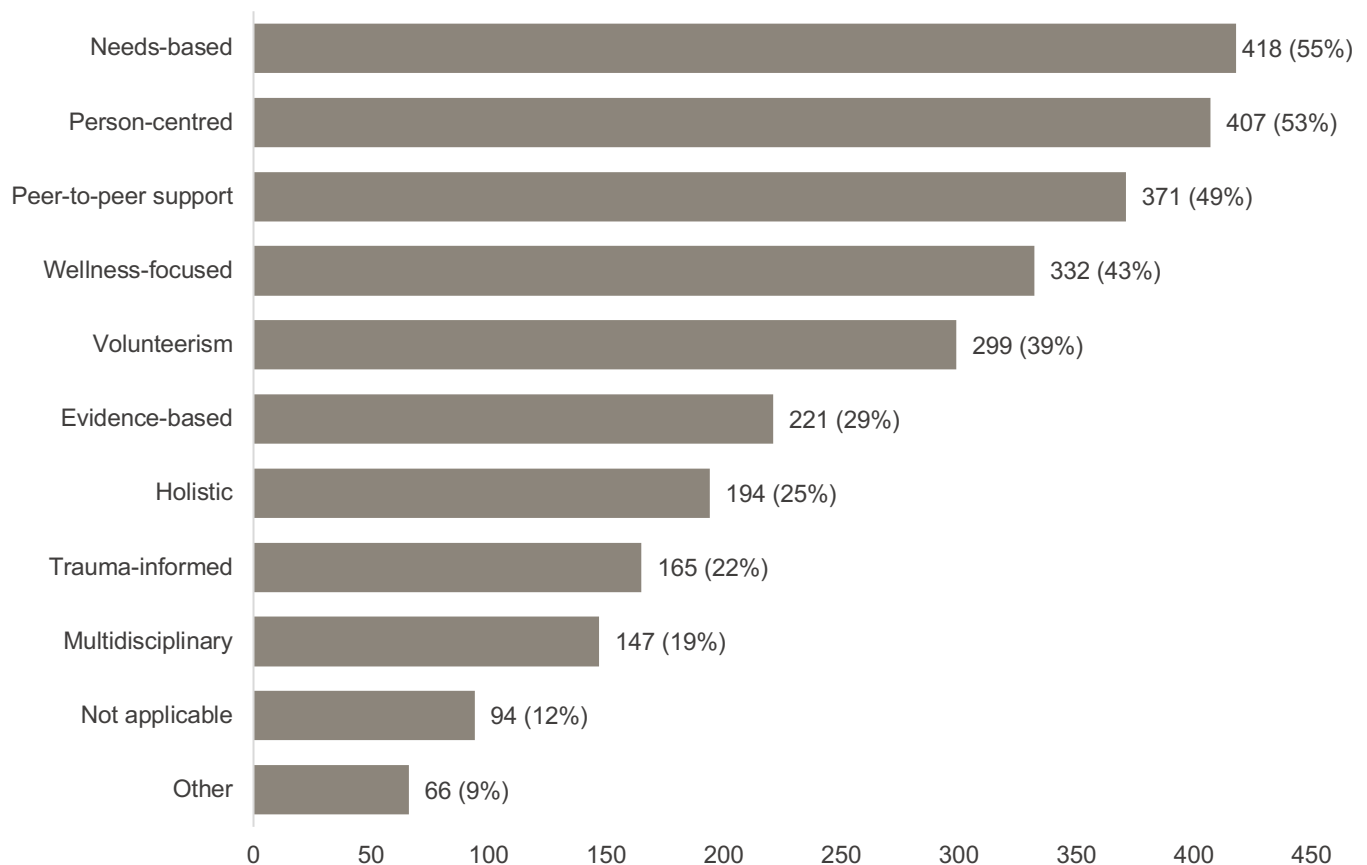
Source of Revenue					
	All service providers	Ex-service organisations	Healthcare providers	Non-government organisations	Veteran-focused organisations
Total revenue[^]					
Over \$500,000	121 (20%)	17 (7%)	32 (54%)	36 (23%)	23 (23%)
Between \$100,000 and \$499,999	118 (19%)	24 (10%)	12 (20%)	47 (30%)	23 (23%)
Between \$10,000 and \$99,999	215 (35%)	89 (37%)	8 (14%)	56 (35%)	38 (38%)
Under \$10,000	166 (27%)	109 (46%)	7 (12%)	20 (13%)	17 (17%)
<i>Total</i>	<i>620 (100%)</i>	<i>239 (100%)</i>	<i>59 (100%)</i>	<i>159 (100%)</i>	<i>101 (100%)</i>
Total costs[^]					
Over \$500,000	111 (18%)	13 (5%)	27 (46%)	32 (21%)	25 (25%)
Between \$100,000 and \$499,999	107 (17%)	25 (10%)	11 (19%)	42 (27%)	20 (20%)
Between \$10,000 and \$99,999	225 (36%)	90 (37%)	12 (20%)	57 (37%)	45 (44%)
Under \$10,000	178 (29%)	115 (47%)	9 (15%)	25 (16%)	12 (12%)
<i>Total</i>	<i>621 (100%)</i>	<i>243 (100%)</i>	<i>59 (100%)</i>	<i>156 (100%)</i>	<i>102 (100%)</i>

[^] For ease of comparison, 'prefer not to say' is excluded

Models and Principles of Practice

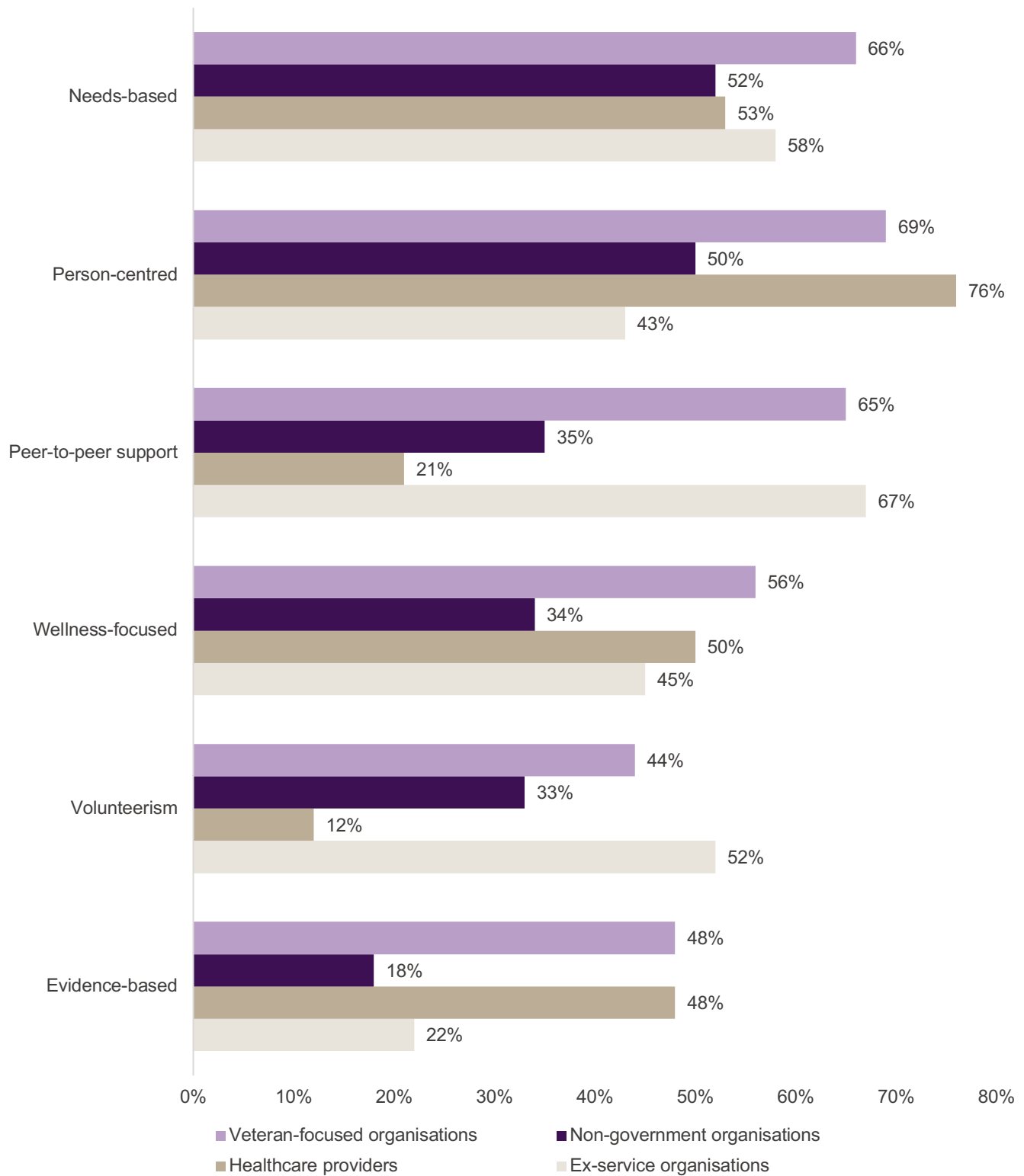
Models and principles used when engaging with veterans and their families were reported by 765 (90%) respondents. The most commonly reported are needs-based (418; 55%), person-centred (407; 53%), and peer-to-peer support (371; 49%). Ninety-four (12%) respondents reported that the listed models and principles are not applicable to their operations, and 66 (9%) reported basing their practice on other models or principles.

Figure 50. Models and Principles of Practice



The application of models or principles varies substantially across provider types. Ex-service organisations (191; 67%) and veteran-focused organisations (71; 65%) are more likely to use peer-to-peer support than other providers. Evidence-based practices are more commonly used by veteran-focused organisations (53, 48%) and healthcare providers (49, 48%). Person-centred practices are also more common among veteran-focused organisations (76; 70%) and healthcare providers (78; 76%). Overall, a relatively high proportion of veteran-focused organisations reported employing any of the most common models or principles, suggesting these types of organisations are likeliest to draw on a combination of these approaches.

