Understanding Unique Factors of Social Isolation and Loneliness of Military Veterans: A Delphi Study

Northumbria University
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Table of Contents

The Northern Hub for Veterans and Military Families Research

The Northern Hub for Veterans and Military Families Research was established in 2014 and sits within Northumbria University Newcastle. It is a collective of academics, service providers and service users with an interest in improving the health and social wellbeing of veterans and their families. The Hub is led by Dr Matthew D. Kiernan, Lieutenant Commander RN (Q) retired.

The hub has established itself through an evolutionary process attracting and welcoming anyone with a genuine interest in its vision. A fundamental principle of the hub is collaboration in research for the benefit of others. We openly welcome innovative research that helps improve and understand the complexities that our veterans and their families experience across the whole lifespan.

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The Armed Forces Covenant Fund Trust

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The Royal British Legion

The Royal British Legion help members of the Royal Navy, British Army, Royal Air Force, Reservists, veterans and their families all year round. They also campaign to improve their lives, organise the Poppy Appeal and remember the fallen.

Participants

Participants were recruited from various organisations across the United Kingdom. We would like to thank all participants for your time in completing this study - without you, this research would not be possible.

Executive Summary

Social isolation and loneliness are recognised societal issues, and it is estimated that between 5% and 18% of adults in the United Kingdom feel that they are 'often' or 'always' lonely (Co-Op Foundation and The Red Cross, 2016; Office for National Statistics, 2018). Furthermore, social isolation and loneliness are highlighted as being central to the narratives of military veterans, and the Armed Forces Community (Kiernan et al., 2018; Stapleton, 2018; Wilson, Hill, & Kiernan, 2018).

This study aimed to gather expert consensus relating to the cause, impact and ways to tackle social isolation and loneliness of military veterans. It builds on previous research conducted by the Northern Hub for Veterans and Military Families Research, Northumbria University which highlighted that military veterans can experience social isolation and loneliness in a 'unique' way (Kiernan et al., 2018; Wilson, Hill & Kiernan, 2018). This 'uniqueness' is due to military-related intrinsic and extrinsic factors including number of transitions, military-related trauma such as limb loss, physical health and mobility, and losing touch with comrades (Kiernan et al., 2018; SSAFA, 2017; Stapleton, 2018; Wilson et al., 2018).

Using the Delphi method (Helmer-Hirschberg, 1967) to gather expert consensus of military veterans' social isolation and loneliness, this study aimed to:

- Further explore the concept that veterans are considered as being 'unique' to adults to the general population, and other members of the armed forces community in their experiences of social isolation and loneliness.
- Consider whether older veterans are 'unique' to younger veterans in their experiences of social isolation and loneliness.
- Examine perceived factors leading to social isolation and loneliness of veterans.
- Identify perceptions of how to tackle veterans' social isolation and loneliness.

Three surveys were disseminated to a panel of experts consecutively, with each new phase building on the findings of the previous. To be an 'expert' as part of this study, participants were either a veteran themselves, or working with veterans and had knowledge of social isolation and loneliness. The first phase of the study utilised a qualitative design and broadly aimed to identify expert opinion of issues of social isolation and loneliness in the veteran population. Phases Two and Phase Three used mixed-methods to develop themes generated in Phase One.

The study resulted in ten assertions that attained clear consensus agreed by experts:

- Social prescribing services should link veterans to relevant community/civilian services

- Building emotional resilience during transition is an important part of transitioning to civilian life
- Veterans would benefit from integrating into the wider community
- Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and loneliness
- Transportation should be considered when delivering programmes/activities
- During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services
- Social prescribing services should link veterans to relevant military-specific services
- Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and loneliness
- Technology should be supplementary within programmes/activities
- The content of regular programmes/activities should change frequently

Recommendations for practice

Listed below, the recommendations for practice underline the consensus from the experts who took part in this study:

1. Transition from the military is a key period to highlight the impact of social isolation and loneliness, and to increase emotional resilience. Lifelong psychosocial well-being should be recognised and promoted throughout transition.
2. Veterans should be made aware of both civilian and military-specific services available to them across the UK. Both social prescribing and transition are key to this. The Ministry of Defence, and Health and Social Care service providers must understand the severity of these issues, and their consequences, throughout the life course.
3. Activities/programmes for social isolation and loneliness should consider how individuals access them. Transportation and access to activities are fundamental to their success, to ensure that those who live in rural areas or have trouble with transportation are able to attend.
4. Experts considered a number of different features of activities/programmes, ranging from technology use, changing content, and intergenerational content (such as skills-based activities). The value of consultation with veterans themselves (or the target population) is fundamental to success.
5. There is a need for further understanding of the cause and impact of social isolation and loneliness of veterans. An initial lack of consensus demonstrated the varying views of experts, some of which was significantly contrary to developed evidence.

Future Research

In order to ensure best practice is evident, future research should aim to capture veterans' perspectives as to the unique factors they face when it comes to social isolation and loneliness to further develop this narrative, and the evidence base. In continuing to develop partnerships between academics and practitioners, it is possible to create and evaluate activities/programmes aiming to tackle veterans' social isolation and loneliness in order to develop this evidence base. To better understand the causes, impacts and methods to tackle social isolation and loneliness, it is also worth considering further research with the wider Armed Forces Community.

