

**Flinders University**  
Australian Industrial  
Transformation  
Institute

## **'It's lifesaving work'**

Evaluation of the Veterans' Chaplaincy Pilot Program



Cecilia Moretti, Ann-Louise Hordacre, Ben Wadham,  
Catherine MacKenzie

Australian Industrial Transformation Institute

2024





---

## **‘It’s lifesaving work’**

Evaluation of the Veterans’ Chaplaincy Pilot Program

# Australian Industrial Transformation Institute

College of Business, Government and Law  
Flinders University of South Australia

1284 South Road

Clovelly Park

South Australia 5042

[www.flinders.edu.au/aiti](http://www.flinders.edu.au/aiti)

ISBN: 978-0-6452384-7-1

Suggested citation:

Moretti, C., Hordacre, A.L., Wadham, B. MacKenzie, C. 2024. *'It's lifesaving work'. Evaluation of the Veterans' Chaplaincy Pilot Program*. Adelaide: Australian Industrial Transformation Institute, Flinders University of South Australia.

*The Australian Industrial Transformation Institute (AITI) has taken care to ensure the material presented in this report is accurate and correct. However, AITI does not guarantee and accepts no legal liability or responsibility connected to the use or interpretation of data or material contained in this report.*

# Contents

<b>KEY FINDINGS</b>	<b>III</b>
<b>EXECUTIVE SUMMARY</b>	<b>V</b>
<i>The evaluation</i>	<i>vi</i>
<i>VCPP clients</i>	<i>vi</i>
<i>Need for the VCPP</i>	<i>vi</i>
<i>VCPP outcomes</i>	<i>vi</i>
<i>Value of the VCPP</i>	<i>vii</i>
<i>Future considerations for veterans' chaplaincy</i>	<i>viii</i>
<i>Conclusion</i>	<i>x</i>
<b>1 THE VETERAN CONTEXT</b>	<b>1</b>
1.1 ADF CHAPLAINCY SERVICES	1
1.2 DEMAND FOR ADF CHAPLAINCY SERVICES	2
1.3 TRANSITION FROM THE ADF TO CIVILIAN LIFE	3
1.4 PROVIDING SUPPORT IN THE COMMUNITY	3
1.5 KEY DRIVERS OF THE VETERANS' CHAPLAINCY PILOT PROGRAM (VCPP)	4
<b>2 THE VETERANS' CHAPLAINCY PILOT PROGRAM</b>	<b>6</b>
2.1 THE EVALUATION APPROACH	7
<b>3 VCPP CLIENTS</b>	<b>8</b>
3.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS	8
3.2 RELIGIOUS AFFILIATION	10
3.3 DURATION OF ENGAGEMENT	10
3.4 MODE OF CONTACT	11
3.5 REFERRAL SOURCE	12
3.6 MAIN ISSUE	13
3.7 MILITARY MEMBERSHIP	13
3.8 OVERSEAS DEPLOYMENTS	15
<b>4 PERCEIVED NEED FOR THE VCPP</b>	<b>17</b>
<b>5 HOW DOES THE VCPP WORK?</b>	<b>19</b>
5.1 THE BRISBANE VCPP MODEL	19
5.2 THE TOWNSVILLE VCPP MODEL	24
5.3 THE PERTH VCPP MODEL	26
<b>6 VCPP OUTCOMES – STAKEHOLDER PERCEPTIONS</b>	<b>31</b>
6.1 SUPPORTING TRANSITIONING VETERANS	31
6.2 ENGAGEMENT WITH ORGANISATIONS AND PROFESSIONALS	32
6.3 UPSKILLING FAITH COMMUNITIES	34
<b>7 VALUE OF THE VCPP</b>	<b>36</b>
7.1 PROVIDING CONTINUITY OF PASTORAL AND SPIRITUAL CARE	36
7.2 VCPP CHAPLAINS WERE A TRUSTED SOURCE OF SUPPORT	37
7.3 RELATABILITY AND CREDIBILITY OF VCPP CHAPLAINS	37
7.4 HUMANITY AND CARE FACTOR OF VCPP CHAPLAINS	38
7.5 ASSISTANCE WITH RECONNECTING TO CIVILIAN LIFE AND SERVICES	38
7.6 RESPONDING TO ACUTE VETERAN STRESS AND SUICIDALITY	39
7.7 PROVIDING A 'MISSING PIECE' IN HOLISTIC VETERAN CARE AND SUPPORT	40
<b>8 FUTURE CONSIDERATIONS FOR VETERANS' CHAPLAINCY</b>	<b>41</b>
8.1 DEFINING THE SCOPE OF VETERANS' CHAPLAINCY	41

8.2	HOSTING AND SUPPORTING VETERANS' CHAPLAINS .....	45
8.3	BUILD AWARENESS AND UNDERSTANDING ABOUT THE ROLE OF VETERANS' CHAPLAINS.....	47
8.4	CAPACITY AND WORKFORCE DEVELOPMENT .....	48
<b>9</b>	<b>CONCLUSION .....</b>	<b>53</b>
	<b>REFERENCES.....</b>	<b>57</b>
	<b>APPENDIX A: DEFINITION OF KEY TERMS AND ACRONYMS.....</b>	<b>59</b>

## List of Tables

TABLE 1: MODE OF CLIENT CONTACT .....	12
---------------------------------------	----

## List of Figures

FIGURE 1: CLIENT MARITAL STATUS BY GENDER .....	9
FIGURE 2: CLIENT HIGHEST EDUCATIONAL ATTAINMENT BY GENDER .....	9
FIGURE 3: CLIENT RELIGIOUS AFFILIATION BY GENDER.....	10
FIGURE 4: DATE CLIENT ENTERED THE PROGRAM .....	11
FIGURE 5: RELATIONSHIP BETWEEN NUMBER OF CONTACTS WITH THE VCPP CHAPLAIN AND TIME FROM COMMENCEMENT TO LAST CONTACT .....	11
FIGURE 6: SOURCE OF REFERRAL FOR CLIENTS .....	12
FIGURE 7: MAIN ISSUE AT REFERRAL .....	13
FIGURE 8: LAST MILITARY MEMBERSHIP BY LOCATION OF CHAPLAIN (N).....	14
FIGURE 9: LAST MILITARY MEMBERSHIP BY MEMBERSHIP TYPE (N).....	14
FIGURE 10: CLIENT LENGTH OF ARMED SERVICE .....	15
FIGURE 11: CLIENT LAST RANK.....	15



## Key findings

---

The Veterans' Chaplaincy Pilot Program (VCPP) was highly valued by veterans, family members and stakeholders. It was seen as responding to a compelling need and filling an important gap in the veteran support and services landscape.

The importance of defining the program purpose, scope and role was highlighted:

- **Who does the VCPP target:** VCPP support was available to all veterans from the point of transition onwards and their families, however a particular target group was identified as those at-risk of or experiencing acute crisis in or post-transition (e.g., suicidal behaviour, domestic violence, hopelessness, mental health issues). Australian Defence Force (ADF) chaplains provide support for current serving members (who are also veterans) and their families; veterans' chaplains support all other veterans and families.
- **What does the VCPP deliver:** pastoral care and spiritual/religious support when requested; moral injury intervention and suicide prevention; a role in bridging transitioning veterans into civilian life, communities, and existing support and services where appropriate; and upskilling local faith communities and others to better respond to veterans with spiritual health/moral injury needs.
- **How does the VCPP achieve these ends:** by providing one-on-one support of veterans who may be self-referred or referred by ADF or veteran-servicing organisations/professionals and by building relationships to engage veteran-focused services and access at-risk veterans.

If a future veterans' chaplaincy model is supported by government, the program would need to be promoted to transitioning veterans, so they know where to look for help ('warm handovers' between ADF and VCPP chaplains were considered particularly useful in complex transition cases). The veterans' chaplaincy model must be explained to veteran service providers. This should include presenting a very clear brief on what constitutes spiritual/moral injury support and suicide prevention. It is important to build awareness and understanding of veterans' chaplaincy as a complement (not competition) to existing services by the inclusion of a spiritual health focus; differentiation from ADF chaplaincy is also important. This can include thinking about veterans' chaplaincy as one defined spoke in the service delivery wheel. Successful collaboration will require professional confidence (understanding professional proficiencies and boundaries) and high-level communication across participating service providers.

Regarding VCPP hosting models piloted, basing the chaplain within Open Arms – Veterans and Families Counselling (Open Arms) provided the strongest chaplain support (infrastructure and interpersonal) and contributed to important collaborative outcomes (professional interactions between chaplain and staff). The other chaplains operated in a more independent (sometimes isolated) capacity. More generally, VCPP chaplains needed more consistent contact with, and guidance and support from VCPP management.

The pastoral care and spiritual support approach used by the Brisbane and Townsville VCPP chaplains was more broadly applicable whereas the acute crisis intervention model applied in Perth was context specific and highly important but does not necessarily lend itself to a national model. It will be important for any future iteration of the VCPP to consider how to configure a national framework for veterans' chaplaincy centred on providing pastoral care and spiritual support to struggling veterans generally, while giving due consideration to specific needs of complex veteran populations such as Special Air Service Regiment (SAS) in Perth (or others), where more specialised moral injury service is appropriate.

If a veterans' chaplaincy program is to be continued, challenges to be addressed moving forward include:

- Streamlining veteran transition from ADF to Department of Veterans' Affairs (DVA) sources of support, noting that this is experienced by veterans as a continuum but is complicated by being structurally separated. This is highly pertinent in terms of navigating as seamlessly as possible from ADF to veterans' chaplaincy as a source of valued support during and after transition.
- Capacity/workforce issues: options to recruit new chaplains; upskilling/supporting receptive local faith communities.
- Giving due consideration to governance arrangements and legal implications in the context of services referring clients to chaplains for pastoral and/or spiritual health care; notably, where does professional responsibility/accountability for the client ultimately reside?

Funding considerations: there was widespread acknowledgement of likely high-level demand for veterans' chaplaincy services, but less surety about how to resource sufficient quantity and quality of service within limited/contested resources. This prompted some to question whether funding veterans' chaplains should be the full remit of DVA, or whether Defence, ESOs, and/or other community organisations and services (e.g., prisons, hospitals) who see value and draw on veterans' chaplaincy services should also contribute to the funding mix.





## Executive summary

---

At 30 June 2023 there were 58,642 permanent Australian Defence Force (ADF)<sup>1</sup> personnel (Australian Government Department of Defence, 2023). Irrespective of whether an ADF member serves overseas or domestically in Australia, members will at some point, discharge from the military and re-enter civilian life. The 2021 Census suggests the overall number of Australian ex-service personnel is approaching half a million (Australian Institute of Health and Welfare, 2023). Recent separation rates from the ADF permanent force indicate that more than one in ten service personnel are leaving the ADF every year (Australian Government Department of Defence, 2023). The period around and during the transition process has been identified as a particularly difficult period for ADF members (Transition Taskforce, 2018).

While in-service ADF personnel have a lower incidence of suicide than the civilian population, the opposite is true for ex-serving veterans, who have significantly higher incidence of suicide than the civilian population (AIHW, 2022). The issues of veteran suicide and transition have been well documented, and suicide is now the subject of the Royal Commission into Defence and Veteran Suicide (RCDVS) which has confirmed that moral injury is a strongly related causal factor for veteran suicide and transition is a high-risk time (Commonwealth Royal Commission into Defence and Veteran Suicide, 2021).

Chaplaincy services have been a formal part the ADF since 1913. ADF chaplains are perceived by service members to be highly accessible, trusted and a non-stigmatising source of support, regardless of personal faith orientation (Sutherland, 2021). Most ADF members are aware of the ADF Chaplaincy Services and around a quarter had used these services (most of whom had found it useful). ADF chaplains have been part of suicide prevention within the ADF, are at the forefront of developing and delivering moral injury care treatment and provide considerable support during transition particularly for high-risk veterans.

Currently ADF chaplain services are available to ADF personnel (and their families) throughout their active service and for up to 12 months after leaving the ADF (Australian Government Defence, 2024). However, access to ADF chaplains may be constrained by the capacity and heavy workload of these chaplains. Some believe there is an ongoing need and demand for military aware chaplaincy services for ex-serving personnel and their families during transition *and* for the duration of their civilian lives.

In response, the Veterans' Chaplaincy Pilot Program (VCP) was established by the Australian Government Department of Veterans' Affairs (DVA) to explore the value of delivering veterans' chaplaincy for veterans and families at the time of and following transition from the ADF. The VCP commenced on 3 April 2023 and was extended until 30 June 2025. A uniform approach or set of activities was not prescribed for the appointed VCP chaplains. Instead, the program was designed to test different approaches in each of the three locations (Perth, Brisbane and Townsville), with appointed VCP chaplains working to their specific skill sets and local priorities (noting that approaches were discussed, pre-approved and subject to managerial oversight during the pilot stage).

The Department of Veterans' Affairs (DVA) commissioned an independent evaluation of the VCP to assess the utilisation of veterans' chaplaincy support services by transitioning veterans and their

---

<sup>1</sup> See Appendix A for the definition of key terms and acronyms.

families (who, how many, and for what purpose) and the effectiveness of the program in terms of impact on service users (veterans and families) and associated services (improved service delivery by virtue of contact/liaison/coordination with the VCPP chaplain). The evaluation was intended to inform recommendations for DVA about the delivery of veterans' chaplaincy services to veterans and families and enhance the governance of the services, as supported by DVA's Program Management Framework, with a view to ensuring appropriate outcomes for the veteran community. It will also transfer learnings applicable to other DVA business areas that deliver veteran support services, namely Open Arms, Coordinated Client Support and Joint Transitions Agency.

## The evaluation

The DVA funded VCPP evaluation covered the period from program inception to 30 June 2024. This evaluation included a series of 23 semi-structured interviews<sup>2</sup> with key stakeholders, the development of a fit-for-purpose data collection tool and analysis of quantitative data for 142 VCPP clients (veterans or family members) who engaged one-to-one with VCPP chaplains.

## VCPP clients

Just over three quarters of clients were male. At entry, clients had a mean average age of 50.5 years. Seven in ten clients were married, and a similar number had attained an educational qualification of degree or higher. Most identified a religious affiliation. Most clients met face-to-face with their VCPP chaplain, with phone, email and SMS also used to communicate. Moral injury was the main identified issue for one in four clients, with welfare check equally common. Two-thirds of clients were former members of the ADF; only 6.4% were identified as family members, with the remainder current members. Just over two-thirds of clients had been deployed to a theatre of conflict.

## Need for the VCPP

Veterans, family members and stakeholders consulted consistently recognised and supported the need to extend ADF chaplaincy services via veterans' chaplains to transitioning veterans. VCPP chaplains, given their military experience, were viewed as providing a unique contribution to supporting veterans and families through transition, particularly those struggling with loneliness, isolation, grief, inability to communicate about their experiences in the ADF, and issues of guilt, betrayal and bereavement.

## VCPP outcomes

Given the relative recency of the VCPP rollout, and limited self-reported interaction with the program to date, most consulted stakeholders felt ill-equipped to speak to direct outcomes for veterans. Accordingly, discussion focused on noted process outcomes and perceived value of the VCPP. By virtue of their in-depth engagement during the initial rollout, VCPP chaplains were well placed to describe early-stage outcomes for veterans and other stakeholders with whom they had engaged. Results are described as follows:

**Support provided to transitioning veterans** included common chaplaincy functions (e.g., religious support, funerals, weddings, baptisms), pastoral care and welfare checks along with moral injury or spiritual wound support; and helping veterans to connect to veteran service providers as well as

---

<sup>2</sup> Contact details were provided for 31 potential interviewees with 74.2% committing to an interview.



appropriate health and wellbeing support services. Critical in this was the personal holistic support delivered by the VCPP chaplain, who was available, who cared and who checked in on the welfare clients.

Veterans who had direct dealings with VCPP chaplains signalled important personal outcomes including feeling heard, having somebody to call on for support at any time of need, achieving a sense of purpose through being assisted into mentoring roles for other veterans, and receiving encouragement and support to connect to community.

According to the VCPP chaplains, the effect of these engagements was multi-faceted. Veterans were supported in dealing with grief and bereavement related to their past ADF service. Veterans struggling to resolve inner conflict expressed tremendous relief upon arriving on an understanding and recognition of the impact of moral injury. One VCPP chaplain reported clinicians were making important breakthroughs using the moral injury training he provided. Another VCPP chaplain was told by a prisoner that his visit had ‘just saved my life’.

VCPP chaplains also **engaged and collaborated with the ADF and veteran-servicing organisations and professionals**. This included ADF chaplains and ADF command, a range of professionals (including psychologists, psychiatrists, welfare officers, counsellors), government departments, ESOs and the faith community. They were involved in group meetings, presentations and delivered or attended religious services. According to the VCPP chaplains, these engagements included opportunities for ‘warm handovers’ of veterans transitioning out of the ADF, giving them greater security and continuity, and lightening the workload of ADF chaplains. Where VCPP chaplains were well integrated with DVA and ESO veteran services, veterans benefitted from more connected-up approaches facilitated by a trusted advocate. The organisations benefitted through an additional avenue for clients in need of pastoral care and spiritual support, recognised as a current gap in the service matrix.

**Faith community upskilling** was considered an important element of the VCPP as a method of ‘force multiplying’ or distributing responsibility for the pastoral and spiritual care of veterans to suitably upskilled community faith leaders. Formal efforts to upskill faith communities ramped up toward the end of the first year of the pilot, allowing the chaplains time to set up the program and build connections with the veteran community and support ecosystem. There were promising signs with interest from multiple faith group leaders as well as community chaplains servicing multiple sectors, and two well-attended VCPP forums were held in May 2024 with the intent of a series of forums to follow.

## Value of the VCPP

**Providing continuity of pastoral and spiritual care.** It is not the designated role of ADF chaplains to support members once they have completed their transition out of Defence. However, extending familiar and valued chaplaincy support into the veteran space was viewed as an obvious choice for government. Moreover, for veterans and families this provides a level of continuity of the highly valued Padre service.

**VCPP chaplains were a trusted source of support.** A key characteristic of VCPP chaplaincy carried over from ADF chaplaincy was that the VCPP chaplains were considered a highly trustworthy, secure and confidential source of support. Moreover, a VCPP chaplain provided a dependable alternative to assist with their transition and point them in the right direction for community-based support and services.

**Relatability and credibility of VCPP chaplains.** Veterans in search of support and solace, irrespective of religious belief, were seen to respond well to VCPP chaplains, particularly those with military experience, due to an intangible perception of understanding, trust and non-judgement due to shared lived experience and language.

**Humanity and care factor of VCPP chaplains.** Veterans and their families valued the VCPP chaplains for providing holistic care along with a depth of humanity they perceived as lacking in other service providers. Unlike mainstream services, they were available and would simply listen if that was what was needed and would follow up to check on veterans' welfare.

**Assistance with reconnecting to civilian life and services.** VCPP chaplains were seen as helping veterans to connect back into civilian life and providing a bridge to community-based veteran services and resources.

**Responding to acute veteran stress and suicidality.** The VCPP has played a role at the higher end of acute veteran stress in transition where the VCPP may contribute to reducing the incidence of completed suicides. It is also well placed to play a role in supporting veterans and their families (and upskilling service providers) to manage the challenges associated with moral injury.

**Providing a 'missing piece' in holistic veteran care and support.** The VCPP was viewed as filling an important gap the veteran care and support circle. Psychological and associated treatment tends to neglect spiritual wellbeing or 'meaning making' which can help veterans build meaning in their lives beyond the military.

### Future considerations for veterans' chaplaincy

The VCPP was due to finish on 30 June 2024, but was extended to 30 June 2025 (as a pilot only). Stakeholders were asked to provide views on key considerations for government should veterans' chaplaincy be continued into the future. These are summarised as follows.

### *Defining the scope of veterans' chaplaincy*

Veteran transition was viewed as a process or continuum from enlistment to reintegration in the civilian community and beyond, with implications for capacity and resourcing, as well as considering the nexus between ADF and veterans' chaplain roles. Clearly defining these roles, including when each service provides support will be important. VCPP objectives span the provision of pastoral care, spiritual wellbeing, suicide prevention, religious support, moral injury care, assisting veterans to access civilian community and services, and upskilling local faith communities. All VCPP chaplains were noted to excel in some areas, but none had the capacity to deliver 'the complete breadth of the chaplaincy role'.

All VCPP chaplains focused on identifying and providing support to at-risk veterans - particularly those experiencing acute difficulty or crisis when transitioning. In defining a nationally coherent approach for veterans' chaplaincy, for veterans and families, one-to-one veterans' chaplain engagement was seen as central to any potential ongoing program.

Veterans' chaplains also have a recognised role to play in assisting veterans to bridge to effective community support and care. Each of the VCPP chaplains participated in community bridging activities – upskilling and supporting clinicians in moral injury, collaborating with local service providers to extend and deepen care offerings to veterans, connecting with local social systems (hospital, prison, schools) to add value from spiritual health and wellbeing care. These activities focused on capacity building in community settings to understand and



respond to the complex needs of veterans and creating pathways for veterans to access these settings with confidence.

One of the noted challenges ahead for veterans' chaplaincy was defining the support responsibilities for veterans and families through the complicated transition from Defence to DVA, given that members experience the transition as a continuum but structurally it is seen as separate. This will have significant implications for veterans' chaplaincy and how it navigates the interdependency of ADF, veterans' and community chaplains.

### ***Hosting and supporting veterans' chaplains***

The VCPP explored several different models of locating chaplains in the community and lessons have been learned from each model. Access to DVA administrative and case management and individual chaplain care and degrees of integration with Open Arms (OA), DVA and other support and professionals (including Hubs and ex-service organisations (ESO) and ADF) were explored. While the models were pragmatic, the need for designated facilities, office support and resourcing was highlighted for future applications. There was agreement that establishing a veterans' chaplain presence in an active, well-organised veterans' hub where collegiate veteran support services can assist with connecting into their veteran networks would provide mutual benefit. One challenge in any future environment is mitigating perceptions that veterans' chaplaincy is moving in on the 'business' of ESOs or other providers. Demonstrating the complementarity and value-add of veterans' chaplaincy would be the key.

### ***Build awareness and understanding about the role of veterans' chaplains***

Several stakeholders considered that VCPP chaplains could have been better promoted to veterans in the transition phase, for example including reference to VCPP chaplaincy in veterans' transition packages. Some also felt there was inadequate communication about the VCPP and its chaplains to the wider veteran-servicing sector; although as a pilot program it is difficult to balance promotion of the service with the potential that the pilot may not receive ongoing funding.

### ***Capacity and workforce development***

Given the strong acceptance of veterans' chaplaincy and the already high work rate, a major challenge identified for veterans' chaplaincy going forward related to capacity to meet growing demand, and the risk of burn-out for veterans' chaplains. Any model which tries to have all chaplaincy functions delivered by veterans' chaplains would be likely to struggle to find resources; this approach would also fail to achieve the aim of integrating veterans back into the Australian community.

One suggestion included 'Tier 1' veterans' chaplains providing acute and crisis care coordination (Tier 1 chaplains would be the equivalent in qualifications and experience to the current VCPP chaplains); and training existing community chaplains who have contact with veterans to provide 'Tier 2' basic services such as pastoral care and spiritual/religious support. The VCPP has explored the training that might be suitable for this upskilling. The advantage of these community chaplains would be their ability to introduce veterans and families to community-based support and care.

Another option would be to upskill transitioned veterans (with the right qualities) to perform veterans' chaplaincy roles, thereby building upon the established ADF connection and credibility. Training veterans under this option may require the equivalent of a 12-month Graduate Diploma and it is noted that several academic institutions have existing or potentially modifiable programs that may be relevant.

One perspective was that ADF chaplains already have the required skills, knowledge and competency to work as veterans' chaplains. Many after their own ADF service completely retire and most appear unwilling to work full-time as veterans' chaplains however there is considerable capacity and interest in working part-time. This potential could be exploited in any future veterans' chaplaincy program.

According to the lead chaplain, success from a veteran and family transition perspective is receiving effective support and being integrated into local nurturing faith communities. Veterans and families have much to offer these communities if welcomed and integrated. This and the likelihood that demand for veterans' chaplaincy support could outstrip the capacity of veterans' chaplains to deliver, highlighted the need for upskilling local faith communities to support veterans and families. Experience has shown that not all local faith communities feel confident and equipped to welcome veterans, particularly those experiencing complex transitions. Further, many veterans and families report feeling particularly unwelcome in many faith communities. For this reason, any future veterans' chaplaincy should target receptive rather than all faith communities.

A potential conundrum for the VCPP is that Defence understands chaplaincy but has no remit for ongoing support of ex-ADF members. DVA's dedicated purpose is to look after veterans and their families, however, they lack experience delivering chaplaincy services and have limited resources to support it. Stakeholders agreed that if veterans' chaplaincy is continued in the future, it would need to be resourced to succeed due to the high need and the risk involved if allowed to fail.

