

MATES4MATES

Here for those
impacted by service.

2023

Australian Veterans' Families: Social Needs Assessment.

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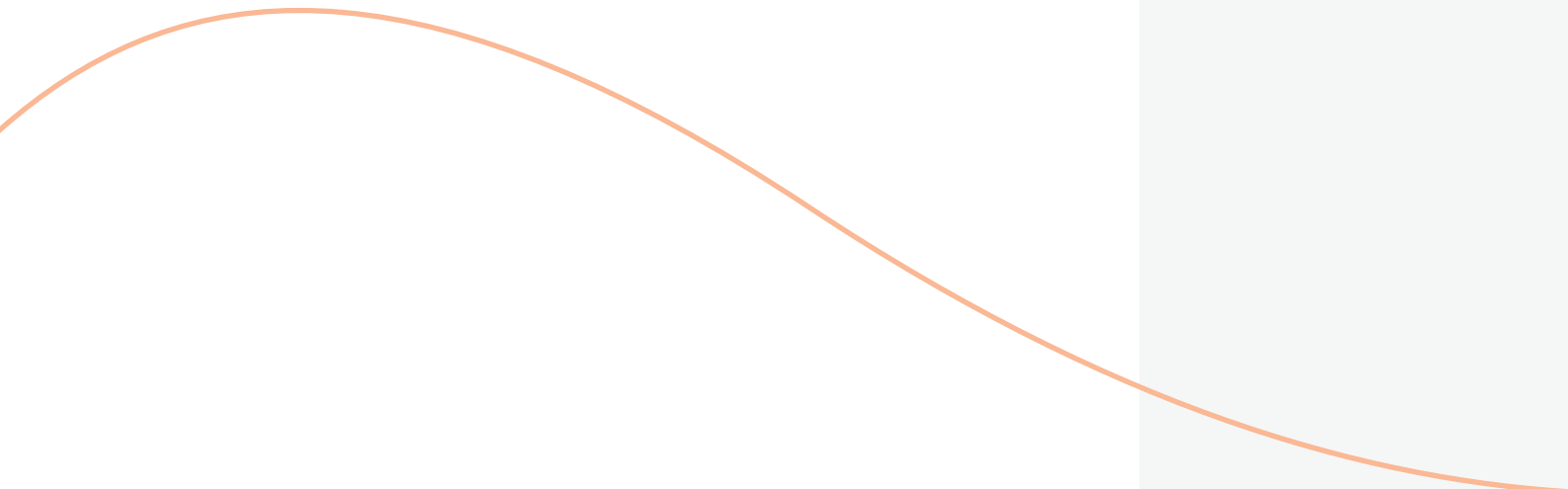
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Introduction.

About Mates4Mates.

To guide the development of their social connection stream of programs, Mates4Mates has commissioned a Needs Assessment of Australian Veterans' Families with a focus on social needs. Social needs are defined here as non-clinical, non-occupational needs. This supports an evidence-informed approach to service delivery, and allows for development of program logics which are veteran-focussed. That is, they prioritise meeting veterans' and families needs.

A theory of change related to the Social Connection arm of Mates4Mates services, embedded within a theory of change for an RSL Queensland/ Mates4Mates-led veteran support system, is currently being drafted. One of the pillars of that system is that veteran-specific programs fill gaps in service delivery.

The Needs Assessment focussed on identifying needs which fit within the RSL Queensland/Mates4Mates veteran support system, for the specific target client groups of veterans' families.

A number of government and non-government research programs review the psychological factors associated with entering life as a service spouse, and the health of serving and ex-serving members' immediate families. However, there were no reports identified which investigated the needs of veterans' families in Australian society, that were not related to clinical or occupational needs.

Needs assessment determines what the outcomes of programs should be. It can help:

- **Document a known community need**
- **Understand the context in which needs occur**
- **Inform realistic program design**
- **Involve the target group in problem solving**

Methodology.

Definition.

Veterans, like all Australians, have diverse family structures. Given the conscription rates in World War II and Vietnam, and the number of Australians with family from countries that have compulsory service, a majority of Australians could be considered to have some family connection to the military. For the purpose of this study, veterans' families are considered to be the immediate parents, partners, and children of veterans only. The study used the Department of Veterans' Affairs definition of a veteran as a person who has served at least one full day in the military – rather than any definition related to war-like service or deployment.

Approach.

The project took an evidence-informed approach, triangulating information from:

1 Lived experience of the target population.

2 Practitioner expertise of those who work with the population.

3 Research from the published and grey literature.



The research questions were:

1. What are the known characteristics of the population of Australian veterans' families?
2. What are the social needs of this group?
3. What patterns of unmet needs exist?

Lived experience.

To gather the lived experience of the target population, a survey of veterans' families gathered direct feedback on their needs, especially those in the peri-transition period. This was an anonymous, continuous improvement survey with limited free text fields and no discussion of physical or mental health issues.

The survey was distributed via Mates4Mates email list of social connection participants as well as on Mates4Mates social media channels. It was published on 18 October 2023, and closed on 30 October 2023. A total of 118 family members responded to the survey: 107 to the entire survey; 10 to all questions except the ISEL-12; and one invalid response. Responses for questions are provided only for valid responses (n=117).

Mates4Mates collected the raw data and provided data summaries, ensuring no accidental provision of client details. Data was analysed using Microsoft Excel pivot tables.

Literature synthesis.

A synthesis of literature from four sources was conducted to ensure a comprehensive scan of grey and published information within a short timeframe:

Sources

Primary database search

A rapid literature review is a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review by reducing search terms or timeframes. A systematic search was conducted via the ProQuest standard database. A search was conducted using the terms TI(military OR veteran*) and TI(family OR spouse OR child*). Articles included in the review met the following inclusion criteria: (1) published in a peer-reviewed journal; (2) military veteran families as a focus; and (3) published within the timeframe September 2018 – September 2023. Exclusion criteria included: (1) study unavailable in English; (2) focussed on needs of service members rather than families; and (4) grey literature, such as thesis dissertations.

Secondary database search

A search of the PubMed MEDLINE database was made using the search terms: (military[Title] OR veteran*[Title]) AND (family[Title] OR families[Title]) Time period 2018 – 2023. This returned 204 results with titles reviewed for any that were additional to the comprehensive search.

Online scouring

A Google Scholar search for the terms (veterans AND families AND Australia) within the timeframe 2018 – 2023 was used as an online scouring mechanism.

Government documents

A browser search function was utilised for the domain .gov.au to include any Government documents with the search term (family OR families) (veteran OR military) – “veterans and their families” site:.gov.au filetype:pdf within the timeframe 2010 – 2023. Titles were scanned and relevant documents reviewed.

Client nominated

The client was able to nominate and provide up to 10 research documents to be included in the evidence review. This allowed for inclusion of internal documents which had been commissioned previously on related topics.

Practitioner expertise.

Practice evidence is important because it uses practitioner expertise (skills and knowledge) and practical experience in the delivery of solutions. To gather the insights of practitioners who work with veterans' families, interviews were conducted with a range of Mates4Mates staff.

In the social connections stream:

- Two regional managers who have oversight of budgets and programs and manage staff.
- A liaison officer and senior liaison officer who design and facilitate activities.
- An online liaison officer for social connection programs across Australia.

In the clinical stream:

- A social worker and a counsellor (joint interview).
- An exercise physiologist.
- A general practitioner with an external agency who delivers services at a Mates4Mates centre.

Practitioners covered multiple locations in Queensland and the Northern Territory, with some practitioners conducting outreach in locations within their states as well as Tasmania.

A semi-structured interview was used focussing on the practitioner's experience working with veterans' families (and in some cases, their own personal experience as family members of veterans) and the Research Questions. Written notes of interviews were taken contemporaneously and analysed after all interviews were conducted.

A thematic analysis approach grouped interview comments around themes and mapped those themes on to the research questions.

Workshop.

There is no scientific definition of needs, especially in the social sphere. Thus a Needs Assessment is a subjective and value-driven process. Acknowledging and clearly communicating those values adds to the usefulness of the Needs Assessment.

After identifying a range of needs attributed to veterans' families, with varying degrees of evidence to support those needs, a workshop was completed with the Mates4Mates Executive team to prioritise the needs identified. This resulted in a final list of high priority needs based on:

- Link to evidence of poor wellbeing outcomes if those needs are not met.
- Mates4Mates capacity to provide programs that meet those needs.

This report provides the background to those identified needs.



Lived Experience.

A survey of
117 veteran family members.