1. Introduction

1.1 Background

Both social isolation and loneliness are different concepts but are often inaccurately defined and measured as one. Loneliness is a subjective social and emotional experience, characterised as the discrepancy between the social relationships we have and the social relationships we wish to have (Walton, Shultz, Beck, & Walls, 1991). Whereas, social isolation is an objective state which considers the integration of the individual in a social environment, such as the frequency of social relations and social networks (Victor, Scambler, Bond, & Bowling, 2000). Despite there being no direct link between social isolation and loneliness (Wenger, 1983), individuals can experience both social isolation and loneliness together, especially if presenting with factors relating to both, namely: living alone, never being married, widowhood, advanced age, and poor health (Wenger, Davies, Shahtahmasebi, & Scott, 1996).

Social isolation and loneliness are linked to poor physical health and well-being, such as an increased risk of high blood pressure (Hawkley, Masi, Berry, & Cacioppo, 2006), cognitive decline (James, Wilson, Barnes, & Bennett, 2011), depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006) and mortality (Holt-Lunstad, Smith, & Layton, 2010; Steptoe, Shankar, Demakakos, & Wardle, 2013).

Over the past two years, the national conversation around these issues has dramatically increased, with cause-specific organisations such as the Jo Cox Commission, and the Campaign to End Loneliness having advanced this agenda. The increased recognition of social isolation and loneliness has resulted in the introduction of the United Kingdom's first Minister for Loneliness, and a governmental report which sets out goals to improve the evidence base, embed loneliness across policy, and build national conversation (Department for Digital Culture Media and Sport, 2018).

Health and social care services are now giving more attention to people who are attending settings with non-medical needs, such as social isolation and loneliness. In a time where healthcare services are under increasing pressure, we need to consider a new approach to supporting those in need of social connections.

Both social isolation and loneliness are central to the narratives of military veterans, and across the whole Armed Forces Community (Kiernan et al., 2018; Stapleton, 2018; Wilson et al., 2018). The 'uniqueness' of the military cohort in their experiences of social isolation and loneliness has been acknowledged, with intrinsic and extrinsic factors related to military experiences, such as increased number of transitions, military-related trauma, physical health, and losing touch with comrades, being associated with the prevalence and experiences of social isolation and loneliness of veterans (Kiernan et al., 2018; SSAFA, 2017; Stapleton, 2018; Wilson et al., 2018). Kuwert et al., (2014) found that almost half of the studies 2025 veteran sample reported feeling loneliness 'some of the time', with loneliness being linked to functional limitations, number of lifetime traumatic events, perceived stress and symptoms of depression and post-traumatic stress disorder. Currently, most of the broader evidence base has been developed with a focus on older adults in the wider population. Older adults can be more likely to experience feelings of social isolation and loneliness due to illness and disability (Goll, Charlesworth, Scior, & Stott, 2015) and social and geographical mobility issues (Valtorta & Hanratty, 2012). Age-related factors in this area have also been acknowledged in military-specific research led by the Royal British Legion (Stapleton, 2018), and the Royal British Legion found that 370,000 older military veterans reported being lonely, with over twice that number reporting some difficulties with relationships or isolation (Royal British Legion, 2014).

Although social isolation and loneliness have been highlighted as an issue within the Armed Forces Community, the evidence base remains limited. Current available information primarily focuses on causes and impact of social isolation and loneliness, however, there is a distinct lack of literature looking at 'what works' when aiming to tackle social isolation and loneliness in this population (Stapleton, 2018).

2. Project Aims

This study aims to gather expert consensus relating to the cause, impacts and ways to tackle social isolation and loneliness of military veterans by:

- Further exploring the concept that veterans are considered as being ‘unique’ to adults to the general population, and other members of the armed forces community, in their experiences of social isolation and loneliness.
- Considering whether older veterans are ‘unique’ to younger veterans in their experiences of social isolation and loneliness.
- Examining perceived factors leading to social isolation and loneliness of veterans.
- Identifying perceptions of how to tackle veterans’ social isolation and loneliness.

3. Methodology

3.1 Design

The Delphi method is a forecasting process designed to achieve consensus from a group of experts, around issues where there is little definitive evidence (Helmer-Hirschberg, 1967; McKenna, 1994; Thangaratinam & Redmamn, 2005). To obtain this consensus, the Delphi method uses a series of surveys interspersed with controlled feedback from the research team (Dalkey & Helmer, 1963). The panel of experts are unknown to each other, therefore avoiding counterproductive group dynamics that can occur within group settings (Thangaratinam & Redmamn, 2005). Furthermore, within this study, whilst the expert panel were known to the research team, the responses were anonymous.

This Delphi study utilised a mixed-method design, and was carried out over three phases:

- **Phase One** took a qualitative approach by asking open-ended questions.
- **Phase Two and Phase Three** utilised a mixed-methods design in which both Likert scales, and open-ended questions were used.

The study has received full ethical approval from Northumbria University's Ethical Approval System (reference code: 12357).

3.2 Participants and Recruitment

The Delphi method is built on the premise of participants being 'experts'. To be an 'expert' within this study, participants were either a veteran themselves, or working with veterans, and had knowledge of social isolation and loneliness.

The research team identified twenty-four individuals as experts in the field and each were contacted via email in each phase. Using a snowball technique, participants were asked to forward the study to anyone they knew who fit the study's criteria of 'expert' (Jorm, 2015).

3.3 Data Collection and Analysis

Each round was designed and developed separately. Each phase will be discussed in separate chapters. Prior to each survey being sent to the expert panel, it was piloted with up to five individuals using the Think Aloud technique (Collins, 2003). Individual feedback was used to edit the survey, to ensure accuracy and readability.