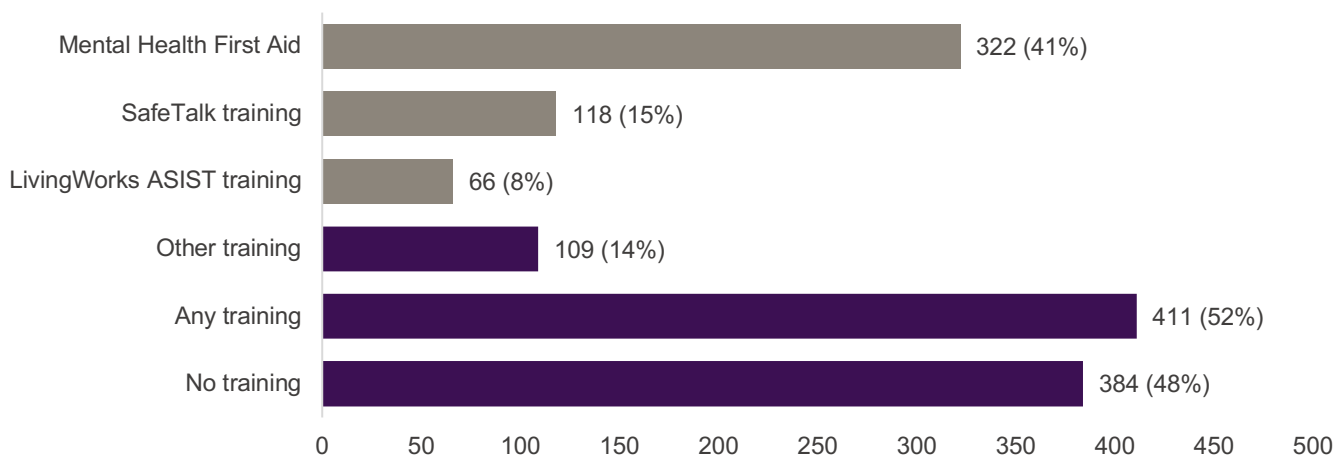
Figure 51. Six Most Commonly Reported Models and Principles of Practice by Service Provider Type



Suicide Prevention Training

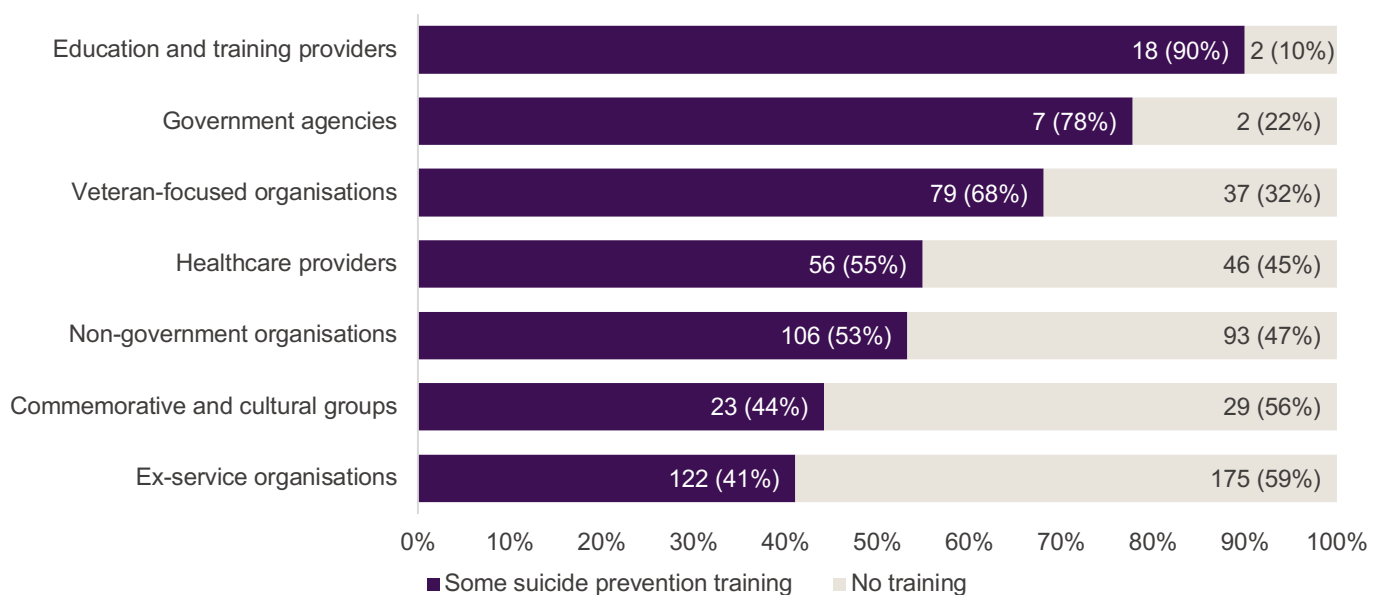
A total of 795 (94%) respondents reported data on suicide prevention training for staff. Overall, 411 (52%) respondents reported that their staff have completed some form of training in suicide prevention, while 384 (48%) reported that their staff have not received training in this area. The most common form of training reported by respondents was Mental Health First Aid (322, 41%), followed by SafeTalk training (118, 15%), and LivingWorks ASIST training (66; 8%). A further 109 respondents (14%) reported having completed other forms of suicide prevention training. Common examples of 'other' types of training included other mental health training courses, mental health related professional qualifications, trauma-informed care, ADF suicide awareness training.

Figure 52. Suicide Prevention Training



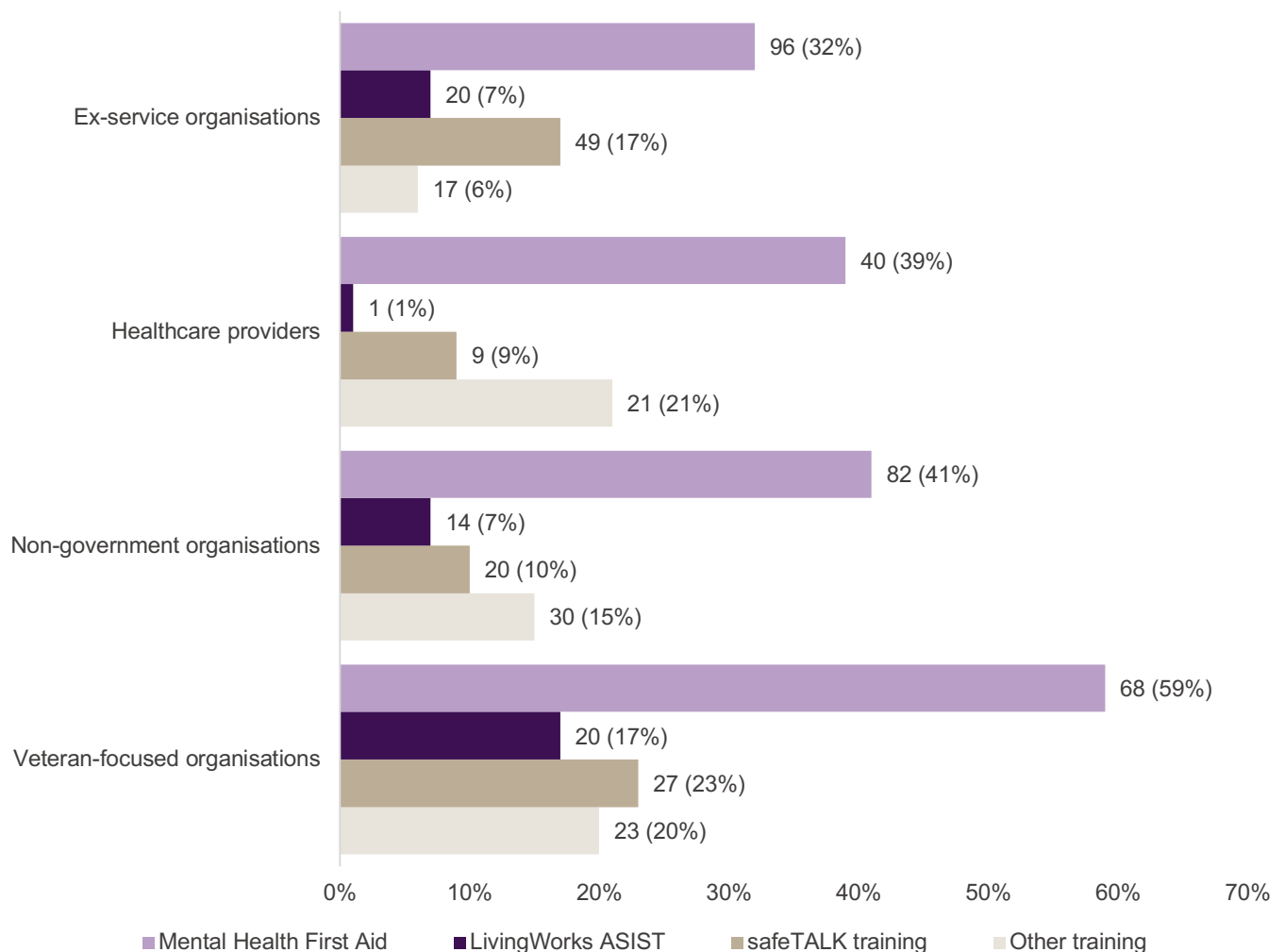
There are large differences in training completion between service provider types. The highest proportion of providers whose staff have undertaken some suicide prevention training are education and training providers (13; 87%), veteran-focused organisations (98; 73%), and government agencies (9; 69%). Ex-service organisations are the least likely to have staff who have completed suicide prevention training (122; 41%).