## Conclusion

Veterans, family members and stakeholders consulted for the evaluation gave universal endorsement of extending the benefits conveyed by ADF chaplaincy through a veterans' chaplain program for transitioning veterans. This recognised the social and emotional hardship experienced by many veterans during transition, including a heightened risk of suicide and family violence. They also perceived a current gap in veteran services in terms of vital spiritual and moral injury care and support which may mitigate these risks. Veterans' chaplains could play a fundamental role in this space. According to evaluation participants, they share and understand the military experience and speak the same language. They continue the spirit of the ADF Padre, as a trusted person with whom veterans and families can talk in confidence and who has their personal interest foremost at heart. They understand the social, spiritual and moral dislocation that some veterans feel in transition. They were seen as available, human-centred, caring, compassionate and wise.

On a functional level, the three VCPP chaplains adopted different approaches in their respective locations. The Brisbane and Townsville VCPP chaplains prioritised direct pastoral care and support to veterans experiencing transitional difficulties, and partnering with various organisations to increase access to, and assist with veteran care. The Perth VCPP chaplain focused specifically on the local SAS veteran cohort, which meant priority was given to veterans with highly critical needs (e.g. clinical suicidal tendencies, family dysfunction, etc), and to veterans struggling with moral injury issues. The Perth VCPP chaplain also worked intensively in moral injury awareness raising and training with professionals, clinicians, academics and organisations with a key stake in supporting at-risk veterans.

It can be argued that a wider (potentially national) rollout of veterans' chaplaincy would likely benefit from a broadly applicable model with a level of coherence and consistency in the role and function of veterans' chaplains. This model would usefully include the staple pastoral and spiritual care, religious support, and community-bridging functions provided in Brisbane and Townsville for veterans experiencing difficulty in transition. In contrast, the acute crisis care model





implemented in Perth was specifically responsive to the complex needs of local transitioning Special Operations Command (SOCOMD) members, who were deemed at greatest risk of suicide and therefore the highest priority. Noting the critical importance of responding to highly complex at-risk veteran populations, this may be better applied as an adjunct activity for a specially trained moral injury work team, which includes a trained veterans' chaplain, mental health specialists and others.

The VCPP also tested different hosting models for the chaplains. In the event that veterans' chaplaincy is extended, a key learning was that veterans' chaplains thrive best in locations where their roles are understood, accepted and valued; where organisations demonstrate a willingness to engage and collaborate with the chaplain; where chaplains have access to office infrastructure and support (e.g., a designated desk, IT, reception and backup); and where organisations are prepared to work through legal and governance implications regarding referring clients to chaplains for pastoral or spiritual wellbeing support.

Veterans' chaplaincy has real potential to reach into and make a huge difference to veterans' lives. A key challenge would be how this can be managed sustainably and avoid the risk of VCPP chaplaincy supply not meeting demand. The upskilling of local faith communities presented major opportunities for the VCPP in managing demand and pressure on the capacity of existing chaplains. A related challenge involved building sufficient awareness of the program among transitioning veterans, families and veteran-servicing organisations, to maximise contacts and outcomes for clients. Another critical challenge and one not adequately addressed in the pilot was the need for greater contact, guidance and support for VCPP chaplains from the VCPP central office.

One year into the pilot program, the VCPP was on track to deliver a valued and potentially life-saving service to veterans and their families.

*[The VCPP] would save lives – it would save lives of soldiers, lives of partners of soldiers, lives of children and lives of brothers of soldiers, family relationships. Just the whole gamut, I feel it would impact every aspect of transitioning. [Veteran/families]*





# 1 The veteran context

---

At 30 June 2023 there were 58,642 permanent Australian Defence Force (ADF)<sup>3</sup> personnel, with a participation rate for women of 20.4% (Australian Government Department of Defence, 2023). Irrespective of whether an ADF member serves overseas or domestically in Australia, members will at some point, discharge from the military and re-enter civilian life. Military transition is internationally recognised and defines the process of change that a service person necessarily undertakes when her or his military career comes to an end (Castro, Kintzle, & Hassan, 2015; Forces in Mind Trust, 2013).

Precise numbers of ex-ADF members are difficult to obtain, although the 2021 census suggests the number of Australian ex-service personnel is approaching half a million (Australian Institute of Health and Welfare, 2023). Recent separation rates from the ADF permanent force add to the story with a rate of 11.2% (n=6,554) for the 12 months to 30 June 2022, and 11.1% (n=6,397) in the year to 30 June 2023 (Australian Government Department of Defence, 2023) indicating more than one in ten service personnel are leaving the ADF every year. This has significant implications for both the military in terms of their demographic profile and ongoing recruitment strategies, and for those separating in terms of access to support services aligning with their needs.

## 1.1 ADF chaplaincy services

Chaplaincy services have been a formal part of the ADF since the establishment of the Australian Army Chaplains Department in 1913 (Gladwin, 2013). Since this time, ADF chaplains have been predominantly of the Christian faith, but have provided for the spiritual needs of other faiths – ‘there are no sectarians in Australian foxholes’ (Gladwin, 2013, p. 42). Through their role, ADF chaplains have managed to serve with the respect of church and state, and of those they have administered to:

*One thing that can be said without any qualification is that the chaplains’ ministry of presence — in the field and on the home front — has established a proud tradition of devoted service that has garnered a deep gratitude and respect from diggers of all ranks and their families.... Australian society’s outwardly religious complexion has changed significantly over the last fifty years, but, as chaplains of all eras will testify, a deep and abiding respect for the chaplain and his position in the Army has not. (Gladwin, 2013, p. 48).*

The three primary features of the ADF chaplaincy program mean that 1) ADF chaplains are freely accessible due to their physical presence on-base and in the field in both deployed and non-deployed scenarios, 2) the service offered by ADF chaplains requires no paperwork, and 3) the service trains chaplains to be non-denominational, regardless of their own personal faith (Sutherland, 2021). This combination of features reportedly leads to the ADF chaplaincy program continuing to be perceived by service members as accessible and without stigma. The lack of a paper-trail indicating if or why an individual has interacted with a chaplain reduces a perception of career risks. In contrast, medical and psychological services create a paper-trail with concerns that this may be visible to those making decisions about career advancement and promotion (Hamilton, Allsop, Wiggers, Alexander, & Vandenberg, 2011). In 2023, 312 ADF chaplains (Department of Defence, 2023) were providing services to regular and reserve members and their families. Although

---

<sup>3</sup> See Appendix A for the definition of key terms and acronyms.

chaplain denomination remains predominantly Christian, a small proportion (3.8% in total) represent the Buddhist, Jewish and Muslim faiths.

## 1.2 Demand for ADF chaplaincy services

With the shift to a more secular population, questions are being asked about demand for faith-based supports such as chaplaincy - both within the ADF and the broader community. Over a 10-year period from 2011 to 2021, Australians identifying as having no religion increased from 23.1% to 38.9%, respectively,<sup>4</sup> with younger cohorts reporting lower levels of religious affiliation (Australian Bureau of Statistics, 2022). In the armed services, the retirement of older service members and recruitment of junior ranks has resulted in the proportion of ADF active service members not identifying with a religion reaching 64% in 2023 (Hoglin, 2023) - considerably higher than the general population. This reflects recent findings that only 28.4% of ADF military personnel active in 2021 had a religious affiliation (Best, Tunks Leach, Layson, & Carey, 2024). It is interesting to note that personal affiliation had little impact on considerations about the value of ADF chaplains as two-thirds of respondents indicated it was important or very important that ADF chaplains were available.

Best et al. (2024) found the role of ADF chaplains was generally well known. ADF chaplains were well understood as providing general counselling and guidance, supporting families, and managing both religious and secular rituals, amongst other things. Importantly, ADF members indicated a (very slight) preference for receiving chaplain support as opposed to non-ADF counsellors, psychologists or related. Noting that while 28.4% of the Australian military indicated a religious affiliation, 44.2% had sought support from chaplains, most (85.3%) of whom reported satisfaction with the care they received. Beyond standard chaplaincy services, ADF chaplains were specifically sought out by military personnel and their families as they were knowledgeable about the ADF and understood the pressures military personnel and their families were under. Indicating their broader mandate, it is noteworthy that only 13.3% engaged with ADF chaplains to receive spiritual guidance.

Of the cohort *not* accessing ADF chaplains, most indicated they either did not have an issue, or did not have a need to discuss personal, religious, or work issues. Only a quarter specifically indicated they did not want to speak to a religious person and one in five preferred to seek help outside the ADF (Best et al., 2024).

Families of persons in the ADF often make considerable sacrifices for their loved one's service. Defence decisions about deployment, posting and relocation can have deleterious outcomes for partner employment, children's education and care needs; and may leave a partner isolated without an established support network. ADF chaplaincy services are available to both members and their families - with this widely known. Tan (2020) reported that 86% of ADF family members<sup>5</sup> who responded to the ADF Families Survey 2019 were aware of the ADF chaplaincy services and 24% had used these services (most of whom had found it useful).

---

<sup>4</sup> Over the same period Christianity declined from 61.1% to 43.9%, and other religions increased from 7.2% to 10.0%.

<sup>5</sup> Respondents were comprised of family members of ADF personnel, a small portion of whom were also ADF members.



### 1.3 Transition from the ADF to civilian life

The military provides intense camaraderie in an institution that is frequently seen as being rigid and hierarchical (Wadham, Andrewartha, Lawn, Onur, & Edney, 2024). It is an environment that is often viewed as stigmatising mental health issues, and where members are encouraged to display strength and stoicism (Jones, Keeling, Thandi, & Greenberg, 2015; Royal Commission into Defence and Veteran Suicide, 2022). Combined, these attributes and behaviours lead to reduced help-seeking behaviour. It is therefore unsurprising that the mental, physical, and social wellbeing of ADF members can be significantly impacted by their time in the military.

Additionally, the mode of transition from the ADF can impact the experience of transition and veterans' post-military life. For example, those whose separations were involuntary or instigated by health issues are less likely to have the time and capacity to prepare for transition (Transition Taskforce, 2018) which may negatively impact factors such as housing, job and financial security. These veterans are also more likely to experience lower well-being and social engagement (Barnett et al., 2022). Importantly, these negative outcomes overlap deleteriously with factors identified as contributing to veteran suicide, self-harm, and suicide-ideation reports (Barnett et al., 2022; Foreign Affairs Defence and Trade Committee, 2017; Transition Taskforce, 2018).

Despite the challenges of military life, most ADF members and their families transition successfully into civilian life. However for some, the transition presents a range of social, financial, employment and well-being challenges (Black & Papile, 2010; Sutherland, 2021; Van Hooff et al., 2019; Wadham et al., 2023; Wainwright, McDonnell, Lennox, Shaw, & Senior, 2016; Wells, Heinsch, Brosnan, & Kay-Lambkin, 2021) and there are calls for increased transition support (Royal Commission into Defence and Veteran Suicide, 2022). Finding appropriate ways to support service personnel to make successful transitions to civilian life is viewed widely as a priority by public policy and research.

The ADF chaplaincy has a long history of engagement with the ADF. Moreover, it is a service accessed by many military personnel regardless of their religious affiliation with chaplains providing “trusted, confidential and holistic support” (Layson, Tunks Leach, Carey, & Best, 2021, p. 1155). ADF chaplains have the dual capacity of both being embedded with the armed services and understanding, often first-hand, the military environment and the need for support.

For ADF veterans and families with religious affiliations community chaplains may be preferred over other formal support services (e.g., psychiatrist, counselling) (Nieuwsma et al., 2014; Sullivan et al., 2014) as religion can provide a familiar framework for managing challenges. However, community chaplains do not have lived experience and understanding of the military environment. Perceptions about how community chaplains may deal with post-traumatic stress and suicidal ideation (Kopacz, 2013; Sullivan et al., 2014) may also inhibit ex-service personnel from using them. Moreover, faith leaders from more conservative Christian denominations may view mental health issues as originating from faith specific issues (Sullivan et al., 2014). Where this is the case, faith leaders may be inadequately prepared to aid veterans in areas such as post-traumatic stress disorder, suicidality, moral injury or reconciling military trauma with faith.

### 1.4 Providing support in the community

Currently, ADF chaplain services are available to ADF personnel and their families throughout their active service and for up to 12 months after leaving the ADF (Australian Government Defence, 2024), noting that veteran access to ADF chaplains may be constrained by the capacity and heavy workload of these chaplains in relation to current serving ADF members.

Veterans and their families also have access to specialised welfare and support services provided through DVA. DVA's role is to deliver government programs for war veterans, serving and former serving members of the ADF, certain Australian Federal Police and their families, with the purpose of supporting the wellbeing of those who serve or have served in the defence of our nation, and their families. The outcomes of DVA are to<sup>6</sup>:

- Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation and other support services, including advice and information about entitlements.
- Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements.
- Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preservation of Australia's wartime heritage, and official commemorations.

Open Arms Veterans & Families Counselling is a highly regarded DVA-funded service that provides counselling, 24-hour crisis support, treatment programs and workshops, suicide intervention, a peer program, crisis accommodation and self-help resources<sup>7</sup>. Veterans are also able to access support from numerous ex-service organisations (ESO)<sup>8</sup>, in addition to being able to tap into services perpetually available to the Australian community (e.g. Beyond Blue etc). However, known barriers to veterans accessing community-based mental health services include perceived stigma surrounding mental ill-health, and distrust in government and DVA services relating to claims processes (although this does not appear to have affected perceptions of Open Arms) (Foreign Affairs Defence and Trade Committee, 2016).

Providing access to veterans' chaplains in times of need provides an alternative, less formal source of support in the community that capitalises on the inherited value and trust extending from ADF chaplaincy. Importantly, VCPP chaplains bring deep awareness of the military context which can be lacking in mainstream services, with exceptions such as Open Arms which has extensive experience and traction with military personnel. They are also well positioned to support the upskilling of other organisations, health services and community faith-leaders to understand the issues and needs of and work optimally with veterans. Understanding VCPP chaplains as a bridge to effective community support is a key aspect of the VCPP, as the whole-picture provision of practical care and support for veterans and families (e.g., housing, employment, education, health, mental health and spiritual health care) are the key to successful transitions.

## 1.5 Key drivers of the Veterans' Chaplaincy Pilot Program (VCPP)

The rate of Defence and veteran suicide in Australia has been described as a national crisis and an urgent priority for government to address (Royal Commission into Defence and Veteran Suicide,

---

<sup>6</sup> Sourced from <https://www.dva.gov.au/about/careers/graduates/about-our-program>

<sup>7</sup> See <https://www.openarms.gov.au/>

<sup>8</sup> For example, Open Arms, Mates4Mates, Legacy Australia, Returned and Services League of Australia, Vietnam Veterans' Association of Australia, TPI Federation Australia, Partners of Veterans Association of Australia, Soldier On, Australian War Widows and others.



2023). As noted in the *Australian Government Response to the Interim Report of the Royal Commission into Defence and Veteran Suicide* (Department of Defence and Department of Veterans' Affairs, 2022, p. 4):

*Australia has lost more service personnel and veterans to suicide in the last two decades than from active operations. This is a national tragedy.*

Evidence before the Royal Commission into Defence and Veteran Suicide has highlighted the important role that ADF chaplains can play in suicide prevention and care (Commonwealth Royal Commission into Defence and Veteran Suicide, 2022: Exhibit 37-01.008), with particular emphasis in the area of Moral Injury (Commonwealth Royal Commission into Defence and Veteran Suicide, 2021: Exhibit 04-02.08). ADF chaplains have been part of suicide prevention within the ADF, are at the forefront of developing and delivering moral injury care treatment and provide considerable support during transition particularly for high-risk veterans.

The period around and during the transition process has been identified as a particularly difficult period for ADF members (Transition Taskforce, 2018). According to the Australian Institute of Health and Welfare's (AIHW) fifth annual report on suicide among permanent, reserve, and ex-serving ADF members, while in-service ADF personnel have a lower incidence of suicide than the civilian population, the opposite is true for ex-serving veterans who have significantly higher incidence of suicide than the civilian population (AIHW, 2022). Such evidence has led to widespread community and media concern about the incidence of suicide and the general well-being of the Australian veteran community. This has resulted in a variety of government reports, initiatives, and studies targeting better support for ADF personnel during and post-transition. These include the aforementioned Royal Commission into Defence and Veteran Suicide (Commonwealth of Australia, 2024) and the Transition Taskforce (Transition Taskforce, 2018).

An underpinning rationale for the VCPP was to support veterans and families undergoing a complex or challenging transition from life in, to life after ADF service, drawing on the strengths of the ADF chaplaincy model adapted for the veteran context. This has included direct veteran chaplaincy support for individuals and veteran chaplains working with/upskilling veteran-servicing community organisations in the pursuit of effective, chaplaincy-based mental health and wellbeing and suicide prevention care.

## 2 The Veterans' Chaplaincy Pilot Program

---

ADF chaplains provide a range of supports to in-service personnel and their families around mental health and wellbeing including pastoral care, support, advice and referrals to relevant services. Although chaplains have been an important resource for active serving ADF members, chaplaincy has not been one of the service offerings available to veterans after the transition period. The VCPP provided a \$1.9 million Government commitment to chaplaincy support, during transition and following service, for veterans and their families. The VCPP was extended to 30 June 2025 with an additional \$1 million committed through the 2024-25 Australian Budget process (Australian Government, 2024) to support informed decision-making after completion of the evaluation.

The VCPP was designed to extend the chaplaincy services currently provided to serving ADF members to veterans and families undergoing complex or challenging transition from ADF service to the community and following transition. The rationale was to maintain access to a familiar and valued support service which would otherwise be lost post-transition from the ADF (Sutherland, 2021). This is important in view of research supporting the 'valuable front-line utility and contribution of chaplains', particularly in addressing potentially morally injurious events/experiences (PMIE) and/or moral injury (MI) among Australian veterans (Hodgson, Carey, & Koenig, 2022).

An important feature of the ADF Chaplaincy service across Navy, Army and Air Force divisions is the provision of pastoral care and spiritual support that is inclusive and welcoming of the diverse beliefs and faith systems of presenting individuals (Australian Government Department of Defence). This principle was carried into the VCPP, in order to provide spiritual, religious and pastoral support to individuals experiencing stress during the transition process or following transition from the ADF. This tended to align with veterans and families for whom 'separation or discharge is involuntary due to medical, disciplinary, or compulsory age retirement', denoting a complex cohort with distinctive needs.

The VCPP commenced on 3 April 2023 and will now continue until 30 June 2025. The program was rolled out in Perth (from 3 April 2023), Brisbane (from 26 July 2023) and Townsville (from 5 February 2024). In each case an appointed chaplain provided chaplaincy support to transitioning veterans and families, with service models tailored to meet local need (rather than one-size-fits-all). Due to the time taken to identify a suitable chaplain candidate (signalling workforce issues more broadly), Townsville<sup>9</sup> was a later entry into the VCPP, and therefore was less progressed in development and setup of the VCPP than the other two locations. In addition to providing VCPP oversight, the lead VCPP chaplain, who was also based in Brisbane, provided VCPP support and services to transitioning veterans who were not geographically located near the VCPP locations or who for other reasons, including rank or seniority, specifically sought his support. The lead chaplain worked concurrently as an ADF (Army) chaplain in a part-time capacity (0.8 FTE).

Program objectives included:

- facilitating access to spiritual health support and other DVA support programs
- providing pastoral care, mentoring and education through transition and into civilian life

---

<sup>9</sup> The Townsville VCPP chaplain was engaged in a half-time capacity (FTE 0.5).





- providing pastoral care and spiritual health support during crisis, high intensity or acute events, in particular supporting adjustment, grief, and recovery
- developing, upskilling and supporting community resources to deliver this support to veterans.

Flinders University was commissioned to undertake the VCPP evaluation which covers the period from commencement to 30 June 2024. The evaluation assessed the **utilisation** of chaplaincy support services by transitioning veterans and their families (who, how many, and for what purpose) and the **effectiveness** of the program in terms of impact on client users (veterans and families) and associated services (improved service delivery by virtue of contact/liaison/coordination with the VCPP chaplain). As stipulated in the RFQ, evaluation findings are intended to inform recommendations for DVA to deliver chaplaincy to veterans and families and enhance the governance of the activity, as supported by DVA's Program Management Framework, with a view to ensuring appropriate outcomes for the veteran community; and transfer learnings applicable to other DVA business areas that deliver veteran support services, namely Open Arms, Coordinated Client Support and the Joint Transition Authority.

## 2.1 The evaluation approach

The Flinders University research team obtained ethical clearance for the evaluation from the DVA Human Research Ethics Committee (Project number 557-23) and NHMRC registered Flinders University Human Research Ethics Committee (Project ID: 6894), which reviews human research ethics applications in line with the National Statement on Ethical Conduct in Human Research 2007 (updated 2018). Key components of the evaluation include an analysis of VCPP data provided by VCPP Chaplains and the development of a fit-for-purpose data collection system (see Section 3 for details and analysis).

A key challenge for the present review was that chaplaincy services including ADF chaplaincy services in Australia and overseas equivalents lack standardised documentation (Sutherland, 2021). In part due to the nature and confidentiality of often deeply personal support, chaplains have not shared records. As a result, there is limited research, reports and studies, relating to chaplaincy programs. This approach to privacy makes chaplains an attractive source of support but does limit the ability to comprehensively document or investigate the effectiveness of chaplaincy programs.

A series of 23 semi-structured interviews<sup>10</sup> with key stakeholders were conducted concurrent with the quantitative data. Through these interviews veterans and families gave voice to their experience of the VCPP. In addition, the lead VCPP chaplain and VCPP chaplains working in the program talked about the different models of care delivered in Perth, Brisbane and Townsville, their challenges and successes. Other stakeholders contributing to the interviews included DVA, ESOs, professional and faith community leaders, and ADF Command and chaplains.

Interviews were audio-recorded (subject to permission) and transcribed. The interviews were de-identified and thematically analysed. Case studies were prepared for each VCPP location (see Section 4 through 7 for details and analysis).

---

<sup>10</sup> Contact details were provided for 31 potential interviewees with 74.2% committing to an interview.

### 3 VCPP clients

---

The following sections present and provide an interpretation of data available for 142 VCPP clients. These clients received support from one of the four VCPP chaplains (including the lead VCPP chaplain) in Perth, Brisbane and Townsville from January 2023<sup>11</sup> to June 2024. All VCPP chaplains are current or former ADF chaplains and have significant experience with the trauma and challenges faced by veterans.

The data has its limitations. A relatively 'organic' approach to data collection was applied at the inception of the VCPP. This data provided information about clients and the activities undertaken from the early days of the pilot program for the two inaugural chaplains (one in Perth and the other in Brisbane). This early collection has missing data<sup>12</sup> as no systematic process was in place. It did, however, contribute significantly to the development of a fit-for-purpose VCPP data collection tool<sup>13</sup> through the identification of key variables.

The following sections present a summary of all client data provided to the evaluators. All data is included in the main analysis as it contributes to the context and information about the cohort of eligible veterans engaging with VCPP chaplains. While acknowledging its value, we also note its bias. Eighty percent of clients come from the inaugural VCPP chaplains (Perth chaplain, n=74; and lead chaplain, n=37). The Townsville chaplain commenced half time (FTE 0.5) in early 2024 and contributed 15 clients with the remaining clients from Brisbane chaplain (n=13).

A subset of 104 (73.2%) clients received services from February 2024 when the VCPP data collection tool was available. Although 'missing data' is evident, it is clear the data collection was undertaken in good faith by the chaplains. We note, the nature of engagement with some clients (i.e. via SMS, emails or phone calls) does not facilitate collection of social-demographic data. Neither is data collection easy when dealing with clients under duress or distress - a time when chaplains need to administer support.

#### 3.1 Socio-demographic characteristics

Information about country of birth was available for just over half of clients (n=73)<sup>14</sup>, with 84.9% of these identifying as Australian born. Only one client was identified as of Aboriginal or Torres Strait Islander heritage.<sup>15</sup>

Just over three quarters (77.5%) of all clients were male with the remaining 22.5% identified as female. Average<sup>16</sup> client age at entry was 50.5 years (males 51.6 years; females 47.0 years) ranging

---

<sup>11</sup> We note 19 clients (predominantly from Perth) were recorded as entering the program from 10 January to the 3 April 2023 VCPP commencement date. The date of last contact for eight of these clients occurred before the formal commencement of the program. However, we acknowledge related work occurred in the months preceding program commencement and have retained these clients details in the analysed data.

<sup>12</sup> For example, the unit data was recorded in discrete fields unconnected to others – there were currently serving veterans accessing services but no information about which ADF force these clients served in, their rank or the issue that brought them to the VCPP.