4. Phase One

4.1 Survey Development

This phase of the Delphi study aimed to broadly identify participants' opinions of social isolation and loneliness in the veteran population. The questions within the first phase were developed from previous evidence, including academic research and grey literature. This evidence highlighted differing experiences of social isolation and loneliness of both younger and older veterans, and that these groups had different needs when tackling social isolation and loneliness (Kiernan et al., 2018; Stapleton, 2018; Wilson et al., 2018). There was also evidence to suggest that veterans were a 'unique' cohort, compared to the wider population (Wilson et al., 2018). Therefore, Phase One posed five open-ended questions to the expert panel (Table 1).

Table 1. Questions presented in Phase One

Questions
From your experience, do you believe that older veterans (aged 60+) experience social isolation and/or loneliness in a different way to older adults in the wider population? Please explain.
From your experience, do you believe that older veterans (aged 60+) access programmes to tackle social isolation and/or loneliness in a different way to older adults in the general population? Please explain.
From your experience, do you believe that younger veterans and older veterans (aged 60+) experience social isolation and/or loneliness, or access programs to tackle social isolation and/or loneliness in different ways? Please explain.
From your experience, what do you believe are the factors that lead to social isolation and/or loneliness for older veterans? Please explain.
From your experience, how would you tackle social isolation and/or loneliness in older veterans? Please explain.

Four demographic questions were also asked: 'Are you a veteran?'; 'What is your job role?'; 'Which best describes the area you work in?'; 'How many years have you worked in this area?' (See Appendix A for Phase One survey).

4.2 Analysis

Thematic Analysis (Braun & Clarke, 2006) was used to analyse the participant's responses in Phase One. This process involved steps to generate themes from the participant responses. Initially, the data was examined by the research team to elicit as much information as possible in order to understand and organise the responses. Codes were then generated and quotes from the participants were collated, in line with the aims and objectives to the study. By this stage of the process, the data had been sifted and sorted in its core themes in preparation for summary and interpretation.

4.3 Findings

Participant Characteristics

Twenty-seven participants took part in Phase One. Of these 27, 15 were veterans aged 59 and younger, four were veterans aged 60 years or over, seven were not veterans and one did not disclose this information (Table 2).

Table 2. Phase One participants veteran status (N=27)

Number of Participants	Veteran Status
Veteran <60 years old	15
Not a veteran	7
Veteran ≥60 years old	4
Undisclosed	1

Participants, on average, had spent 6.2 years in their role working in a wide range of occupations. Individuals worked in multiple areas (Table 3).

Table 3. Phase One participants' area of work (N = 27)

Number of Participants	Area
Military Charity	14
Academia	4
Ministry of Defence	2
Local Government	2
Non-Military Charity	1
NHS	1
Aftercare Service	1
Carer	1
Undisclosed	1

Themes

Four themes were generated from participant responses: Accessing programmes/activities, management and organisation of programmes/activities, focus of programmes/activities, and transition to civilian life.

Theme 1. Accessing Programmes/Activities

Participants highlighted the importance of the ability to access programmes/activities aimed at tackling social isolation and loneliness. Transportation was perceived to be an issue for veterans, which can hinder attendance.

> *"Poor public transport [can lead to social isolation and/or loneliness for older veterans]" (Phase One, Participant 3, Veteran <60 years old)*

> *"Many of the drivers for loneliness amongst members are the same as those for other groups in society: problems accessing transport" (Phase One, Participant 16, not a veteran)*

In addition, participants felt that living in a rural area would present further problems in accessing help.

> *"Lack of adequate transport in rural areas [can lead to social isolation and/or loneliness for older veterans]" (Phase One, Participant 4, Veteran <60 years old)*

> *"Isolation due to demographics in rural life may increase the risk of isolation with lack of transport a contributing factor" (Phase One, Participant 12,*

Veteran <60 years old)

Due to the issues identified, it was suggested that increasing access and providing transportation would better enable veterans to attend activities.

> *"Provide increased accessibility to transport options to and from social activities [to help tackle social isolation and/or loneliness in older veterans]" (Phase One, Participant 12, Veteran <60 years old)*

However, participants also felt that this might not be an issue for younger veterans.

> "Younger veterans generally have better transport capability" *(Phase One, Participant 4, Veteran <60 years old)*

<u>Theme 2. Management and Organisation of Programmes/Activities</u>

There were multiple suggestions of how programmes/activities aimed at tackling social isolation and loneliness should be managed and organised, including provision of age-specific activities/programmes.

> *"I'm not sure that [social isolation/loneliness are] experienced differently [depending on their age], but I think it's a challenge to get the two groups into the same space. Especially, if your offer is around activities. If it's a working cafe with people coming and going I suspect this is less of a problem, but if you are providing activities and groups that appeal to older veterans, in my experience, younger veterans don't engage so well" (Phase One, Participant 3, Veteran <60 years old)*

> *"Programmes for younger veterans may also focus on areas such as employability while for older veterans it is more likely to be on areas such as independent living skills, crafts, hobbies and social activities" (Phase One, Participant 16, not a veteran)*

There were also differing opinions of how either younger veterans or older veterans engaged in services to a lesser degree.

> *"[Older veterans are] less willing to talk to people and ask for help" (Phase One, Participant 10, Veteran ≥60 years old)*

> *"Younger vets are less likely to get help" (Phase One, Participant 11, Veteran <60 years old)*.

It was suggested that veterans should have an integral role in the delivery of programmes/activities in terms of offering support to other veterans who may be struggling with social isolation and loneliness.

> *"There was a particular benefit to overcoming or preventing loneliness from coming together to participate in activities with other veterans" (Phase One, Participant 16, not a veteran)*

> *"Veterans respond far better in a group of fellow veterans than they do with other groups" (Phase One, Participant 21, Veteran <60 years old)*

> *"Available schemes attractive to the general population may be either lack sufficient focus or be too mundane for veterans or indeed attended by other aged people who are too antagonistic" (Phase One, Participant 4, Veteran ≥60 years old)*

For some, peer-led programmes were considered as being fundamental to success.