Figure 53. Suicide Prevention Training Completion by Service Provider Type



Mental health first aid training is the most common form of suicide prevention training across all types of providers, and most prevalent among veteran-focused organisations (68; 59%). Veteran-focused organisations are also the most likely to report LivingWorks ASIST training (20; 17%) and safeTALK training (27; 23%).

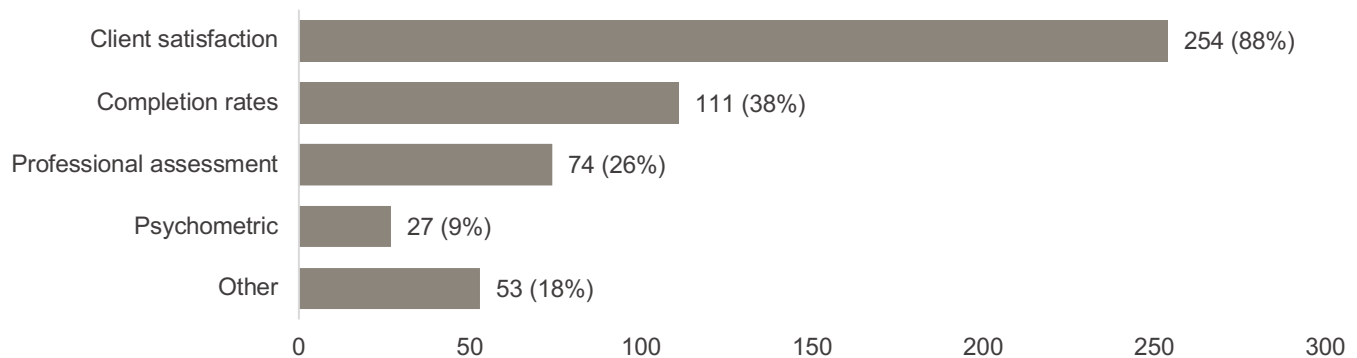
Figure 54. Type of Suicide Prevention Training by Service Provider Type



Evaluation Practices

Evaluation practices were reported by 766 (90%) survey respondents. Most said that they do not evaluate their services (478; 62%). Among those that do evaluate their services 288 (38%), the most common measures are client satisfaction (254; 88%), completion rates (111; 38%), professional assessments (74; 26%), and psychometric assessments (27; 9%). Sixty-four (22%) respondents report their evaluation results publicly.

Figure 55. Evaluation Outcomes Assessed



Veteran-focused organisations (67; 60%) and healthcare providers (58; 58%) are likelier than other provider types to evaluate their services (consistent with their higher tendency to employ evidence-based models or principles). Evaluations are least likely to be conducted by non-government organisations (32; 17%). However, non-government organisations which do perform evaluations are the most likely to publicly report their evaluation findings (13; 42%). Apart from a relatively high level of professional assessment within healthcare providers, there are no substantial differences in the evaluation outcomes assessed between types of providers.

Table 53. Evaluation Conducted, Evaluation Outcomes Assessed, and Evaluation Reporting by Service Provider Type

Service Evaluation					
	All service providers	Ex-service organisations	Healthcare providers	Non-government organisations	Veteran-focused organisations
Evaluations conducted					
Yes	288 (38%)	97 (34%)	58 (58%)	32 (17%)	67 (60%)
No	478 (62%)	191 (66%)	42 (42%)	158 (83%)	44 (40%)
Total	766 (100%)	288 (100%)	100 (100%)	190 (100%)	111 (100%)
Evaluation outcomes assessed					
Client satisfaction	254 (88%)	90 (93%)	52 (88%)	27 (87%)	60 (88%)
Completion rates	111 (38%)	41 (42%)	23 (39%)	12 (39%)	25 (37%)
Psychometric	27 (9%)	4 (4%)	7 (12%)	2 (7%)	11 (16%)
Professional assessment	74 (26%)	12 (12%)	28 (48%)	7 (23%)	20 (29%)
Other	53 (18%)	15 (16%)	8 (14%)	8 (26%)	12 (18%)
Evaluation reporting					
Yes	64 (22%)	15 (15%)	15 (25%)	13 (42%)	18 (26%)
No	226 (78%)	84 (85%)	44 (75%)	18 (58%)	50 (74%)
Total	290 (100%)	99 (100%)	59 (25%)	31 (100%)	68 (100%)

5.5. CHALLENGES FACED BY SERVICE PROVIDERS

Open ended responses from the survey respondents revealed additional insights into challenges faced by service providers and the implications for the delivery of services to the veteran community. This section provides a broad overview of the main issues raised.

Sector Landscape

Survey respondents spoke of there being a vast number of service providers in the veteran support sector. The consequence is that the landscape is very difficult for veterans to navigate.

There is an overwhelming number of ESOs within the veteran space.

The overwhelming maze of support makes it incredibly hard for veterans (and their families) to navigate their way through to an appropriate form of support.

From the view of the veteran or family member, looking for and locating the best aligned support is a clear challenge. With the many ESO's around Australia, understanding who provides what support and how to connect is a major challenge.

Furthermore, the ever-growing number of ESOs is actually hindering the ability to help as it does not provide a clear pathway to assistance.

Service navigation for veterans and their families has consistently been identified as a key issue, with veterans unable to find the services they want or need.

Funding

In terms of operational challenges, the issue raised most frequently by survey respondents related to obtaining funding for their operations. For providers relying on external sources, a lack of consistent and sustained funding poses a risk to current and future operational capacity.

Funding for support services is by far the biggest hurdle for our clients and for our organisation.

We are constantly fighting to obtain funding / grants to keep our organisation viable, as without funding we would not be able to assist veterans or their families.

Grants, government funding, community and corporate support must all be sourced to ensure service provision continues and grows.

The majority of our veteran clients are not able to financially contribute toward the cost of their program and so we need to continually raise funds from grant funding, public donations and fundraising events in order to support them. The number of program places we can offer is limited to the amount of funding we can raise.

We could help many more veterans and their partners and support persons if we could get the appropriate funding from Government to complement our own fundraising.

Concern was expressed that the number of service providers seeking support has created competition for funding.

Many ESO's seeking to obtain funding from a finite pool of funds

We are competing with a plethora of organisations for the donation dollar and some of these organisations are of a dubious nature.

Interaction with DVA

It was evident from responses that interaction with DVA is a significant challenge for many providers and their clients. It was reported that veterans have had negative experiences in their dealings with staff and in navigating the DVA system.

Adversarial nature of DVA staff on communication.

Minimal support offered by DVA, the phone line / website is not user friendly and an extreme source of stress. Veterans are already overwhelmed and stressed following discharge and the expectations from DVA can be extremely difficult to manage for them.

Having their conditions identified and accepted in a timely manner if at all, in a system that is undeniably adversarial from the first contact.

Assessments are often carried out by individuals who have not had active service experience, hence have no true understanding of what active service involves nor how deep the real impact can be to individuals who have experienced the military system firsthand on any scale.

I believe that 60 to 70% of all veteran suicides is a direct result of their dealings with DVA and the unbelievable red tape and hurdles placed in front of the veteran who is needing help. If that veteran does not have a very strong mind, strong partner or very supportive family surrounding them they will fall over while trying to gain help from DVA. It takes an average of 3 to 5 years before their claims are processed and approved.

The claims process was reported as being unnecessarily difficult. This includes excessive wait times for processing of claims, significant delays in receiving payment for services, and confusion over DVA requirements.

Excessive delays in DVA's claims management processes.

A DVA that can't process claims in a timely manner that is staffed by poorly trained and over worked individuals.

The current Veterans Affairs Model is manifestly failing veterans and is incapable of meeting its stated response times to address and respond to the needs of veterans

The amount of time it takes to apply then have to have multiple doctors visits to have the DVA forms filled in, especially in the small rural area we are in with no permanent doctors. Only then to have to go through the appeals process with more doctors visits and specialist doctors referrals can lead to years before the veteran even gets to the decision that should have been accepted in the first place.

Veterans Entitlements legislation is confusing and unwieldy, posing barriers to veterans and their families accessing services.

Access to DVA support for a variety of issues - bureaucratic processes are confusing, restrictive and take an inordinate amount of time and effort. DVA are found to be rarely forthcoming with support, appear under-resourced and inexperienced in veteran's issues and needs.

DVA not having enough staff to process claims in a timely manner. Also, DVA's approach to Veterans' claims. Instead of assisting and advising clients with claims, it's up to the veteran to prove everything.

The length of time taken for DVA to process claims was viewed by many service providers as having a negative impact on veteran wellbeing.

The slow DVA claims process is causing significant damage in the veteran community. Veterans are not receiving timely financial assistance and this 'gap' between discharge and receiving financial assistance is causing significant stress.

The delays in processing of claims through DVA can lead to financial hardship and financial distress as a result of the uncertainty of what their financial situation will look like.

Dealing with Dept of Vet Affairs, far too complicated for traumatised veterans to manage. Lack of follow up from Dept of Vet Affairs when a claim has been submitted, a member waited 6 months for an answer if a procedure would be covered, just not good enough.

DVA Remuneration for Provider Services

Healthcare providers identified administrative requirements as being a pressing issue. These were described as excessive and labour intensive.

Amount of paperwork required to justify professional rehabilitation recommendations in order to satisfy DVA's requirements when trying to provide appropriate assistance to veterans in a timely manner.

The constant need for a new referral is actually costing the government more - an extra GP visit annually at the very least. It is delaying service provision for those who need services urgently. It is taking away from precious OT time that should be used actually providing a service to a veteran!!! The administrative burden of this new cycle on the OT practitioner is unbelievable.

Lack of therapist to meet overall need of NT residents & the reluctance of therapist to service DVA due to poor remuneration for the level of unpaid administrative requirements to meet DVA policies and procedures required to get payment.