<sup>13</sup> The new VCPP data collection tool was co-designed by members of the Flinders and DVA management team and informed by the VCPP chaplains.

<sup>14</sup> Country of birth status was only available for one client prior to the VCPP data collection tool being used.

<sup>15</sup> Details about Aboriginal or Torres Strait Islander heritage not routinely collected before February 2024.

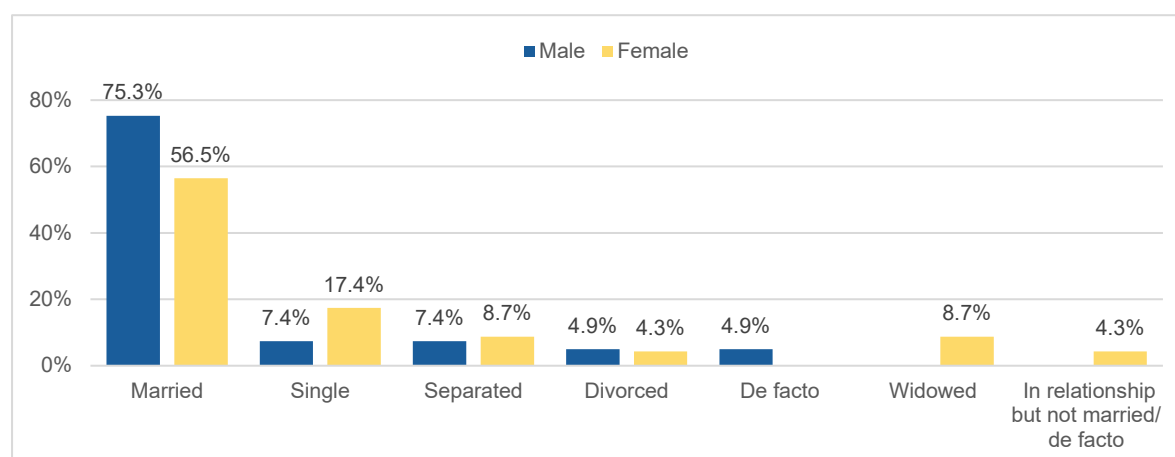
<sup>16</sup> Where used in this report, 'average' is the arithmetic mean.





from 23 through to 75 years<sup>17</sup>. More than one quarter (26.8%) of clients were aged 60 years and over. Marital status<sup>18</sup> was recorded for 104 clients with by far the largest overall cohort married (71.2%). Although not statistically different there was a trend suggesting more male than female clients were married, while female clients were more likely to be single, widowed or in a relationship (but not married or de facto; see Figure 1).

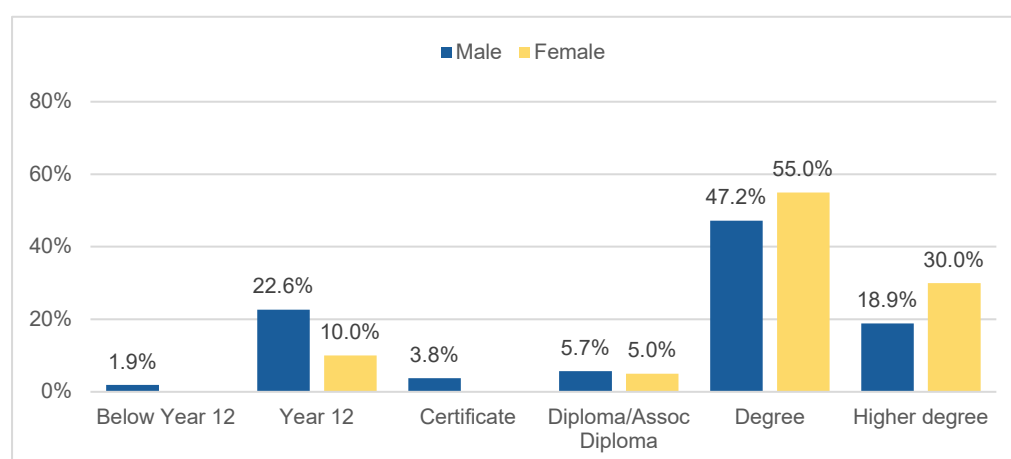
**Figure 1: Client marital status by gender**



Note, n=104.

Data describing educational attainment were available for 73 clients<sup>19</sup>, almost three-quarters (71.2%) of whom had a degree (49.3%) or higher degree (21.9%). Thirty percent of female clients, compared with 18.9% of males had achieved a higher degree, whereas a higher proportion of males than females had achieved up to Year 12 qualifications (24.5% compared with 10.0%, respectively, see Figure 2).

**Figure 2: Client highest educational attainment by gender**



Note, n=73.

<sup>17</sup> The age and gender profile did not differ across the duration of the program.

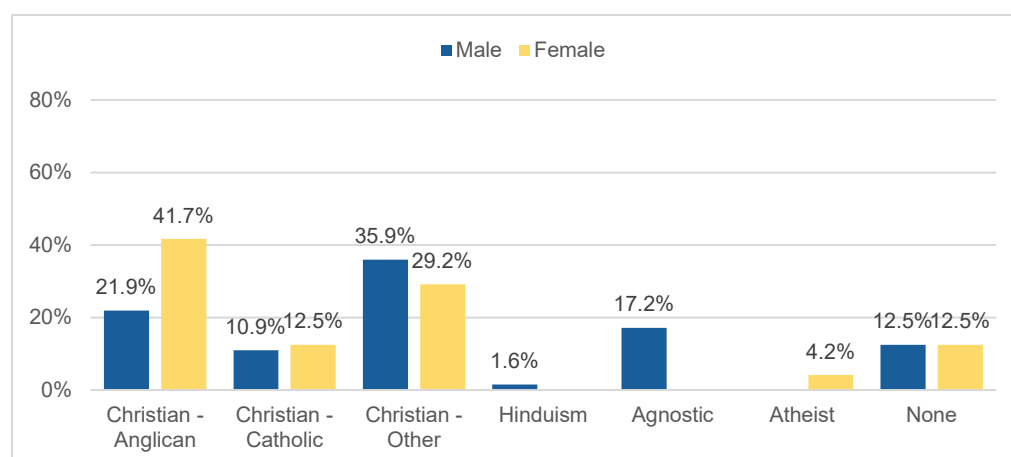
<sup>18</sup> No meaningful difference was reported in marital status before and after formal data collection (February 2024).

<sup>19</sup> No meaningful difference was reported in education status before and after formal data collection (February 2024).

## 3.2 Religious affiliation

Eighty-eight (62.0%) clients had a religious affiliation identified (see Figure 3).<sup>20</sup> A higher proportion of females than males reported they were Christian of the Anglican faith (41.7% compared with 21.9%, respectively). We note Christianity was the reported religion of 96.2% of the Perth cohort, all of those engaged with the lead VCPP chaplain, but only 23.1% of the Townsville chaplain clients and 7.1% of clients for the Brisbane chaplain. Agnosticism was reported by one in six males (17.2%) but no females.

**Figure 3: Client religious affiliation by gender**



Note,  $n=88$ .

## 3.3 Duration of engagement

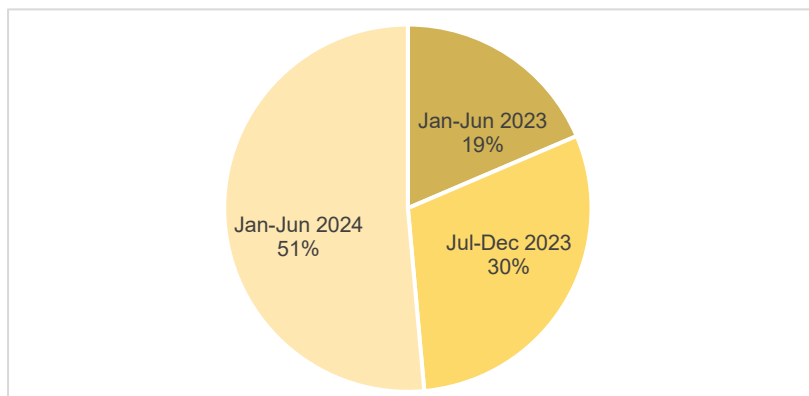
Chaplains were asked to indicate the date their client entered the program and the date of the last contact. Formally the VCPP commenced 3 April 2023<sup>21</sup> and data collection for the purpose of this evaluation ceased 30 June 2024. Data collection with the VCPP data collection tool commenced from February 2024. The date clients entered the program was available for all but two clients (98.6%), half of these involved clients who had engaged with the chaplains for the first time during 2023 (see Figure 4). Data was also provided for the 27.1% of clients whose last contact with the program chaplain was in 2023.

<sup>20</sup> No meaningful difference was reported in religious affiliation before and after formal data collection (February 2024).

<sup>21</sup> We note that 17 clients were identified as having entered the program between January and March 2023, with seven of these not having a recorded contact after the VCPP formally commenced. The decision has been made to retain their data in the analysis. These clients were referred for the same critical issues - and their inclusion adds additional information about client characteristics.



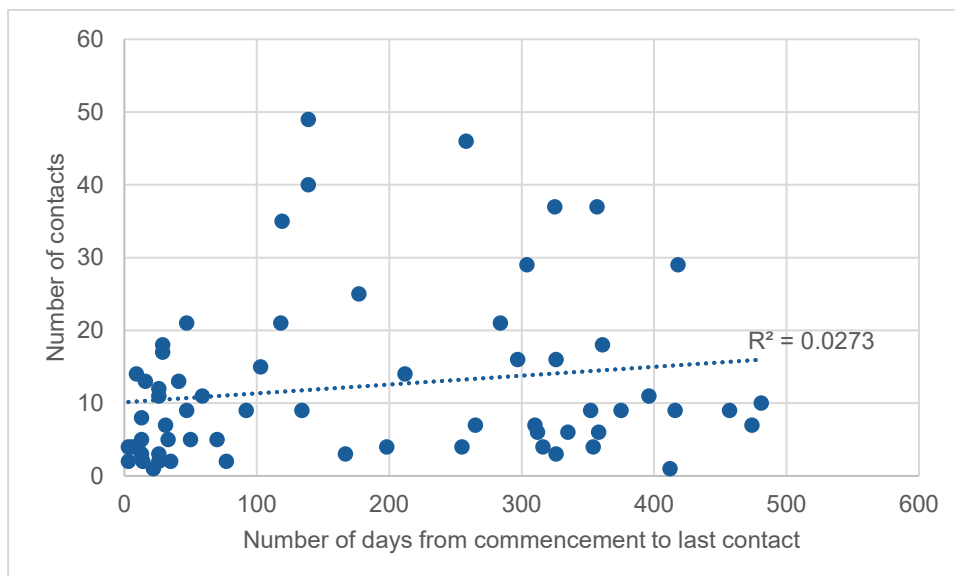
**Figure 4: Date client entered the program**



*Note, n=140.*

Although all 142 clients had at least one engagement with a VCPP chaplain, 82 clients engaged more than once (for between 2 and 481 days) four in five of whom were active from February 2024. It is noted that there is no statistical relationship between the number of contacts with the VCPP chaplain and length of time the client was active in the project (see Figure 5). For example, of the clients active in the project for more than 400 days, only one (16.7%) had more than 10 contacts, whereas nine (23.1%) of the 39 clients with fewer than 100 active days were reported with more than 10 contacts.

**Figure 5: Relationship between number of contacts with the VCPP chaplain and time from commencement to last contact**



*Note, n=64.*

### 3.4 Mode of contact

Mode of client contact was available for 103 clients (72.5%) all of whom were active between February and June 2024. Data is presented in Table 1. Four in five (82.5% of 103) clients met face-to-face with their VCPP chaplain at least once. There were 224 face-to-face meetings between clients and chaplains - an average of 2.6 meetings per client. Four clients, three of whom were identified with mental health problems met face-to-face with their chaplain ten or more times, with one client meeting 15 times with their chaplain between January and June 2024.

**Table 1: Mode of client contact**

Mode of contact	Face-to-face	Phone	Emails	SMS	All contacts
Number reported contacts	85	39	35	54	103
Number of contacts of this mode	224 (24.3%)	134 (14.5%)	150 (16.3%)	414 (44.9%)	922
Mode of contact (Average N)	2.6	3.4	4.3	7.7	4.3
Highest number of contacts for one client	15	16	12	51	51

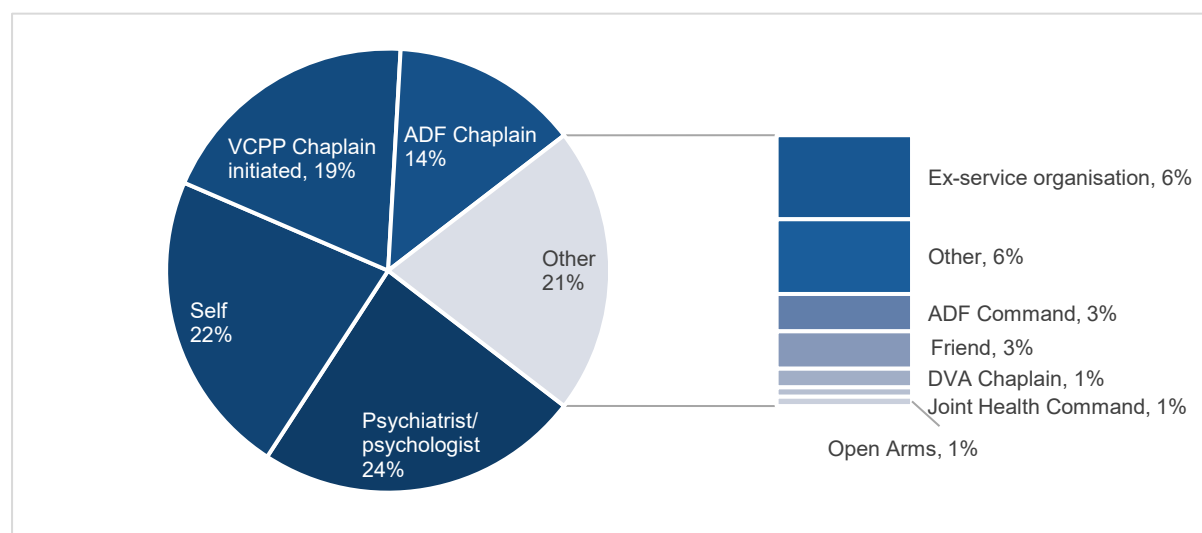
*Note. Data available for 103 clients. No video calls recorded.*

Phone communication with chaplains was reported for 39 (37.9% of 103) clients, eight of whom reported more than five such contacts. Email communication was used with 35 (34.0% of 103) clients who received an average of 4.3 emails. Contact with 54 clients included SMS, each of whom received an average of 7.7 SMS contacts. More than 20 SMSs were exchanged with six clients.

### 3.5 Referral source

The source of referral was available for almost all (97.9%) clients (see Figure 6) with main source varying for each chaplain.<sup>22</sup> Almost one quarter (23.9%) of all referrals came from psychiatrists or psychologists, although it is noted that these were exclusively referred in Perth. Self-referrals were relatively common (22% of all referrals), contributing 51.4% of referrals to the lead chaplain. One in five referrals were initiated by the VCPP chaplain. This was most common for the Townsville chaplain contributing 53.3% of his referrals. The Brisbane chaplain received 69.2% of his referrals from ex-service organisations (including one from Open Arms). No referrals were identified from families, doctors or hospitals.

**Figure 6: Source of referral for clients**



*Note, n=139.*

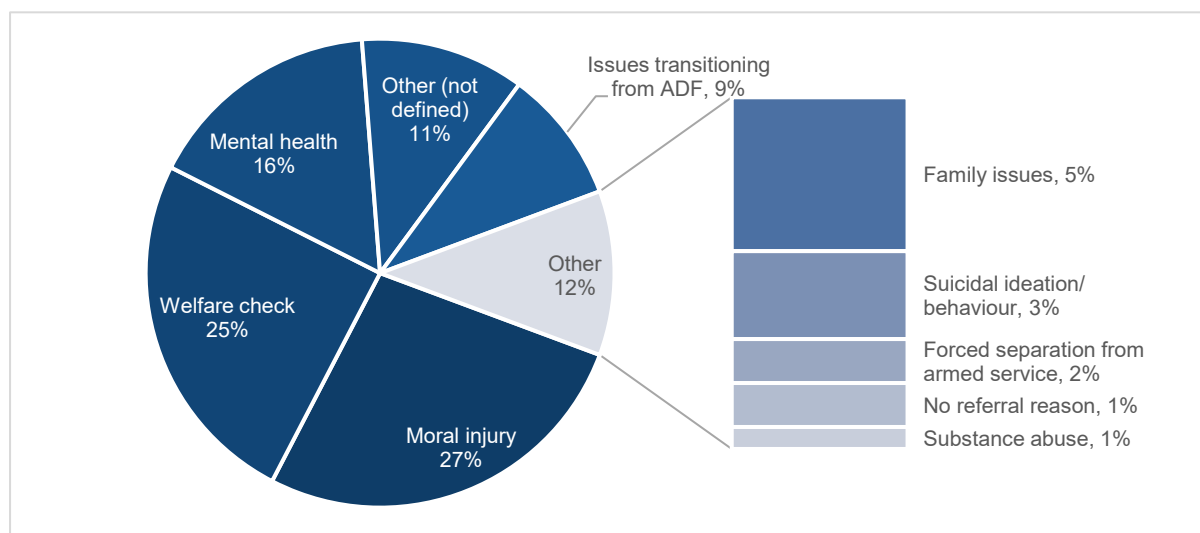
<sup>22</sup> No meaningful difference was reported in the source of referral before and after formal data collection (February 2024).



### 3.6 Main issue

Moral injury was the main identified issue for 27.0% of clients connecting with the VCPP<sup>23</sup> (see Figure 7). This was not identified at all by either the Townsville or Brisbane chaplain, but contributed 37.8% of the Perth cohort and 27.8% of those engaged with the lead chaplain. One quarter (24.8%) connected with the VCPP by way of a welfare check. The Townsville chaplain reported this for 58.8% of his clients, compared with 25.0% for the lead chaplain and 21.6% for the Perth chaplain. Mental health was reported as a main issue by all chaplains, but was most common for the Brisbane chaplain, identified as the main reason for connecting with VCPP for 64.3% of his clients.

Figure 7: Main issue at referral



Note, n=141.

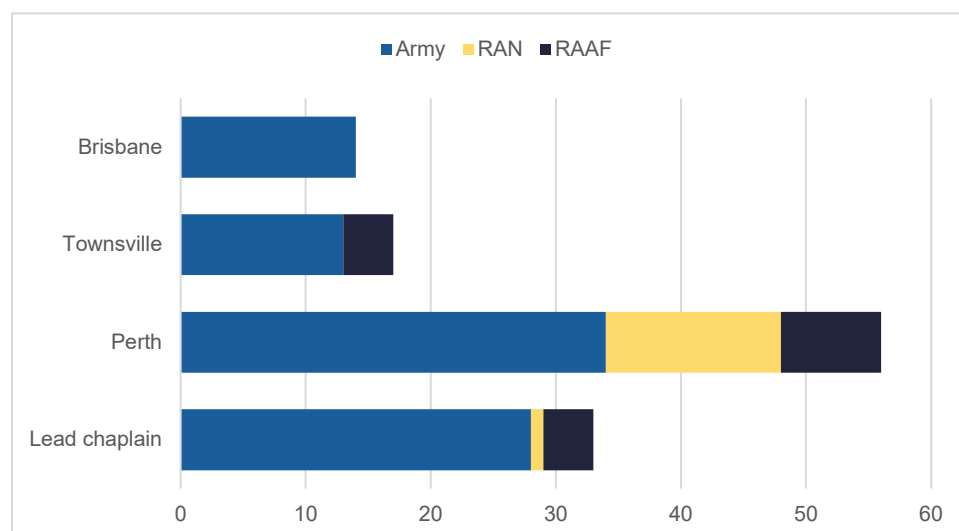
### 3.7 Military membership

Almost three quarters (74.2%) of identified clients had been members of the Australian Army<sup>24</sup>. The remainder was evenly split between membership of the Royal Australian Navy (RAN; 12.5%) and Royal Australian Air Force (RAAF; 13.3%). The Brisbane chaplain had exclusively engaged with Army members, while the Perth chaplain had seen all but one of the RAN members (see Figure 8). Males were disproportionally represented in the Army with 79.8% of the males and only 53.8% of the females. In contrast 30.8% of females had been RAAF members, compared with 8.5% of males.

<sup>23</sup> It is noted that clients active after February 2024 were less likely to report moral injury as the main issue at referral with this reported for 22.3% compared with 27.0% of those who ceased engagement before then. Corresponding, but minor proportional adjustments occurred to some other categories.

<sup>24</sup> No meaningful difference was reported in armed service membership or status before and after formal data collection (February 2024).

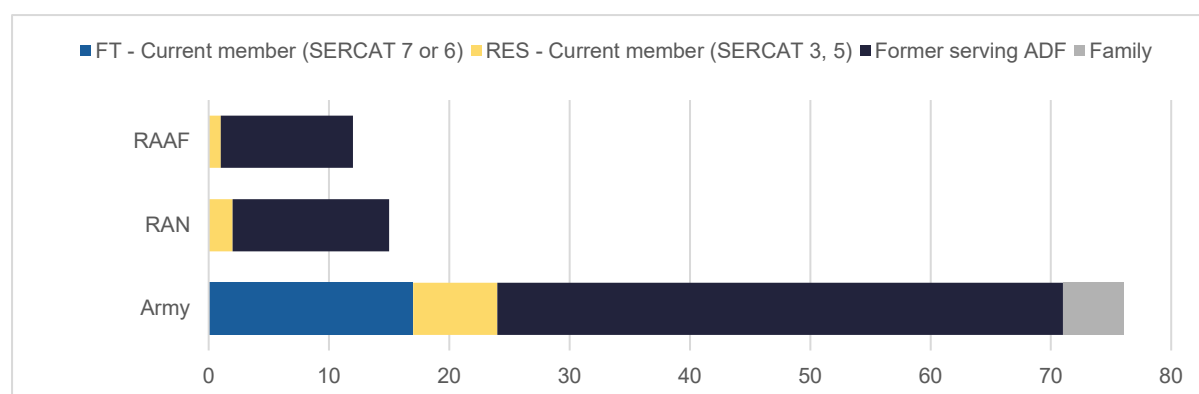
**Figure 8: Last military membership by location of chaplain (n)**



Note, n=120.

Almost one half (46.7%) of the RAN members connected with the VCPP because of moral injury, with this reported in only 20.2% of army clients and 25.0% of RAAF clients. Welfare check was the most common issue for RAAF clients connecting with the program. Clients last military membership by membership type is presented in Figure 9. Of these, two thirds of clients (68.9%) were former members of the armed services, 16.5% were current full-time members (SERCAT 6, 7<sup>25</sup>) and 9.7% were reserve members (SERCAT 3, 5). Only 4.9% were identified as family members, three-quarters of whom were female. Of members reporting the length of service, only 15.2% of clients had four or fewer years in the armed services when they engaged with the VCPP (see Figure 10).

**Figure 9: Last military membership by membership type (n)**

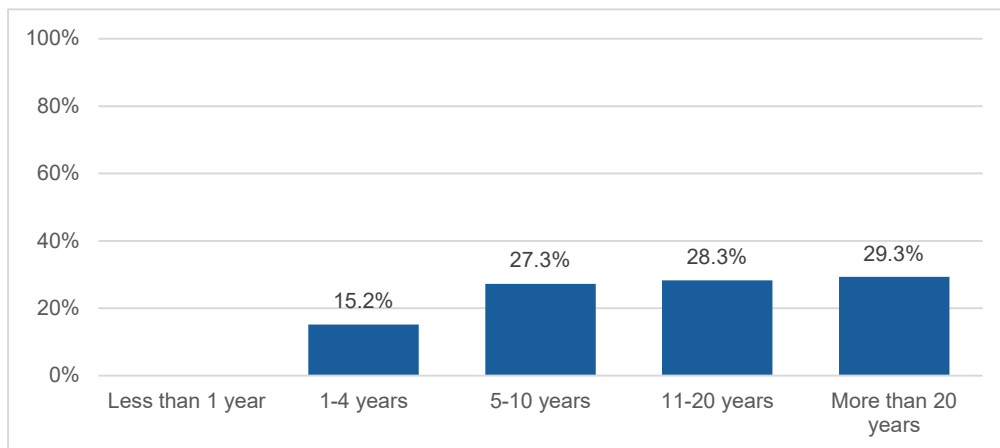


Note, n=103.