> *"There may, therefore, be a role for either peer support groups, or drop-in centres, that mirror or complement groupings for older people in any population" (Phase 1, Participant 1, Veteran <60 years old)*

Theme 3. Focus of Programmes/Activities

Participants discussed the issues veterans face in terms of social isolation and loneliness, and how these could be tackled within these programmes/activities. Bereavement was identified as one of the main factors affecting social isolation and loneliness, and this was perceived as being more prevalent for older veterans.

> *"The big factor I have found [that can lead to social isolation and/or loneliness] is a losing a loved one" (Phase One, Participant 8, not a veteran)*

> *"Younger vets will likely still have friends and family and are less likely to feel lonely compared to older vets who have likely experiences loss" (Phase One, Participant 14, Veteran <60 years old)*

There was also discussion around the use of technology and some assumptions as to the potential barriers faced.

> *"Technology advances is one way in which accessing programs will test the older veteran. Access to the World Wide Web is required and the ability to*

do this is not possessed by all […] the older veteran benefits from personal interaction whilst the younger veteran can access social media" (Phase One, Participant 19, Veteran <60 years old)

There was a belief that younger and older veterans would want different things from the programmes/activates.

"Programmes for younger veterans may also focus on areas such as employability while for older veterans it is more likely to be on areas such as independent living skills, crafts, hobbies and social activities" (Phase One, Participant 16, not a veteran)

"I think it's a challenge to get the two groups [older and younger veterans] into the same space. Especially, if your offer is around activities. If it's a working cafe with people coming and going I suspect this is less of a problem, but if you are providing activities and groups that appeal to older veterans, in my experience, younger veterans don't engage so well" (Phase One, Participant 3, Veteran <60 years old)

Theme 4. Transition to Civilian Life

Transition from the military to civilian life was believed to have a significant impact on experiences of social isolation and loneliness.

"[There is] no help when leaving the military" (Phase One, Participant 11, Veteran <60 years old)

"Points of transition are key risk factors for loneliness, and so for younger veterans these will be experiences such as leaving the forces, moving home and changing employment" (Phase One, Participant 16, not a veteran)

"I think their most vulnerable time is just after leaving the forces" (Phase One, Participant 20, not a veteran)

Participants suggested that problems with transitioning from military to civilian life can lead to further problems with veterans struggling to reconnect to civilian life. This was believed to extend to difficulty connecting with civilians as well as local services.

"Being away from normal life means it may take longer to integrate with civilians' neighbours, local facilities / amenities" (Phase One, Participant 2, Veteran ≥60 years old)

"They are a very unique community and often will interact with each other but don't necessarily interact with those who are not veterans" (Phase One, Participant 20, not a veteran)

4.4 Phase One summary

Four themes were generated from the open-ended questions posed in Phase One: Accessing programmes/activities, management and organisation of programmes/activities, focus of programmes/activities, and transition to civilian life.

A number of factors were believed to contribute to programme success. For example, having an age-related focus, being peer-led, and using caution with integrated technology. Transition, and difficulties re-integrating into civilian life, were considered as being as key contributors to veterans' social isolation and loneliness. However, it was evident that there were contradictory opinions presented from expert participants across each of these areas.

5. Phase Two

5.1 Survey Development

In line with the Delphi process, categories and statements used within Phase Two were developed from the four themes generated in Phase One. Each statement was based on a five-point Likert scale ranging from ‘strongly agree’ to ‘strongly disagree’. Open-ended questions were provided at the end of each category for optional further information.

The first category was based on the theme ‘accessing programmes/activities’. Seven statements were developed based on to the thematic findings within this category (Table 4).

Table 4. Questions presented to participants in the Phase Two category ‘accessing programmes/ activities’

Accessing programmes/ activities
Access and transportation should be considered when delivering programmes/activities
Programmes/activities should be held in one continuous geographical location
Programmes/activities should be based in a city/town centre
Separate programmes/activities should be carried out for those living in urban areas and those living in rural areas
Programmes/activities should be based in the person's own home
Technology should be the focus of programmes/activities
Technology should be supplementary within programmes/activities

The second category was based on the theme ‘management and organisation of programmes/activities’. Eight statements developed based on the thematic findings within this category (Table 5).

Table 5. Questions presented to participants in the Phase Two category 'management and organisation of programmes/activities'

Management and organisation of programmes/activities
Programmes/activities should be peer-led
Programmes/activities should be led by third sector military specific charities/organisations
It does not matter which third sector charity/organisation leads the programme/activity
Programmes/activities should be veteran exclusive
Programmes/activities should be age-specific
Programmes/activities should be inter-generational
Social prescribing services should link veterans to relevant military-specific services
Social prescribing services should link veterans to relevant community/civilian services

The third category was based on the theme 'focus of programmes/activities'. Six statements developed based on the thematic findings within this category (Table 6).

Table 6. Questions presented to participants in the Phase Two category 'focus of programmes/activities'

Focus of programmes/activities
Programmes/activities should solely aim to bring people together and interact with one another
Programmes/activities should also aim to tackle other personal issues, such as bereavement, employment, emotional resilience etc.
Programmes/activities should involve age-specific activities
Programmes/activities should be skill-based
The content of regular programmes/activities should change frequently
The content of programmes/activities should mirror community/civilian services

The fourth category was based on the theme 'transition to civilian life'. Five statements were developed based on the thematic findings within this category (see Table 7).