Specific billing for Veteran services is complex (previous private clinicians that we have hosted here have previously done vet affairs work, but reported that the amount of reporting etc. was too much trouble for what it was worth).

Extremely onerous paperwork, double handling and complexity

Healthcare providers also noted that DVA reimbursement rates are considerably lower than the private sector. Additionally, they reported significant delays in the payment of invoices. This places an additional financial burden on the provider, making them less inclined to accept DVA healthcare cards as payment for their services.

Difficulty getting paid for gold card and white card services. The fees aren't commercially viable and it is so difficult to get paid- we don't provide services under these referral streams any more.

Access to medical, dental & allied health services in a remote location when many practitioners cap the number of Veterans they will treat in their business model due to the "gap" in fees that DVA will pay, many practitioners are treating for DVA at a 50% loss in income. There are very few 'bulk billing' services in regional & remote areas of Australia and DVA are relying on the good will for their Veterans to be treated.

Extremely poor funding for veteran treatments. DVA funding for Allied health is more than 25% below WorkCover rates and 40% below private rates. Fees for Psychology are at 50% of private rate. [...] Ongoing payment issues with DVA, outstanding billings and rejected billings leading to high levels of debt.

Reimbursement for services delivered is very minor, But in the community spirit, we would never disadvantage our DVA clients even though most transports provided actually cost us five times the amount that we are reimbursed from Dept of Vet Affairs.

Medical appointments are not available to veterans. DVA tell them they can see whomever they want in regards to psychologist, GP or counsellors. This is not in fact true. Not all psychologists deal with DVA due to it taking too long to receive payment and being told what they can charge which is less than any other patient so they limit the number of DVA clients they see making it lengthy waiting times to get in to receive treatment.

It is unviable for us to service veterans with the funding they allocate

Ex-Service Organisation Operations

Particularly for ex-service organisations, concerns were expressed about sustaining a membership base due to an ageing membership and fewer new younger members. Without a stable membership base, respondents believed it would be increasingly difficult to continue operating.

Most veteran members of our organisation are aged over 60, and younger veterans and servicemen are just not joining. If our sub-branch does not get newer younger members it could cease to exist within the next decade.

[We have] an ageing membership, and without new members recently separated from the ADF the situation will become more acute and the sub-branch might have to amalgamate or disband.

Our biggest challenge is obtaining new and younger Service and ex-Service members to sub-branches. Every sub-branch has the same problem.

A number of ageing members who cannot keep up with the technical demands of the organisation. Very little interest from younger veterans to be involved in the organisation.

We are finding it difficult to attract the younger generation of service/ex service members to join therefore our membership is declining due to members passing away.

A suggested barrier to engaging younger veterans was their perception of ex-service organisations. Service providers spoke about younger veterans viewing traditional ex-service organisations as irrelevant to their needs and therefore are less likely to join them.

As an ESO we chose to adopt the RSL model to ensure commemorations were continued, this however has restricted the ability to attract younger veterans due to the stereotypical image of the "old man at the bar" image that younger people are not interested in.

Ageing sub-branches have lost membership and connection with modern veterans.

There is a perception and reality that the whole veteran support network is for Vietnam veterans only.

RSL is still seen as an old veterans' club and this needs to change.

Due to this perception, it was believed that there were missed opportunities for interaction with service providers who could offer support.

Veterans transitioning out of the Services do not appear to realise the benefits which can be provided by RSL's. They see the RSL as a Services club with pokies, etc. They do not understand the sub-branch is a different entity where assistance is available to them.

A significant challenge faced by a large number of service providers is sustaining their volunteer base. For ex-service organisations particularly, a consequence of a declining membership base is also a decline in volunteering capacity. Without a sustainable volunteer base, they could face closure.

We have not been able to attract enough volunteers able to contribute to running the sub-branch.

We are an organisation based on volunteer support and attracting volunteers to assist is becoming more difficult. Ageing of our current volunteers puts added pressure on our operations

Attracting the newer veterans as volunteers into the organisation, these veterans have a better understanding of needs that are required. But sadly appear reluctant to put themselves forward.

Ex-service organisations also spoke about the difficulty of finding new volunteers, citing reasons such as lack of interest or ability to volunteer from younger cohorts. For organisations who rely heavily on volunteers, a declining volunteer base is a critical issue for their operational capacity.

As our organisation is volunteer based, and having an active committee is very important. We are trying to encourage the younger members to become active members to take over from the older members who have kept the organisation functional. So having the younger members step up is probably the major challenge here - but we are working on it.

Reliance on ageing volunteers same people doing all the work. Young veterans not engaging with the sub-branch and taking on positions.

Our membership base is rapidly ageing (average age of members is mid-to-late 70s), and we are having extreme difficulty in recruiting new, younger members to carry on our volunteer work.

We have a lack of active volunteers of a young age that wish to be involved in doing the administration of the sub-branch.

Advocacy Training

A lack of appropriately trained staff and volunteers was also reported as being a problem. A specific challenge identified concerned advocacy training and certification. Here it was argued that the current process of training presents a significant obstacle to training new advocates.

Training for volunteers (Through ATDP) who wish to help veterans has become so complex that it is a barrier to new people getting involved. Many sub-branch's no longer have wellbeing and compensation advocates due to the burden of the training.

Lack of trained Advocates due to the length of time need to become trained. Most of our members are still working and trying to juggle the amount of hours need to become an advocate is unachievable

Onerous training regime under ATDP discourages both younger and older volunteers to take up advocacy.

Advocates burning out. Not enough volunteers to go around. Senior Advocate are under great pressure. Hard to find young people to volunteer as Advocates

Our volunteers need to have access to funded training and to maintain their accreditation for welfare and pension advocacy qualifications they hold, and often in regional areas access to opportunities to maintain accreditation can be limited. DVA and ATDP should support more structured programs to maintain accreditation in regional areas.

We do not have trained advocates within our sub-branch and so we have to refer those seeking compensation assistance to neighbouring sub-branches (between 45 min and 1hour 30 away).

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7. Appendices

7.1. APPENDIX A: METHODOLOGY

DATA PLATFORM

To identify and validate organisations that offer services to veterans and their families. Given the size and complexity of the landscape, the data were managed on a Microsoft Power Apps platform solution which was designed specifically for this project. Management of the publicly available data was broken down into five stages:

- Design: The data platform was designed and implemented.
- Collection: The platform was populated using publicly available datasets.
- Consolidation: Duplicate records were merged.
- Validation: Organisations from these data sets were underwent a validation process to verify their status as a veteran service provider and to ensure that they are active.
- Categorisation: Validated organisations were categorised by type of service provided.

Primary Sources

To initially populate the data platform with records of possible veteran service providers, several publicly available datasets were imported. These included:

- Australian Charities and Not-for-profits Commission (ACNC) datasets:
 - a. Charity Register (ACNC, 2022) where a charity has nominated 'veterans and/or their families' as a beneficiary. The register is published weekly. A copy from April 2022 was used for this project.
 - b. Annual Information Statements, where a charity has nominated 'veterans and/or their families' as a beneficiary. As the ACNC releases statements approximately 2.5 years after the calendar year they are related to, only the 2019 dataset was available at the start of this project.
- Aspen ESO Mapping Project's 2016 *ESO Master List* (Aspen Foundation, 2016).
- RSL State Branch websites (RSL ACT, 2022; RSL NSW, 2022; RSL Queensland, 2022; RSL South Australia, 2022; RSL Tasmania; RSL Victoria, 2022; RSLWA, 2022).
- Aged Care Information Service (Department of Health and Aged Care, 2022).
- AusTender Standing Offers lists, including:
 - Provision of Rehabilitation Services to Veterans (Australian Government, 2019).
 - Arranged Passenger Transport Services (Australian Government, 2017).
- Department of Veterans' Affairs (DVA) website, including:
 - Veterans' Home Care assessment agencies and service providers (Department of Veterans' Affairs, 2022).
 - Community Nursing provider panel (Department of Veterans' Affairs, 2022).
- Commonwealth, state, and territory grants data, including:
 - Australian Government's *GrantConnect* Grant Awards, where the grant was part of the 'Veterans and Defence' category (Australian Government, 2022).
- Advocacy Training and Development Program's *Advocacy Register* (Advocacy Training and Development Program, 2022).

Supplementary Sources

Several other sources were searched to compliment the primary data. These were from:

1. Australian Government e.g., ABN Lookup (Australian Business Register, 2022)
2. ACT Government e.g., Incorporated Associations Public Register (Access Canberra, 2022)
3. New South Wales Government e.g., Co-operatives Register (NSW Fair Trading, 2022)
4. Queensland Government e.g., Check a charity or association (Queensland Government, 2022)
5. South Australian Government e.g., Incorporated Associations Search (South Australian Government, 2022)
6. Tasmanian Government e.g., Association Extract Search (Tasmanian Government, 2022)
7. Victorian Government e.g., Co-operatives & limited partnerships register (Consumer Affairs Victoria, 2022)

Some organisations were also manually entered. These included Australian universities and TAFE providers, government agencies with a focus on veterans' affairs, organisations identified through other ex-service organisations websites, and other miscellaneous organisations as appropriate.

Consolidation

The next step focused on gathering any information about organisations which would identify duplicate organisation records. These included organisation identifiers, contact details, and other attributes which were unlikely to be shared by organisations. For example:

- Australian Business Numbers (ABNs)
- Australian Company Numbers (ACNs)
- Australian Registered Body Numbers (ARBNs)
- State and territory incorporated association numbers or identifiers
- State and territory cooperative or other organisation numbers and identifiers
- State and territory charitable fundraising license numbers
- Email addresses
- Website URLs
- Phone numbers

Collecting a variety of these identifying data enabled the merging of duplicate records. Coverage of these identifiers varies between different data sources. The Australian Business Register (ABR), for example, lists every entity which has ever had an ABN, but incorporated associations do not necessarily acquire an ABN. Therefore, the greater the number of identifiers collected, the more likely it was that duplicate records could be identified and eliminated.