<sup>25</sup> SERCAT=Service category



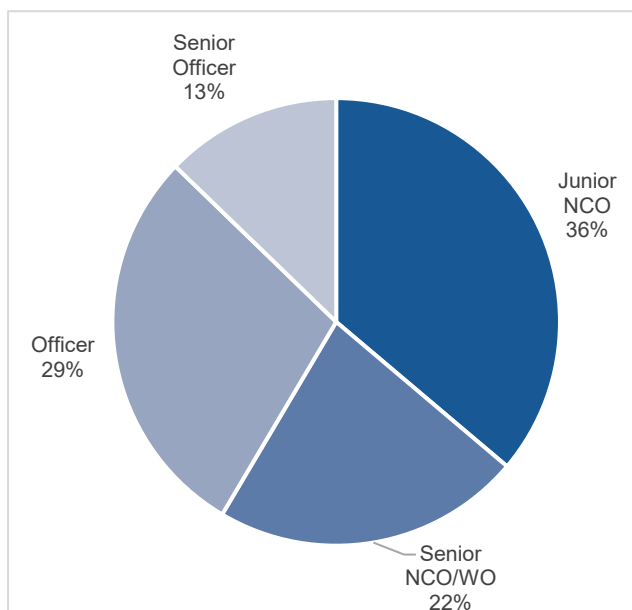
**Figure 10: Client length of armed service**



Note, n=99.

The client's 'last' rank records either their current rank or their rank when they left the armed service. Most (36.2%) were recorded as Junior NCOs, with Officer (28.7%) the next most common rank (see Figure 11).

**Figure 11: Client last rank**



Note, n=94.

### 3.8 Overseas deployments

Of the 70 clients whose status was known, two-thirds (n=48, 68.6%) had been deployed to a theatre of conflict<sup>26</sup>. Forty-six clients provided information about the number of overseas deployments, 11 of whom (23.9%) reported more than 10 deployments. All of those with 10 or more deployments had engaged with the Perth chaplain, they were either Senior Officers or Senior NCO/WO, had been deployed to Afghanistan and had served in the Army for more than 20 years. Clients reporting five or

<sup>26</sup> Thirty-six clients who engaged between February and June 2024 were identified as having been deployed to a theatre of conflict. Half (50.0%) reported either 1 or 2 deployments, 44.4% reported between 3 and 5 deployments and only 5.6% reported ten or more.

more deployments were most likely to have been reported as having issues transitioning from the ADF (43.8%). Whereas the main identified issues for clients with three or fewer deployments were mental health (25.9%), welfare check (22.2%) or moral injury (18.5%).





## 4 Perceived need for the VCPP

The following sections present the analysis from the semi-structured interviews exploring the need for the VCPP and how it has been working for stakeholders. Section 4 discusses the need for the VCPP. Section 5 discusses how the VCPP works in the three different jurisdictions. Section 6 discusses stakeholder perceptions about the planned outcomes of the VCPP, Section 7 addresses perceived value of the program and Section 8 addresses future considerations.

Veterans, family members and stakeholders consistently recognised and supported the need to extend ADF chaplaincy services to transitioning veterans. As noted by the veterans consulted, transition often involves losing connection with a solid life, community and support network and is a deeply lonely and isolating experience:

*[Previously soldiers] trained together, they went to war together, they went into captivity together, or they died together. And those who came back, they went back to where they had originated from, they set up their RSL, they set up their own support network, and they encouraged one another. But now what happens is...they get all these people from all these different places, they put them together in a special operations task force, they send them off to war and when they come back, they debrief them, and then they send them back to where they came from, and they no longer have the camaraderie. Yes, they can contact each other on social media and all that sort of stuff. But it's not the same. [Veteran/families]*

*The hardest part was that once you hang up the uniform, no-one really reaches out anymore. It becomes a very lonely period in your life. [Veteran/families]*

One of the most difficult aspects of transition is the difficulty veterans have in discussing their life and experiences within the ADF with civilians, even with their closest family members, as they have no shared frame of reference:

*When I left the military, civilians, you can't explain to them stuff about the military. [Veteran/families]*

*Wherever they went to do peacekeeping stuff, those people were put in harm's way. And sometimes what's called the rules of engagement completely and utterly traumatise the people... How do you explain all of that to anybody? How do you share that with anybody?... When you walk out the door, out of the dock yard gate or out of the barracks gate or out of the airfield gate, you don't switch all that off... [Veteran/families]*

One veteran described the impact as carrying and inflicting generational grief:

*What we are dealing with in Afghan and Iraq, Somalia, Rwanda, Timor, even all these other places, even in the training, these are going to be generational grief. And those who come back are going to inflict generational grief on family because they're going to impose their own grief on their spouses and their kids, whether they like it or not. [Veteran/families]*

In his experience, 'there are very few secular grief counsellors that I've encountered who are helpful in this space', whereas faith-based chaplains have unique contribution to make in the areas of guilt and bereavement. Many stakeholders, including all veterans and family members, recognised the value of veterans' chaplains<sup>27</sup> in managing the challenges of transition:

*If you spend some time in the army for example, you're used to being able to reach out to the personnel officer or the padre or the psych, or the lawyer who are in uniform, and they can help you. That gets a*

---

<sup>27</sup> The term 'veterans' chaplain' is used to describe a chaplain designated to provide chaplaincy services to current, transitioning and former ADF members.

*whole lot more difficult when you're out in the real world, and you've got to make your own arrangements. If there's a crisis, knowing that there's someone who's perhaps not familiar intimately with your own personal circumstances but who understands the system, understands where you've come from, I think the outcome in a crisis is going to be a whole lot better. [ADF/DVA]*

*[People who are separating medically against their will] are the ones who are in, let's call it 'The Hurt Locker' the most... Defence has made a decision that they can't stay because of their mental health and they don't want to leave, but their tribes have been taken away. So, they're the ones that scare me the most, and they're the ones I would give to [the veterans' chaplain] to say, "Do what you're good at." [ADF/DVA]*



## 5 How does the VCPP work?

---

The ADF has long provided chaplaincy support to current serving members. The VCPP was designed to extend the support delivered by ADF chaplains and services received by ADF members to benefit veterans and families who are transitioning out of or who have separated from the ADF (who would otherwise lose access to the effects and support provided by ADF chaplains). In effect, VCPP chaplains were available to transitioning veterans who (voluntarily or otherwise) are charting a path from in-service to ex-serving status; to veterans who have completed their transition, at any point of time post-transition; and as an adjunct to ADF chaplains for current serving members on the cusp of transition:

*In the same way that Open Arms can provide support to a current serving veteran, so do we. It's not just transition, and it's not former serving - we're getting requests to provide support to current serving, and they may be thinking about transition, [although some don't] want to get out; [they] want to stay in. [Lead VCPP chaplain]*

Notably, the VCPP was predominantly geared to supporting transitioning veterans deemed at risk of poor transition outcomes. However, VCPP chaplains were available to support and serve the needs of any veteran dealing with personal or adjustment issues.

As a pilot program, the VCPP did not prescribe a set course of action or procedure governing the activities of the appointed chaplains. It tested different set ups and approaches in each of the locations, with appointed chaplains working to their specific skill sets and what they perceived as local priorities. The following sections provide a case study outline of how the VCPP was conceptualised and rolled out in Brisbane, Townsville and Perth respectively, including achievements to date and lessons learned. These are followed by an assessment of the VCPP as a whole.

### 5.1 The Brisbane VCPP model

The Brisbane VCPP chaplain<sup>28</sup> was employed on a DVA contract on a full-time basis (FTE 1.0). He was co-located with Open Arms in their Brisbane North office, in the RSL Veteran and Family Wellbeing Centre in Stafford where Mates4Mates is also located. The VCPP chaplain worked in collaboration with Open Arms peer workers, social workers, and psychologists to ensure that the full gamut of local veterans' needs were met. His primary stated aim was to work in concert with diverse veteran service providers toward a shared goal of saving veterans' lives:

*Along with the people I work with and Open Arms and social workers, psychologists and everything, we're there to save lives. The people upstairs from me, Mates4Mates, RSL QLD, are there to save lives. And I met with all sorts of people today who are similarly working towards that - so I never lose sight of that fact [VCPP chaplain]*

A perceived benefit of co-location and co-operation was that Open Arms has strong existing networks and could assist the chaplain to connect into activities to mix with local veterans. Valuable opportunities existed for the chaplain and peer workers to present together at activities and events, providing a fuller picture of support and services available to veterans:

*They've presented at Gallipoli Barracks at Enoggera, at the SRC [Soldier Recovery Centre] there, which is where members go that may be transitioning out of Defence. [The VCPP Chaplain] been able to go as the*

---

<sup>28</sup> Note, the **Brisbane VCPP chaplain** refers to the chaplain engaged to provide support and services to the local veteran cohort as distinct from the **lead VCPP chaplain** who although based in Brisbane, provided support and services for veterans outside of the remit of other VCPP chaplains.

*DVA chaplain, we'll send a peer along with him... one presents about the [chaplaincy] program, one presents about the Open Arms peer program. Both let everyone know what supports are available. [Stakeholder]*

### **Features of the Brisbane VCPP model**

A key objective of the Brisbane VCPP model was to provide continuity of chaplaincy care to members who were in the process of transition (pre- and post-discharge) and who were viewed to be at risk of having significant adjustment, identity, or mental health issues. Many veterans in this category were noted to have trust or other issues with Defence and/or DVA which is why chaplaincy provided a useful alternative source of support:

*A lot of people transitioning who are in a lot of strife pull away from Army, don't want anything to do with them. So, I then have a network through the unit welfare officers, through the unit chaplains and chains of command from units [who] can speak to me directly and help me to engage early on before separation so that we can do a 'warm handover' of high-risk separations. [VCPP chaplain]*

*I had [a member who was involuntarily] separated from Defence. I was able to sit in a room with a DVA [VCPP] chaplain, myself and a Welfare Board... and I could actually do a very specific strategic partial handover to say "all the work that I've been doing with you, I'm now going to give to my DVA [VCPP] chaplain who will work with you from now on." And so the exact point of need is the right person at the right time, and [the chaplain] still looks after [the veteran] now. [Stakeholder]*

Mechanisms for veteran engagement with chaplaincy support included the following:

- Referrals from ADF chaplains, welfare officers and the Soldiers Recovery Centre (SRC).<sup>29</sup>
- Targeted proximity with veterans in various veteran support settings and activities<sup>30</sup> (this highlights the value of co-location and collaboration with Open Arms and Mates4Mates).
- Veterans reaching out for chaplaincy and religious support during times of crisis and bereavement (often based on prior experience with and valuing of ADF chaplains):

*[One veteran] reached out to me because when he was deployed in the Army, he had significant dealings with chaplains and they really helped him in Iraq and Afghanistan. He's irreligious, but when his son died, the only place he knew to reach out was Army chaplains. [VCPP chaplain]*

A priority for the Brisbane VCPP chaplain was delivering one-to-one chaplaincy support to scheduled clients. While this had not registered strong demand to date, the chaplain noted that it takes time to build relationships and veteran confidence to make the initial approach to a chaplain for direct support. In this context, chaplain involvement in veteran programs such as Timor Awakening provided a valuable opportunity to connect meaningfully with veterans:

*I really do like coming on programs like [Timor Awakening] because this week it's five days (the last one was nine days) where you can build relationships with 30 plus vets who all come on the program for a particular reason. And I can assist the program by being there in a chaplaincy capacity as well. [VCPP chaplain]*

Maximising veteran proximity was another priority for the Brisbane VCPP chaplain, for example attending Open Arms, SRC, Mates4Mates (M4M), and Lives Lived Well (LLW) events, 'wherever

---

<sup>29</sup> The SRC Program assists soldiers who are either injured or ill (or both) to regain their whole-person wellbeing through evidence-based wellbeing strategies and skills education.

<sup>30</sup> The chaplain noted that ongoing participation in informal activities is useful as it can take time for trust to build and for veterans to request more specialised help from the chaplain.



there's an opportunity to gather with veterans, I will be there'. Social occasions included BBQs, bush walks, hobbies (e.g., chess mornings), where veterans get to know the chaplain in an informal capacity and can approach them in their own time and way. Professional settings included Chaplains Garrison gatherings at welfare offices, online meetings, and on-base sessions involving psychologists, chaplains, and military support officers. A key job of the VCPP chaplain was essentially to be out in the field creating connections, networks and relationships: 'I've got a car and I put a lot of kms on it because I'm just crisscrossing Brisbane and I'm being at the most strategic places I can be rather than just sitting in the office'.

Another key chaplaincy role was working with ADF chains of command to assist with administratively managing members out of the armed forces. This did not necessarily entail direct contact with the transitioning veteran; rather the chaplain provided solutions and points of contact with Open Arms, the peers, and social workers.

Overall, a defining feature of the Brisbane VCPP model was its collaborative, team-focused approach, with chaplaincy providing unique value in its human-centred care approach to veteran needs:

*We like veterans to have a support team, which normally would be a doctor they trust, a psychologist or a psychiatrist that they trust and somebody they trust in the ex-service organisation network to deal with their DVA claims, usually an RSL [Returned and Services League] advocate, and we make sure that they have a team in place to help them navigate that new veteran space. And they know that they've got chaplain support who they can call any time of day and night - I'm a 24-hour service. [VCPP chaplain]*

An additional priority for the Brisbane VCPP model was offering spiritual support to veterans who are specifically searching for meaning, holistic health and spirituality, often by connecting them to a receptive, trauma-aware faith community:

*I find what in my view is a safe and good fit for [veterans], so that they can begin in a safe way, in a semi-detached way, exploring if that's the answer for them. Sometimes I might go [to faith community settings] with them, or at least I offer to go there with them if they feel anxious in any way. [VCPP chaplain]*

### **Strengths and challenges in the Brisbane context**

The Brisbane VCPP chaplain noted that being embedded with Open Arms required an initial adjustment for all involved including learning about each other's roles and how to work together, trust one another and collaborate effectively. This built over time, based on deepening familiarisation and feedback from veterans to Open Arms professionals about the value of the chaplaincy role:

*I was embedded with Open Arms and that meant Open Arms suddenly had another member of their multidisciplinary team, which consists of psychologists, social workers, peer support fellows and then myself, and the psychs obviously had to suss me out. They don't normally work with chaplains, whereas inside Defence psychs work with chaplains every day, so that was an interesting pathway to navigate for me. I just had to ask lots of questions and earn my spurs and begin to earn the trust. And that comes over many, many lunchtime conversations and getting involved in complementary casework, which then clients reflect back to the psychs saying I really appreciate hanging out with [the chaplain], and then we collaborate. [VCPP chaplain]*

A view within Open Arms was that the VCPP chaplain provided a unique complement to their work in terms of expertise in working with grief and suicide prevention: 'where we [could possibly] get to is that Open Arms would refer people... there could be a range of things, but bereavement and grief in particular'. The perceived value of chaplains is that they operate outside the clinical 'tick this box, tick that box' space, bringing more time and deeper humanity to their engagement with veterans.

The Brisbane chaplain similarly highlighted the complementarity of the chaplaincy role to Open Arms' service provision role, noting that clinicians do therapy sessions, whereas the chaplain shares a coffee: 'and they're talking about a different set of issues'. For example, in a clinical setting a veteran with advanced post-traumatic stress disorder (PTSD) may be given exposure therapy, which is a focused form of counselling, whereas the chaplain conversation will be about much broader life issues, guidance and coaching.

Factors that contributed to a constructive working relationship between the VCPP chaplain and Open Arms included feeling welcomed and supported by Open Arms leaders, particularly where they had previous experience working with ADF chaplains; co-locating the VCPP chaplain with the Open Arms peers, who were similar to chaplains in role and intent (attuned to veteran mental health challenges, interpersonal approach, client outreach/engagement external from the office); and the professionalism demonstrated by DVA professional staff: 'it's all very collegial, they're very professional and they're deeply compassionate people, so I didn't expect any other outcome'. The VCPP chaplain reported no negativity or opposition to the VCPP: 'I've experienced goodwill and encouragement from all quarters'.

One noted challenge of the VCPP chaplaincy role was building the scope and the profile of the service from ground up which takes considerable time and effort:

*If I was to start working as a psych for Open Arms on day one, my calendar would be filled. I'd get to the office, there would be all these things in my diary and I would just go into the counselling rooms and start seeing people... On day one [of the VCPP], there are no calls coming in because obviously nobody knows about it. So, it is completely the opposite. You have to establish relationships, build credibility and go through the long process of just being present. They call it the Ministry of Presence. And then from that... it kind of speeds up. I feel like I'm only reaching that point now [after nine months] where people are asking for me, whereas up until now, you're looking for people. [VCPP chaplain]*

Another challenge the VCPP chaplain identified in relation to co-locating the VCPP with other agencies or service providers related to data, liability and insurance matters, and who assumes ultimate responsibility for the client:

*We are only getting our induction into the RSL Centre at Stafford because lawyers have been arguing about who owns the data and what happens if somebody comes to see us, do their details go onto the Mates4Mates system or the RSL system or mine? When I go to Lives Lived Well, there has to be a memorandum of understanding so that if somebody comes there to see me ... do I have to declare or write reports or something? [VCPP chaplain]*

More generally, a perceived strength of the VCPP was that it is well supported by the DVA Secretary and people at the highest level of government. This was attributed to the harsh reality that 'we lose more people to suicide than we do in battle'. It was anticipated that as awareness grows about the problem of dysfunctional veteran transitions and contribution of chaplaincy as a solution, the greater the momentum will be for veterans' chaplaincy:

*My experience of what people's reaction is to us and to the situation at the moment is everybody feels that we're finally getting somewhere and we're finally addressing the situation and when the findings of the Royal Commission come out... that'll accelerate a process that's already underway. [VCPP chaplain]*

Strong support for VCPP chaplaincy was also identified in the veteran space. It was noted that once ex-service organisations (ESOs) understood the role and value of veterans' chaplaincy, they saw it as 'a great idea and fit[ting] on top of the great idea of the hubs':



*I honestly have not found any resistance at all. Quite the opposite. People love the idea of chaplaincy and the veteran space they love what DVA are doing with the Veterans and Families Wellness Hubs... and the fact that they've included chaplaincy there is a big deal for a lot of people. [VCPD chaplain]*

According to an Open Arms stakeholder, the co-location and collaboration between VCPD chaplains and peer workers was a strength of the VCPD-Open Arms arrangement, particularly in terms of providing support and collegiality to the chaplains instead of them working in isolation:

*Ideally, it's better to have another person working with you... Padres are also used to working by themselves, but it's nice to have a pair. So with our peers, we make sure that wherever they are, because they're spread out, that they have another peer with them that you're not just out there by yourself. [Stakeholder]*

The Brisbane VCPD chaplain was generally satisfied with the level of DVA oversight over him, in particular he valued his independence to shape his chaplaincy role as he saw fit:

*I've been given a lot of freedom by my national manager; I just report back to him every week... So, I've had a lot of freedom to put myself in the places and spaces that I need to be. [VCPD chaplain]*

### **Outcomes and value of the Brisbane VCPD model**

The Brisbane VCPD chaplain achieved a range of process outcomes including the provision of pastoral care and spiritual health support during crisis, mainly through conducting religious ceremonies, with a focus on funerals, which often involved complex circumstances: 'I've found that it really matters to veterans that in that space and in that time there is a veterans' chaplain who can jump in'; and working with veterans one-on-one to help them reconstruct a sense of identity, purpose and meaning in their lives. The Brisbane VCPD chaplain helped to connect veterans to supports within the community setting, accompanying them where necessary to alleviate anxiety about making initial contact: 'I'll stick with you like a shadow until you feel that you can do it yourself, whereas a psych, you go see them, they're in their counselling room and then they leave, or increasingly with Open Arms it's done through telehealth'.

The Brisbane VCPD chaplain successfully assisted Defence in managing complex transitions of high needs serving members out of the ADF:

*I was able to, through Open Arms behind the scenes, set [one particular veteran] up with a peer that would walk with him because he was the kind of bloke who needed somebody to follow up all the time, and then a housing specialist within the critical care team, social workers who understood and could navigate the complicated housing scenarios. I helped to find a solution, one for him, but also for his officer in charge of that unit. We actually never met because he didn't have a stated spiritual need, wasn't interested, but I was able to put him in touch with the relevant services in Open Arms and he's been able to work with them. [VCPD chaplain]*

In addressing the needs of veterans already discharged into the community, the Brisbane VCPD chaplain took pressure off ADF chaplains who were facing demand for assistance from this additional quarter: 'the people most happy about the program are ADF chaplains because they get work thrown at them all the time, which is really to do with people who aren't inside the ADF, who are veterans'.

The Brisbane VCPD chaplain was also instrumental in developing partnerships to ensure connected approaches for veterans, involving DVA and ESOs:

*I was able to negotiate to get Lives Lived Well to be part of the Soldiers Recovery Centre program, whereas previously they weren't. So now they're part of every program going through this - four programs a year - and I collaborate with them on the presentation. The psychologist does a presentation, I do a presentation*



*and the peer does a presentation. I always make sure that, because of my relationship with the SRC and my presence on the base a couple of times a week, I'll pop in and make sure (as they're planning the next program) they've prioritized to have Open Arms peers in there and Lives Lived Well. [VCPP chaplain]*

According to the Brisbane VCPP chaplain, one of the key points of value of the VCPP was in rounding out the veteran multi-disciplinary, multi-faith care picture:

*We're in this space where a lot of people involved at a government level in mental health talk about how it's physical, emotional, psychological and spiritual, and that spiritual wellness is very part of it. But if you press a lot of people on what it is, they're really not going to [understand it]. We are those people who can lean into that and give meaning to that. And because we work in a multifaith environment inside the ADF, we're able to facilitate that for people from belief systems that are outside of our own. [VCPP chaplain]*

*My unit is full of Sikhs, Hindus, Muslims and a lot of my work, virtually all of it from a religious point of view, is advocating for and providing care and protection to people who have religious requirements who are definitely not Christian... So we know how to advocate for and to connect people to those services. [VCPP chaplain]*

## 5.2 The Townsville VCPP model

The Townsville VCPP chaplain was identified and engaged later than the chaplains at the other two sites, in April 2024. He was appointed on a half-time DVA contract (FTE 0.5) unlike the other chaplains who were engaged on a full-time capacity on the VCPP. The Townsville VCPP chaplain was not allocated a dedicated office or workspace. He received some support from the DVA Veterans' Access Network (VAN) office, which is a service designed to provide streamlined access to information and support for veterans, serving personnel, and their families. The Townsville VCPP chaplain had access to a shared workstation at the VAN office, he also worked out of another office at the Lavarack Barracks Chaplaincy office, and from home.

### **Features of the Townsville VCPP model**

The Townsville VCPP chaplain's primary driver was suicide prevention: 'I have prevented a couple of suicides, suicide ideation that we chaplains are involved in, but I've come across two that have completed suicide, and you'd do anything to prevent one more'. In the absence of a formal set of VCPP key performance indicators, the VCPP chaplain took his initial cue from ADF chaplaincy and developed this to meet the needs of transitioning veterans:

*[In the ADF] we are there as a listening ear. We can action things we need to, we can kick in doors if we have to. We can go around chain of command and really annoy people. And my thinking was, OK, we can be like that chaplain, except our now our unit is the veterans of Townsville... We will be a listening ear, will help in bereavement, in relationship counselling, in moral injury where the soul has been dented. [VCPP chaplain]*

Providing pastoral care and spiritual support was the Townsville VCPP chaplain's primary focus - 'you just look after the person' - across the spectrum of physical, mental and spiritual wellbeing. Support was commonly provided in the areas of relationship issues and bereavement: 'bereavement obviously is a big thing that we're involved with... that's part of our whole raison d'etre'. He expressed heightened interest in working with the most vulnerable, at-risk veterans, particularly those who are medically discharged against their will:

*I would do anything I can to meet with medically discharged veterans and I've seen some that were fit young guys reduced to a severe state because of their injuries. And if you're chronically injured, it will play on your mental health and sometimes they're going through a crisis... To help them through*





*what is often for them an existential threat [to the extent that] they can no longer work, they can no longer support their family - they are the sort of people I'd like to get alongside. [VCPD chaplain]*

Facilitating veteran access to other support programs was seen as a next level down priority to providing direct care and support. In terms of upskilling faith leaders, in understanding moral injury and welcoming and supporting veterans into faith communities, the chaplain noted: 'I've seen my role more to let people know that this is the issue rather than training people in moral injury'.

The Townsville VCPD chaplain's preference was to go to where veterans are, rather than have them come to him, which he saw as a natural extension of ADF chaplaincy, where Padres become highly recognisable and a natural source of support in the field. Frequenting informal activities such as The Oasis Townsville veteran coffee and chat gatherings and hobby-based groups provided valuable opportunities to meet and develop connections with veterans over time and in a safe space.