The sample reflects a small but somewhat representative sampling of the veteran families population. Both serving and ex-serving populations with reserve and full-time service were represented across a good spread of age groups, with 25 men and 85 women reporting gender and five respondents indicating LGBTI+ status. Just under half of respondents had never attended a Mates4Mates activity, and one half had attended at least one.

Three quarters were families of discharged personnel, and half of that group had a family member who was medically discharged. In this sample, 27% of respondents had a current-serving family member. Most respondents indicated they were partnered, with a very small group of widows, single respondents, and those partnered but separated for service reasons. These numbers were too small to separate statistically. One third of the sample had children under 18 living with them.

Many respondents were either working or retired, with only a very small cohort of people on full-time childcare duties. Consistent with the age range of the sample, one fifth of respondents or their family members needed ageing support.

Australian Institute of Health and Welfare (AIHW) 2018 data shows that around 12% of the population aged under 65 years, and 50% of Australians aged over 65 years, have a disability. In this sample, 28% of families under 65 years, and 39% of those over 65 years, reported need for disability support. This suggests that the survey captured more younger households in need of support, and fewer older veteran families.

Descriptive statistics: summary of respondents to survey.

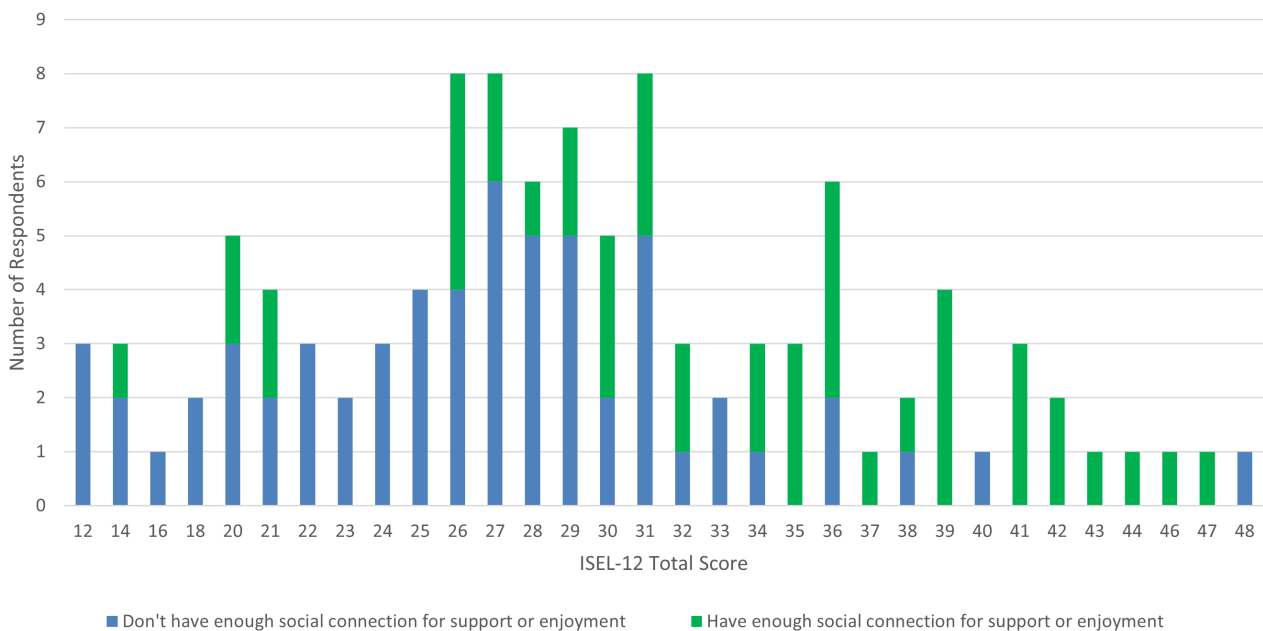
| | | Veteran serving full- time | Veteran serving reserves | Veteran discharged | Total | (blank) |
|--------------------------------|---|----------------------------------|--------------------------------|-----------------------|-------|---------|
| Discharge status - veteran | Medically discharged | | | 36 | 36 | 0 |
| | Not medically discharged | 5 | 5 | 42 | 52 | 1 |
| | Still serving | 17 | | | 17 | 0 |
| | Unsure or Did not answer | 1 | | | 1 | 10 |
| Age | 25-34 years old | 5 | | 3 | 8 | 0 |
| | 35-44 years old | 11 | 2 | 19 | 32 | 0 |
| | 45-54 years old | 6 | 2 | 13 | 21 | 1 |
| | 55-64 years old | 1 | 1 | 14 | 16 | 1 |
| | 65-74 years old | | | 19 | 19 | 0 |
| | 75+ years | | | 10 | 10 | 0 |
| | Did not answer | | | | 0 | 9 |
| Gender | Female | 21 | 5 | 54 | 80 | 1 |
| | Male | | | 22 | 22 | 1 |
| | Did not answer/Prefer not to | 2 | | 2 | 4 | 9 |
| | [part of LGBTI+ community] | [1] | | [4] | [5] | |
| Work Status | Full-time childcare duties | 6 | | 2 | 8 | 0 |
| | Looking for work or more work | 2 | | 1 | 3 | 0 |
| | Not looking for work (other) | 2 | | 6 | 8 | 0 |
| | Not looking for work (retired) | 1 | 1 | 34 | 36 | 1 |
| | Studying | | | 2 | 2 | 0 |
| | Working full-time | 6 | 2 | 23 | 31 | 1 |
| | Working part-time | 6 | 2 | 10 | 18 | 0 |
| | Did not answer | | | | 2 | 7 |
| Relationship Status | Partnered not living together | 1 | | 1 | 2 | 0 |
| | Separated for service reasons | 2 | | | 2 | 0 |
| | Partnered living together | 20 | 5 | 66 | 91 | 1 |
| | Single | | | 7 | 7 | 0 |
| | Widow | | | 3 | 3 | 1 |
| | Did not answer | | | | 10 | 0 |
| | [Children living at home] | | | [1] | [1] | |
| | [No children living at home] | [6] | [2] | [53] | [61] | |
| Need for disability support | Not in need of support | 21 | 5 | 49 | 75 | 9 |
| | Child needs disability support | 1 | | 6 | 7 | 0 |
| | Family member needs support | | | 9 | 9 | 0 |
| | Respondent needs support | 1 | | 10 | 11 | 0 |
| | Respondent + family member needs support | | | 4 | 4 | 0 |
| | Did not answer | | | | 0 | 2 |
| Need for ageing support | Not in need of support | 23 | 5 | 57 | 85 | 9 |
| | Family member needs support | | | 9 | 9 | 0 |
| | Respondent needs support | | | 12 | 12 | 0 |
| | Did not answer | | | | 0 | 2 |

Perceived social support.

Social support was measured by the 12-item Interpersonal Support Evaluation List-12 (ISEL-12), which is the short version of the 40-item ISEL (Cohen et al, 1985). It has three subscales designed to measure appraisal (information, validation), belonging (companionship), and tangible (material aid) support. Each dimension is measured on a 4-point scale from “definitely true” to “definitely false”. It has been shown to be internally consistent and valid with the general population. No norms exist for the ISEL-12 as it is designed to measure change, but comparative sample means have been reported here.

Scores covered the entire range of the ISEL-12 (12-48) and skewness (0.060) and excess kurtosis (-0.119) values indicate a normal distribution of scores. The Cronbach’s alpha for the scale is 0.88, indicating strong internal consistency of the scale.