Table 7. Questions presented in the Phase Two category 'transition to civilian life'

Transition to civilian life
Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness
Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness
During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services
Building emotional resilience during transition is an important part of transitioning to civilian life
Veterans would benefit from integrating into the wider community

Demographic questions from the first phase were repeated to the participants, with the addition of: *'Which of the four nations do you represent?'* This was to ensure that our responses represented experts from across the United Kingdom (See Appendix B for Phase Two survey).

5.2 Analysis

An average score (mean) was calculated for each of the 26 statements. Quotes from open-ended statements were used as supporting evidence.

5.3 Findings

Participant Characteristics

Nineteen experts participated in this phase (Table 8).

Table 8. Participants' veteran status (N=19)

Veteran status	Number of Participants
Veteran <60 years old	8
Not a veteran	6
Veteran ≥60 years old	3
Undisclosed	2

Participants worked in military charities, academic, non-military charities, local government and MoD. Three participants did not disclosure place of work (Table 9).

Table 9. Participant organisations (N = 19)

Organisation	Number of Participants
Military charity	8
Academia	3
Non-Military Charity	2
Ministry of Defence	1
Local Government	1
Covenant	1
Undisclosed	3

Participants represented each of the UK's four nations (Table 10).

Table 10. Represented nations (N=19)

Nation	Number of Participants
England	7
Wales	4
Scotland	3
Northern Ireland	3
Undisclosed	2

Participant Responses

Participants' scores were merged and an average score (mean) was calculated. An average score of 1 equates to 'strongly agree', 2 'agree', 3 'unsure', 4 'disagree', and 5 'strongly disagree'. This chapter reports on the most and least agreed upon statements. All findings can be viewed in Appendix C.

Accessing Programmes/Activities

Participants agreed that access and transportation should be an important consideration when delivering programmes/activities (mean 1.882), and that technology should be supplementary within programmes/activities rather than a focus (mean 2.353).

Technology can be off-putting to some while others embrace it, so a balance is required" (Phase 2, Participant 1, Veteran ≥60 years old)

In this section, participants only disagreed to the statement that the programmes/activities should be based in the person's own home (mean 3.706), suggesting participants felt that activities/programmes should be carried out in community settings, outside of the home.

Management and Organisation of Programmes/Activities

Participants mostly agreed that social prescribing services should link veterans to both community/civilian services (mean 1.765) and military-specific services (mean 2.000). Furthermore, participants also agreed that programmes/activities should be inter-generational (mean 2.353) and peer-led (mean 2.471).

"It is important veterans can receive support from whoever is best placed to provide it, and we often signpost our members to other services and charities who can also help them" (Phase 2, Participant 15, Not a Veteran)

"There are many and varied methods of interaction and the benefit of involving all age groups is the sharing of experience and knowledge" (Phase 2, Participant 2, Veteran <60 years old)

"Shared experience of service is often enough to form a bond regardless of an age gap" (Phase 2, Participant 6, Veteran <60 years old)

Focus of Programmes/Activities

Participants mostly believed that programmes/activities should aim to bring people together to interact with one another (mean 2.294), and equally that programmes/activities should aim to tackle other personal issues, such as bereavement, employment, and emotional resilience (mean 2.294). Participants agreed that the content of regular programmes/activities should change frequently (mean 2.353).

"(Veterans) need a diverse set of activities" (Phase 2, Participant 15, Not a Veteran)

"Changing groups keeps things fresh" (Phase 2, Participant 7, Veteran <60 years old)

Transition to Civilian Life

Within the category of transitioning to civilian life, all five of the statements were agreed upon. On average this was the most agreed upon category of the four (mean 4.835, standard deviation 0.49). It was agreed that building emotional resilience was an important part of transition back to civilian life (mean 1.765), as well as integration back into the wider community (mean 1.824) and raising awareness of local services and services across the UK (mean 1.824). It was equally agreed that raising awareness of both veteran-specific services (mean 1.882) and civilian-specific services (mean 1.882) during transition is central to the success in tackling social isolation and loneliness.

> *"Veterans are citizens of this country and therefore part of the civilian component, albeit with many military connotations. Therefore, they should be supported in making transition with this concept in mind - they are effectively leaving the military cocoon" (Phase 2, Participant 1, Veteran ≥60 years old)*

> *"I believe a transition programme/package for anyone leaving the military would be beneficial" (Phase 2, Participant 7, Veteran <60 years old)*

> *"It is important to help veterans transition into civilian life and therefore important not to have a complete focus on a former military life/issues, whilst recognising the importance of an individual's service" (Phase 2, Participant 7, Veteran <60 years old)*

5.4 Consensus of Statements

Consensus of statements was analysed using a consensus rate of 70% agreement (e.g. Keeney, Hasson & McKenna, 2011). Ten of the 26 statements achieved the consensus rate based on this calculation (Tables 11-20). Each table demonstrates how many participants rated the statements as well as the cumulative percentage of each statement. If the statement achieved a 70% cumulative percentage in the 'agree' rating, then the statement achieved consensus.