Some connections to local veteran groups or organisations were made through existing contacts, but mostly they resulted from people suggesting potential contacts and exercising persistence in making contact:

*I'll just start ringing numbers and eventually get told look, you should really talk to A or B or C, not me. OK, and then I keep ringing because I'm rude. I just keep ringing, sending out emails. [VCPD chaplain]*

Through such dedication and persistence, the Townsville VCPD chaplain succeeded in building relationships in several community settings with a veteran presence. One involved a veteran liaison officer whose role was to assist veterans to exit hospital. The officer connected him with interested veterans who were open to chaplaincy support, many of whom were in palliative care. He was also in the early stages of building a relationship with a local prison to gain access to incarcerated veterans:

*Obviously, the prisoners need to give permission for me to visit them but quite a few of the Queensland corrections staff at the prisons here in Townsville are also veterans, so my brief is both groups. I don't know how to do it without looking like I'm being on one side or the other - I've got to walk that tight rope. [VCPD chaplain]*

### **Strengths and challenges in the Townsville context**

The Townsville VCPD chaplain's experience of setting up the Townsville VCPD was described as mostly independently determined - with some suggestions and advice received from the VCPD centre office. He was relatively unconcerned about operating independently in the Townsville context: 'I'm quite resilient, yeah, I'm quite happy to do it myself.'

The Townsville VCPD chaplain highly valued his evolving connection with The Oasis Townsville which in his view provides excellent veteran services and facilities, with strong leadership. He found the staff to be highly supportive and having a strong affinity with the work of chaplains in warmly welcoming and engaging veterans rather than being premised on professional service provision (which he saw as the province of Open Arms (via DVA) and Mates4Mates (via Defence)). In the Townsville VCPD chaplain's view, these latter organisations do not yet fully understand or grasp the value of a chaplain, although 'it's starting to trickle through':

*Because my role is so new and Open Arms is so big now - I think 40 people or so work there - we've got psychs and we've got this and we've got that, do we need to refer to a chaplain? Of course, we chaplains are trying - in the whole spiritual injury and moral injury aspect. We can talk to people about bereavement and visit them in their homes and [include] the whole family in that aspect, something a psych or a doctor doesn't do. [VCPD chaplain]*

The Townsville VCPP chaplain reported good acceptance of the VCPP among the veterans with whom he had contact, although he noted some reservations regarding the VCPP association with DVA:

*[Veterans] are a little bit shocked when I mentioned I'm with the Department of Veteran Affairs - certainly the Vietnam Veterans... and the shirt I'm wearing, you can see that Department of Veteran Affairs [insignia] and I don't think that's a good look. I think it'd be better to just have Veterans' Chaplain. [VCPP chaplain]*

He suggested this concern could be overcome by referring to them as veteran's chaplains or Veterans' Padres rather than the DVA chaplain of the VCPP. The same issue was behind a suggestion to be given a dedicated office not attached to DVA, Open Arms or Mates4Mates (with their government association).

### **Outcomes and value of the Townsville VCPP model**

Given the short three-month duration of the Townsville VCPP, the Townsville VCPP chaplain felt limited in what he could say about outcomes and impact. However, on a process outcome level, the Townsville VCPP had made significant inroads in terms of pastoral care provision and particularly in partnership building with key veteran servicing sites such as the local hospital, prison and schools.

In relation to the prison partnership, one stakeholder noted a couple of early successes that had 'excited' prison management about the possibilities of supporting incarcerated veterans through the VCPP:

*The padre for this area - I've met him quite a few times... We've got veterans incarcerated here at the moment and so I took him down to see one that I knew was teetering. I just sat outside while they had their chat and then the inmate - or the veteran - came and saw me and he said, "He just saved my life!" [Stakeholder]*

*[The veteran] said, "That was just absolutely brilliant." And he said, "But that's what we need for everybody"... And it's because [the Townsville VCPP chaplain] can speak on all levels... he was engaging with this individual, not as an inmate, but as a person. [Stakeholder]*

Although once again in a seminal stage of development, a stakeholder connected with the Defence School Mentor Program saw potential for a veterans' chaplain to contribute by supporting families and children of veterans who have lost access to the Defence-funded program:

*[I see] those personnel ultimately transition out of the full-time service into various roles, and sometimes they go onto other employment but some of them are permanently disabled due to their service and perhaps are no longer gainfully employed. We do see that transition away from the full-time serving workforce, and the children often stay at the school and go on to live a non-military lifestyle, however that doesn't mean the families are no longer affected by the service of their parent. [Stakeholder]*

### **5.3 The Perth VCPP model**

The Perth VCPP chaplain was engaged in the program on a full-time basis (FTE 1.0) but remained an ADF chaplain seconded to DVA. He was based in the Veteran Central building of ANZAC House in the centre of Perth operated by RSL WA. While this site was source for a range of veteran services, his feedback was that there is limited onsite parking and minimal veteran foot traffic which limited incidental veteran access to the VCPP chaplaincy service. Accordingly, the VCPP chaplain reported spending most of his time out of the office, working in veteran communities, veteran support organisations and with clinical service providers.



The Perth VCPP chaplain had a background working as an ADF chaplain within the Special Air Service (SAS) Regiment, an integral part of the Australian Army's Special Operations Command. In his capacity as a VCPP chaplain, he worked closely with SAS members affected by the Royal Commission into alleged war crimes, and those discharged for disciplinary or administrative action. He was a part of a team which established the West Cell, a system to support special forces members community transitioning out with bitter grievances, feeling betrayed by the ADF and experiencing high level stress - in other words significantly at risk of poor transition outcomes. Additionally, the Perth VCPP chaplain had specialist expertise in developing and training in ethics (ethical armouring, ethical mentoring training, development of ethical standards), toxic leadership, moral injury and moral repair.

### **Features of the Perth VCPP model**

The Perth VCPP model initially focused primarily on supporting members of the SAS veteran cohort, which has a strong presence in Western Australia. The Perth VCPP chaplain understood this as a logical extension of the major VCPP 'line of effort' which is to provide pastoral care and spiritual health support to transitioning veterans during crisis and high intensity acute events, in particular supporting adjustment, grieving and recovery. He argued that this is particularly pertinent to the SAS veteran cohort:

*They've usually manifested a suicide ideation or suicide attempt, or they are extremely disgruntled individuals. They're flagged up on our welfare review board or our individual welfare review board and the commanding officer has to really take charge of these individuals. [VCPP chaplain]*

Priority was given to veterans with highly critical needs, clinical suicidal tendencies, and family dysfunction; and to veterans struggling with moral injury issues, for whom regular psychology and psychiatry services seemed less effective. The Perth VCPP chaplain noted that SAS veterans tend to be more responsive to interventions based on moral injury and moral repair such as pastoral narrative disclosure therapy, than to routine clinical services.

Gaining traction in the SAS veteran community to provide support presented a range of challenges. The SAS veteran cohort was noted to exhibit heightened paranoia and suspicion of authorities, reclusiveness, and antagonism toward unsolicited attention from government service providers:

*[The members] I deal with are high level alpha, high level suspicious... They're trained to be paranoid, that's how they train them, and they've done interrogation. They're interrogators. So, they're not going to talk to some random off the street person. They'll just swear at you and tell you to F... off. [VCPP chaplain]*

*These guys are also highly tribal, so they connect with their own groups and they create their own communities and you have to be invited into those communities - they're very much off the radar. [VCPP chaplain]*

*They're disconnecting with all sorts of institutions. They see institutions as hostile and that's why they're very unreceptive towards organisations like DVA or government organisations. [VCPP chaplain]*

The VCPP provided a unique opportunity to connect with the SAS veteran cohort through a trusted Padre with lived experience and deep connections into the SAS community. Veterans either knew the VCPP chaplain from their time in service, or connected with him through the recommendation of veterans who knew him:

*Through their mates, they're pretty tight, they go on recommendations. That's how they function. They don't trust anybody and they don't trust DVA or anybody, but they'll go through a mate recommendation from the same tribe. [VCPP chaplain]*

A priority area for the Perth VCPP chaplain was providing acute care services and support for at-risk veterans which involved chaplain engagement with 'DVA funded programs at Bethesda Clinic and the Marian Centre mental health service, so for me, that was a line of effort one - and that's complex cases'. The initial process was to establish rapport with clients in small group settings, introduce the concept of moral injury, work through the concept of forgiveness, and share the moral injury approach and materials with appropriate clinicians. The Perth VCPP chaplain also worked in a similar way with clinically complex individually referred clients: 'I'm dealing with a person that was recently referred to me by their psychiatrist and psychologist – they believe the client would value exploring spiritual healing'.

In addition to working directly with highly at-risk veterans, the Perth VCPP chaplain also invested heavily in moral injury awareness raising and training with professionals, clinicians, academics and organisations with a key stake in supporting at-risk veterans. Notably, many of the individual referrals ensued from the Perth VCPP chaplain's increasing profile through presenting and training on moral injury in professional circles.

Pastoral care provision for non-critical (not suicidal) veterans constituted a second line of effort for the Perth VCPP chaplain, commonly involving activities such as visiting veterans when they are sick or in hospital or conducting funerals and providing bereavement care. A third line of effort was training up faith community leaders to support at-risk veterans. However, this was not progressed due to lack of capacity and resources: 'if I had administrative support or resourcing support, we could have launched out into the faith communities'.

### **Strengths and challenges in the Perth context**

The Perth VCPP chaplain raised a series of concerns about how the VCPP was planned, structured, and administered as a multi-jurisdictional pilot. His initial belief was the VCPP would be piloted in Perth, providing the opportunity to test and tweak, before going national:

*That was my initial understanding that we get one state functioning really well, go through all the problems with it, problem solve it, gives us solutions and then replicate it nationally. But it's like we've gone nationally and then forgot the base where it all emanated from. [VCPP chaplain]*

The Perth VCPP chaplain felt a major gap in program design was the lack of opportunity to be more involved in strategic conversations at the centre of the VCPP: 'I'm supposed to drive it, but no-one communicates.' He believed the VCPP was to have a different structure and a clear set of goals and expectations rather than each chaplain shaping the program according to their specific context: 'I don't think that was very clear at the beginning'. The Perth VCPP chaplain thought he was to hold a management role within a Perth team of Tier 1 and Tier 2 VCPP chaplains which would include administrative and other support - 'not [operate as] a solo ranger by oneself'. Notably, this understanding was not shared by VCPP program management, with the program design (from inception) providing for three site-based chaplains and a coordinating chaplain.

The context and specificity of the Perth operations which involved providing support for high-complexity SAS veterans was central to Perth VCPP chaplain's challenges:

*There's no real understanding and empathy about the role or what it's trying to achieve. It's like a clinical model... In a briefing that I did with a DVA Commissioner - I think that was the first time they had been briefed on what I do and they were very supportive. [VCPP chaplain]*



The Perth chaplain argued the need for a team of three or four veterans' chaplains to coordinate the various service requirements of a community of high complexity at-risk Perth veterans:

*One could specialise in the clinical, dealing with all the professionals, the psychologist, psychiatrists, hospitals; one could have been dealing with the transition team in the West and following up on all those members that want that follow up; and the other one could [provide] administration support and dealing with all DVA [interactions]. [VCPP chaplain]*

Additionally, it was strongly recommended that the Perth VCPP model focus strongly on 'force multiplying' in order to support the 45,000 strong local veteran community:

*In Defence we talk about force multiplying so if you got a program then you raise up ... 500 faith community leaders across all faiths and groups. Train them up at a high functioning capacity to understand veterans and then they meet the pastoral one-on-one needs, clinically or whatever with those veterans and link them up with all the ESOs and the various support mechanisms through DVA and Open Arms. [VCPP chaplain]*

Another key issue for the Perth VCPP chaplain was his sense of isolation and feeling initially unsupported by program management:

*[The lead VCPP chaplain] told me that he's not my direct line, but then who is? The process of operational accountability was unclear and from my perspective rested with DVA. Later in the project the lines became more resolved. [VCPP chaplain]*

Given the complexity of the SAS veteran client base, and the responsibility placed on the VCPP chaplain to support and assist this cohort, the need for greater psychological support within the workplace was highlighted:

*It's also support - and it's also when these guys and girls are highly traumatized, telling you about traumas - where do you debrief? Where do you get a bit of a peer group?... I'm dealing with highly complex people, highly suicidal and you're just left out to work through it yourself. [VCPP chaplain]*

*At least [the other VCPP chaplains] have got each other over there in southeast Queensland, who they can have a coffee with and debrief. Now we can debrief with [the lead VCPP chaplain] on online, but that's very different. There's no team here, so I'm by myself, so I've lost my team with the SAS. I've had to create a team with RSL but I don't know them. I don't have a team with DVA because the DVA are in a completely different department and building to me they're three blocks away the other end of Perth and so there's no team dynamics. [VCPP chaplain]*

### **Outcomes and value of the Perth VCPP model**

The Perth VCPP chaplain made significant inroads in providing support and care for individual veterans as well as engaging and upskilling local veteran services in moral injury and repair, particularly in the clinical arena.

The Perth VCPP chaplain reported that demand for VCPP transition support was very high and growing, particularly through referrals received from a variety of channels:

- Coordinating Chaplains in the Navy, Army and Air Force, regional support chaplain and Coordinating Chaplains in other states referring when members transition back to WA
- Hub-based psychiatrist
- First responders - local and federal police
- Open Arms
- Veteran Support Officers (VSOs).

Individual veterans were noted to highly appreciate the moral injury approach as distinct from psychological attribution of their stress and distress, and to respond in ways they could not in standard psychological sessions:

*[The veteran] nodded affirmingly when I said this is maybe not just a psychological issue, but potentially a social moral issue. And he said, it's absolutely a moral issue that I can never reconcile, I never forgive myself. So we started that journey and within the first session, within the first five minutes he was disclosing all of his trauma. [VCPP chaplain]*

The Perth VCPP chaplain noted clinicians (e.g., psychologists) advised him that veterans were requesting moral injury intervention and training for themselves. The clinicians reported to him that their clients highly rated their engagement with him (the Perth VCPP chaplain). Moreover, the clinicians themselves were making important breakthroughs using his moral injury training:

*[For the veterans], it's something that's for them, no-one's taking anything off them. It's something that is for their mental wellbeing and they jump at it. And a lot of them say, this finally makes sense, I can finally start to navigate my world with new language. [VCPP chaplain]*

*I did one session with 20 psychologists and the leading psychologist phoned me two days later or the next day and said one of the psychologists had a breakthrough yesterday because she actually used moral injury. She had a breakthrough! It was amazing! [VCPP chaplain]*

From an ADF perspective, the Perth VCPP chaplain had successfully dovetailed with ADF chaplaincy to facilitate the 'warm handover' of highly at-risk transitioning veterans, which was a priority for the ADF:

*I can't speak for anywhere else, but yes, [in Perth] it is. And the [ADF chaplain] who took [the Perth VCPP chaplain's] spot as the uniformed person has a good relationship with [the Perth VCPP chaplain]. They talk and if there's any need for a handover of people then all of that is in place to be able to do that. [ADF/DVA]*



## 6 VCPP outcomes – stakeholder perceptions

---

Given the relative recency of the VCPP rollout, most stakeholders felt ill-equipped to speak to specific outcomes as they had limited self-reported interaction with the program to date. However, what they had seen to date suggested to them that the program is delivering on what it set out to do: '[from] my exposure to it, it's going really well, and I think we just need to give it time to really bed itself in'. Specific outcome areas discussed included the support provided to transitioning veterans, deepening engagement with veteran-servicing organisations and professionals, and upskilling of faith communities.

### 6.1 Supporting transitioning veterans

Stakeholders, particularly in Brisbane and Townsville, confirmed that pastoral and spiritual care objectives were being met, whereas Perth had effectively delivered an acute moral injury and moral repair approach for veterans. The VCPP was seen to be assisting veterans to transition by:

- Delivering normal chaplaincy roles: religious support, funerals, weddings, baptisms (chaplains can perform these functions personally or link veterans to denominational faith community representatives)
- Providing client-focused pastoral care and welfare checks, for example:

*[ADF] Chaplains might refer, social workers might refer, doctors might refer, people might [self-refer] 'hey, Padre, thanks for that, but before you go could we make a time just to chat?' Families have referred, ministers of religion have referred, RACS [Religious Advisory Committee to the Services] members have referred, and unit welfare officers and commanding officers. [Lead VCPP chaplain]*

- Assisting veterans to access appropriate health and wellbeing support and services, wrapped into pastoral care and support:

*Often we are the 'front door', a trusted access point to mental health support from other professionals. In this area we refer many clients to others for specialist support and care but in so doing, we normally continue to provide the pastoral care that is required to veteran and/or family. If we visit a veteran in a mental health facility, it is normally for pastoral care. [VCPP chaplain]*

- Connecting diverse veteran service providers to deliver more holistic, effective support to veterans:

*[For example], Open Arms peers and some psychologists, but also some of the Joint Transitions' staff and Defence staff working in transitions; [the Brisbane VCPP chaplain's] was able to bring other support agencies into the transition process - or to bring them in earlier in the process – because he's trusted and because he has access into Defence and DVA. As a trusted 'insider' he says, "Look, you need to listen to and work with these people." So, enabling other staff, professionals, psychologists, social workers and medical officers and also psychiatrists to deliver more effective care. [Lead VCPP chaplain]*

- Providing moral injury or spiritual wound support. This was recognised as difficult and time consuming such that 'we need to find more resources' to make it a feasible VCPP function. However, 'for many, this begins the journey back, the journey of recovery, and often what we see coming out of that is, "Oh, I've got hope now"; there is a way, there is hope – it is worth getting better'.

Veterans similarly provided a positive assessment of VCPP outcomes, in terms of providing valued emotional care '[we catch up] every few weeks, a month... I know that if I sent him a message now, he'd come back to me as quick as he could'; and transition adjustment support, for example



supporting the veteran into a mentoring role to support other veterans in their recovery process. Each veteran spoke about the positive and transformative power of their engagement with their VCPP chaplain:

*Because of [the VCPP chaplains] and the facilitators of the [Timor Awakening] program, they encouraged me to go down and contribute on the mentor program and to be involved in that. I'd love to be involved in this space for the foreseeable future. I can't work a regular job, but I can work at potentially a job in the mentoring spaces, because I would have more freedom around how I operate and that's what they provided for me. [Veteran/families]*

*For me, where it could have been something negative when I was leaving, I still look back at my career as a really positive thing... Because [the chaplain] often reminded me that 'You have done so much good in your career. You have influenced so many lives. You should be very proud.' I thought that was a really powerful thing. Whereas a lot of soldiers I've seen leave are very negative about their former career, I look back at it and I still have everything on display on a shelf in my home. I'm very proud of my service! [Veteran/families]*

*I can't encourage you enough on this project [VCPP]. I really can't. It might sound a bit of an overstatement, but this is actually life and death. This is actually people. If the Royal Commission has taught us anything, people's lives are at stake here! [Veteran/families]*

*It's a continuum of exceptional care where there's advocacy that things don't fall through the cracks. There is a knowing that they're not being abandoned by the military, but they're being walked with and through to the next stage of their lives. [Veteran/families]*

*It feels like my heart has some peace because of men like that out there, and it's not just what they what they do for me, or what they have done for me. I know there were people out there that are a lot worse off than me, and I know that they're out there working with those guys too. [Veteran/families]*

## 6.2 Engagement with organisations and professionals

VCPP data collected for the evaluation period showed that VCPP chaplains spent considerable time providing information to a range of organisations and professionals. Much of this was undertaken by the lead VCPP chaplain reflecting both his involvement in the design of the VCPP and his duration and experience as a chaplain on the program. A significant portion of this involved engagement with DVA or the faith community<sup>31</sup>, although he also engaged with the Defence and civilian programs.

VCPP chaplains have specialty knowledge about armed service members, veterans and their families. As such they also acted as a one-on-one resource to a range of other professionals (including psychologists, psychiatrists, welfare officers, counsellors and chaplains). On some occasions these professionals sought information and advice for clients not currently engaged with the VCPP, at other times this was to discuss referrals to the VCPP service.

VCPP chaplains also were involved in delivering, contributing to or attending numerous group meetings, presentations, and religious services (including funerals). These sessions involved many hundreds of participants from ESOs, mental health professionals and the faith community (the latter of which will be discussed in more detail in Section 6.3). These engagements supported the dissemination of information about the program, provided the opportunity to learn about the needs of community chaplains and health professionals who administer to veterans, and facilitated

---

<sup>31</sup> Faith community is a generic term to describe a local church or equivalent (mosque, synagogue, temple no matter how big or small).





introductions to veterans or their families who could engage with the VCPP. Many of the sessions delivered in Perth had a focus on mental health and/or moral injury in the military context. Combined, VCPP engagement in this capacity provided valuable opportunities to connect with both veterans and families (through funerals and ESO veteran-facing sessions) and to many of the professionals and organisations providing services to the veteran community in their catchment area.

From a program management perspective, the lead VCPP chaplain believed that the VCPP had delivered chaplaincy into the veteran space in line with the Minister's expectations and demonstrated the breadth of possibilities in ways to support positive transition outcomes for veterans. He confirmed that VCPP chaplains' deepening engagement with veteran support organisations and ex-service organisations, and clinical professionals delivering services to veterans was a notable success of the pilot. This was evident in the heightened DVA awareness about the VCPP and the value of the veterans' chaplains' relationship to Open Arms:

*[The Brisbane chaplain] has done great things for the relationship with Open Arms, although the others haven't had the same opportunities. [The chaplain] went into an office where he was welcomed, but the Open Arms staff were not sure what a chaplain does. He just did what a chaplain does, and he demonstrated his value and now they want more of it. At the senior leadership level, Open Arms have a good understanding of what chaplaincy does and see it as a good fit. [Lead VCPP chaplain]*

The Townsville VCPP chaplain had only been in operation for a few months, however various stakeholders noted strong chaplain engagement with a range of veteran-serving organisations:

*One of the benefits of the chaplain who's filling the role, he's actually been in Townsville pretty much for his whole entire army chaplaincy posting. So, he's well known within Defence chaplaincy and he has those relationships with the organisational chaplains. His focus has been very much about getting out and about meeting the DVA staff, meeting the ex-service organisation staff, building those relationships... What that has meant for him is that he's already started supporting members. Some of those ex-service organisations have already started reaching out to him and going "Excellent. Hey, I think you should chat to this person". [Stakeholder]*

The VCPP was also gaining traction beyond the usual veteran support space (Defence, DVA and ex-service organisations), with inroads made into prison, school and hospital settings in Townsville and into the professional clinical sphere in Perth:

*The hub that I'm in, the leading psychiatrist there has been referring clients and patients and wanted me to do the training at the hospitals... They invited me to the university and there were 120 professionals there, mainly psychologists, psychiatrists and doctors... and he asked me to be a guest speaker at the master class on moral injury... At the end they applauded and the professors all grabbed all my stuff; a psychologist said this was just amazing stuff, they've never heard of it. I had lines and lines of people, psychiatrists wanting to talk through [veteran moral injury]. [VCPP chaplain]*

According to several stakeholders, the growing demand for VCPP services was both a positive outcome (endorsement) of the VCPP and a major challenge for the future:

*The amount of people that need help in that space, from both [the Perth chaplain] and [the Brisbane chaplain], it can be overwhelming. They'll never finish in that. There's always going to be a need... now I'm in Canberra, watching people separate in Canberra. If I could have one in Canberra right now, I could employ them tomorrow. [Stakeholder]*

### 6.3 Upskilling faith communities

While official efforts to upskill community faith leaders were only starting to commence towards the end of the first year of the pilot, increased traction was reported in the faith community context more generally, including the multi-faith space:

*We've definitely got the faith group leaders at the national level, Hindu, Sikh, Muslim, Buddhist, and multiplicity of Christians saying that they want to be in this and support it ... We've got real interest from other chaplains, from community chaplains, from corrective services chaplains, from emergency services chaplains and from faith community leaders working with welfare agencies. The Salvation Army - who are both a church and welfare organisation - are involved which might be useful because like Defence Chaplaincy, most don't regard what the Salvos do as religious. [Lead VCPP chaplain]*

*We have got representation from a whole different bunch of faiths and different parts of the Christian faith. I don't think that's an issue. If it's the right chaplain, he should be open minded enough to deal with anybody at a spiritual level. [ADF/DVA]*

Stakeholders observed that training and supporting community faith leaders to better handle complex veteran cases was still too early to assess: 'I don't know if we've landed that one yet, I think that's probably a mid-term goal - I don't know if you could use that as a short-term goal':

*Let's get a group of churches in the area to know how to look after veterans that would come into their group, or local area providers to say, 'This is how you look after the needs of specific veterans.' You can't fast-track that. There's a whole lot of language, there's a whole lot of culture. There's a whole lot of understanding a person would need before they could even start that, because veterans are complex. And so I think that takes time, you can't fast-track that. [Stakeholder]*

This was acknowledged by the lead VCPP chaplain, who noted that faith community upskilling was always expected to be the second phase of the pilot program, to be progressed once the initial veteran focus and connections were established. Accordingly, analysis of VCPP data showed that this pilot focus commenced in May 2024 with two forums conducted for faith community leaders (including community chaplains) who were supporting, or are interested in supporting, veterans and veteran families. The first forum on 14 May 2024 was available both virtually (via MS Teams) and in person at three venues: Mates4Mates, Veteran and Family Wellbeing Centre in Stafford, Brisbane, The Oasis Townsville and Anzac House Perth. This event was well attended with approximately 60 faith leaders in attendance. The second forum on 31 May 2024 was available online (via MS Teams) only and had approximately 10 attendees.