Table A.1. Data Source Identifier Coverage

Source	Legal Name	Other Names	ABN	ACN	Other ID	Email	Postcode	State
ACNC	✓	✓	✓	x	✓	✓	✓	✓
ABR	✓	✓	✓	✓	x	x	✓	✓
AusTender	✓	x	✓	x	x	x	✓	✓
GrantConnect	✓	x	x	x	x	x	x	x

Validation

Verifying Organisations as Veteran Service Providers

The next stage of the validation process involved determining whether an organisation was a legitimate veteran service provider. For this purpose, a 'veteran service provider' is an organisation which provides a service that is both:

- Provided on an ongoing or regular basis
- Targeted or tailored towards veterans and/or their families

This definition not only includes veteran-focused organisations, but organisations which may provide services to the general public yet tailor or specialise those services for veterans. It was intended to exclude organisations which may incidentally provide services to veterans without intentionally targeting or tailoring their services towards veterans and/or their families. The definition also excludes organisations that may have provided services to veterans and/or their families in the past, but do not do so on a current or ongoing basis.

Organisations are deemed to be a veteran service provider if they met at least one of the following criteria:

- The organisation is either an ex-service organisations or a veteran-focused not-for-profit organisation
- The organisation has a contract with DVA for the provision of services to veterans
- The organisation submitted a survey response indicating they provided services to veterans and/or their families

Organisations were deemed to be 'possibly a veteran service provider' if they meet at least one of the following criteria:

- The organisation listed 'veterans and/or their families' as a beneficiary on the ACNC Charity Register
- The organisation reported providing veteran specific aged care services through MyAgedCare

These criteria alone were not taken to be confirmed evidence that an organisation is a verified veteran service provider because such data are generally self-reported. It was noted that many organisations reported that their activities benefited veterans alongside several other groups. However, an organisation may not be classified as a veteran service provider under our criteria because while veterans may benefit from general services offered by the organisation, it does not specifically offer services targeted or tailored to veterans and/or their families.

Organisations for which there was little evidence of providing a service to veterans are marked as 'possibly not a service provider' until their status could be clarified. Organisations which explicitly did not provide services to veterans were marked as 'not a service provider' and were removed from the data platform.

Verifying Organisations as 'Active'

The process of verifying that an organisation is 'active' was necessary because of the age of the imported datasets (e.g., the Aspen ESO 2016 data) or the time it takes for the names of organisations which have ceased to exist or operate to be removed (e.g., Australian Business Register, ACNC Charity Register).

Organisations deemed to be 'active' meet at least one of the following criteria:

- The organisation has a website that has been updated since 1 January 2021
- The organisation has been recently active on its social media accounts
- A survey response has been received from the organisation
- The organisation has submitted reporting to the ACNC within the past 12 months
- The organisation has held an AGM within the past twelve months
- The organisation has been mentioned in media reports within the past 12 months
- The organisation has received a grant from a Commonwealth, state, or territory government since 1 January 2021
- The organisation is currently a member of a DVA supplier panel
- The organisation has updated its ABN details since 1 January 2021, and the update was not to cancel the ABN

- The organisation has been listed on its parent organisation's website as active
- The organisation participated in an ANZAC Day march in 2022
- The organisation has submitted an Annual Information Statement to the ACNC since 1 January 2021
- Patriotic funds, which only exist in Victoria, are deemed as being active if they are listed as currently registered with Consumer Affairs Victoria

Organisations which met some broader criteria were classified as 'possibly active' and presumed to be active pending further investigation. An organisation was classified as 'possibly active' if it met at least one of the following criteria:

- The organisation is currently registered on the ACNC Charity Register
- The organisation has an active ABN or association number
- The organisation has received a grant from an Australian government since 1 January 2019

These criteria were not necessarily confirmed evidence of an organisation being active because there can be a delay between an organisation ceasing to be active and these registers being updated to reflect that inactivity.

Organisations which did not meet any of the criteria for being 'active' or 'possibly active' were classified as 'possibly inactive', particularly if they meet any of the following criteria:

- ABN is cancelled
- ACNC Annual Information Statements are overdue

None of these criteria were definitive enough to demonstrate an organisation is inactive but suggested that it was likely that the organisation is no longer operating.

Organisations which met any of the following criteria were deemed to be inactive and removed from the platform if:

- The organisation has been removed from the ACNC Charity Register because of closure or merger
- There have been media reports of the organisation closing

While conducting the survey, a small number of organisations informed us that they were no longer operating or were soon to close. These organisations have also been classified as inactive. Please note that at the time this report was prepared, the National Servicemen Association of Australia announced that it would be closing in 2026 (Loram, 2022). As this is more than three years into the future, this association has been treated as being an active organisation.

Categorisation

The final step was to refine the categories of organisations within the data platform. This involved creating new categories where appropriate and merging existing ones in order to provide a more accurate categorisation of veteran service providers. This process was in large part informed by responses from the survey conducted as part of the larger project as it offered insights into how the organisations themselves might categorise the services that they provide.

Table A.2. Major Category and Subcategory Definitions

Government agencies	Includes any government entity (Commonwealth, state, territory or local) which provides services to veterans or their families with the exception of those providing healthcare services or education and training.
Healthcare providers	Provides physical or mental health care, or aged and residential care services. Open to the public but includes services targeted towards veterans and/or their families.
<i>Primary healthcare</i>	Serves as a 'first contact point' with the health system (for both physical and mental health). May provide diagnosis, treatment, monitoring, and/or referral to secondary/allied healthcare practitioners and other providers.
<i>Secondary physical healthcare</i>	Care for previously identified/diagnosed physical health conditions, including treatment, therapies, programs, and equipment. Provided by qualified health professionals, either during or after primary care.
<i>Secondary mental health care</i>	Care for previously identified/diagnosed mental health conditions, including treatment. Therapies provided by qualified health professionals, either during or after primary care.
<i>Aged and residential care</i>	Provides aged, residential, assisted living, or community nursing care.
Education and training providers	Provides education, training or employment services to veterans and/or their families. Open to the public but may include services that are targeted towards veterans and/or their families.
<i>Universities</i>	Universities and higher education providers.
<i>Vocational training</i>	TAFE and other vocational training providers.
<i>Employment services</i>	Organisations offering employment services, such as job matching, employment transition support, and occupational rehabilitation services.
Commemorative and cultural groups	Commemorates the sacrifice of veterans, promotes military history or organises cultural activities that acknowledge the shared experience of veterans. Generally open to the public but have veteran-centric interests or offer specific avenues for participation by veterans or their families.
<i>Museums</i>	Establishments dedicated to preserving and sharing history (primarily military/wartime history) with the public.
<i>Historical societies</i>	Organisations dedicated to preserving and researching, collecting local history (including a focus on military or wartime history). Membership open to the public.
<i>Memorial trusts and foundations</i>	Organisations facilitating memorial services, or which are dedicated to commemorating specific branches/services/units/ships/individuals.
<i>Arts and culture</i>	Organisations supporting participation in the arts.
<i>Sport and recreation</i>	Organisations supporting participation in sport or recreational activities, not necessarily exclusively for veterans.
<i>Re-enactment groups</i>	Military re-enactment groups, membership open to the public.
Ex-service organisations	Largely membership-based and where the primary basis for membership is previous military service.
<i>Returned and Services League (RSL)</i>	State branches, districts, sub-branches and chapters of the Returned and Services League of Australia.
<i>Vietnam veteran associations</i>	Members are predominantly veterans of the Vietnam War.
<i>Unit and ship associations</i>	Members are veterans with prior service with a specific unit (i.e., battalion, regiment, or squadron), ship, or similar.

(Table A.2. continued)

<i>Partners and families</i>	Membership is exclusive to partners or family members of veterans.
<i>Other ex-service organisations</i>	Membership base does not fit into the other subcategories. Includes ADF branch associations, totally and permanently incapacitated (TPI) veterans' associations, and ex-service associations for specific demographic groups.
Veteran-focused organisations	Provides services not elsewhere classified either exclusively to veterans/and or their families, or through veteran-specific tailoring of services/programs it also offers to the general community. Not typically membership-based, but often run by veteran community.
<i>Legacy</i>	Clubs and groups of Legacy Australia. Volunteers ('Legatees') are mostly veterans or family members but can also include members of the public.
<i>Wellbeing services</i>	Focus on improving veteran wellbeing through a range of services, including rehabilitation, transition, information, and advocacy services.
<i>Patriotic and other funds</i>	Trusts and other funds established to benefit veterans.
<i>Defence community support</i>	Provide community support services predominantly for defence personnel and their families. Often located on or near ADF bases.
<i>Veteran and civilian clubs</i>	Social or services clubs where membership/participation is open to both veterans and civilians.
<i>Other veteran-focused organisations</i>	Offer veteran-focused organisations which do not fit within the other subcategories.
Non-government organisations	Offer services that are accessible to the general community, but veterans and their families are a key beneficiary group.
<i>Emergency subsistence and housing</i>	Provides specific emergency subsistence/relief such as financial aid, food aid, clothing, or emergency accommodation.
<i>General community support</i>	Community organisations (such as community centres or neighbourhood houses), providing miscellaneous services including social groups, educational classes, health and wellbeing activities, childcare, seniors' groups, and community resources.
<i>Men's shed</i>	Provides shared space for manual arts projects (e.g., woodworking) with focus on social interaction and wellbeing. Mainly aimed at men, but some sheds also open to women.
<i>Transport provision</i>	Privately run or community-based transport providers (e.g., including DVA-funded transport for veterans to health appointments).
<i>Peak body or awareness-raising</i>	Industry organisations, councils or networks that promote awareness, provide information, or undertake policy advocacy around issues that may be relevant to veterans.
<i>Religious groups</i>	Churches and other religious organisations providing spiritual services.