M4M Veterans' Families Survey: ISEL-12 Total score distribution by social connection question



| Authors | Mean ISEL-12 (SD) | Sample group | Sample | t-test for difference in means |
|--------------------------------------|--|------------------------------------|-----------|---|
| Devilly & Varker (2013) | 38.71 (3.63) Appraisal 12.14 (1.51) Belonging 11.89 (1.34) Tangible 14.66 (1.34) | Victoria Police academy students | n= 281 | Significant difference from families sample, $t(490) = 20.40$, $p < .01$ |
| Delistamata et al (2015) | 35.06 (8.80) | Greek university students | n=145 | Significant difference from families sample, $t(354) = 8.54$, $p < .01$ |
| This sample of veterans' families | 29.16 (SD=7.87) Appraisal 10.29 (SD=3.14) Tangible 9.66 (SD=2.97) Belonging 9.21 (SD=2.99) | Veterans' families | n=107 | |
| Mates4Mates sample of women veterans | 27.06 (8.61) Appraisal 9.75 (3.36) Belonging 8.12 (3.32) Tangible 9.18 (3.11) | Women veterans | n=211 | Significant difference from families sample, $t(316) = 2.11$, $p < .05$ |
| Merz et al (2014) | 25.86 (6.65) Appraisal 8.92 (2.63) Belonging 8.47 (2.61) Tangible 8.44 (2.61) | Ethnically diverse adult Americans | n= 5,000+ | Significant difference from families sample, $t(5209) = 2.53$, $p < .05$ |

The mean ISEL-12 score for this sample of veterans' families was lower than the young academy recruits or university students but may be consistent with a general population sample. Interestingly, the mean score was significantly higher than the sample recruited for the matching survey of women veterans conducted as part of this research project. A third of responses were less than 25 indicating a significant perceived need for social support within this population. Notably, the single item question 'Do you feel like you currently have enough social connection for support and/or enjoyment?' stratified the sample on the ISEL-12, indicating it could screen for those with poor perceived social support.

| | Mean ISEL-12 | Belonging | Tangible | Appraisal |
|---------------------------------|--------------|-----------|----------|-----------|
| Age | | | | |
| 25 - 34 years old | 28.88 | 10.38 | 9.00 | 9.50 |
| 35 - 44 years old | 27.16 | 8.16 | 9.03 | 9.97 |
| 45 - 54 years old | 31.23 | 10.09 | 10.23 | 10.91 |
| 55 - 64 years old | 28.33 | 8.67 | 9.33 | 10.33 |
| 65 - 74 years old | 30.50 | 10.06 | 10.00 | 10.44 |
| 75+ years | 31.20 | 9.50 | 11.20 | 10.50 |
| Gender | | | | |
| Female | 28.71 | 9.03 | 9.48 | 10.21 |
| Male | 32.32 | 10.50 | 10.77 | 11.05 |
| Veteran service status | | | | |
| Current-serving full-time | 27.88 | 8.75 | 8.67 | 10.46 |
| Current-serving reserves | 30.80 | 9.80 | 10.00 | 11.00 |
| Former-serving | 29.95 | 9.36 | 9.96 | 10.24 |
| Relationship status | | | | |
| Partnered living together | 29.89 | 9.43 | 9.88 | 10.58 |
| Single | 26.33 | 8.33 | 8.73 | 9.17 |
| Widow | 23.00 | 7.67 | 7.67 | 7.67 |
| Partnered not living together | 19.50 | 6.00 | 6.50 | 7.00 |
| Disability support need | | | | |
| Family does not need support | 29.53 | 9.31 | 9.81 | 10.42 |
| Someone in family needs support | 28.64 | 9.07 | 9.54 | 10.04 |
| Ageing support need | | | | |
| Family does not need support | 26.59 | 8.76 | 8.76 | 9.06 |
| Someone in family needs support | 29.82 | 9.34 | 9.92 | 10.56 |

| ISEL-12 | Mean | SD | n | Appraisal | Belonging | Tangible |
|--------------------------------|-------|------|----|-----------|-----------|----------|
| Has ever attended Mates4Mates | 29.59 | 8.58 | 62 | 9.88 | 9.17 | 9.88 |
| Has never attended Mates4Mates | 28.93 | 6.95 | 44 | 10.61 | 9.33 | 9.66 |

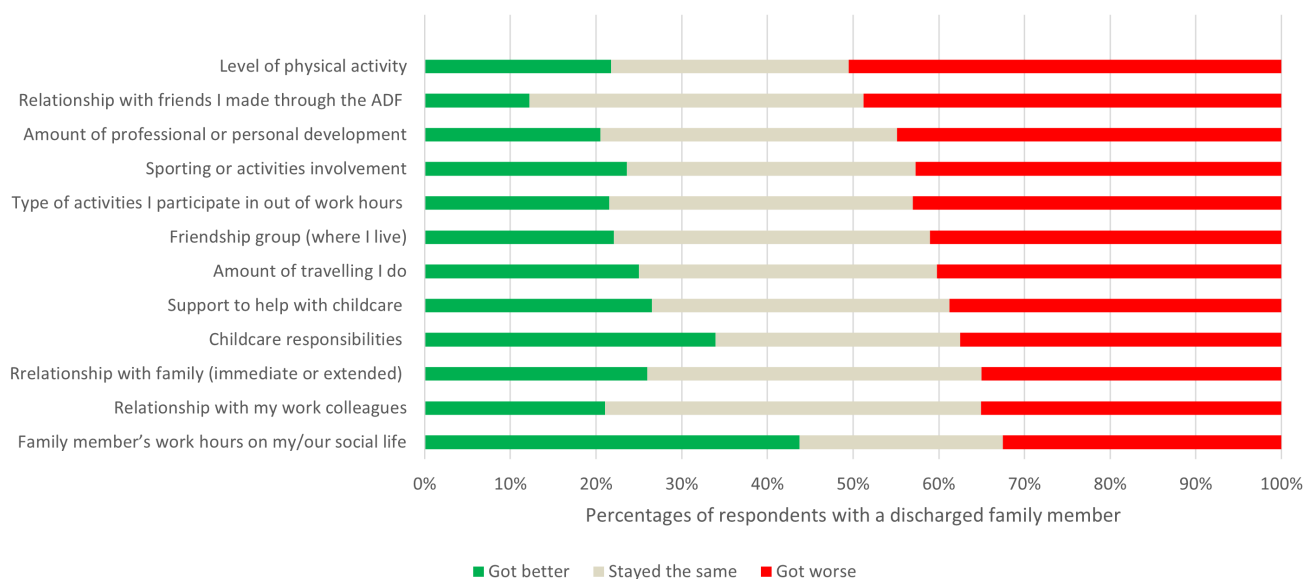
These means are not statistically different $t(201)=0.804$, $p>.1$

Reference: Cohen S., Mermelstein R., Kamarck T., & Hoberman, H.M. (1985). Measuring the functional components of social support. In Sarason, I.G. & Sarason, B.R. (Eds), Social support: theory, research, and applications. The Hague, Netherlands: Martinus Nijhoff.

Needs and challenges.

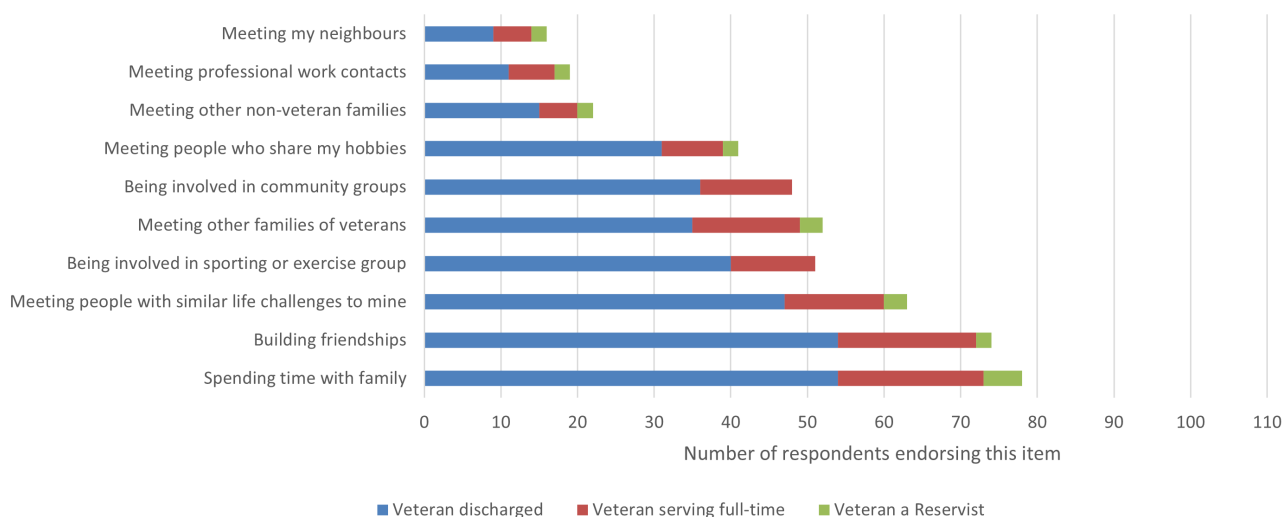
Families with a member who had discharged nominated changes in their life subsequent to discharge. As could be predicted from the literature, half of respondents indicated that the negative impact of their family member's work hours on their social life had reduced post-service. One respondent indicated they felt "more settled in our relationship". Interestingly, half of all respondents indicated a negative change to their level of physical activity and their relationship with Australian Defence Force (ADF)-related friends since their family member discharged. This reflects some inferences made in focus groups and interviews in the literature, that service families 'serve' and 'discharge' as well, and there are noticeable impacts on their lives. In a range of social and lifestyle factors, one third of the sample indicated negative impacts of transition on their lives.