The forums were designed to promote the VCPP and its agenda and were the first of an intended series of forums/seminars.<sup>32</sup> Discussion focused on the unique needs of veterans and veteran families and the requirement for a chaplaincy that understands and supports them. In that context the VCPP was also keen to understand how they can better support faith leaders that engage with veterans and their families.

A questionnaire was distributed to attendees with a 30% (n=21 total) response rate from both forums.<sup>33</sup> Ninety percent of respondents indicated they would be interested in more of these

---

<sup>32</sup> Recordings of both forums are now available on DVA's website, see: Veterans' Chaplaincy Pilot Program | Department of Veterans' Affairs (dva.gov.au)

<sup>33</sup> Data from the two forums was analysed together.



sessions. A small number of these were keen for it to be in person, whereas most recognised the convenience of online or hybrid delivery. Respondents were asked questions to inform future forums. In terms of future topics suggestions were practically focused, there was a desire to learn more about veterans and the royal commission, and an interest in local/regional organisations, ministers and leaders being able to attend (rather than by invitation to selected individuals). Many were interested in training in suicide prevention or moral injury, while some were interested in knowing the point of contact for advice or who they can make a faith specific referral to.

Overall, the VCPP was seen to be providing veterans with highly valued care and support to transition and opening critical developmental opportunities for a range of organisations, professionals and faith communities interested in helping veterans and their families to transition successfully. Moreover, the success of the VCPP was seen to have potential in delivering a reputational benefit for DVA, which has suffered reputational damage for being seen as not caring enough about suffering veterans in transition:

*There's a reputational effect for DVA to say, "We care about people that much, we're going to fund a program that's putting the known chaplains you have – we're going to give them to you to be accessible as you need." I believe that'll have a direct effect on DVA's reputation. [ADF/DVA]*

## 7 Value of the VCPP

---

While there was some uncertainty about pinpointing specific outcomes of the VCPP at this early stage of implementation, stakeholders were keen to convey what they saw as the value of the program for transitioning veterans. The different aspects of perceived value are described as follows.

### 7.1 Providing continuity of pastoral and spiritual care

An ADF stakeholder perspective was that even with the best interests of transitioning veterans in mind, the ADF is not positioned (nor funded) to support members once they have transitioned out of Defence. Hence, extending familiar and valued chaplaincy support into the veteran space is an obvious choice for government:

*It was really difficult for us to continue to provide support to people who had been serving one day, and the next day they weren't serving, and really whilst we did attempt to support them, we weren't really well set up to support people who were no longer serving members of the unit, and serving members of the army... we thought [the VCPP chaplaincy] was a really good fit to essentially continue on with that support once people had transitioned out of service, but would still benefit from the support of chaplains and chaplaincy in general. [ADF/DVA]*

*I think it is only natural and only logical that if people have been receiving that sort of support and the level of support that we're able to give them while they're serving, that they would seek to access that after their service has finished, particularly if the issues they're having are maybe related to their service. So, I think if you're a veteran and you're no longer serving, having a chaplain who understands your service, I think it is probably very, very important for those people. [ADF/DVA]*

This view was confirmed by a faith community leader: 'I think an important thing to understand is that veterans understand and are used to the concept of chaplains in their military service - they've been exposed to that'. A veteran also noted that when leaving the ADF, all the familiar services are closed and so the chaplain is a familiar option which can act as a conduit between being within and outside the ADF:

*If you could find the duty statement of a serving chaplain, it's the same. Because it's that continuity of care that we are after. So really, it's doing all the same things. It's funerals, it's marriages, it's christening, it's a cup of tea, it's someone on the other end of the phone when you're having a bad day and going, oh, you know what, when I used to struggle sometimes and I needed someone to go to who would listen to me without judgment, without any bias, without any agenda. I could always go to the Padre. So, it's exactly the same duty statement. [Veteran/families]*

An ADF stakeholder view was that the VCPP allowed the ADF to perform 'warm handovers' of complex transitions between ADF and VCPP chaplains. This gave the ADF confidence that transitioning members would be properly supported and receive a seamless transfer to a VCPP chaplain:

*I had [a serving member who was involuntarily] separated from Defence. I was able to sit in a room with a DVA chaplain, myself and a Welfare Board... and I could actually do a very specific strategic partial handover to say "All the work that I've been doing with you, I'm now going to give to my DVA [VCPP] chaplain who will work with you from now on." And so the exact point of need is the right person at the right time, and [the VCPP chaplain] still looks after [the veteran] now. [ADF/DVA]*

*It's about educating people who are hurting but also those carers of that person to say, "We've got someone who can walk with you." And when I talk about that to those particular Welfare Officers, who are usually the rank of Major, or on Subclass 1 or 2, that's the answer to a lot of questions they have.*



*That's simply the answer to say, "I have a chaplain who is working for DVA who can pick up where you can't anymore." [ADF/DVA]*

One of the consulted veterans pinpointed the importance of continuity of care, in this instance where the same chaplain supported him throughout the transition process (not just post-discharge):

*Whereas I haven't had contact from anyone in my whole unit, one thing's remained true, I've always had [the VCPP chaplain] in my corner. Through the transition period, you deal with transitions for a while then you deal with your unit and as each one signed their paperwork, it was like, okay cool, you're done to me. But through the whole process, this DVA [VCPP] chaplain has remained with me the whole time. He's always there; I have his number in my phone, I can just send him a text and he might not get to me straightaway, but a couple hours he always would text me back or go, 'Hey, do you want to call me at this time?' I think that's amazing. [Veteran/families]*

## 7.2 VCPP chaplains were a trusted source of support

A key characteristic of VCPP chaplaincy was a carry-over from ADF chaplaincy in that the VCPP chaplain was considered a highly trustworthy, secure and confidential source of support:

*Army chaplains are respected, and they're known and they're trusted. So, because the trust is carried over, there's already an inherent trust. [Veterans] know they can talk to the chaplain about whatever they like, there's no restriction. They know what a chaplain has to report on, what they won't record on. They can bare their soul because there's trust. I think that currency is invaluable, and I don't know how you would replicate that with someone else. [ADF/DVA]*

One of the aspects of trust was that transitioning veterans often have no trust in the Defence system to provide support or advocate for their needs; however, this did not apply to ADF chaplains who are seen to sit outside the ADF hierarchy or chain of command:

*For a member who's coming up to transition and is in a complex situation, often they just have no trust whatsoever in the actual Defence force. So, the medical officer is the Defence force, the rehab consultant is the Defence force, the chain of command is the Defence force and then the [chaplain] might be the only person in that space who they might see as not part of the Defence force, even though they actually are. [ADF/DVA]*

Veterans who exit the ADF will often carry with them a distrust of the Defence and DVA systems; in this context the VCPP chaplain provided a dependable alternative to point them in the right direction for community-based support and services.

## 7.3 Relatability and credibility of VCPP chaplains

Veterans in search of support and solace responded well to VCPP chaplains, particularly where they had worked alongside serving members in the ADF, due to shared lived experience and language. Several veterans commented on the importance of VCPP chaplains' ability to relate to their problems:

*It's more than just a job for them, I've noticed, because they've been exactly where I've been. They've done the transition. They understand it. [Veteran/families]*

*The fact that they're chaplains that have served. It's all well and good to talk to a civilian therapist, or anyone for that matter, but I always felt safe with the likes of [VCPP chaplains] because they were ADF chaplains. They've seen, heard and done it all. I've never felt safer in sharing than with those gentlemen. [Veteran/families]*

*[The Perth chaplain] understands us. We come from the same background. We understand what it's like to be part of a Defence family and part of a Defence community, the challenges that go with that; that once you've been in Defence - and I think it's probably been a difficulty for people who are really struggling - you*

*are always part of it, even if you didn't want to be. There are always reminders of your service and sometimes they're good and sometimes they're not so good... It's having somebody who you trust like we've already trusted the likes of [the Perth VCPP chaplain], or any of those chaplains that have come through. [Veteran/families]*

There was also strong endorsement that VCPP chaplains fulfilled a need for veterans irrespective of religious belief:

*I think people go to [the VCPP chaplain] for that pastoral care regardless of their denomination or whether they claim to be spiritual, religious, or otherwise. It gives people, someone they can go to that understands the community, understands the lingo, the jargon, the structure of the organisation, but they are a little removed, a little bit more impartial to it, having that chaplaincy role. [Veteran/families]*

## 7.4 Humanity and care factor of VCPP chaplains

Veterans and their families valued the VCPP chaplains for providing a depth of humanity, care, and availability they perceived as lacking in other service providers:

*[The VCPP chaplain] just had a really calm and dignified and honest demeanour... I just felt that he was a loving, trusting, compassionate man, and I didn't know that he was a pastor or a chaplain or whatever the hell he is. I had the feeling that he probably was, but it didn't really matter one way or the other. He was just warm and compassionate and generous with his time. [Veteran/families]*

*[VCPP chaplains provide] an immediate sounding board where there's connectivity during working hours, where they don't have to make an appointment. If [veterans] have got an issue, they can pick up the phone and say hey, do you have a few minutes? And if they don't, they can say we will speak today. [Veteran/families]*

*Just overall being there for me... They'd pick up their phone and make sure they call me and go, 'Hey, are you all right?' - because they could identify that the support wasn't there. [Veteran/families]*

The VCPP chaplain was valued for providing an outlet for veterans who simply need someone to listen to them:

*It's the value in being heard, being able to get something off your chest. [Veterans] might not even want the padre like the chaplain to even solve anything. They're not necessarily looking for answers. They just want to be heard. [Veteran/families]*

One observation was that standard veteran support services can be 'very much in their lanes and they operate in their space', whereas VCPP chaplains offered 'a relational transfer of care for the individual':

*Chaplains are very fluid in working around and through and with, which enables DVA to have that person who moves between spaces and helps to bridge some of the organisational gaps that non-Defence organisations have. [ADF/DVA]*

VCPP chaplains were also seen to provide holistic care to veterans unlike other service settings that work on disparate parts and where 'psychiatrists, psychologists, they all change, they come and go':

*Veterans [VCPP] chaplaincy is more personal, more holistic. And all the other agencies, they work on part of you, if that makes sense... the Veterans [VCPP] Chaplaincy program is what I think people need at the beginning and throughout and at the end. [Veteran/families]*

## 7.5 Assistance with reconnecting to civilian life and services

Where the previous value domains related in a large way to the provision of pastoral and spiritual care – being available to listen and providing comfort and counsel in





dealing with emotional and spiritual pain – the interviews also highlighted the value of VCPP chaplains in assisting veterans to reconnect to civilian life and services in practical ways. For instance, VCPP chaplains were seen as providing a conduit to community-based veteran services and resources:

*I know the RSL has advocates into the Department of Veterans' Affairs and some other places. So the [VCPP] chaplain will know about that, so they can be a bit of a conduit and encourage the person to [connect to that]...That can be a real help for the Department of Veterans' Affairs because you can nip a problem in the bud earlier. [Stakeholder]*

## 7.6 Responding to acute veteran stress and suicidality

In addition to providing wider pastoral care and spiritual support to veterans grappling with transition, the value of VCPP chaplains was also recognised at the higher end of acute veteran stress in transition. Stakeholders noted that there is a high suicide risk for transitioning and transitioned veterans and the VCPP may contribute to reducing the incidence of completed suicides:

*[In terms of outcomes] you won't be able to say we have a housing program, we built 50 houses, and 50 veterans' families are in houses. Pretty easy to do. But it'll be the soft skills and the soft stuff, and it'll be hard without getting anecdotal evidence or surveying the people that have been helped. But it may be that five people have decided not to commit suicide. [Stakeholder]*

*Anecdotally I've heard stories of veterans reaching out to the [VCPP] chaplain in suicidality, in just navigating the process, struggling with their PTSD, not feeling like they've been heard or they're being missed by the system. We call that ventilated confession, they're just basically spilling their stuff and that's really useful. So I have been nothing but impressed with the responses that we've been getting from the [VCPP] chaplains on the ground. [Stakeholder]*

Several stakeholders considered the moral injury focus of particularly the Perth VCPP offered a unique and highly valuable dimension to veterans' chaplaincy care. In relation to the SAS veteran context in Perth, the stakeholders commented that moral injury is prevalent among members who were involved in the Inspector-General of the ADF (IGADF) and felt abused and let down by the Defence system. These members were noted to be highly disinclined to interact with mental health professionals whose specialisms are in PTSD or depression, highlighting the value of VCPP chaplains with a grasp of moral injury:

*There's no doubt that some other people that we've dealt with over here over the last few years have had psychological injury - probably PTSD is the best characterisation of that. I think that is outweighed by the amount of moral injury that people have suffered... For a lot of those blokes who have transitioned out, having the opportunity to talk to someone like [the Perth VCPP chaplain] who has got the background particularly in the moral injury area, I think has been really beneficial. [ADF/DVA]*

One veteran who had separated from the ADF several decades ago when there was no equivalent to the VCPP, described the difference having access to a veterans' chaplain would have made to him at that time:

*If I had had a veterans' [VCPP] chaplain, they would have been able to provide me direction to support. They would have provided emotional support. It just would have been someone on my [f...ing] side, instead of a whole bunch of people that didn't understand and couldn't understand because I couldn't explain it to them. And so I was self-medicating for the next [X] years, and just trying to fit in the best I could, and I never did fit in anywhere because I was different. I'd been brainwashed by the military and abused by the military and broken by the military and sent on my merry way all by myself as a kid. [Veteran/families]*

## 7.7 Providing a 'missing piece' in holistic veteran care and support

A strong theme that emerged from the veteran, families and stakeholder consultation was the value of the VCPP in complementing the existing veteran care and support ecosystem. One professional viewpoint was that VCPP chaplains can 'provide a missing piece' in the services currently delivered to veterans. Psychological treatment tends to circumvent spiritual wellbeing or 'meaning making', and VCPP chaplains were able to unpack this with veterans to support them to build meaning in their lives beyond the military. This was especially the case with moral injury, where a veteran's 'values have been betrayed', for example by 'going deeply against the core of what they feel is right'. VCPP chaplains offered potential to support veterans to feel 'hope for resolution' and work towards reducing destructive feelings of shame or guilt.

Including VCPP chaplains in the service mix provided a more holistic approach to supporting veterans:

*The [VCPP] chaplain can also be alongside somebody while they're going through various iterations of care. It might be the initial going through the DVA process - they can have a chaplain alongside them. There might be some significant PTSD treatment that they're going through. While the chaplain is not involved with that from a clinical perspective, they can be a cheerleader for the person going through the process. And then afterwards, they can be someone who celebrates with them that they've got through the process and they've emerged to a new life... They may be receiving benefits or they may be receiving some ongoing care, but they move to a higher level of function and they're able to move on and they can still have that connection. So I see it as a holistic opportunity for people to have human support all the way through. [Stakeholder]*

Being faith-based, VCPP chaplaincy offered a toolkit that non-religious counsellors and psychologists may not have access to and has been identified as a gap. At the same time, the toolkit had relevance to those with and without religious faith:

*It's a level of emotional support that you don't have, and that you don't get from a psychologist or a psychiatrist or a colleague or a cohort. And it's spiritual mentoring and for me, I've been a hardcore atheist all my life. And I'm more spiritual now than I have ever been, or than I ever thought I would be. And I'm not a born-again Christian, and I don't suddenly believe in God. I don't go to church, but I definitely believe in a higher power, and that also gives me some peace and comfort. [Veteran/families]*

VCPP chaplains assisted with bringing rituals into life, for example supporting veterans to identify and use healing rituals that may work within their own belief system:

*They're usually pretty good with liturgy, like ceremonies, rituals, they mightn't call them that. They might just say, look, I'd like us to try something. Have a think about it next time we meet. Let's see if we might do this together as a way of dealing with what has happened to you. [Stakeholder]*





## 8 Future considerations for veterans' chaplaincy

---

### 8.1 Defining the scope of veterans' chaplaincy

Defining the scope of veterans' chaplaincy goes to questions of who veterans' chaplains service (the target population), what services are delivered and how (the veterans' chaplain role). The pilot has provided important learnings to contribute to answering these questions.

#### **Target population**

Initial thinking in the design of the VCPP was to target veterans in the process of transitioning out of the ADF into the civilian population and those post-separation. While it is recognised that VCPP chaplaincy services were available to serving members separately to ADF chaplaincy services, the level of demand on VCPP services from current serving Defence force members was unexpected, and has implications for capacity, resourcing, and considering the nexus between ADF and veterans' chaplain roles:

*The message we are getting both from veterans and families and also reflected in our stats - it's not just about transition out of the ADF; a veteran family is a veteran family from day one of service. We're getting requests for support from families of and from current-serving veterans in higher percentages than we were expecting... So, we are now looking differently at current-serving veteran support and noting that the Secretary of DVA writes to ADF members now on enlistment. A veteran family could be current serving or former serving, they're just on this continuum. Where they are on the continuum might determine the support that's available, but they're always veterans' families. [Lead VCPP chaplain]*

*[We provide] support to veterans and families wherever they are in that continuum, from when they join through to the day they die, and we actually support families after the veterans die... Chaplains need to be available and accessible throughout the whole process and noting transition might spread over years, it may involve a succession of chaplains. [Lead VCPP chaplain]*

Demand for veterans' chaplaincy support by current serving ADF members was noted in part to be about sourcing arm's length, confidential support. According to the lead VCPP chaplain, 'in part it's because people are saying they don't trust the support that's available from Defence; they don't trust that their issues are sufficiently confidential and also don't trust that the support from Defence is client focussed rather than focussing on Defence's interests'.

#### **Defining the veterans' chaplaincy role**

From a program management perspective, the lead VCPP chaplain believed that 'the pilot has been very successful at helping to define future roles because we've shown several different ways of delivering chaplaincy'. A key learning from the pilot stage was that expecting chaplains to cover off all the proposed elements of the VCPP was unrealistic from a capacity point of view. He noted that each VCPP chaplain had excelled in some areas, but none had 'demonstrated the complete breadth of the chaplaincy role'. Hence:

*One of the issues to be worked out subsequent to this is, what shape does DVA actually want chaplaincy to take? Because we can't have everyone do all aspects of the chaplaincy role all of the time. It's a capacity thing. [Lead VCPP chaplain]*

All of the VCPP chaplains identified high-risk veterans as the primary target for the VCPP, particularly those experiencing difficulty or crisis in transitioning (voluntarily or involuntarily) from the ADF into civilian life. To find these struggling veterans, the Brisbane and Townsville VCPP chaplains utilised wide-ranging strategies to connect to the veteran community, combining individual referral processes, working with local veteran serving organisations to access their veteran networks, and

attending events and activities frequented by veterans to build a profile and trust in the VCPP chaplaincy role. Their focus was primarily on providing direct pastoral and spiritual support and care to veterans in need and connecting them to services and faith communities, where deemed appropriate.

The Perth VCPP chaplain adopted a different approach and method, applying a moral injury focus on complex cases within the SAS veteran community, and building moral injury capability in professional clinical settings attended by this highly at-risk cohort. Engagement with at-risk veterans was primarily through referrals from the ADF and community clinicians (e.g. psychologists, etc) and via veteran connections and networks familiar with the VCPP chaplain's history as an SAS Padre.

The lead VCPP chaplain observed that while the pilot program was open to exploring different approaches to chaplaincy-led veteran support, there was also interest in defining a nationally coherent approach which could operate effectively within resourcing constraints. While Perth's acute care moral injury model was shown to be highly effective in Western Australian inpatient facilities, whether this should be the overt focus of veterans' chaplains or of purpose-trained mental health chaplains was an important question to ask:

*[What are] the most important components of a mature, integrated veterans and families chaplaincy program, and within that program what functions should be delivered by DVA [VCPP] chaplains and what can be delivered effectively by others? [Lead VCPP chaplain]*

Veterans and veteran family members expressed the view that one-to-one chaplain engagement should remain the primary focus of veterans' chaplains: 'it's a one-on-one person thing ultimately, that's the only path that's going to work; and if you haven't got the one-on-one, you've got a problem'.

Notwithstanding the spotlight placed on providing direct support for veterans in need, veterans' chaplains also have a role to play in assisting veterans to bridge to effective community support and care:

*The future role of the Australian community - chaplains, faith communities, specialist resources but also the provision of practical care and support for veterans and families (housing, employment, education, health, mental health and spiritual health care) - are the key to success... All potential models for veterans' chaplaincy involve the community doing more, more effectively. [Lead VCPP chaplain]*

Each VCPP chaplain demonstrated activity in community bridging, but in different ways. The Perth chaplain worked extensively with local clinicians to upskill and support them in the area of moral injury. The Brisbane chaplain collaborated with Open Arms service providers, particularly the peer workers, to strengthen linkages between spiritual and other forms of care available to local veterans. The Townsville chaplain reached out and made connections with a local hospital, prison and school. In each case, these activities focused on building capacity in community settings to understand and respond to the complex needs of veterans and creating pathways for veterans to access these settings with confidence.

The findings suggest that veterans' chaplains are uniquely placed to provide this community bridging function, based on their spiritual health and wellbeing focus. In addition, their association with trusted ADF Padres means they typically have the veteran's confidence. This presents an opportunity for veterans' chaplains to support and guide veterans who are struggling to adapt to life (and service systems) outside of the ADF toward aware and responsive community services and support systems (e.g., faith communities) where veterans' chaplains can establish linkages. As discussed by the VCPP chaplains, this can involve providing encouragement and walking



alongside veterans while they access support, and remaining with them until they felt safe and comfortable to proceed on their own.

### ***Where veterans' chaplaincy fits in the wider veteran support service ecosystem***

In the event of veterans' chaplaincy continuing in the future, defining the role in relation to the wider veteran support service ecosystem was a key preoccupation of consulted stakeholders.