Total Validated Service Providers

From this process 5,437 organisations were verified. This number includes 2,456 (45%) ex-service organisations and 775 (14%) are veteran-focused organisations. It also includes 1,125 (21%) healthcare providers, 631 (12%) non-government organisations, 264 (5%) commemorative and cultural groups, 137 (3%) education and training providers, and 49 (1%) government agencies.

Table A.3. Validated Services Providers by Major Category and Subcategory

Category	Count	Percentage
Government agencies	49	1%
Healthcare providers	1,125	21%
<i>Primary healthcare</i>	80	1%
<i>Secondary physical healthcare</i>	51	1%
<i>Secondary mental health care</i>	88	2%
<i>Aged and residential care</i>	906	17%
Education and training providers	137	3%
<i>Universities</i>	45	1%
<i>Vocational training</i>	49	1%
<i>Employment services</i>	43	1%
Commemorative and cultural groups	264	5%
<i>Memorial trusts and foundations</i>	81	1%
<i>Museums</i>	47	1%
<i>Re-enactment groups</i>	21	<1%
<i>Historical societies</i>	23	<1%
<i>Arts and culture</i>	32	1%
<i>Sport and recreation</i>	60	1%
Ex-service organisations	2,456	45%
<i>Returned and Services League</i>	1,212	22%
<i>Vietnam veteran associations</i>	90	2%
<i>Unit and ship associations</i>	558	10%
<i>Partners and families</i>	185	3%
<i>Other ex-service organisations</i>	411	8%
Veteran-focused organisations	775	14%
<i>Legacy</i>	126	2%
<i>Wellbeing services</i>	170	3%
<i>Defence community support</i>	54	1%
<i>Patriotic and other funds</i>	310	6%
<i>Veteran and civilian clubs</i>	19	<1%
<i>Other veteran-focused organisations</i>	96	2%
Non-government organisations	631	12%
<i>General community support</i>	134	2%
<i>Men's shed</i>	77	1%
<i>Peak body or awareness-raising</i>	76	1%
<i>Emergency subsistence and housing</i>	28	1%
<i>Transport provision</i>	266	5%
<i>Religious groups</i>	50	1%
Total	5,437	100%

AUSTRALIAN VETERAN SERVICE PROVIDER SURVEY

While the data platform was being constructed, a survey of Australian organisations that were possibly veteran service providers was also conducted. This was to help validate information in the data platform and gather additional insights about Australian veteran service providers, such as the type of services currently being provided and their structure. The survey also offered an opportunity for veteran service providers to comment on the challenges currently faced by the sector.

The survey was divided into five sections:

Prologue

The prologue provided organisations with an explanatory statement, confirmed their consent to participate. It collected the name, email address, and position of the individual completing the survey. It also asked that person to confirm that they were authorised to respond to the survey on behalf of their organisation.

Section 1: Organisational Details

This section requested the organisation's primary address, ABN (if applicable) and information regarding the structure of the organisation (e.g., is a parent/sub organisation) and any government affiliation (i.e., Commonwealth, state or territory, local). Respondents were asked to classify their organisation into the preliminary categories used within the data platform. This included an option to specify an alternative category which they thought their organisation may fit into.

Section 2: Organisational Services

Respondents were asked to indicate the types of services their organisation provided and to whom they provided those services. Respondents were asked whether services were available exclusively to veterans, and whether they were provided to, or tailored for, specific sub-groups or communities of veterans (e.g., ADF branches or demographic groups). They were also asked to identify any suicide prevention training undertaken by the organisation's staff. Finally, respondents were asked to indicate the channels through which veterans and/or their families are referred to their organisation's services, whether the organisation referred veterans to other organisations, and how the services themselves were funded.

Section 3: Organisation Location

This section sought to understand the geographical extent of the organisation's service provision. The respondents were asked which states and territories their services were provided in, as well as whether they were available overseas. The respondents were also asked to identify the primary physical location where their services could be accessed.

Section 4: Organisation Operations

This section asked respondents about their organisation's operations. Respondents were informed that their responses would be treated as strictly confidential and would be de-identified and aggregated before being reported. Respondents were asked how many veteran clients their organisation had and the principles and models the organisation used when engaging with their clients. Respondents were asked about their organisation's sources of revenue, its total revenue and expenses, as well as its staffing and volunteer numbers. Finally, respondents were asked whether their organisation carried out evaluations of their services, and how this was undertaken.

Section 5: Organisation Challenges

The survey concluded with open-ended questions. Respondents were asked what they believed were the greatest challenges currently faced by veterans and their families. They were then asked about the greatest challenges that the organisation itself faced in delivering its services to veterans and their families. Respondents were informed that answers from this section would also be de-identified and aggregated with data from other respondents.

Ethics Compliance

Ethics approval was sought through the ACU Human Research Ethics Committee (HREC), and a Low-Risk Approval was granted on 8 July 2022 (Review No. 2022-2725E).

Participant Recruitment and Response Rate

Recruitment Information

Veteran service providers were invited to participate by direct email or through a public link to the survey. Those who were invited by direct email invitation were identified from the ACU platform. The public survey link was made available on ACU's Veteran Life Research web page (ACU, 2022), and was voluntarily distributed by other organisations, including the Royal Commission into Defence and Veteran Suicide.

Survey fieldwork commenced with a 'soft launch' to approximately 10% of in-scope organisations in the week commencing 25 July, 2022. Following this, the full batch of email invitations was sent on 1 August, 2022, followed by as many as three weekly reminder emails to non-completed organisations (the last of which was sent on 31 August, 2022). While most fieldwork activity concluded at this point, the survey remained open throughout September 2022, so the research team could continue sending out survey invitations to newly identified possible service providers. The survey closed on September 30, 2022.

Overall Response Rate

Organisations were within scope for the survey fieldwork if they were a verified veteran service provider in the ACU platform, and if they had a valid, organisation-specific email address to which the survey invitation could be sent. Out of the 5437 verified providers in the platform, 63% (3450 organisations) met these criteria and formed the within-scope sample for the survey.

Table A.4. Frequency and Percentage of Survey Sampling Scope

Sampling Scope for Survey	Count	Percentage
Total population of verified providers in platform	5,437	100%
Out-of-scope exclusions		
Added after survey fieldwork ended	429	8%
Added from anonymous link survey response	13	<1%
Lacked valid email address	920	17%
Lacked organisation-specific email address [^]	625	12%
<i>Total out-of-scope exclusions for survey fieldwork</i>	1,987	37%
Total in-scope service providers for survey fieldwork	3,450	63%

[^] Multiple providers with same listed contact email, such as a corporate/head office email

At the conclusion of fieldwork, 836 valid survey responses were received from organisations in the within-scope sample, representing a final response rate of 24%. An additional 13 valid responses were received from organisations not originally in the platform (i.e., who completed via a public link and who were subsequently verified as a veteran service provider and added to the platform post-fieldwork). This brought the total number of valid and usable survey responses to 849 (see Table A.5.).

Table A.5. Frequency and Percentage of Survey Response Outcomes

Survey Response Outcomes	Count	Percentage
Total in-scope providers from platform	3,450	100%
No response received from in-scope provider	2,369	69%
Any response received from in-scope provider	1,081	31%
Invalid response exclusions		
No consent given	14	<1%
Not authorised to respond	55	2%
Insufficient progress [^]	176	5%
<i>Total invalid response exclusions</i>	245	7%
Total valid responses received from in-scope providers	836	24%
Total overall valid survey responses received*	849	-

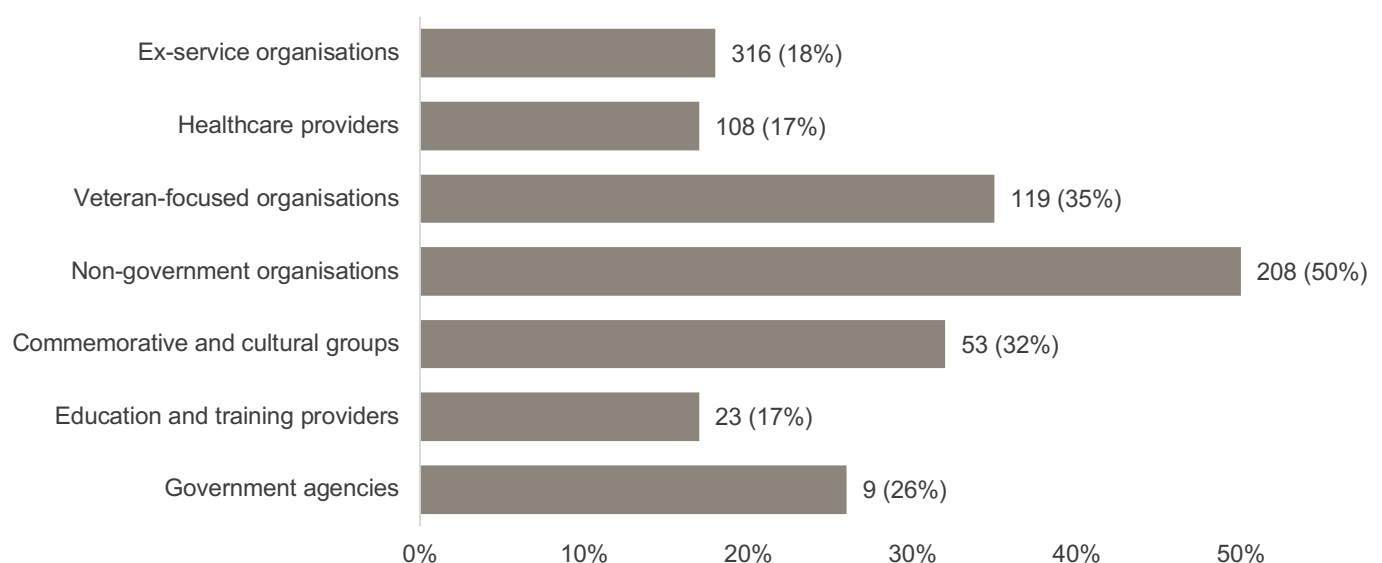
[^] Less than 25% progress or fewer than 3 questions answered

* Includes 1 provider not originally in scope (added from anonymous link survey responses and subsequently validated)

Response Rate by Service Provider Type

The response rate varied by organisational category, ranging from a maximum of 50% for non-government organisations to a minimum of 17% for the education and training providers and healthcare providers. Several factors, such as the quality of email address data available, the capacity and willingness of organisational leadership to participate, and the autonomy an organisation has to agree to research requests (i.e., without committee or parent organisation approval) may have contributed to this variation.