Table 11. Transportation should be considered when delivering programmes/activities

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	7	36.8	41.2	41.2
Agree	7	36.8	41.2	82.4
Unsure	1	5.3	5.9	88.2
Disagree	2	10.5	11.8	100
Total	17	89.5	100	
Missing	2	10.5		

Table 12. Technology should be supplementary within programmes/activities

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	1	5.3	5.9	5.9
Agree	11	57.9	64.7	70.6
Unsure	3	15.8	17.6	88.2
Disagree	2	10.5	11.8	100
Total	17	89.5	100	
Missing	2	10.5		

Table 13. Social prescribing services should link veterans to relevant military-specific services

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	5	26.3	29.4	29.4
Agree	8	42.1	47.1	76.5
Unsure	3	15.8	17.6	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

Table 14. Social prescribing services should link veterans to relevant community/civilian services

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	6	31.6	35.3	35.3
Agree	10	52.6	58.8	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

Table 15. Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	6	31.6	35.3	35.3
Agree	8	42.1	47.1	82.4
Unsure	2	10.5	11.8	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

Table 16. Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	7	36.8	41.2	41.2
Agree	7	36.8	41.2	82.4
Unsure	1	5.3	5.9	88.2
Disagree	2	10.5	11.8	100
Total	17	89.5	100	
Missing	2	10.5		

Table 17. During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	8	42.1	47.1	47.1
Agree	5	26.3	29.4	76.5
Unsure	3	15.8	19.6	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

Table 18. The content of regular programmes/activities should change frequently

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	1	5.3	5.9	5.9
Agree	11	57.9	64.7	70.6
Unsure	3	15.8	17.6	88.2
Disagree	2	10.5	11.8	100
Total	17	89.5	100	
Missing	2	10.5		

Table 19. Veterans would benefit from integrating into the wider community

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	6	31.6	35.3	35.3
Agree	9	47.4	52.9	88.2
Unsure	1	5.3	5.9	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

Table 20. Building emotional resilience during transition is an important part of transitioning to civilian life

	Frequency	Percent	Valid Percent	Cumulative Percentage
Strongly Agree	7	36.8	41.2	41.2
Agree	8	42.1	47.1	88.2
Unsure	1	5.3	5.9	94.1
Disagree	1	5.3	5.9	100
Total	17	89.5	100	
Missing	2	10.5		

5.5 Phase Two summary

Ten of the statements reached the consensus rate of 70%:

- 94.1% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant community/civilian services.
- 88.2% of participants either agreed or strongly agreed that building emotional resilience during transition is an important part of transitioning to civilian life.

- 88.2% of participants either agreed or strongly agreed that veterans would benefit from integrating into the wider community.
- 82.4% of participants either agreed or strongly agreed that awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness.
- 82.4% of participants either agreed or strongly agreed that awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness.
- 82.4% of participants either agreed or strongly agreed that access and transportation should be considered when delivering programmes/activities.
- 76.5% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant military-specific services.
- 76.5% of participants either agreed or strongly agreed that during transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services.
- 70.6% of participants either agreed or strongly agreed that technology should be supplementary within programmes/activities.
- 70.6% of participants either agreed or strongly agreed that the content of regular programmes/activities should change frequently

6. Phase Three

6.1 Survey Development

Participants were asked the same demographic questions as in Phase Two (see Appendix D for Phase Three survey).

The ten statements achieving consensus in Phase Two were re-presented to participants in Phase Three. This was the method used to gain further consensus of the specific areas agreed upon by the participants in Phase Two. The participants were given details of the findings from the previous round, based on cumulative percentages, and were again asked for their agreement (tables 21-24).

Table 21. Questions presented to participants in Phase Three in the category 'access to programmes/activities'

Question
In Phase Two, 82.4% of participants either agreed or strongly agreed that access and transportation should be considered when delivering programmes/activities.
In Phase Two, 70.6% of participants either agreed or strongly agreed that technology should be supplementary within programmes/activities.

Table 22. Questions presented to participants in Phase Three in the category 'management and organisations of programmes/activities'

Question
In Phase Two, 76.5% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant military-specific services.
In Phase Two, 94.1% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant community/civilian services.

Table 23. Questions presented to participants in Phase Three in the category 'focus of programmes/activities'

Question
In Phase Two, 70.6% of participants either agreed or strongly agreed that the content of regular programmes/activities should change frequently.
In Phase Two, 88.2% of participants either agreed or strongly agreed that building emotional resilience during transition is an important part of transitioning to civilian life.

Table 24. Questions presented to participants in Phase Three in the category ‘transition to civilian life’

Question
In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness.
In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness.
In Phase Two, 76.5% of participants either agreed or strongly agreed that during transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services.
In Phase Two, 88.2% of participants either agreed or strongly agreed that veterans would benefit from integrating into the wider community.

At the end of each statement, participants were presented with space for optional open-ended answers.

6.2 Analysis

An average score (mean) was calculated for each of the ten statements. Quotes from open-ended statements were used as supporting evidence.

6.3 Findings

Participant Characteristics

In total, 10 participants took part in Phase Three of this study (Table 25).

Table 25. Participants veteran status (N=10)

Veteran Status	Number of Participants
Not a veteran	4
Veteran <60 years old	3
Veteran ≥60 years old	1
Undisclosed	2

Three participants worked in a military charity, one in academia, two in local government, one in the Ministry of Defence and three did not disclose this information (Table 26). On average, participants spent 12.5 years in their job role.

Table 26. Participants organisation (N = 10)

Organisation	Number of Participants
Military Charity	4
Academia	1
Local Government	1
Ministry of Defence	1
Undisclosed	3

Only Wales was not represented in the Phase of the study (Table 27).

Table 27. Participants represented nation (N=10)

Nation	Number of Participants
England	6
Scotland	1
Northern Ireland	1
Undisclosed	2

Participant Responses

Participants' scores were merged and an average score (mean) was calculated. An average score of 1 equates to 'strongly agree', 2 'agree', 3 'unsure', 4 'disagree', and 5 'strongly disagree' (Table 28).