Changes to lifestyle since family member discharged from service



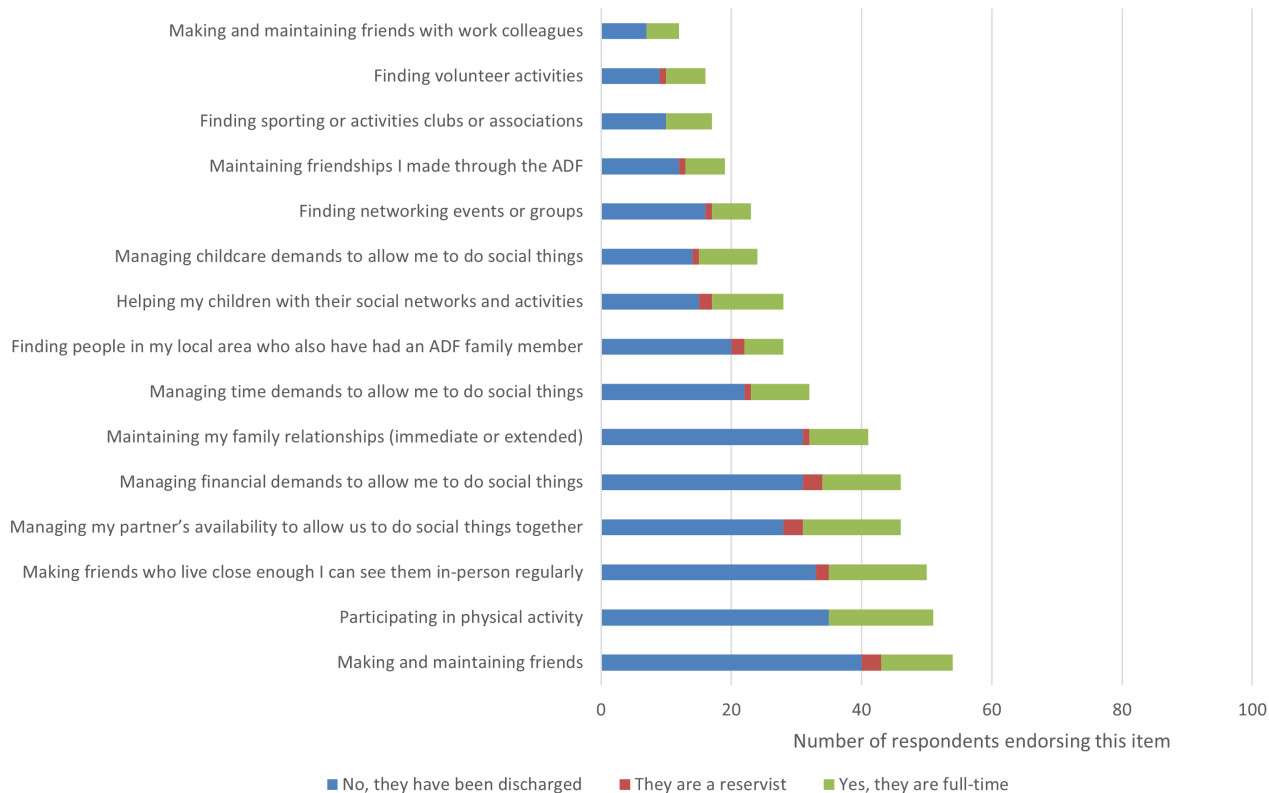
When asked what was important at this point of their life, spending time with family, building friendships, and meeting people, especially those with similar backgrounds or challenges, were most endorsed.

M4M Veterans' Families Survey: Important Activities for Families (by veteran service status)



These areas also prove challenging, however, less than half of families indicated challenges in these areas. Finding ways to participate in physical activity and managing financial access to activities were also challenges for a subset of families.

M4M Veterans' Families Survey: Social Sphere Challenges Endorsed



Respondents were asked to make suggestions for activities or services Mates4Mates could provide to fulfil other needs not mentioned in the survey. All responses were related to a wish for more activities which Mates4Mates already provides. One respondent indicated that activities for disabled family members would be helpful. These responses have been analysed separately by Mates4Mates, but as they do not focus on additional identified needs, they are not included in this report.

Reflections on categories in the survey.

Physical activity

The needs of former veterans who have serious long-term injuries are mostly ignored when organising activities - not all former veterans can play rugby, walk Kokoda, run or long walks, however, many do have a dog and would enjoy social outings with their dog and families without the stress of competitive or endurance sporting activities they can no longer achieve.

Family responsibilities

Since having children it has become more difficult to participate in social activities. Childminding for some events would make it easier.

The main issue is not having much spare time. We live remote, I work part-time from home ... and my afternoons are busy with business admin and supporting my husband in the things he is involved with.

Having scheduled coffee catch ups is great and all, but it only works if you aren't working and are a full-time parent. I'd prefer there be activities where appointments could be made and someone could be there to watch your child while you go to the dentist or get a haircut.

I genuinely feel like I'm drowning caring for [veteran spouse] sometimes and he doesn't ever reach out for help.

Military disruptions

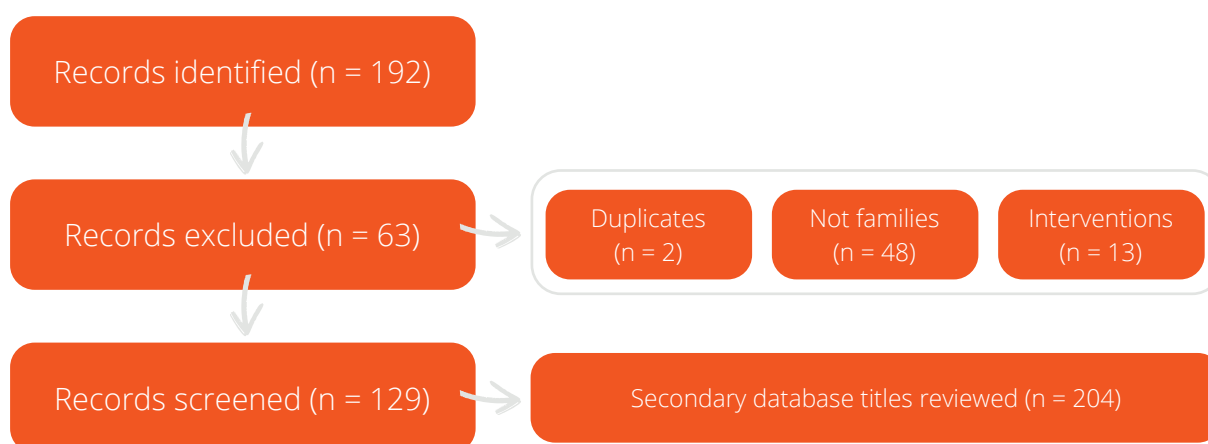
I recently moved to Darwin from Sydney and we didn't know a soul. On top of that I was diagnosed with cancer.

The risk of unexpected posting orders.

Lack of support in-house where it's needed for when partner is away, and also lack of support for the issues created by partner's deployments for young children.

Research.

Rapid literature review - article selection (PRISMA chart).



Rapid literature review - article categorisation.

| Mental Health | Life Transitions | Family Wellbeing | Parenting and Children |
|---|--------------------------------|--|---|
| Veteran PTSD Impact (14 articles) | Discharge (1 article) | General Wellbeing (10 articles) | Mental Health of Children (14 articles) |
| Other Veteran Mental Health Impact (8 articles) | Deployment (8 articles) | Partner Relationships (9 articles) | Physical Health of Children (4 articles) |
| Spouse Mental Health (10 articles) | Bereavement (6 articles) | Community Support (7 articles) | Support and Training (5 articles) |
| | Ageing Parents (2 articles) | Family Violence (5 articles) | Parenting Children with Disability (4 articles) |
| | Spouse Employment (5 articles) | Military vs Non-Military Family Health (17 articles) | |

List of documents identified by Mates4Mates.