The lead VCPP chaplain highlighted the necessary interaction between ADF and veterans' chaplains; both have contact with and provide support to current and former veterans, indicating a need to clarify who should be doing what and when:

*The VCPP chaplains have received referrals and handovers from current ADF chaplains who are helping members up to the point of separation or transfer. So, one of the key issues to be determined is, what's our relationship with Defence and Defence chaplains to be? Defence chaplains work with current-serving veterans; they also continue to do so, because people ring them, contact them, [so they do] a fair bit of work with former-serving veterans. That's a good thing but we need to work out who should be doing what. [Lead VCPP chaplain]*

Veteran support provision was noted to be a complex landscape. Defence Member and Family Support (DMFS) provides support to current members but this ends once a member transitions out of the ADF. DMFS social workers provide support when a current serving member dies and for a short while after the funeral. However, families are looking for longer-term support. There is pressure on ADF chaplaincy 'to similarly provide care for families of deceased members for years afterwards'. This signalled a potential role for veterans' chaplains:

*DVA is structured to provide support like this, particularly in chaplaincy, but if DVA were to take over this care, one of the things to be considered is what current Defence resources should we transfer to DVA to better provide that support? [Lead VCPP chaplain]*

One of the potential challenges ahead for veterans' chaplaincy would be configuring the complicated transition from Defence to DVA, given that members experience the transition as a continuum but structurally it seen as separate. This raised an important question about the relationship between veterans' chaplaincy and ADF chaplaincy:

*'Should we be saying to Defence, second 10 or 12 chaplains to DVA? Which is why VCPP management has attempted to ensure that 'our praxis is as close as possible to the praxis of Defence Chaplaincy'. [Lead VCPP chaplain]*

A further series of issues and questions was raised by stakeholders about how the veterans' chaplaincy might be positioned in relation to DVA:

- What exactly would be the role of veterans' chaplains within DVA: 'I think there's a lot of benefits to the program; I think it's just a matter of being very clear about [the objectives] they want from the program' [Stakeholder]
- 'How do you bring chaplains into DVA (a secular organisation), which has never had chaplains (unlike the ADF); is the chaplain available only to veterans or also to DVA staff? What are the boundaries?' [Stakeholder]
- What would the multi-faith and non-faith aspect of chaplaincy look like for DVA? Currently the VCPP is 'very Christian faith-orientated': 'I'm not saying it has to be non-religious or non-faith, it's just [having] someone who is broad enough to think of it in a philosophical way, not just a particular religious way'. [Stakeholder]

- 'If the program continues into the future, what would the onboarding look like for a religious chaplain who has no military experience?' [Stakeholder]

Several other stakeholders raised questions about how veterans' chaplaincy would fit in with or complement existing services. From early on, the feedback was that Open Arms was highly welcoming of the VCPP chaplain, and considered that the role fit well and provided mutual benefit with the Open Arms community and peer program:

*It's different, but there's some similarities where it's not a mental health professional that is providing support to veterans, but it's someone who has a good understanding of mental health and wellbeing and they come with their own lived experience... sometimes people just want to have, you know, a chat and to talk to someone with similar experience rather than get psychological support. [Stakeholder]*

The Open Arms Peer Workers program was seen to have a strong synergy with veterans' chaplaincy, and one view was that veterans' chaplains could potentially contribute by upskilling and enabling people within the program to operate as peers. However, chaplaincy need not necessarily supplant the work of peer-to-peer mentors:

*Chaplains aren't the answer to everything. So, if something's working in peer-to-peer, we resource it, support it, enable it, advertise it and let it be everything that it is [ADF/DVA].*

A couple of stakeholders from ex-service organisations likewise questioned where veterans' chaplaincy would sit in relation to their own core business. One noted that three of the four VCPP objectives overlapped with the functions of their ESO, with a corresponding uncertainty about whether the chaplain would deal with the spiritual overlay of each objective and refer the veteran back to the ESO for remaining support. Another stakeholder highlighted the need for, and value of, veterans' chaplaincy support for the ESO staff and volunteers rather than the clientele:

*If veteran families already have a relationship with an organisation or an advocate or a legatee or a volunteer in an organisation like ours, then [the veterans' chaplain's] job is not to go in over the top and provide another form of care. [Their] job is to come in behind that person, providing that support and support them to do what they do best. And I think that that's where there's a whole other angle to this program that hasn't been explored, and what I would hate to see is this program pop up and act in direct competition to what's already in the system. [Stakeholder]*

Various stakeholders noted that if veteran services were expected to refer clients to chaplains, they would need to better understand and delineate the role of the chaplain, including understanding what chaplains are (and are not) qualified to do. Another potential issue for organisations referring clients to a veterans' chaplain related to the legal, ethical and accountability implications, particularly when dealing with confidential interactions:

*If the Chaplaincy Program is onsite talking to people is there any obligation for them to report back to us about further actions we need to do? [Or are] we essentially referring people and we don't get any feedback on what happened? [Stakeholder]*

Some concern also existed among stakeholders about the risk to veteran psychological safety if veterans' chaplains entered into dangerous psychological territory. For example, if veterans' chaplains heard many stories of trauma and moral injury and became desensitised and inadvertently triggered veterans when providing examples of types of moral injury. Furthermore, chaplains are not governed by the same boundaries and structures as professionals (e.g. psychologists) signalling a risk that veterans' chaplains may offer assistance beyond their expertise (possibly because there is perceived to be no other option and they feel compelled or obliged to help).



## 8.2 Hosting and supporting veterans' chaplains

The VCPP explored several different models of co-locating chaplains in the community. The Brisbane chaplain was based within DVA Open Arms office which provides a dedicated workspace and computer access to the DVA network:

*[DVA] have a support structure which is physical (including being able to print but also includes a front office receptionist). There is also the presence of other Open Arms staff with whom to engage and interact professionally and personally. [The VCPP chaplain] can book a counselling room and a meeting room whenever he needs it. These things provide safety and wellbeing as well as functionality. [Lead VCPP chaplain]*

The Townsville VCPP chaplain received some support from the DVA VAN office and had access to a shared workstation, but no dedicated workspace anywhere:

*The Townsville office have been very supportive. However, they don't know what [the VCPP chaplain] needs because they've not had a chaplain before and unlike Open Arms, their focus is not welfare and counselling... They don't provide the range of [infrastructure] support that [the Brisbane chaplain] gets... The [Townsville] chaplain's situation is not good and now that the VCPP is continuing, should be addressed as a priority. [Lead VCPP chaplain]*

The Perth VCPP chaplain was located in the RSL Hub in ANZAC house which is removed from the chaplain's DVA and Defence connections and has little veteran through traffic. The lead VCPP chaplain acknowledged that the Perth VCPP chaplain's relative isolation from his peers and clientele proved highly challenging on a personal and professional level:

*[The Perth VCPP chaplain] has to go to the DVA building a couple of blocks away to get the support that [the Brisbane VCPP chaplain] has intrinsically. Like [the Townsville VCPP chaplain], he has to ask if there's a free workstation to do things, so there's no dedicated space. The chaplain also has no reception or front office staff and like [the Townsville VCPP chaplain], none of the professional, personal, wellbeing, safety interaction that [the Brisbane VCPP chaplain] has. [Lead VCPP chaplain]*

In the context of his own VCPP chaplaincy functions, the lead VCPP chaplain also lacked suitable office space and resourcing to conduct his role, and while he did not consider this personally prohibitive, he did not believe it sustainable for his potential counterpart going forward:

*[The other VCPP chaplains] have a DVA leased vehicle - I use my own car - we haven't successfully worked out how to reimburse me for this. Army, not DVA pay me and this is part-time and reliant upon someone in Canberra approving my pay fortnightly - this doesn't always happen. As an Army Reserve chaplain, I get paid less than all the others but mine is 'tax free'. I'm not complaining; but it is not a suitable arrangement for the future. My successor deserves a proper set-up. [Lead VCPP chaplain]*

Giving due consideration to the different set up models used across the pilot, the lead VCPP chaplain considered that the Brisbane model (co-location with Open Arms within the RSL Queensland Veteran and Family Wellbeing Centre – Brisbane) provided the best support and opportunities for veterans' chaplains:

*What could work for the [veterans'] chaplains? I think [Brisbane] is the best example. Being part of or officially co-located with Open Arms seems to be the best option of what we've tried. So, being part of something within DVA is important, but Open Arms seems to be the best place. [Lead VCPP chaplain]*

Noted strengths of the Open Arms' model included the following: it was not overtly recognised by veterans as being run by DVA; it has an extensive footprint where there is veteran demand for services; and it can provide office space, infrastructure and front desk support and services for veterans' chaplains. There was also agreement on the benefit in establishing a chaplain presence in

an active, well-organised veterans' hub where veteran support services can assist with connecting into their veteran networks:

*[The Brisbane VCPP chaplain] is working quite closely with the Veterans and Families Wellbeing Hubs and that has been very well received. So well received that some of the other Hubs around the country have been saying, "Why can't we have one?" Mates4Mates have asked for a [VCPP] chaplain in Darwin and RSL LifeCare have asked for several in New South Wales. This is where our footprint is at the most. So, the request for [veterans'] chaplains to work in conjunction with the hubs, everyone's asking for that. That seems to be a good middle place to work. [Lead VCPP chaplain]*

One stakeholder agreed with this but highlighted the value of veterans' chaplains extending their services out into the community, rather than being contained within the Hub:

*So those Hubs are the place people can go, they can sit there, eat, talk, not talk. They can go and do a program; they can go and have a free coffee. They can bring the family. So, I think going to those places are good. But the benefit of having a [veterans'] chaplain is they can work outside of those Hubs. And, if you need to go to someone's house or meet them where there's no uniform because some people react to this - they don't want to see this again. A [veterans'] chaplain can go to someone's house, meet them at a benign coffee shop, where there's no provocative stimulus. [ADF/DVA].*

In terms of VCPP chaplain views, the Brisbane VCPP chaplain was highly satisfied with the Open Arms office arrangement and appreciated the collegiality and support received from Open Arms management and staff. This was in stark contrast to the isolation and lack of support experienced by the Perth VCPP chaplain who would have preferred to be located closer to his DVA and Defence connections. However, he did report developing a productive relationship with a psychiatric clinician based in the same facility which resulted in useful collaboration. The Townsville VCPP chaplain provided a different perspective, noting a preference for having a dedicated space with an organisation at the furthest possible remove from government, for example with ex-service organisation The Oasis Townsville: 'I think that would work really well because Oasis is not run by the government'. He believed the challenge in that context would be to allay ESO staff fears that the veterans' chaplain is 'trying to take our business' by demonstrating the complementarity and value-add of his chaplaincy role.

More generally, the feedback suggested that irrespective of where the veterans' chaplains were located, the key enabling factor is the organisations' level of understanding about the value add of chaplaincy and willingness to engage and collaborate with them:

*We need somewhere within the organisation to belong, where we fit, from whence we can best provide support and be supported. Being outsiders and being treated as very low-level outsiders has been really hard. [VCPP chaplain]*

This applied not only to hosting organisations but to DVA as well, as the potential veterans' funding body. One observation was that as a structure to work in, DVA is more of a compensation and health fund type of organisation rather than a service delivery organisation, although they fund organisations to deliver services to veterans and families. As a pilot program, some DVA staff were seen to be unaware about what VCPP chaplains did and what they needed to support transitioning veteran outcomes:

*[The] complete lack of understanding of what we do and how has been structurally difficult and constantly frustrating. In DVA, like most government departments, staff are used to working in, and policies have been developed within 'silos'. People have their own area of responsibility; they are neither used to, nor equipped to, work across disciplines or directorates or branches. When [VCPP] chaplains ask about integrating into complex or acute case management at any level above a local Open Arms group, staff don't*





*understand either the need or how this might be achieved. Issues which [VCPP] chaplains know are important are not understood by most within DVA. [Lead VCPP chaplain]*

*Chaplaincy is supposed to be able to reduce suicide and suicidal behaviour; supposed to be able to improve wellbeing; supposed to be able to work with incarcerated and hospitalised veterans; help grieving families; work with acute or complicated cases. At the moment, we have no access to areas of DVA who are running these programs or areas and no input into policy or program development. Veterans and their families understand chaplaincy largely from their ADF experience, but DVA don't understand it. [Lead VCPP chaplain]*

This suggests that introducing veterans' chaplaincy into DVA as a dedicated service would benefit from a program of internal awareness raising about the role and the value it represents for both veterans and the mission of the department, supported by strong leadership. An enabling factor, also expressed as an aspirational vision by the lead VCPP chaplain, would be to work towards establishing spiritual health and wellbeing leadership and expert input into DVA (and by extension Open Arms) policy, research and praxis:

*We've got no network, no higher structure. DVA has no spiritual health and wellbeing advisor in their construct, no one doing sponsoring or gathering the research from around the world on veterans' spiritual health. Defence does. Defence has a director of spiritual health and wellbeing within their mental health and wellbeing branch... DVA has medical, psychiatric and psychological, advisors at various levels, but has no chaplaincy or spiritual health advice [directed] into policymaking advice. [Lead VCPP chaplain]*

### 8.3 Build awareness and understanding about the role of veterans' chaplains

To maximise potential outcomes if the program was to continue, several stakeholders considered that veterans' chaplains should be better promoted to veterans in transition. There were indications of this happening, particularly in the Brisbane setting:

*The 34 [ADF] chaplains that were in Brisbane... when we promulgated [the Brisbane chaplain's] number to that whole team and that whole network, it would have been relational-based in that they know him. And then that number was given out to the NGOs and support groups around to say, "We've got a DVA chaplain who has had time previous in ADF, so he understands and is current with language and relevance." [ADF/DVA]*

To improve awareness, one suggestion from veterans and family members was to include a session with a VCPP chaplain as a standard element of a transition package offered to veterans, to normalise engaging with a chaplain and to make them more accessible:

*Being known to the soldiers is really important and for the soldiers to be able to trust them. And, for soldiers to be able to trust someone, they need to be involved with them... There's lot of social occasions that soldiers do, there'd be fantastic meet and greet opportunities for those [VCPP] chaplains. [Veteran/families]*

*It's got to have some degree of visibility so it's going to have to be dispersed to some degree... And so, at the discharge point, there's got to be some provision of information and secondly there's got to be someone who's reasonably accessible at that discharge point. [Veteran/families]*

Another less labour-intensive option identified by the lead VCPP chaplain involved a suggestion by the Director General – Joint Transition Authority to include awareness of veterans' chaplaincy in their program, for example having a veterans' chaplaincy stand in conjunction with other DVA elements at Transition seminars.

Likewise, it would be beneficial to better promote and explain veterans' chaplaincy to providers of veteran services such as ESOs. According to one stakeholder, there was inadequate communication from DVA to the ESO about the program and role of VCPP chaplains:

*[The VCPP chaplain] came in and just told us what he did, and that's the first I heard of it, and that's really the only part I've heard of it to be honest since I met him... Apart from him telling me what's going on, I haven't seen anything come across my channels. [Stakeholder]*

*I haven't actually thought how this program is potentially a continuance of something which is being delivered on the bases or wherever they are. Hadn't even thought of it in that guise... It's something that these guys have potentially been around for anywhere between 4 and 20, 30 years. So very much a norm. So, it makes a bit more sense why it's in play now. [Stakeholder]*

Another stakeholder commented that the veteran community sector was not well enough engaged and consulted in the design stage of the VCPP.

## 8.4 Capacity and workforce development

A major challenge identified for veterans' chaplaincy should it go forward relates to capacity to meet growing demand, and the risk of burn-out for veterans' chaplains:

*Because it is a garrison town, we have on an average 600 to 800 Defence members transitioning out of Defence in Townsville every year. And because people are familiar with chaplains, once [the veterans' chaplain] is established and people know that, there will definitely be a demand for his time, which will then become a challenge. I think the demands will grow exponentially. [ADF/DVA]*

*There's an overwhelming number of people who want to engage. It's one of those things, I think build it, get the word out, and they will come. And I think whilst it was a bit slow for [the Perth VCPP chaplain] to start with, I think he's got heaps and heaps of people now. [ADF/DVA]*

Potential capacity pressures were noted in each of the three pilot locations which were selected due to known concentrations of veteran populations. However, should the program be continued, as its profile increases, there is likely to be demand much further afield:

*It's a national need because the people come from all over. And that it's in direct proportion to the population of the place... It's just that if you base the starting structure of the service on those so-called garrison places, you might be missing some people. [Lead VCPP chaplain]*

According to the lead VCPP chaplain, the question leading from this is 'how do we develop a workforce that is going to be acceptable to veterans but also have the skills and qualifications and endorsement to do this work?'

### **Recruiting and training new veterans' chaplains**

One potential avenue for bolstering workforce capability in a future veterans' chaplaincy program would be to recruit and train additional veterans' chaplains. Possibilities considered by the lead VCPP chaplain included:

- Continuing to support "Tier 1 veterans' chaplains" (DVA funded) as acute care providers and care coordinators, to manage high degree of difficulty tasks and crisis care referrals; then referring to other chaplains for ongoing care.
- Providing base-level training for community chaplains, with a view that these "Tier 2 veterans' chaplains" could be employed by ex-service organisations such as RSL, Legacy, Mates4Mates.

In relation to recruiting and training new veterans' chaplains, one necessary question was what that training would need to look like to meet the support needs of transitioning veterans:

*For DVA, how much training and in what fields you need is the question. To answer this, we will look at what work are we looking for chaplains to do? Can we train them to do that rather than*





*the complete range of chaplaincy and ministry functions, all the requirements of being a registered minister of religion? Then if you have an experienced chaplain, somebody like [the Perth VCPP chaplain] or [the Brisbane VCPP chaplain] as your, supervisor and coordinator and advisor it should be workable... The first level [of chaplaincy] people are looking for is someone that is trusted, understands, cares, supports but also knows where to get higher level support when required. This is a subset of the ministry training that ADF chaplains undertake. [Lead VCPP chaplain]*

An alternative view was offered by one stakeholder who considered that veterans' chaplains should be highly trained and vetted as competent pastoral counsellors; have academic qualifications at graduate level (Masters minimum) in clinical pastoral education; demonstrate a proven track record in helping people; and come with recommendations from a breadth of people, especially former parishes where they have helped people: 'the vetting has to be extraordinary and they just have to be proven to be good chaplains or material for chaplaincy'.

A second question was who should be recruited to provide veterans' chaplaincy services? Different points of view were offered about the necessary background and characteristics of potential veterans' chaplains. According to some stakeholders, having an ADF background would be a key attribute for a veterans' chaplain:

*Don't bring in civilians who don't have any military training... because it doesn't work. They won't have the language and the connectivity...If you have ministers of religion who were formally military, and they're now in civilian positions, they could be considered, but you have more than enough of a pool in the ADF currently. [Veteran/families]*

*If you're going to do chaplaincy in the veterans' community, you can't just have someone parachuted into it. You need to have somebody who's got a level of competency, but also who's got a level of integrity with the veterans' community and actually trying to make a connection. If you're going to have somebody asked to speak with the guys and women who went to Afghanistan or Iraq, you have to have somebody who's actually been there and done that with them.... So, you couldn't just pluck Jane or Joe Blow out of the general community, make them a [veterans'] chaplain to DVA and expect them to be able to do what you're hoping them to do' [ADF/DVA]*

Moreover, in the Special Operations context, the veterans' chaplain would not only need an ADF background, but an SAS background:

*I think a Defence chaplain who hadn't had special forces experience - they could do it, [but] it would just take them a lot longer to find their feet and to build the relationships. Nothing's impossible but I think it's better for everyone all around if there is that background and already that relationship, that community, understanding the community, being part of the community. [ADF/DVA]*

According to the lead VCPP chaplain, an ideal approach would be to upskill transitioned veterans (with the right qualities) into veterans' chaplaincy, thereby maintaining the ADF connection and credibility. Others with the necessary credibility might include Open Arms and ESO peers who have an interest in and affinity with chaplaincy:

*These are people who've demonstrated some natural ability to support, engage with the veterans community, have the potential to be at least as good as some of the other [community] chaplains who are working in prisons and hospitals, who also may have very limited qualifications... [They] are the people that are already or likely to be considered trusted and who are showing affinity and ability for the work. Let's upskill them, rather than getting those who may have all the training and the qualifications, but actually may not be the right people for veterans. [Lead VCPP chaplain]*

It was also suggested that veterans' chaplain candidates could be recruited on a sessional basis:

*There are other [community] chaplains or religious professionals who could be engaged to work with us. I would like next, to try using some former ADF chaplains, who are now counsellors, as sessional service*

*providers, in the same way that Open Arms do with psychologists - to help treat Moral Injury. [Lead VCPP chaplain]*

A further option was seconding ADF chaplains to perform the veterans' chaplaincy roles, although a challenge could be that there are not enough ADF chaplains to fill the demand for Defence let alone providing services for veterans' chaplaincy:

*There are significant advantages if we do have all of the [veterans'] chaplains seconded from Defence. Because, then there's one group doing the recruiting, one group doing the training, and you can keep people fresh by posting them through a [veterans'] chaplaincy position as part of a career. And it means that the difficulties we have of getting someone, for example, to Darwin - well Defence deals with that all the time. And it's a posting and it comes with a normal Defence benefits package including housing, removal, family support; it comes with all the normal conditions that chaplains expect. [Lead VCPP chaplain]*

In this context, the lead VCPP chaplain highlighted the potential need for veterans' chaplaincy to develop a more systematic approach to the working conditions of veterans' chaplains:

*Being contractors and outsiders and sole operators is difficult. It means that there is no one to cover for you in location if you need to take leave or, for those of us who are part-time, to have normal days doing our other work. It's great that what we do is valued and wanted but we need to develop procedures. As an outsider... there is no entitlement to leave, superannuation and all those sorts of things; that's all acceptable over the short term, not over long term. [Lead VCPP chaplain]*

As noted by the lead VCPP chaplain, a potential question in the recruitment of veterans' chaplains from various sources revolved around the ability for DVA as employer to engage chaplains who may not meet strict Defence standards (e.g., on the basis of age or medical conditions, or non-Australian citizenship); but who are otherwise well equipped to perform a veterans' chaplaincy role. Alternatively, whether there are more flexible ways for Defence to consider supporting veterans' chaplains, should they wish to do so, as Defence is much more highly resourced than DVA.

### **Upskilling local faith communities**

Upskilling local faith communities was an element of the original VCPP brief but for capacity and other reasons, only commenced toward the end of the first year of the pilot. Setting up the program and achieving connections and delivery of chaplaincy to transitioning veterans comprised the first stage of the pilot, with community upskilling a priority, but a slightly lower one.

As noted by the lead VCPP chaplain, the likelihood that demand for veterans' chaplaincy support will outstrip the capacity of veterans' chaplains to deliver, highlights the need for upskilling local faith communities: 'it emphasises the importance of finding additional resources – we always talked about [VCPP] chaplains being a bridge into community support and this emphasises the need to find places that we can bridge to is now much more urgent'.

A necessary consideration in this context is to understand that supportive and skilled local faith communities would have a key role to play but are not the conclusive answer to the veterans' chaplaincy capacity problem, should the program continue. Experience has shown that not all local faith communities feel confident and equipped to welcome veterans, particularly those experiencing complex transitions. Moreover, the lead VCPP chaplain commented that veterans' chaplains remain an option of choice in many instances, due to their unique experience and skills working with veterans:

*Acceptance of local faith communities has not been strong from veterans. And some of veterans have told us stories of why it hasn't worked. For some veterans and families this is not a place*



*where they feel loved and accepted. For some others, a local faith community is helpful, is working for them, is feeling like a place to belong, but veterans feel that some issues still need the support of a DVA chaplain, a specialist, are absolutely coming to us and saying, "We've tried local church, and they are nice, but on this issue we're only coming to you". [Lead VCPP chaplain]*

Consequently, the proposed approach would be to work with faith communities who are interested and who ask for help, but not to push veterans' chaplaincy out to faith communities broadly. Some faith communities were actively interested in welcoming veterans into their fold. As noted by one veteran with deep connections to his local church, there is significant potential to work with local faith communities that are welcoming of veterans, with veterans' chaplains providing a veteran pathway to a receptive spiritual support network:

*We have already offered to assist [the VCPP] in the spiritual care of members as far as helping them with the spiritual issues involving warfare, the trauma of warfare... We've already offered it to [the VCPP chaplains] saying, this is a place where you can bring veterans. You can bring them and run them through a spiritual protocol for the areas of pain and suffering... the psychs can't handle. [Veteran/families]*

According to the lead VCPP chaplain, the process would be to explore what faith leaders need and what the veterans' chaplaincy could offer, for example offering seminars in topics of interest to introduce a veterans' chaplaincy program:

*There's been a request for a seminar on moral injury, a seminar on how to conduct a military funeral, what support is available for veterans and families. So, topic by topic. We think we might do something monthly. We might fill the gap between information sessions, have a gathering, a team's meeting, whoever wants to join. What questions have you got, what issues do you face? [Lead VCPP chaplain]*

There were several additional suggestions for potential ways to manage capacity challenges for veterans' chaplains. One was to use veterans' chaplains to support transitioning veterans to upskill as peer-to-peer mentors, with a focus on suicide prevention. It was proposed to have a veterans' chaplain at the helm of a team of veteran peers:

*Someone like [the Brisbane VCPP chaplain] with a whole team of people that go and travel to support; they wouldn't have to be all chaplains, but someone who is a [veterans'] chaplain at the helm. [Veteran/families]*

Another stakeholder saw potential for veterans' chaplains to build greater receptivity and capacity within the general community, for example in learning to be good neighbours/mates:

*Equip the ordinary neighbour, and then that neighbour is skilled to do things in their community. So, you might do a suicide awareness training with people, might be a skilled listening course. You might do some of those things that would equip them so that some people in the community might volunteer to be good neighbours to their veterans, so it doesn't have to be the [veterans'] chaplain. It could be that the [veterans'] chaplain equips somebody who can run - let's say an art class or learn the guitar course or yoga or whatever it is. The [veterans'] chaplain's impact is multiplied because that person then always knows, I've got a really complicated one, I want to refer them back to the [veterans'] chaplain. So that I think could be part of what the [veterans'] chaplain does'. [Stakeholder]*

Another suggestion was the potential to better integrate and support existing veterans' chaplains within teams of veteran service providers. VCPP chaplains have demonstrated that they are effective in working in multidisciplinary teams and add expert value:

*[Veterans'] chaplains can work in a multi-disciplinary team with other professionals and can add value from what we do - value that the team cannot do or struggles to do without us. Our work on Moral Injury with psychologists and psychiatrists is a good example. [Lead VCPP chaplain]*

One stakeholder noted that veterans' chaplains potentially comprise one cog in system of service providers to improve outcomes for transitioning veterans, hence it was important to ensure that

each provider knows their own role and supports others in theirs. For this reason, clarity about roles is a critical factor and it would be important to ensure that veterans' chaplains stay focused in the area of spiritual support and do not cross over into other organisations' core business.