Table 28. Participant responses to the ten statements in Phase Three

Question	Range	Mean (SD)
In Phase Two, 94.1% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant community/civilian services.	1-2	1.500 (0.53)
In Phase Two, 88.2% of participants either agreed or strongly agreed that building emotional resilience during transition is an important part of transitioning to civilian life.	1-2	1.625 (0.52)
In Phase Two, 88.2% of participants either agreed or strongly agreed that veterans would benefit from integrating into the wider community.	1-4	1.625 (1.06)
In Phase Two, 76.5% of participants either agreed or strongly agreed that during transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services.	1-2	1.750 (0.46)
In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness.	1-2	1.750 (0.46)
In Phase Two, 82.4% of participants either agreed or strongly agreed that access and transportation should be considered when delivering programmes/activities.	1-2	1.750 (0.46)
In Phase Two, 76.5% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant military-specific services.	1-3	1.750 (0.71)
In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness.	1-3	1.875 (0.64)
In Phase Two, 70.6% of participants either agreed or strongly agreed that technology should be supplementary within programmes/activities.	2-3	2.125 (0.35)
In Phase Two, 70.6% of participants either agreed or strongly agreed that the content of regular programmes/activities should change frequently.	2-4	2.375 (0.74)

All but one statement reached higher agreement than in the previous round (see Appendix E for full table). Once more, the statistics were supported by open-ended responses.

Awareness raising of veteran-specific services (mean 1.750) and of civilian-specific services (mean 1.875) were both viewed as being central to the success in tackling social isolation and/or loneliness. Transition was also considered as a period which could build emotional resilience (mean 1.625).

> *Raising awareness for services would be a huge help to veterans (Phase 3, Participant 6, not a veteran)*

> *[Raising awareness of services across the UK] is essential during transition, and could help avoid anyone slipping through the net and missing out on accessing support when it's really needed before they become isolated (Phase 3, Participant 2, not a veteran)*

> *There should be a good mix [of linking veterans to both community/civilian specific services] (Phase 3, Participant 2, not a veteran)*

Participants also 'agreed' that there was a role for social prescribing services to link veterans with both relevant community/civilian services (mean 1.500) and relevant military-specific services (mean 1.750).

> *I believe it would help veterans transition better if they were linked to a mixture of military and civilian services awareness of services (Phase 3, Participant 2, not a veteran)*

> *As mentioned previously having veteran specific services is favoured by veterans but we are creating a problem in that not all veterans' services are SME's and again striking a balance with civilian services is healthy (Phase 3, Participant 3, veteran<60 years old)*

Again, the idea that the use of technology in programmes/activities aimed at tackling social isolation and loneliness should be supplementary was agreed upon (mean 2.125). Participants were concerned that technology may be an obstacle to participation, and therefore should be supplementary, rather than the focus of programmes/activities. However, its benefits were also realised.

While we should not shy away from using technology where it assists, it should not be allowed to dictate engagement or be an obstacle to participation (Phase 3, Participant 1, veteran<60 years old)

If 'supplementary' is in the sense of 'complementary' I would very much agree with this (Phase 3, Participant 9, not a veteran)

Where technology is available and can enhance the experience it should be available (Phase 3, Participant 10, veteran <60 years old)

Participants also agreed that transportation should be considered when delivering programmes/activities (mean 1.750), and that the content of the programmes/activities should also be changed frequently (mean 2.375).

Where a veteran is physically unable to access services he/she should be facilitated (Phase 3, Participant 1, veteran <60 years old)

[Regularly changing content] gives them a good variety of skills to learn, it also allows for veterans to meet other people all the time rather than relying on one group at one activity that they may become dependent of (Phase 3, Participant 2, not a veteran)

Variety will keep services fresh and interesting (Phase 3, Participant 3, veteran <60 years old)

However, the idea that programme/activity content should change frequently was not agreed upon by all participants.

The content of regular programmes/activities should be maintained for a changing audience (Phase 3, Participant 1, veteran <60 years old)

6.4 Phase Three summary

Phase Three demonstrates an agreed consensus of statements. Across the three phases participants have come to the consensus that consideration needs to be given to the period of transition out of the military as this is fundamental to the success in tackling social isolation and loneliness. Furthermore, the use of social prescribing to link veterans to both military-specific and civilian services across the UK are viewed as being fundamental in tackling social isolation and loneliness. There are some key features of programmes/activities that were also

agreed upon, namely, the supplementary use of technology, consideration of transportation, and regularly changing the content of regular programmes/activities. These factors can be used to develop and implement a programme/activity that could help veterans tackle social isolation and loneliness.

7. Discussion

7.1 Summary

Using the Delphi method, this study aimed to gather expert consensus relating to the cause, impact and ways to tackle social isolation and loneliness of military veterans. Three surveys were disseminated to experts, resulting in consensus of 10 statements, relating to the importance of the period of transition, the role of social prescribing, and features to be considered within programmes/activities aiming to tackle social isolation and loneliness.

This consensus was developed from open-ended questions posed in Phase One, which generated four key themes:

- accessing programmes/activities;
- management and organisation of programmes/activities;
- focus of programmes/activities;
- transition to civilian life.

Across the three phases, participants agreed that the period of transition out of the military is fundamental to the success in tackling social isolation and loneliness, as well as the use of social prescribing. Valuable features of programmes/activities were also highlighted, specifically the supplementary use of technology, consideration of transportation, and regularly changing the content of regular programmes/activities.

7.2 Key Findings

Military Transition

Transitional life events are well-recognised as periods which can increase risk of social isolation and loneliness, such as motherhood, taking on a caring role, and retirement (Co-Op Foundation and The Red Cross, 2016). Military transition is one transitional life event that is receiving more attention for its links to the potential risk of social isolation and loneliness. This current study highlighted the importance of transition in improving awareness of social isolation and loneliness, building emotional resilience, and also signposting to relevant military-specific and civilian services to tackle social isolation and loneliness. Consideration also needs to be given to military transition as military-specific factors can already predispose serving personnel to experiences of social isolation and loneliness, specifically mental health issues and trauma related to military service (Wilson, Hill, & Kiernan, 2018).