1. Social Outcomes (Dec 2022). Pathway to Greater Impact: A Report for RSL Queensland.
2. Social Outcomes (undated). Theory of Change for Mates4Mates Social Connections.
3. Social Outcomes (Sep 2023). Mates4Mates Physical Recovery Programs: Developing Evidence-Based Theories of Change for RSL Queensland / Mates4Mates Programs. Powerpoint Presentation.
4. Mates4Mates Family Connect Program Concept (Aug 2023)
5. Mates4Mates Personas (undated). [Document of potential client journey].
6. Mates4Mates Community Connection Evaluation (undated). [Review of 2022 Programs].
7. Mates4Mates Skills for Recovery Mid-Year Review (2023).
8. Mates4Mates Review of Social Connection Project (undated). [Senior Liaison Officer Findings].
9. Mates4Mates Review of Social Connection Project (undated). [Regional Manager Findings].
10. Cox, B. (2023). The Paul Tys Churchill Fellowship: To Create a Model of Care for Families Supporting a Veteran Suffering Psychological / Physical Injury. Brisbane: Author.

List of Australian Government documents.

1. Department of Defence and Department of Veterans' Affairs. Transition and Wellbeing Research Programme. A series of eight reports and two papers. A summary of these is provided in an additional key findings report:

Van Hooff, M., Lawrence-Wood, E., Sadler, N., Hodson, S., Benassi, H., ..., McFarlane, A. (2019). Transition and Wellbeing Research Programme Key Findings Report. Canberra: Department of Defence and Department of Veterans' Affairs.
2. Department of Veterans' Affairs. Social Health Strategy 2015–2023 for the Veteran and Ex-service Community. Canberra, 2015: Department of Veterans' Affairs.
3. Department of Veterans' Affairs. Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023. Canberra: Department of Veterans' Affairs.
4. Dunt, D., Day, S., Dell, L., O'Donnell, M., Forbes, D., & Phelps, A. (2019). Australian Veterans' Wellbeing Index: Final Report. Report prepared for the Department of Veterans' Affairs. Melbourne: Phoenix Australia Centre for Posttraumatic Mental Health.
5. Smart, D., Muir, S., & Daraganova, G. (2018). Family Wellbeing Study: Summary Report. Canberra: Department of Defence and Department of Veterans' Affairs.
6. DVA Evidence Compass (2016). What are the family protective factors for members transitioning from Defence service? Summary of the Rapid Evidence Assessment. Canberra: Department of Veterans' Affairs.

There is no count of veteran family members in Australia.
The ABS Census 2021 indicated **500,000 veterans**,
leading to a presumed family cohort of over a million.

The Family Wellbeing Study was conducted in 2015 using the resources of the Defence & Department of Veterans' Affairs (DVA) Transition and Wellbeing Research Programme on contemporary ADF members and veterans. Family members were recruited via their veteran members who were in the TWRP Family Wellbeing Study, and it represents the largest survey of family members to date in Australia. Following is a summary of the findings of the study.

- 1,387 family members: 983 spouses/partners; 275 parents; 102 adult children of ADF members; 27 related to veterans in other ways e.g. siblings.
- 15% of all responding partners were also veterans.
- 8.9% of current-serving members' partners; 7.0% of ex-serving veterans' partners, are male.
- Due to sampling issues (a high correspondence between ADF membership and study respondents' gender), gender was dropped from analyses past descriptive statistics.

Spouse employment.

68% of ADF spouses were working, similar to the general Australian population; however, spouses of ADF feel that their employment is negatively affected by posting cycles and the member's military career.

Family relationships.

Family functioning among current and ex-serving families is high. Reported family violence among current-serving families was half the rate reported in the general population, with a slight increase for ex-serving families. Self-reported parenting strategies were also strong compared to the general population.

Mental health.

Rates of mental health problems, substance use and gambling in spouses of current and ex-serving ADF are similar to age- and sex-matched peers. Psychological distress in adult children of veterans is slightly higher than the Australian population, but PTSD, substance use, gambling and other mental health conditions are similar. Rates of mental ill-health in parents of veterans were the same as age-matched populations in Australia.

Residential, school mobility.

43% of Australians have moved in the previous five years. 40% of ADF families have moved in the previous three years. 20% of school-aged children of ADF had attended 3+ schools (38% 4+), compared to 5-6% in the general Australian population. (Gannon et al 2023, CESE 2016)

Child behaviour problems.

Hyperactive behaviour problems and anxiety rates may be higher in children of current-serving members than children in the Australian population. All other behaviour problems are similar to age-matched peers.

Financial hardship.

One third of spouses of ex-serving veterans reported having experienced one or more types of financial hardship in the past year (such as needing to borrow money, not being able to pay bills on time etc), compared to 20% of the Australian population.



The Family Wellbeing Study and the Vietnam Veterans Family Study are neatly summarised in the Gallipoli Medical Research Foundation (GMRF) report, The Australian Defence Community needs assessment report: Priority areas for service planning. Information from these two cohorts, which make up a significant majority of the Australian veteran population, lead to recommendations regarding family needs:

- Embed a transition-based approach which targets the health and wellbeing needs of different cohorts of ADF families.
- Monitor the effectiveness of communication strategies designed to raise ADF families' awareness of available services and programs.
- Consult the literature on first responder health and wellbeing needs in relation to the impact of recent Australian deployments such as bushfire and COVID responses.

The literature on families of first responders is also poorly developed. Cox et al (2022) conducted a scoping review and discovered themes including: ambivalence about the family member's first-responder job; unequal family roles (such as disproportionate parenting duties); impact on family time and disruption to routines; and transmission of stress and sometimes, trauma. Families identify themselves with the work role of the serving member and this means that loss, grief, and transition out of service are a psychological process that families must undertake as well. This literature mirrors the findings of the literature on military families. It does not appear that internal (to Australia) deployments greatly alter the need profile of veterans' families.

Qualitative research on the experiences of families in Australia has increased in the past decade, with the Gallipoli Medical Research Foundation (Brisbane), the University of South Australia (Adelaide), and Phoenix Australia (Melbourne) producing reports related to military and veteran family experiences. The DVA Veteran Mental Health and Wellbeing Strategy has also established a Veteran Family Advocate to represent the views of families, and committed to help families who are supporting a veteran through crisis or following a suicide attempt. However, systematic research on veteran families' social needs remains difficult to find.

Themes from the literature on social factors.

The Female Veterans and Veterans' Families Policy Forum 2023 outlined qualitative feedback from veteran family members on their challenges and needs. These included:

- Families want proactive communication directly with them.
- Parenting stress.
- Families want support as more than just an adjunct to a veteran. For example, where families have been bereaved or separated from the veteran due to family violence, they should have a direct relationship with service providers.
- The impacts of service on partners and children need to be minimised. For example, supporting spouse employment and childcare stressors.

There are several international literature reviews looking at experiences and challenges for veterans' families. Importantly, several reviews find a generally resilient and well population amongst military families, and some reviews focus on protective factors. However, a number of challenges are consistent themes.

Service life: work-family conflict.

A 2019 literature review identified individual, family, unit and community factors with an evidence-base in promoting family resilience. These centred around the heightened stress that children can be exposed to through military-related life stressors (postings, exercises, deployments), as well as the increased risk this brings for significant family dysfunction in vulnerable families.

Much research on military families only looks at military-specific stressors, but these stressors interact with common intrapersonal and family stressors. In an analysis of U.S. military family data, poor mental health outcomes were associated with adverse childhood experiences, life stressors, and marital discord. Families in the most vulnerable group reported the fewest deployments of the military member, and there were no military-specific factors which strongly influenced mental health outcomes (Sullivan et al, 2020). Military-specific experiences also do not have a direct association with low marital quality (Pflieger et al, 2018). A study of 266 service families did not find that time away on deployments had an impact on family wellbeing scores (O'Neal & Layner, 2021). Rather, non-military experiences including service member PTSD; lack of social support; caregiver burden; work-family conflict; and financial strain, increase the odds of low marital quality. Work-family conflict does increase stress for all levels of mental health vulnerability, and it is important to acknowledge the significant demands made by the military workplace (Sullivan et al, 2020).

Family groups.

Male Spouses
of Veterans

Parents of
Adult Ex-Serving

Adult Children of
Vietnam Veterans

Families
of Reservists

*Both the family and
the military are
described as “greedy”
institutions that place
high demands on
their members.*

- Sullivan et al (2020)

Families
of Current-Serving

Children with
Special Needs

Families of
Veterans with
Mental Illness

Carers of
Older Veterans

Targeted family programs.

A U.K. study of 400+ female spouses of military members found higher rates of probable depression (but not probable PTSD), and hazardous alcohol consumption than women in the general population (Gribble et al, 2019). In the ADF, women veterans hazardous drinking rates are also higher than the general population (TWRP Mental Health Prevalence Study). This suggests an influence of military culture on spouses. A U.S. study found the effect on spouse hazardous alcohol consumption was exacerbated by multiple deployments (Sparks et al, 2022). The service partner's perceived hazardous drinking can also lead to relationship stress (Rodriguez et al, 2018).