Figure A.1. Response Rate by Service Provider Type (Percentage of In-Scope Service Providers)



7.2. APPENDIX B: SURVEY INSTRUMENT

N1.

Survey Information

What is this research about?

As part of the work of the Royal Commission into Defence and Veteran Suicide, the Veteran Life Research team at Australian Catholic University has been commissioned to undertake a research project. The project aims to improve the Commission's understanding of the services being provided to veterans and their families by organisations such as yours. This will help the Commission determine how well the sector is currently meeting the needs of Australian veterans and their families.

The research will:

- Identify support services offered by government, commercial providers, not-for-profit organisations, and charities that have veterans and their families as beneficiaries;
- Explore the characteristics of these service providers and the sector.

This survey will assist in achieving these goals.

Who is undertaking the project?

This project is being conducted by researchers at the Australian Catholic University (ACU) on behalf of the Royal Commission into Defence and Veteran Suicide.

The project team is led by Dr Jacqueline Laughland-Booy, Senior Advisor (Research and Communication) at ACU, who specialises in industry engagement and research in relation to veterans. The research team also includes Dr Jonathan Smith (senior quantitative analyst), Dr Margaret Hutchison (veteran health care historian) and Associate Professor Duncan Cook (geospatial analysis expert). ACU's Industry Professor for Veterans and their Families, Andrew Condon (CSC) is an advisor to the project.

Who can take part in this survey?

Your organisation is invited to participate in this research based on its provision of services to veterans and/or their families. We ask that the survey be completed by an officer or representative of your organisation who is authorised to respond on its behalf.

How do you define 'veterans and their families' in this survey?

This survey uses the term 'veteran' in the broadest sense to include anyone who has served in the ADF, for more than 1 day, in any service. A veteran's family includes widow/ers, spouse or partner and their children, as well as parents, siblings, or extended family members.

What will I be asked to do?

You will be asked the following information about your organisation:

- Name and contact details
- Services
- Location
- Operations
- Challenges

What will you do with the information I provide?

We are first seeking to identify, describe, and map organisations in Australia that provide services to support veterans or their families. This is being achieved by collating various data sources that are publicly accessible. The information you provide in Sections 1–3 will be used to verify your organisation's details against public records. Information and maps relating to the current Australian service provider landscape will be provided to the Royal Commission into Defence and Veteran Suicide. ACU will also use these data for research and to create a register of Australian service providers who support the veteran community.

Sections 4–5 enquire about your organisation's operations and challenges. Your responses in these sections will be kept **strictly confidential**. These will be de-identified and combined with the data from other survey respondents before a summary report is provided to the Royal Commission into Defence and Veteran Suicide. These data could also be used by ACU for research purposes. Your responses will not be connected to your organisation or made publicly available. The data will be securely stored by ACU in accordance with our Human Research Ethics Committee's approved data management protocols.

How much time will it take me to complete the survey?

The survey takes approximately 15 minutes to complete. Most questions are short, with the exception of 2 open-ended questions at the end of the survey. However, all survey questions are optional to complete.

What are the benefits of the survey?

Although there may be no direct benefit to your organisation specifically (other than the opportunity to summarise and consider the organisation's veteran-related activities), this research will benefit the veteran community by enhancing the Royal Commission's understanding of the veteran service sector.

Are there any risks associated with participating in this survey?

There are minimal foreseeable risks associated with participating in the survey and all questions are voluntary. Several survey questions concern the challenges facing veterans and their families. If you feel uncomfortable or distressed answering these or any other questions in the survey, you may like to contact a support or counselling service such as Lifeline (13 11 14; available 24 hours a day, 7 days a week).

Can I withdraw from the survey?

Participation in this study is completely voluntary. Your organisation is not under any obligation to participate. After submitting the survey, it may still be possible to withdraw your response by contacting the research team vlr@acu.edu.au. However, withdrawal will no longer be possible once survey responses already form a part of project analyses or outputs. Following submission, you will have the opportunity to review and download an individual summary of all your survey responses.

Will I be able to find out the results of the project?

The summary report and service provider map will be provided to the Royal Commission to inform its activities. However, ACU will also create a publicly available register of Australian veteran service providers which participants are able to access.

Who do we contact if we have any questions about the survey?

Please contact the research team at vlr@acu.edu.au

What if I have a complaint or any concerns?

The research project has been reviewed by the Human Research Ethics Committee at Australian Catholic University (review number 2022-2725E). If you have any concerns or complaints about project, you may contact the Manager of the Human Research Ethics and Integrity Committee in the Office of the Deputy Vice Chancellor (Research and Enterprise) at Australian Catholic University.

Manager, Ethics and Integrity
Office of the Deputy Vice Chancellor (Research and Enterprise)
Australian Catholic University
North Sydney Campus
PO Box 968
NORTH SYDNEY, NSW 2059
Ph.: 02 9739 2519
Fax: 02 9739 2870
Email: resethics.manager@acu.edu.au

Any concern or complaint will be treated in confidence and fully investigated. You will be informed of the outcome.

Q1. I have read and understood the survey information provided. I agree to participate in this survey.

☐ Yes

☐ No

N2. Before we start the survey, we would like the details of the individual who is completing this survey. Note that your name and private contact details will be kept confidential.

Q2. What is your name?

Q3. What is your email address?

Q4. What is the name of your organisation?

Q5. What is your role at this organisation?

N3. Declaration

Q6. I am authorised to answer this survey on behalf of **(organisation's name)**:

☐ Yes, I am authorised to answer this survey on behalf of **(organisation's name)**.

☐ No, I am not authorised.

Unauthorised

Q7. Please provide the email address of someone at **(organisation's name)** who is authorised to complete this survey:

Section 1: Organisational Details

N4. First we would like some details about **(organisation's name).**

Q8. What is **(organisation's name)**'s website URL?

Q9. What is **(organisation's name)**'s phone number?

Q10. What is **(organisation's name)**'s street address?

If **(organisation's name)** doesn't have a street address, provide the state and/or postcode it mainly operates from.

Address Line 1:

Address Line 2:

Suburb or Town

State or Territory

Postcode

Q11. What is **(organisation's name)**'s contact email address?

Q12. Which of the following categories best describes **(organisation's name)**? Please select one.

- ☐ Government department or agency
- ☐ Healthcare provider
- ☐ Membership-based Ex-Service Organisation (ESO)
- ☐ Non-membership-based Veteran Service Organisation (VSO)
- ☐ Aged/residential care
- ☐ Education and training
- ☐ Social Media group
- ☐ Charity (Veteran specific)
- ☐ Charity (Non-veteran specific)
- ☐ Research
- ☐ Other (please describe your organisation in the space provided):

Q13. Which level of government is your department or agency attached to?

- ☐ Commonwealth
- ☐ State or Territory
- ☐ Local

Q14. What is the role of your department or agency?

Q15. How is **(organisation's name)** best described?

- ☐ **(Organisation's name)** is a stand-alone organisation.
- ☐ **(Organisation's name)** is a parent organisation with branches/divisions/sections.
- ☐ **(Organisation's name)** is a branch/division/section of a larger organisation (please specify):

Q16. Does **(organisation's name)** have an ABN?

- ☐ Yes, **(organisation's name)** has an ABN (please provide):

- ☐ No, **(organisation's name)** does not have an ABN.

Section 2: Organisational Services

N5. Next, please tell us about **(organisation's name)**'s activities.

Q17. Are the services that **(organisation's name)** provides available exclusively to veterans and their families?

- ☐ Yes
- ☐ No

Q18. Besides veterans or their families, who else can access the services provided by **(organisation's name)**? Select any that apply.

- ☐ General public
- ☐ First responders (e.g., police, ambulance, firefighters, SES)
- ☐ Other (please specify):

Q19. What services does **(organisation's name)** provide that support veterans or their families? Select any that apply.

Crisis and emergency support

- ☐ Crisis counselling (e.g., mental health, addiction, domestic violence)
- ☐ Emergency subsistence support (e.g., food, clothing, financial assistance, household items)

Healthcare

- ☐ Medical care
- ☐ Mental health care
- ☐ Dental care
- ☐ Physiotherapy or exercise physiology
- ☐ Other allied health (please specify):

- ☐ Physical rehabilitation programs
- ☐ Psychological wellbeing programs
- ☐ Disability support

Housing and care

- ☐ Housing (e.g., temporary, permanent, relocation)
- ☐ Independent living assistance (e.g., cleaning, house maintenance, personal care, transportation)
- ☐ Respite care
- ☐ Residential aged care
- ☐ Childcare
- ☐ Children's programs

Education and training

- ☐ Vocational education training
- ☐ Tertiary education
- ☐ Career counselling
- ☐ Job placements
- ☐ Financial and legal assistance
- ☐ Financial counselling
- ☐ Banking services (e.g., accounts, loans, insurance)
- ☐ Grants and scholarships
- ☐ Claims advice, assistance and advocacy
- ☐ Legal advice or assistance
- ☐ Health insurance

☐ Superannuation

Social connection

☐ Social and recreational programs

☐ Comradeship events and/or programs

☐ Commemoration events and/or programs

☐ Newsletters and/or social media

☐ Community introduction and/or integration services

Miscellaneous

☐ Spiritual or religious programs and support

☐ Legislation and policy advocacy

☐ Research

☐ Other (please specify):

Q20. Have staff at **(organisation's name)** undergone any training in suicide prevention? Select any that apply.