A further perspective concerned the risk of the valuable veterans' chaplaincy resource 'being pulled out of the actual space it's meant to be in'. One stakeholder highlighted the need to have 'someone who can operate at the organisational level while also having someone operate at the pastoral and spiritual level'. The concern was that demanding administrative functions may override the veterans' chaplain's essential role which is to provide care and support to struggling veterans.

### **Resourcing VCPP chaplains**

The question of ongoing resourcing of a potential future veterans' chaplaincy program was discussed. The noted conundrum for veterans' chaplaincy is that Defence understands chaplaincy but has no remit for ongoing support of ex-ADF members. Whereas DVA's dedicated purpose is to look after veterans and their families, however, they lack experience delivering chaplaincy services. Defence is arguably in a stronger financial position to support a program like the VCPP, however from a service perspective DVA is the better fit, provided it recognises and embraces the spirit of the program:

*No matter how well intentioned, Defence's interest is only in getting the member out; they have no interest in the future outcomes – Defence's job is to defend Australia. DVA's job is to care for those who have served our nation and for their families. DVA have a vested interest in making the transition process or the funeral and bereavement process as successful as possible. The better the process the easier the subsequent work for DVA and the better the wellbeing of the veteran and family. Many things would be better if DVA were given the process and the resources. [Lead VCPP chaplain]*

*There is a need and an opportunity for DVA as a whole to start integrating spiritual health and wellbeing into their ethos and way of doing business... I think we've demonstrated an ability to deliver. So, if chaplaincy is allowed to cross the current barriers, we can deliver policies, we can deliver programs, we can deliver actual effects. I think DVA is now open to what chaplaincy can provide. [Lead VCPP chaplain]*

Stakeholders agreed that if veterans' chaplaincy were to be continued, it would need to be resourced to succeed due to the high need and the risk involved if allowed to fail:

*We do a lot of this to our veterans all the time where we have these pilot programs and people just start to get on board with it... But we can lose a lot of trust if we just keep having these pilots and then nothing comes of it, and it does take a while to get these things off the ground. Even if the numbers weren't there right now to say, oh yeah, this is working, this isn't working, I just don't think it's been given enough time yet to make any decision as to its future. I think it needs to be ongoing for a little bit longer. The thing is the work that the [VCPP] chaplain does not sound dramatic, but I speak from my heart, I believe this, that it's lifesaving work. And if that's just saving the life of one person, it's paid dividends. [Veteran/families]*



## 9 Conclusion

---

Veterans, family members and stakeholders consulted for the evaluation gave universal endorsement of extending the benefits conveyed by ADF chaplaincy through a veterans' chaplain program for transitioning veterans. This was in recognition of the social and emotional hardship experienced by many veterans in transition, including a heightened risk of suicide and family violence. They also perceived a current gap in veteran services which lacked vital spiritual and moral injury care and support which might mitigate these risks. Veterans' chaplains can play a fundamental role in this space. They share and understand the military experience and speak the same language. They continue the spirit of the ADF Padre, as a trusted person with whom veterans and families can talk in confidence and who has their personal interest foremost at heart. They understand the social, spiritual and moral dislocation that some veterans feel in transition. They are seen as available, human-centred, caring, compassionate and wise.

Numerous considerations were identified regarding the scope and design of veterans' chaplaincy, should it be continued into the future. These are encapsulated in the following questions.

*What should be the scope of veterans' chaplaincy? Who is it for? What services and support should be included?*

Two key areas of the veterans' chaplaincy role included directly engaging and supporting transitioning veterans, especially those in crisis, and engaging and collaborating with ESOs and professionals to maximise holistic and well-attuned care. There was identified potential for veterans' chaplaincy to round out the suite of services and care provided to veterans by adding the 'missing piece' of spiritual health and wellbeing and/or moral injury and repair.

The three VCPP chaplains adopted different approaches in their respective locations. The Brisbane and Townsville chaplains prioritised providing direct pastoral care and support to veterans experiencing transitional difficulties, and partnering with various organisations to increase access to, and assist with the care of potential veteran clientele. The Perth chaplain focused specifically on the SAS veteran cohort, which has a strong presence in Western Australia. Priority was given to veterans with highly critical needs, clinical suicidal tendencies, and family dysfunction; and to veterans struggling with moral injury issues, for whom regular psychology and psychiatry services were not working. A priority area was providing support for at-risk veterans and one-on-one support for complex clients individually referred by clinicians. The Perth VCPP chaplain also worked intensively in moral injury awareness raising and training with professionals, clinicians, academics and organisations with a key stake in supporting at-risk veterans. VCPP data showed that the Perth chaplain reported the greatest number of individual clients; notably, many of his individual referrals were a result of these organisational and professional interactions around moral injury and repair.

It can be argued that a wider (potentially national) rollout of veterans' chaplaincy (if that is the government's chosen course of action) would likely benefit from a broadly applicable veterans' chaplaincy model with a level of coherence and consistency in the role and function of veterans' chaplains. This model would usefully include the staple pastoral and spiritual care, religious support, and community-bridging functions provided in Brisbane and Townsville for veterans experiencing difficulty in transition. In contrast, the acute crisis care model implemented in Perth was specifically responsive to the complex needs of local transitioning Special Operations Command (SOCOMD) members, who were deemed at greatest risk of suicide and therefore were of the highest priority. Noting the critical importance of responding to highly complex at-risk veteran populations, this may be better applied as an adjunct activity for a specially trained moral injury work team, which may

include a trained veterans' chaplain, mental health specialists and others. A key message to emerge from the different applications of the VCPP in different locations is that veteran needs are far from homogenous, and a one-size fits all veterans' chaplaincy approach would probably fall short of expectations if some of the highest need, most isolated, disconnected, stressed and distressed veterans failed to receive the specialised care they need.

*What is the most efficient and effective model for basing/supporting veterans' chaplains in the veteran services field?*

The three models tested in the VCPP were the Brisbane VCPP, co-located with Open Arms, in their Brisbane North office in Stafford (in the RSL Queensland Veteran and Family Wellbeing Centre where Mates4Mates is also located); the Townsville VCPP chaplain, based in the DVA VAN office in The Oasis Townsville Veterans and Families' Hub; and the Perth VCPP, based in ANZAC House Veteran Central in the centre of Perth operated by RSL WA. Of these, the Brisbane-based chaplain received the best infrastructure support, was warmly welcomed and supported by the Open Arms, and developed strong collaborative relationships with staff. Open Arms perceived organisational benefit and complementarity in adding his pastoral and spiritual support role to their existing suite of services (i.e. filling a perceived gap).

While VCPP leadership strongly endorsed the co-location with DVA Open Arms, the Townsville chaplain offered The Oasis Townsville as a viable alternative, based on perceived synergies in the approach and types of service provided to veterans. One factor in this was the perceived distance of ESOs from government, which is viewed favourably by veterans. However, to its advantage, veterans reportedly do not overly associate Open Arms with DVA and government. The key message was that to underpin the success of any potential future veterans' chaplaincy program, hosting organisations would need to have a strong understanding of and attribute value to the veterans' chaplaincy role; demonstrate a willingness to engage and collaborate with the chaplain; provide a level of in-kind office infrastructure and support; and be prepared to work through legal and governance implications of referring clients to chaplains for pastoral or spiritual wellbeing support.

*How would government manage demand for veterans' chaplaincy services? What are the capacity/workforce considerations?*

There was simultaneous excitement and considerable concern expressed by stakeholders about the potential growth in demand for veterans' chaplaincy should it be continued and gain in recognition across the country. Veterans' chaplaincy has recognised potential to reach into and make a huge difference to more veteran lives. However, with more veterans likely to reach out for spiritual health and moral injury support, and more organisations and professionals referring veterans to chaplains, there is potential for disappointment and let down if the supply of chaplaincy support cannot match demand. In this context the question asked was 'how do we develop a workforce that is going to be acceptable to veterans but also have the skills and qualifications and endorsement to do this work?'

Two main options were discussed to address this problem: the potential to recruit and train new veterans' chaplains; and upskilling local faith communities to welcome and support transitioning veterans. The key questions for recruiting new chaplains included who to target (do recruits need an ADF background or do they need certain qualities bolstered by training/development?); what level of training qualification do they need (can they receive essential chaplaincy training to perform basic chaplain functions, supported by a more qualified/experienced chaplain?); what is the potential to second ADF chaplains for stints in the veterans' chaplaincy field (and is there enough of them to support this?); and what is the potential to employ community chaplains or former ADF chaplains on a sessional basis, particularly in treating moral injury? There were





several different views expressed, suggesting the need to consult more widely before making decisions about how best to progress workforce development.

Regardless of model, if veterans' chaplaincy was to continue there would be a need for greater contact, guidance and support for the veterans' chaplains from DVA central office. This is particularly critical when the chaplain is supporting at-risk veterans (and families) with acute moral injury. These chaplains should be given ample opportunity to seek advice and debrief individually and in a community of practice setting.

The upskilling of local faith communities presents major opportunities for any future veterans' chaplaincy in managing demand and pressure on the capacity of existing chaplains. Veterans' chaplains and a swathe of (although not all) faith communities have expressed interest in taking this further. The forums held by the VCPP in May 2024 have kickstarted the process and this will unfold over the next year of the extended pilot.

One of the key challenges raised by VCPP chaplains and stakeholders involved building sufficient awareness of the program among transitioning veterans and families, and veteran-servicing organisations, to maximise contacts and outcomes for clients. Notably, the pilot was in its first year with only three (four including the lead chaplain) chaplains on its books (two of those with less than six months in the program), building the program from foundation level. Client data collection to enable thorough analysis and evaluation was also a work in progress throughout the first year of the pilot but improved with the introduction of a VCPP data collection tool early in 2024. Although numbers of veteran clients presented as low initially, feedback certainly pointed to growing momentum. In addition to more thorough recording of data, there is also scope for better promoting the VCPP to veteran serving organisations and professionals. To this end it would be useful to develop a broader communication and engagement strategy that clearly delineates the veterancy chaplaincy role so organisations, particularly ESOs, can see how it complements and benefits them rather than overlapping with their remit.

One year into the pilot program, with various chaplains onboarded at different times over the year, the VCPP had achieved significant steps toward the goal of supporting healthy veteran transitions out of the ADF and ultimately 'saving lives'. It is too early in the pilot program to establish concrete outcomes of this nature, however process indicators and stakeholder feedback indicate that the VCPP is on track to deliver a valued and potentially life-saving service to veterans and their families:

*[The VCPP] would save lives – it would save lives of soldiers, lives of partners of soldiers, lives of children and lives of brothers of soldiers, family relationships. Just the whole gamut, I feel it would impact every aspect of transitioning. [Veteran/families]*





## References

---

- AIHW. (2022). *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2020*. Retrieved from Canberra: <https://www.aihw.gov.au/reports/veterans/serving-and-ex-serving-adf-suicide-monitoring-2022>
- Australian Bureau of Statistics. (2022, 04/07/2022). Religious affiliation in Australia. Retrieved from <https://www.abs.gov.au/articles/religious-affiliation-australia>
- Australian Government. (2024). *Budget 2024-25. Budget measures. Budget paper No. 2*. Retrieved from Canberra:
- Australian Government Defence. (2024). *ADF Member and Family Transition Guide 2024-2025*. Retrieved from Canberra:
- Australian Government Department of Defence. Chaplaincy Services. Retrieved from <https://www.defence.gov.au/adf-members-families/crisis-support/helplines/chaplaincy-services>
- Australian Government Department of Defence. (2023). *2022-23 Defence Annual Report*. Retrieved from Canberra:
- Australian Institute of Health and Welfare. (2023). *Health of veterans*. Retrieved from Canberra: <https://www.aihw.gov.au/reports/veterans/health-of-veterans/contents/about>
- Barnett, A., Savic, M., Forbes, D., Best, D., Sandral, E., Bathish, R., . . . Lubman, D. I. (2022). Transitioning to civilian life: The importance of social group engagement and identity among Australian Defence Force veterans. *Aust N Z J Psychiatry*, 56(8), 1025-1033. doi:10.1177/00048674211046894
- Best, M. C., Tunks Leach, K., Layson, M. D., & Carey, L. B. (2024). Military Perspectives on the Provision of Spiritual Care in the Australian Defence Force: A Cross-Sectional Study. *Journal of religion and health*, 63, 289-308.
- Black, T. G., & Papile, C. (2010). Making it on civvy street. An online survey of Canadian vetrans in transition. *Canadian Journal of Counselling and Psychotherapy*, 44(4), 383-401.
- Castro, C. A., Kintzle, S., & Hassan, A. M. (2015). The Combat Veteran Paradox: Paradoxes and Dilemmas Encountered With Reintegrating Combat Veterans and the Agencies That Support Them. *Traumatology*, 21(4), 299-310.
- Commonwealth of Australia. (2024). The Royal Commission into Defence and Veteran Suicide. Retrieved from <https://defenceveteransuicide.royalcommission.gov.au/>
- Commonwealth Royal Commission into Defence and Veteran Suicide. (2021). EXHIBIT 04-02.08 - EXP.0001.0022.0347 - A Review of Research on Moral Injury in Combat Veterans. Retrieved from <https://defenceveteransuicide.royalcommission.gov.au/publications/exhibit-04-0208-exp000100220347-review-research-moral-injury-combat-veterans>
- Commonwealth Royal Commission into Defence and Veteran Suicide. (2022). Exhibit 37-01.008 - DEF.1045.0001.0312 - Department of Defence, ADF Chaplaincy Policy. Retrieved from <https://defenceveteransuicide.royalcommission.gov.au/publications/exhibit-37-01008-def104500010312-department-defence-adf-chaplaincy-policy>
- Department of Defence. (2023). 2023-24 Budget estimates. Foreign Affairs, Defence and Trade Committee, Defence Portfolio. Question on notice no. 92 (Senator Jacqui Lambie). Portfolio question number: 107. (Hearing date 22/6/2023). In. Senate Estimates - Questions on Notice.
- Department of Defence and Department of Veterans' Affairs. (2022). *Australian Government Response to the Interim Report of the Royal Commission into Defence and Veteran Suicide*. Canberra: Department of Veterans' Affairs
- Forces in Mind Trust. (2013). *The Transition Mapping Study: Understanding the transition process for Service personnel returning to civilian life*. Retrieved from London UK:
- Foreign Affairs Defence and Trade Committee. (2016). *Mental health of Australian Defence Force members and veterans*. Canberra: Commonwealth of Australia
- Foreign Affairs Defence and Trade Committee. (2017). *The Constant Battle: Suicide by Veterans*. Commonwealth of Australia
- Gladwin, M. (2013). 'Captains of the south': The historical context of Australian Army chaplaincy, 1913-2013. *Australian Army Chaplaincy Journal, December*.
- Hamilton, M., Allsop, S., Wiggers, J., Alexander, P., & Vandenberg, B. (2011). *The Use of Alcohol in the Australian Defence Force*. Commonwealth of Australia
- Hodgson, T. J., Carey, L. B., & Koenig, H. G. (2022). Moral Injury, Betrayal and Retribution: Australian Veterans and the Role of Chaplains. *Journal of religion and health*, 61, 993-1021.

- Hoglin, P. (2023). Still Losing our Religion. Retrieved from <https://theforge.defence.gov.au/publications/still-losing-our-religion#2>
- Jones, N., Keeling, M., Thandi, G., & Greenberg, N. (2015). Stigmatisation, perceived barriers to care, help seeking and the mental health of British Military personnel. *Soc Psychiatry Psychiatr Epidemiol*, 50, 1873-1883.
- Kopacz, M. S. (2013). Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk of Suicide. *Journal of religion and health*, 52(3), 759-767. doi:10.1007/s10943-013-9693-2
- Layson, M. D., Tunks Leach, K., Carey, L. B., & Best, M. C. (2021). Factors Influencing Military Personnel Utilizing Chaplains: A Literature Scoping Review. *Journal of religion and health*, 61, 1155-1182.
- Nieuwsma, J. A., Jackson, G. L., DeKraai, M. B., Bulling, D. J., Cantrell, W. C., Rhodes, J. E., . . . Meador, K. G. (2014). Collaborating Across the Departments of Veterans Affairs and Defense to Integrate Mental Health and Chaplaincy Services. *Journal of general internal medicine : JGIM*, 29(Suppl 4), 885-894. doi:10.1007/s11606-014-3032-5
- Royal Commission into Defence and Veteran Suicide. (2022). *Interim report*. Retrieved from Royal Commission into Defence and Veteran Suicide (Producer). (2023, 14 August 2024). New data underscores urgent need to address national crisis of military suicide.
- Sullivan, G., Hunt, J. B., Haynes, T. F., Bryant, K., Cheney, A. M., Pyne, J. M., . . . Richison, R. (2014). Building Partnerships With Rural Arkansas Faith Communities to Promote Veterans' Mental Health: Lessons Learned. *Progress in community health partnerships*, 8(1), 11-19. doi:10.1353/cpr.2014.0004
- Sutherland, R. (2021). *Report into the need for Pastoral Support, Spiritual Health & Chaplaincy Effects for Former Serving Members and Families*. Retrieved from
- Tan, C. (2020). *Australian Defence Force Families research 2019*. Retrieved from
- Transition Taskforce. (2018). *Transition Taskforce improving the transition experience*. Canberra: Department of Veterans' Affairs
- Van Hooff, M., Lawrence-Wood, E., Sadler, N., Hodson, S., Benassi, H., Daraganova, G., . . . McFarlane, A. (2019). *Transition and Wellbeing Research Programme Key Findings Report*. Retrieved from Canberra:
- Wadham, B., Andrewartha, L., Lawn, S., Onur, I., & Edney, L. C. (2024). A Scoping Review of Interventions Targeting the Mental Health of Australian Veterans. *Environmental Research and Public Health*, 21(796), 1-16. doi:<https://doi.org/10.3390/ijerph21060796>
- Wadham, B., Halsey, M., Hordacre, A.-L., Wadell, E., Toole, K., & Collins, P. (2023). *Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia*. Retrieved from Canberra: <https://www.dva.gov.au/sites/default/files/2024-04/experiences-of-exserving-adf-personnel-in-corrective-services-systems-aust.pdf>
- Wainwright, V., McDonnell, S., Lennox, C., Shaw, J., & Senior, J. (2016). Soldier, civilian, criminal: identifying pathways to offending of ex-armed forces personnel in prison. *Psychology, Crime & Law*, 22(8), 741-757.
- Wells, H., Heinsch, M., Brosnan, C., & Kay-Lambkin, F. (2021). Military family dynamics in transition: The experiences of young people when their families leave the Australian Defence Force. *Child & Family Social Work*, 27(3), 454-464. doi:10.1111/cfs.12898



## Appendix A: Definition of key terms and acronyms

---

**Australian Defence Force (ADF):** incorporates the ADF Headquarters, Joint Capabilities Groups and Joint Operations Command and comprises the Australian Army, Royal Australian Air Force and Royal Australian Navy. The **Special Air Service Regiment** (commonly known as the **SAS**) exists within Australia's Special Operations Command.

- **Defence Member and Family Support (DMFS)** provides a range of services, assistance and resources to support ADF members and their families <https://www.defence.gov.au/adf-members-families>
- **Defence School Mentor Program** is delivered in partnership with schools to support the wellbeing of children of ADF members <https://www.defence.gov.au/adf-members-families/family-programs-services/support-for-children/defence-school-mentor-program>
- The **Inspector-General of the Australian Defence Force (IGADF)** is an independent statutory body appointed by the Australian Government to oversee the quality and fairness of Australia's military justice system. The IGADF Afghanistan Inquiry was commissioned by Defence in 2016 after rumours and allegations emerged relating to possible breaches of the Law of Armed Conflict by members of the Special Operations Task Group in Afghanistan over the period 2005 to 2016. <https://www.defence.gov.au/about/reviews-inquiries/afghanistan-inquiry>

**Australian Government Department of Defence (Defence):** serves the Government of the day and is accountable to the Commonwealth Parliament, which represents the Australian people, to efficiently and effectively carry out the Government's Defence policy.

**Department of Veterans' Affairs (DVA):** DVA supports people who serve or have served in defence of Australia and their families. Key services include making a service-related claim; provision of mental health support, urgent help and support, and support for eligible family members of veterans; and access to the Veteran Card and to information held by DVA. Key services falling under the DVA umbrella include:

- **Open Arms – Veterans and Families Counselling (Open Arms)** is funded and operated by the Australian Government through DVA. The service was established to provide mental health support to current and ex-serving ADF personnel and their families. It is a critical part of the government's commitment to supporting the mental health and well-being of the veteran community.
- **Veterans' Access Network (VAN)** is a service designed to provide streamlined access to information and support for veterans, serving personnel, and their families. This network aims to improve the efficiency and effectiveness of delivering services and support across Australia.
- **Veteran Support Officers (VSOs)** are DVA staff members who are located on Defence bases. They provide personalised support and education to serving members and their families about their potential eligibility to access DVA benefits and entitlements.

**Ex-service organisations (ESOs)** support current and former ADF members and their families, including advocacy to access payments and other benefits, visitation services at home, hospital or an aged care home; seeking financial help, employment or vocational studies; social activities to make friendships and to improve general health and wellbeing. Examples of ESOs (raised in the interviews) include:

- **Lives Lived Well (LLW)** is an Australian not-for-profit organization dedicated to providing support and treatment services for individuals dealing with alcohol and drug addiction as well as mental health issues. The organization operates in various locations across Queensland, New South Wales, and South Australia, offering a range of services aimed at helping people lead healthier, more fulfilling lives.
- **Mates4Mates (M4M)** is an Australian not-for-profit organization that provides support to current and ex-serving Australian Defence Force (ADF) personnel and their families. Established in 2013, Mates4Mates aims to help those affected by service-related injuries, including physical wounds and mental health issues such as PTSD, anxiety, and depression.
- **Returned & Services League of Australia (RSL)** provides a support network and community for veterans and their families, focusing on commemoration, care, advocacy and camaraderie.

**Moral injury:** Defined by Open Arms (2023) as ‘the psychological, social and spiritual impact of events involving betrayal or transgression of one’s own deeply held moral beliefs and values occurring in high stakes situations. Moral injury is not a recognized mental health disorder in itself, but may be associated with PTSD or depression’.

**Post-traumatic stress disorder (PTSD)** is defined by Open Arms as a group of reactions that can occur after someone has experienced a traumatic event, with four main symptoms: re-experiencing the traumatic event; avoiding reminders; negative thoughts or feelings; being overly alert or wound up.

**Religious Advisory Committee to the Services (RACS)** advises the Chief of the Defence Force and the Service Chiefs on religious matters. Current members (as at June 26, 2024) include Bishop Grant Dibden (Chair), Rabbi Ralph Genende, Mr. Ahmed Abdo, Mr. Subamanian Ramamoorthi, Mr. Subamanian Ramamoorthi, Venerable Sunim Bomhyon, Reverence Kaye Ronalds, Monsignor Peter O’Keefe AM, Reverend Martin de Plye, Sardar Amarinder Singh Barwa, Pastor Ralph Estherby .

**Soldier Recovery Centre (SRC)** is a Defence funded and staffed facility dedicated to supporting the recovery and rehabilitation of injured, ill, or wounded military personnel. Established as a local initiative with Gallipoli Barracks, Enoggera, South Queensland, there is now a similar equivalent established with local resources in Townsville. These centres are designed to provide comprehensive care, helping soldiers transition back to duty or civilian life.

**The Oasis Townsville** provides a 'single front door' for all members of the ex-serving veteran community in Townsville, including their family and friends, as well as current ADF members who have begun thinking about transition to connect and integrate into the Townsville Community. It provides a concierge service for veterans and their families to better access the unique and specialist services of ESOs in Townsville and the other services they might require from the Townsville Community.

**VCPP chaplains** is used to describe a chaplain specifically employed as part of the VCPP to provide chaplaincy services to current (a very minor proportion), transitioning and former ADF members.

**Veteran:** DVA defines a veteran as ‘a person who is serving or has served in the ADF’. In contrast, for the VCPP, a veteran is someone who has left the ADF. The VCPP was not intended to provide veterans’ chaplaincy for people who are in the ADF (which is the role of ADF chaplains), other than for people who are in the process of transitioning from the military.



**Veterans' chaplain** is used to describe a chaplain designated to provide chaplaincy services to transitioning and former ADF members.

**Veterans' and Families' Hubs** deliver integrated support to veterans and families and improve access to local services which may include wellbeing support, advocacy, employment and housing advice, social connection and physical and mental health services.



Australian Industrial Transformation Institute  
College of Business, Government and Law  
Flinders University  
GPO Box 2100  
Adelaide SA 5001  
**P:** 08 8201 5083  
**E:** [aiti@flinders.edu.au](mailto:aiti@flinders.edu.au)