Service life: disruption.

A significant life event for military families is the impact of the member being sent away from the family home on training, exercise or deployment, or of regular posting to different locations. While Australia has one of the most highly mobile populations in the western world, and the ABS (2001) estimated that 30% of households with children moved at least once over a three year period, military children have higher rates of school mobility. There is international evidence that there is little relationship between mobility and academic outcomes for children in their primary school years (McCulloch & Hall, 2016). Although UK children of military personnel who move frequently achieve better academic outcomes than their non-military highly mobile peers, both groups still exhibit lower achievement in English and Mathematics assessments in comparison to their non-mobile peers (Mehana & Reynolds, 2004).

Both stressful communication with a partner, and protective buffering (withholding information to protect the deployed partner) during deployment impact negatively on reintegration stress at homecoming (Mallonee et al, 2020; Carter et al, 2020). Family violence rates are higher in ex-serving compared to current-serving personnel, and in those with combat zone deployments and those with mental health problems, again showing the relationship between general and military-specific risk factors (Kwan et al, 2017; Lahav et al, 2018; Cancio, 2017; Farmer, 2018).

Studies on parental deployment show both negative and positive impacts on children, including improved resilience but decreased school attainment (Kent et al, 2021). Navigating financial roles is suggested as a stressor for military families, with one intervention finding that role flexibility and clear communication reduced financial boundary ambiguity (McCoy et al, 2021). On a military spouse's return from deployment, reintegration challenges include pacing and re-distributing of co-parenting roles. These can increase family stress (Devoe et al, 2019).

Parenting and children.

Much literature relates to outcomes for children of service members. No articles show relationships between generic military service of parents and any physical health problems in children. Australian and international studies identify a potential elevation in hyperactive behaviour problems in children of serving military (TWRP Family Wellbeing Study; Bommersbach et al, 2022).

There are few differences between military and non-military families' parenting styles, however, studies do show a relationship between stress due to military separation, military family discord, and negative outcomes for children (Cramm et al, 2019; Lucier-Greer et al, 2023), including for intergenerational transmission of PTSD (O'Toole, 2022; Wells et al, 2022).

One study showed in-service families benefitted from increased social support which positively impacted parenting behaviours (Sberna Hinojosa et al, 2021). Parenting interventions attempt to reduce the impact of stressful life events in these cohorts. Father involvement has potential to improve family wellbeing but only when it maintains family flexibility, which is the amount of change that is possible in family leadership, roles and rules (Mallette et al, 2021).

Parenting a child with a disability comes with a unique set of challenges for all parents, which can be exacerbated by military separation. Parent advocacy is crucial for children to allow them to access services, and is more difficult if parents are disconnected from usual civilian supports (Aleman-Tovar et al, 2021). Provider waitlists, lengthy intake processes and referral requirements are all exacerbated by unfamiliarity (Farley et al, 2021; Kremkow et al, 2019; Kremkow et al, 2021).

Supporting a veteran with a mental health diagnosis.

There is good evidence that having a veteran in the family with a mental health condition places additional stress on the family. There is evidence for impact in the following ways: caregiver burden, impact on intimate relationships, psychological/psychosocial impact on the spouse, stress of navigating mental health services, and stress of finding out how to manage symptoms (Senior et al, 2023; Post et al, 2022; Lawn et al, 2022). However, the impact of being a carer of someone with a mental health disorder is not unique to veteran families, and the ways in which the role is challenging and stressful is the same as for carers in the civilian community (Senior et al, 2023).

There is some evidence that some treatment or adjunct treatments for PTSD in veterans can also support improvements in family relationships, which in turn can improve mental health outcomes (Kuhn et al, 2023; Meis et al, 2022). This applies, for example, with interpersonal therapy (IPT) treatments for PTSD, and with PTSD assistance dogs (Brickell et al, 2022; Thompson-Hollands et al, 2022; Nieforth et al, 2021).

Peer-support activities for veterans' families that have been discussed, with low-quality evaluation, in the literature include (Mercier et al, 2023):

- Haselden (2020; 2019) Peer-taught program for integration into military life.
- Kremkow & Finke (2022) Peer-support for spouses with a child with Autism.
- Vagharseyyedin et al (2018) Peer-support group for wives of veterans with PTSD.
- Yeshua-Katz (2021) Social media support groups for veterans with PTSD and their families.
- Balmer et al (2021) Community-based support groups for veterans with PTSD and their families.
- Raja et al (2021) Peer-assisted education for families with a veteran with schizophrenia.
- Boehm et al (2020) Peer support for patients and families in a VA intensive care unit.
- Veteran Affairs Canada (2005) Peer Coordinators for veterans with operational stress injury.
- Strouse et al (2021) Open art studio for military suicide survivors.

Grief is a significant life transition.

A risk of serving in the military is that of untimely death, through training accident, exposure to occupational hazards, or combat. Reconstruction of identity is a common task for all families after bereavement, and this is also exacerbated for military families as they will subsequently go through the process of transitioning to life outside the ADF. This can lead to an exacerbation of the loneliness that is a risk in grief especially in spouses (McGill et al, 2022). A UK study found that enhanced support could be provided in the areas of financial information, administration action, and access to mental health care (Fadeeva et al, 2022). The Joint Standing Committee on Foreign Affairs and Trade made similar recommendations, as well as suggesting peer support and family respite care be facilitated (The Constant Battle: Suicide by Veterans, 2017). For those who lose a family member to suicide, grief may be impounded by stigma; however, there is some initial research that says suicide has a positive impact on views about mental health treatment in veteran families (Peterson et al, 2020).

For Israeli parents who had lost children serving in the military, meaning-making was important in improving functioning, personal growth, and reduction in suicidal ideation (Schiff et al, 2020). Cox (2023) points out that the U.S. and U.K. have parent-specific programs to support those whose children have served and been impacted by trauma or who have suicided. Australia does not appear to have a similar program.

Supporting older veterans.

Aged care support to veterans has been remodelled over the past decade. Many World War II veterans have moved to the aged care system, mostly operated by the Federal Government; however, a number of private residential aged care facilities that have priority access for veterans still exist. In the following two decades, the Vietnam veteran cohort will require further support to maintain independence and/or shift to assisted care or aged care facilities. This cohort remains the largest of the Australian veteran cohort and, importantly, often has a spouse ageing along with them, and children whose care responsibilities increase.

Schwabenbauer et al (2021) point out that a shift to a person-centred model of care means paying attention to the needs and wellbeing of caregivers, who are often family members. This includes respite as well as physical and psychological health support. Brown et al (2019) point out that supporting veterans' spouses as well as the veteran to maintain physical activity has better results.

Challenges for veterans families:

Financial and
Housing Changes
on Discharge

Childcare and
Support for
Children with
Needs

Work-Family
Conflict

Grief and
Bereavement

Service life can exacerbate:

Community
Integration
Difficulties

Service
Navigation
Confusion

Family
Violence

Parenting
Stress

Transition from the military.

The DVA Transition Taskforce Report (Department of Defence and Department of Veterans' Affairs, 2018), based on qualitative feedback from veterans' families, found there is an unrecognised impact on families of transition and that many family members feel unprepared and unsupported for the impact of transition and the establishment of their civilian lives.

Despite this, transition from the ADF for veterans' families has been little studied empirically. The DVA Evidence Compass review of literature 2001-2015 only identified two studies looking at family protective factors for veterans transitioning for service. It emphasises the provision of emotional and practical support by parents of adult children who return home after discharge (DVA, 2016). Maguire et al (2021) conducted a small qualitative study of recently-transitioned veterans' families with complex needs. They reported confusion in the fragmented care system and a preference for family-centred care informed by an understanding of military culture.

RAND Europe commissioned a literature review and qualitative study on the needs of military spouses and children during transition (Forces in Mind Trust 2015; Sondergard et al, 2016). Practical support needs were information about schooling and civilian housing realities, family engagement in transition, and agency coordination. The review focussed on four themes: engagement with families, family breakdown, housing support and spousal employment, but did not identify any social needs of families post-transition. None of the 38 articles reviewed addressed social engagement.

A 2022 scoping review similarly found mental health, barriers to care, financial needs, and targeted transition support as needs for families transitioning out of service (Dodge et al, 2022). It noted "reservists and their families often face a different transition to regular service members and lack the network of support that many families of regular service personnel have." It mirrors Australian research suggesting reservists who attend exercises or deployments have more life disruption and more lengthy reintegration cycles (Faber et al, 2008; Brereton et al, 2013).