☐ Mental Health First Aid

☐ LivingWorks Assist Training

☐ SafeTalk Training

☐ Other (please specify):

☐ No

Q21. Who from the veteran community does **(organisation's name)** provide services to? Select any that apply.

☐ Ex-serving ADF personnel

☐ Currently serving ADF personnel

☐ ADF personnel currently transitioning out of service

☐ Reservists (current or former) with an accepted service-related injury or condition

☐ Current or former reservists

☐ Current/ex-serving Commonwealth or other allied personnel

☐ Australian civilian personnel covered by Ministerial determination for service in operational areas

☐ Family of veterans

☐ Other (please specify):

Q22. Does **(organisation's name)** offer any targeted/specialised services to current/transitioning/ex-serving ADF personnel from specific parts or branches of the ADF? Select any that apply.

☐ Army only

☐ Air force only

☐ Navy only

☐ Reservists only

☐ National service only

☐ Other (please specify):

☐ No

Q23. Does **(organisation's name)** offer any targeted/specialised services to certain veteran groups? Select any that apply:

☐ Indigenous veterans

☐ LGBTQI+ veterans

☐ Culturally and linguistically diverse (CALD) veterans

☐ Veterans from a specific religious group

☐ Ageing veterans (over 65)

☐ Female veterans

☐ Male veterans

☐ Younger veterans (under 35)

☐ Other (please specify)

☐ No

Q24. Does **(organisation's name)** offer any targeted/specialised services to certain family groups? Select any that apply.

☐ Widow/ers of veterans

☐ Partners or spouses of veterans

☐ Children of veterans

☐ Parents of veterans

☐ Extended family of veterans

☐ Other (please specify):

☐ No

Q25. How can veterans or their families connect with **(organisation's name)**? Select any that apply.

☐ Referral from Department of Defence or Department of Veterans' Affairs

☐ Referral from a healthcare professional

☐ Via our website

☐ Via our social media

☐ By telephone

☐ By email

☐ By visiting our office, consultancy rooms, drop-in centre or club rooms

☐ Other (please specify):

Q26. Does **(organisation's name)** accept referrals from other organisations? Please select any that apply.

☐ Department of Veteran Affairs

☐ Open Arms

☐ GP

☐ Other healthcare provider (please specify as many as applicable):

☐ Other ESO/VSO (please specify as many as applicable):

☐ Other (please specify as many as applicable):

☐ Not applicable.

Q27. Does **(organisation's name)** refer veterans to other organisations? Please select any that apply.

☐ Open Arms

☐ Lifeline

☐ GP

☐ Other healthcare provider (please specify as many as applicable):

☐ Other ESO/VSO (please specify as many as applicable):

☐ Other (please specify as many as applicable):

☐ Not applicable.

Q28. How are your services paid for? Select any that apply.

☐ Cost covered by **(organisation's name)**

☐ Client contribution

☐ Medicare bulk-billing

☐ Medicare subsidised

☐ Veteran Gold Card

☐ Veteran White Card

☐ Veteran Orange Card subsidised

☐ Commonwealth Seniors Health Card subsidised

☐ Pensioner Concession Card subsidised

☐ Commonwealth supported place, HECS-HELP, Vocational Education and Training (VET) Student Loan, or FEE-HELP

☐ Volunteer-based services

☐ Pro bono services

☐ Other (please specify):

Section 3: Organisation Location

N6. Next, we would also like to know where **(organisation's name)**'s services are located.

Q29. Where does **(organisation's name)** provide its services?

Australia

☐ Australia-wide

☐ Australian Capital Territory

- ☐ New South Wales
☐ Northern Territory
☐ Queensland
☐ South Australia
☐ Tasmania
☐ Victoria
☐ Western Australia

Overseas

- ☐ Canada
☐ New Zealand
☐ United Kingdom
☐ United States of America
☐ Other countries (please specify):

Q30. Does **(organisation's name)** have a physical presence that can be assessed by the veteran community? (e.g., office, consultancy rooms, drop-in centre, club room)

- ☐ Yes
☐ No

Q31. Where is **(organisation's name)**'s main physical presence that can be accessed by the veteran community (e.g., head office, consultancy rooms, drop-in centre, club room)?

If **(organisation's name)** has multiple locations, please specify the main location.

Address Line 1:

Address Line 2:

Town/suburb:

State/territory:

Postcode:

Section 4: Organisation Operations

N7. We would now like to ask about how **(organisation's name)** operates. This includes questions about your business and service evaluation practices. Your responses from this section are strictly confidential. They will be de-identified and aggregated with the data of other survey respondents before being reported.

Q32. What year did **(organisation's name)** commence offering services to veterans and their families?

- ☐ Before 2000
- ☐ Between 2000 and 2009
- ☐ Between 2010 and 2019
- ☐ Between 2020 and 2022

Q33. What are the main sources of revenue for **(organisation's name)**? Select any that apply.

- ☐ Department of Veterans' Affairs (DVA)
- ☐ Department of Defence
- ☐ Australian Defence Force (ADF)
- ☐ Medicare
- ☐ Other government source (please specify):

- ☐ Grants (please specify):

- ☐ Fundraising
- ☐ Clients (fee for service or co-contribution)
- ☐ Claims advocacy
- ☐ Non-claims advocacy
- ☐ Corporate sponsorship
- ☐ Membership fees
- ☐ Donations
- ☐ Bequest
- ☐ Trust funding
- ☐ Investment interest
- ☐ Merchandising
- ☐ Other (please specify):

Q34. Approximately what percentage of the clients served by **(organisation's name)** in the past 12 months were veterans or their families?

Please enter percentage as a whole number from 0 to 100 below.

Q35. In the past 12 months, how many veteran or family clients did **(organisation's name)** provide services to?

An approximate or estimated figure is fine. Leave blank if this is not applicable to **(organisation's name)**.

Q36. In the past 12 months, how many **new** veteran or family clients did **(organisation's name)** provide services to?

Leave blank if this is not applicable to **(organisation's name)**.

- ☐ Up to 49
- ☐ Between 50 and 99
- ☐ Between 100 and 499
- ☐ Between 500 and 999
- ☐ Over 1000

Q37. Does **(organisation's name)** employ paid staff?

- ☐ Yes
- ☐ No

Q38. How many paid staff does **(organisation's name)** employ?

Q39. Does **(organisation's name)** have volunteers to help provide its services?

- ☐ Yes
- ☐ No

Q40. How many volunteers help provide services at **(organisation's name)**?

Q41. What proportion of the volunteers at **(organisation's name)** are veterans or their family members?

- ☐ A majority of volunteers are veterans or their family members.
- ☐ A minority of volunteers are veterans or their family members.
- ☐ None of the volunteers are veterans or their family members.

Q42. What was **(organisation's name)**'s total revenue for the financial year ending 2021?

- ☐ Under \$10,000
- ☐ Between \$10,000 and \$49,999
- ☐ Between \$50,000 and \$99,999
- ☐ Between \$100,000 and \$499,999
- ☐ Between \$500,000 and \$999,999
- ☐ Between \$1,000,000 and \$10,000,000
- ☐ Over \$10,000,000
- ☐ Prefer not to answer.

Q43. What were **(organisation's name)**'s costs for the financial year ending 2021?

- ☐ Under \$10,000
- ☐ Between \$10,000 and \$49,999
- ☐ Between \$50,000 and \$99,999
- ☐ Between \$100,000 and \$499,999
- ☐ Between \$500,000 and \$999,999
- ☐ Between \$1,000,000 and \$10,000,000
- ☐ Over \$10,000,000
- ☐ Prefer not to answer.

Q44. What principles or models does **(organisation's name)** use when engaging with veterans and their families? Select any which apply.

- ☐ Peer-to-peer support
- ☐ Trauma-informed
- ☐ Person-centred
- ☐ Wellness-focused
- ☐ Needs-based
- ☐ Evidence-based
- ☐ Volunteerism
- ☐ Multidisciplinary
- ☐ Holistic
- ☐ Other (please specify):

- ☐ Not applicable

Q45. Does **(organisation's name)** carry out evaluations of the services it provides to the veteran community?

☐ Yes

☐ No

Q46. What outcomes does **(organisation's name)** measure when evaluating its services? Please select any which apply.

☐ Client satisfaction

☐ Completion rates

☐ Psychometric

☐ Professional assessment

☐ Other (please specify):

Q47. Has **(organisation's name)** produced a publicly available service evaluation report in the last five years?

☐ Yes

☐ No

Section 5: Organisation Challenges

N8. In this concluding section, we ask you to comment on the challenges that veterans and their families are currently facing. We also ask you to explain any challenges that **(organisation's name)** is experiencing with regards to meeting the needs of veterans or their families.

Your responses from this section are strictly confidential. They will be de-identified and aggregated with the data of other survey respondents before being reported.

Q48. What do you believe are the biggest challenges currently being faced by veterans or their families?

Q49. What do you believe are the biggest challenges that **(organisation's name)** encounters in terms of delivering its services to veterans or their families?

Q50. You have reached the end of the survey.

If you want to submit your response now, select the option below and continue. If you wish to check any of your responses, you can go back and change them now.

By submitting your response, you are reaffirming your consent to participate in the research. Responses may be withdrawn following submission provided that they have not yet informed project analyses or outputs.

We welcome your feedback on this survey via email at vlr@acu.edu.au.

☐ Yes, submit my response.

An initiative of the

Royal Commission into Defence and Veteran Suicide