A U.S. review highlighted strengths of many military families in adapting to life transitions, developing social support, and family bonding, that may assist with the transition to civilian life. Needs included identification with the community; social support, connection and belonging; connection to resources; mental health and childcare services; and military spouse employment (Walker O'Neal et al, 2020). Spouses need to navigate disruption to employment, professional licences, or small businesses. Better childcare access and job-seeking support could mitigate disruption to spouse employment (Gribble et al, 2019).

Veterans' families in communities with shared responsibility and collective competence fare better on wellbeing measures. This is also true for current-serving families and may explain the buffering effects for those well-integrated into their military community (O'Neal et al, 2020). Ross et al (2020) found social connectedness, not perceived social support or marital satisfaction, predicted psychological distress in spouses who had a military member return from deployment.

Families may benefit from:

Support Managing
Absences

Establishing
Community Support

Maintaining Own
Wellbeing

Service
Navigation

Connection and
Belonging

Support to
Employment

Family
Respite

Transition
Information



Expertise.

The interviews captured the views of a small but diverse selection of roles and experience within Mates4Mates social and clinical streams. A number of the staff interviewed were family members themselves and demonstrated drawing upon their own lived experience to anticipate client needs, and also to increase engagement with the client group. Practitioners showed dedication to helping the 'Mates', and an understanding of the ethos of Mates4Mates to serve the entirety of the veteran community. At times they reported that this was at odds with the opinion of some of their client groups but were able to navigate this with respect for all.

Practitioners reported limited theoretical education across their working lives, and limited direction from the organisation, on the needs of veterans' families. Their approach to service was characterised by client-centred individual assessment of need supported by practitioner experience. This should lead to high quality outcomes for individuals, but is labour- and time-intensive, and reduces the ability to achieve population-level outcomes or design effective group programs.

Practitioners were able to raise difficulties their clients encountered at an individual level and provide some insight into patterns. Overlaps with the literature were apparent in areas of clinical need, military-stressors related to disruption to social development, functioning, and help support. Additionally they raised the challenge of asking for client-centred support from a veteran-based organisation as a family member. There were differences between practitioners who design programs about whether programs should centralise the achievement of recovery and healing, social development, or community integration. All of these appear to be aspects of genuine need that have been discovered in the Mates4Mates client population.

As can occur in those who work with vulnerable groups, some practitioners extrapolated to the entire 'veteran' or 'veteran family' populations based on their client experiences. This needs to be balanced with education on the diversity of the veteran population.

Themes arising from interviews with practitioners - needs of veterans' families.

The 'village': Disruption is a fact of military life, whereas feeling supported by community takes time to develop relationships.



Prevents:

Developing perceived social support, which impacts mental health.

Building a career involves time, future planning and sometimes moving to locations for jobs, and postings disrupt or prevent those.



Prevents:

Spouse or other family moving with an ADF member from developing a sense of career certainty or satisfaction.

Some postings are not a location that the family would choose to live, and are remote from family or uncomfortable living conditions.



Prevents:

Enjoyment in lifestyle, especially if the benefits of a location are undiscovered.

Parenting a child with additional needs is demanding and there are disruptions to medical care and support which are exacerbated by service life.



Prevents:

Parents getting the support they need in their parenting efforts.

Caring for a spouse with a mental health disorder is difficult and this is exacerbated by the socially isolating effects of service life.



Prevents:

Spouse or carer ability to maintain their mental wellbeing.

Families may not realise how embedded they are in military life until they experience transition from service.



Prevents:

People from preparing adequately for the impact of transition on family.

Themes arising from interviews with practitioners - benefits of Mates4Mates programs.

Types of activities and how they are chosen:

- Social engagement, routine events, and lifestyle education.
- No structured design of programs by centres try to have a mix of activities that would engage different sub-groups.
- After hours and weekend activities attract a younger demographic.

Allows Mates4Mates to engage with families and demonstrate they are valued.

Supplies a 'village' for those who are posted and feeling a lack of security in their location.

Support to parents during difficult periods such as school holidays.

Supports healthy adjustment to postings.

Provides spouses and parents with structured self-care opportunities.

Alleviates financial barriers to social capital building.

Potential for Mates4Mates to engage with more diverse family members to show them they are valued.

Provides structured social introductions.

Potential for Mates4Mates to support the transition period with information.



Inquiry Topics.

Following synthesis of the information from the three sources, a workshop was held to reflect on the relevance and impact of the needs discussed, and their alignment with the strengths and mission of Mates4Mates. Attendees represented executive-level staff within the clinical and social connections streams. During the workshop, factors considered included:

- The relevance of the needs identified for Australian veteran families in particular;
- The link to evidence of poor wellbeing outcomes if those needs are not met;
- Mates4Mates vision, strategy, and capacity to develop programs which meet those needs.

The workshop noted the research which shows military-related families appear to have many similar outcomes when compared with the general population average. Resilience enhancing components of service life appear to be capable of addressing some military-related stressors and disruptions. Post-transition, service-related disruptions lessen.

There are a number of sub-populations within the 'military family' category who experience strong military-related disruption, including families where the veteran has a physical or mental injury (or death) due to service. Military-related stressors can also interact with non-military stressors including family conflict, rigid family role definition, family violence, childhood special needs, or parenting stress, to contribute to poor outcomes.

Recognising the strengths and impacts of military-related disruptions on determinants of wellbeing will allow development of a framework to focus on early intervention that supports the needs of veterans' families. However, the workshop concluded that limitations to available research prevent a deep understanding of the needs of veterans' families that could be met with Mates4Mates programs.

Five areas for further inquiry were identified. These include family sub-groups as well as identified areas of military-related disruption or exacerbation of life stressors. Investigation into these areas is needed to develop strategic approaches to veteran families' wellbeing. Investigation comprises of research findings as well as, importantly, a wider and deeper engagement with veterans' families to understand how, when, and why they reach out to Mates4Mates or other veteran service organisations for assistance.

Social needs of veterans' families:

Topics for further inquiry.



Carer support.

When a veteran has a physical or mental illness it places stress on the family unit and impacts particularly on parents and partners, in social, occupational, financial, and wellbeing spheres.



System literacy.

Posting and veteran absence exacerbates stress on partners and children when there is a need to navigate health and human service systems.



Occupational/Educational quality.

Postings qualitatively impact on the lives of those who move with the veteran, especially in occupational and education spheres.



Relationship development.

Military demands on time impact family functioning (family flexibility), as well as relationship development for grandparents and extended family.



Social capital development.

Development of social capital for partners and children is impacted by postings and maybe by the insular nature of service life.



Conclusions.

There are over a million families of living ADF veterans in Australia. Much literature focusses on partners and children of veterans, and the evidence suggests that is probably well-placed. In terms of the impact that service life can have on families, it is partners, ex-partners, and children who bear the brunt of the interaction between military factors and regular life stressors. However, there are lesser-researched impacts on the development of relationships for parents, grandparents, and other extended family.

There are two broad categories of military-related stressor for families: firstly, the impact that service life has on the family as a whole. This includes the disruption of postings and separation on the normal development and support environment for family members, as well as the demands of service on a member and how the family adjusts to that changing demand. Secondly, there is an impact after transition of service-related injury which necessarily places demands on the family to support the wellbeing of the family unit.

There is good evidence to show that as a population, families of veterans can maintain good levels of mental and physical health, stability, and occupational success in comparison to the general community. The rate of exposure to family violence, although still yet to be explored in a detailed population-level study, appears equivalent with general society.

Families may be at more of a disadvantage to their veteran member in seeking support because many services focussed on veteran assistance are centred around the veteran, with the family as the 'appendix' rather than the centre of services. This reduces planning that is family-centred.

The sub-groups identified in the literature at greater risk included those where military factors (especially partner ill-health or death) interact with general life challenges. These included having a child with special needs, relationship stress, financial difficulties, ageing and bereavement. Social support is known to help mitigate the impact on these life challenges, and military life can interrupt the development of that social support. Transition is often yet another 'posting' that requires the development of new social networks, this time without the option to bond with other military families.

Some of the challenges faced by military families are shared by many Australians, such families of fly-in/fly-out workers, diplomats, or emergency service workers. This provides an opportunity for further exploration about how those occupational fields support family wellbeing. Using a wider body of knowledge about supporting the wellbeing of families experiencing stressors, while acknowledging the impact of military life, may be a means of providing early support to meet the needs of this population.

Strengths and limitations of this project.

This project attempted to identify the needs of Australian veterans' families in the social sphere. It applied an evidence-informed approach conforming to protocols for literature reviews, survey development, and thematic analysis of interviews. It engaged the grey and published literature, the lived experiences of 117 veterans' families, and the experience of practitioners who work directly with veterans' families. Limitations of the study include: The survey did not use stratified sampling to achieve a representative population, and although the overall spread of responses was roughly representative, there were only 117 respondents to the survey, gathered only through Mates4Mates advertisement and subsequent word-of-mouth recruitment. Any discussion of the applicability of the findings based on the survey results alone would be highly limited. The survey was not approved by a Human Research Ethics Committee and is therefore only for internal use, not publication. It was not reviewed for its scientific integrity, and results were analysed only by the author. Survey results were retained by Mates4Mates and are available for subsequent analytic review. Interviews also limited themselves to internal Mates4Mates staff. It is noted that a number of staff had lived experience as well as being practitioners and the influence of their own experience on their reporting should be considered. The literature on the social needs of veterans' families is in many cases based on qualitative research with small, discrete groups. The larger available research findings are international. Many of the inferences made do not have significant evidence to support them. In addition, few research studies have demonstrated ability to address any social needs raised.

Next steps.

Identification of needs forms the first step in a Program Logic. It provides the 'problem statement' from which design can begin. Program Logic is best undertaken to meet a defined set of outcomes that address the problem statement, before design of input and output requirements. This research concludes that the evidence on social needs of veterans' families and how to meet them is inconclusive, and thus the areas identified are areas for further exploration rather than an identification of needs.

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Appendices.

Practitioner interview schedule.

- Tell me about your role at Mates4Mates and your experience working with veterans' families.
- What sort of programs does your Centre run? Who attends them and what programs do families of veterans attend? What relationship do these clients have to the veteran (parent, spouse, child, adult child, etc).
- Are there general things that veterans' families experiences disproportionately that are exacerbated by transition?
- Are there sub-groups of veterans' families who have different needs?
- What components of your programs are helping veterans' families? [Do your programs build social capital amongst participants?]
- What other things in their lives are helping them?
- Below are some challenges that the literature has suggested. Do you notice any of them in your clients?

Mental Health

Physical Health

Alcohol Use

Education /
Employment

Preventable Health
Conditions

Physical Activity

Nutrition
& Diet

Parenting

Social Support

Social Capital

Service
Navigation

Connection to
Veterans

Gender Norms

Meeting 'Civilians'

Volunteering

Trauma Informed
Support

- Is there anything else you would like to share?

Veterans families online survey.

At Mates4Mates, it's important to us that we support all members of the veteran community through the services that we provide.

To help Mates4Mates better understand the needs of veterans' families, especially around social support and community connection, we are conducting a short survey and inviting veterans' families* to complete this.

The feedback provided in this survey will help Mates4Mates identify any gaps in the wellbeing-needs of veterans' families and improve our future services accordingly.

This survey is anonymous, and your personal details will not be collected.

This survey will close on Monday, 30 October.

Information collected will be used to evaluate our Mates4Mates services. All information collected (including personal information) will be handled in accordance with the privacy collection notice here (<https://www.RSL Queenslandld.org/vfwc/new-client>) and the Mates4Mates Privacy Policy (<https://mates4mates.org/privacy-policy>). From time to time, deidentified and aggregated information will also be provided to the Department of Veterans' Affairs and by completing this survey you are consenting to this disclosure.

If you have any questions or wish to speak to somebody at Mates4Mates about this survey, please email enquiry@mates4mates.org.

Thank you for taking the time to provide your feedback and help Mates4Mates improve our services for the veteran community.

If you need support, please call Open Arms on 1800 011 046 or Lifeline Australia on 13 11 14. In case of an emergency, please call 000.

**Veterans' families are immediate family members (parents, partners, and children) of people who have served at least one day of full-time ADF service.*

Social Connection

1. Do you feel like you currently have enough social connection for support and / or enjoyment? (Y/N)
2. What types of social connection activities would you say are important in your life at the moment? (tick all that apply):
 - building friendships,
 - spending time with family
 - meeting other families of veterans
 - meeting other non-veteran families
 - meeting professional work contacts
 - being involved in community groups
 - being involved in sporting or exercise groups
 - meeting my neighbours
 - meeting people who share my hobbies
 - meeting people with similar life challenges to mine (free text detail),
 - other (free text)

3. Please tell us a few things about any changes to, or things that have stayed the same about, your social networks a) since your family member discharged from the military (if they have not yet discharged, please write 'not discharged' in the 'other' box)? (tick all that apply)

- The impact of my family member's work hours on my/our social life has changed
- My friendship group (where I live) has changed
- My friendship group (online) has changed
- My sporting or activities club or association or involvement has changed
- My level of physical activity (or amount of sedentary time when I'm not moving) has changed
- My relationship with my family (immediate or extended) has changed
- My childcare responsibilities have changed
- The support I have to help me with childcare has changed
- The type of relationship I have with my work colleagues has changed
- My involvement in volunteer roles has changed
- The type of activities I participate in out of work hours has changed
- The type of things I spend my money on has changed
- The amount of travelling I do has changed
- The amount that I do professional or personal development (workshops, training etc) has changed
- The relationship with friends I made through the ADF has changed
- Other (free text)

4. Please tell us about your biggest challenges today in maintaining social connections: (tick all that apply)

- Making and maintaining friends
- Maintaining friendships I made through the ADF
- Finding people in my local area who also have had a family member in the ADF
- Making and maintaining friends with work colleagues
- Making friends who live close to me (close enough I can see them in-person regularly)
- Finding sporting or activities clubs or associations
- Finding volunteer activities
- Helping my children with their social networks and activities
- Finding networking events or groups
- Participating in physical activity
- Maintaining my family relationships (immediate or extended)
- Managing childcare demands to allow me to do social things
- Managing financial demands to allow me to do social things
- Managing my partner/spouse's availability to allow us to do social things together

44 • Managing time demands to allow me to do social things

5. Please tell us about any Mates4Mates services or other veteran support organisations that you have found helpful for you socially?

6. This scale is made up of a list of statements, each of which may or may not be true about you. Please indicate how each sentence relates to you this week.

| | definitely false | probably false | probably true | definitely true |
|--|------------------|----------------|---------------|-----------------|
| If I wanted to go on a trip for a day (e.g., to the country or beach), I would have a hard time finding someone to go with me. | | | | |
| I feel that there is no one I can share my most private worries and fears with. | | | | |
| If I were sick, I could easily find someone to help me with my daily chores. | | | | |
| There is someone I can turn to for advice about handling problems with my family. | | | | |
| If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. | | | | |
| When I need suggestions on how to deal with a personal problem, I know someone I can turn to. | | | | |
| I don't often get invited to do things with others. | | | | |
| If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment. | | | | |
| If I wanted to have lunch with someone, I could easily find someone to join me. | | | | |
| If I was stranded 10 kilometres from home, there is someone I could call who could come and get me. | | | | |
| If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. | | | | |
| If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. | | | | |

7. Please feel free to share any suggestions you have for how Mates4Mates could better support veterans' families, especially in social connections:

Please tell us a little about yourself to help us understand the responses above.

1. What is your age? Please select one of the options.

- Under 25 years old.
- 25-34 years old.
- 35-44 years old.
- 45-54 years old.
- 55-64 years old.
- 65-74 years old.
- Over 75 years old.

2. What is your gender? Please select one of the options.

- Male.
- Female.
- Non-binary
- Prefer not to say.

3. Have you attended a Mates4Mates service or activity?

- Yes
- No
- Unsure

4. Is your family member still serving in the military?

- Yes, they are full time
- Yes, they are part time
- They are a reservist
- No, they have been discharged.

5. What's your current employment status:

- Working full-time
- Working part-time
- Full-time childcare duties
- Not looking for work (other)
- Not looking for work (retired)
- Looking for work or more work
- Studying (Full time)
- Studying (part time)

6. Relationship Status:

- Single
- Partnered but not living together
- Partnered living together
- Partnered but not living together due to service reason
- Widow

7. Do you have children under 18 years living at home with you?
- Yes (how many);
 - No
8. Was your family member medically discharged from the ADF?
- Yes
 - No
 - I don't know
9. Do you consider yourself part of the LGBTQIA+ community?
- Yes
 - No
10. Are you, or your children currently in need of disability support (any service) or support for ageing (any service)?
- Yes, I am
 - No, I am not
 - Yes, my child/ren are in need of disability support
 - No, my child/ren are not in need of disability support

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