The Royal British Legion identified that leaving the Armed Forces caused individuals to feel lonely and/or socially isolated due to concerns of integrating back into civilian society and loss of military friendships (Stapleton, 2018). Furthermore, recent research by the Royal Blind and Scottish War Blinded services highlighted veterans' concerns over transitioning from the military back into civilian life and felt more support was required at that time (Royal Blind and Scottish War Blinded, 2018). In response to the findings, The Royal British Legion recommend the introduction of a module on social resilience for all serving personnel as part of resettlement provision, with a focus on loneliness and social isolation and preparation for transition out of the Forces.

Experts have expressed the need to build emotional reliance during transition, as a way to combat social isolation and loneliness. Improving emotional resilience is commonly defined as "*a dynamic process encompassing positive adaptation within the context of significant adversity*" (Luthar, Cicchetti, & Becker, 2000), although there are wide inconsistencies in the way it is both defined and conceptualised (Fletcher & Sarkar, 2013). Resilience consists of several factors, including emotional, psychological and contextual conditions, which "*promote personal assets and protect individuals from the negative appraisal of stressors*" (Fletcher & Sarkar, 2013, p. 14). Rather than focusing on social participation alone, psychological adjustment is also required to combat feelings of loneliness, as highlighted in the cognitive discrepancy model, and further evidence based on this model (Burholt & Scharf, 2013; Perlman & Peplau, 1981).

Evidence suggests that transition is undoubtedly an important period, and has the potential to increase risk of social isolation and loneliness. However, there is opportunity to increase awareness of social isolation, loneliness, and related services, as well as improving emotional resilience, through the inclusion of specific modules and focus during transition.

Social Prescribing

Social prescribing is a holistic approach to considering health and well-being, and findings demonstrated that experts perceive social prescribing as being a useful tool to link individuals to relevant services and support networks. It enables GPs, nurses and other primary health care professionals to refer people to a range of local, non-clinical services for practical and emotional support (NHS England, 2019). Recognising that health is primarily determined by a range of social, economic and environmental factors, social prescribing seeks to address health and social care needs in a holistic way. It also aims to support individuals to take greater control of their own health and wellbeing. Social prescribing services have been shown to be

successful in reducing social isolation and loneliness (Co-Op Foundation and The Red Cross, 2019; Vogelpoel & Jarrold, 2014; White & Kinsella, 2010; Brandling & House, 2007).

The renewed focus on social prescribing within the NHS (2019) long-term strategy may increase the use of social prescribing as a method of signposting individuals to services, with a focus on developing services for veterans that are designed for their particular needs. This includes services that are accessible and offer the 'right' care and support regardless of when people leave the armed forces.

Technology

Expert participants within this study expressed consensus that technology should be supplementary within programmes/activities, as opposed to the focus.

Whilst digital technology is one tool to tackle social isolation and loneliness, evidence also recognises that it can exacerbate experiences of both social isolation and loneliness (Department for Digital, Culture, Media and Sport, 2019). Using information and communication technologies can have a positive effect on social support, social connectedness and social isolation among older adults (Chen & Schulz, 2016; Tsai & Tsai, 2011) and reducing loneliness (Chopik, 2016). However, there are multiple perceived barriers to the use of technology as a social connector, including access, usability, and opposing, the continued reliance on technology. A recent Royal Blind and Scottish War Blinded services report stated that whilst individuals found talking with family and friends of the phone, and local community groups/activities were more beneficial in overcoming feelings of loneliness than the use of social media, video calling friends and family, and also support to use technology (Royal Blind and Scottish War Blinded, 2018).

It was widely recognised that technology is a useful way to connecting people and, therefore a useful tool to tackle social isolation. However, rather than technology being the 'end goal', it is a tool for social connection, and whilst it can have a beneficial impact, it is not seen as a replacement for face-to-face contact.

Transportation

Equity of access to programmes/activities relating to social isolation and loneliness is fundamental. Within this study, assistance with transportation was perceived as an important way to remove some of the barriers to participation. Research specifically focusing on older veterans identified lack of access to services, financial constraints, physical limitations and

transportation difficulties as barriers to participation (Kiernan et al., 2018; Royal Blind and Scottish War Blinded, 2018; Wilson et al., 2018). These differences need to be considered when designing interventions aimed at tackling social isolation and loneliness within this sub-population, and one way of doing so is to consider access to and availability of transportation (Department for Digital, Culture, Media and Sport, 2019). One flagship example of this is the "Community Transport Waltham Forest", a charitable scheme which provides affordable and accessible group travel services to local community and voluntary groups (Community Transport Waltham Forest, 2016). The transportation service aims to improve access to health, education, social and economic opportunities to the community.

Access to the service is as important as the service itself, and expert participants within this study advocate for support with transportation as part of social isolation and loneliness programmes/activities.

7.3 Recommendations for practice

1. Transition from the military is a key period to highlight the impact of social isolation and loneliness, and to increase emotional resilience. Lifelong psychosocial well-being should be recognised and promoted throughout transition.
2. Veterans should be made aware of both civilian and military-specific services available to them across the UK. Both social prescribing and transition are key to this. The Ministry of Defence, and Health and Social Care service providers must understand the severity of these issues, and their consequences, throughout the life course.
3. Activities/programmes for social isolation and loneliness should consider how individuals access them. Transportation and access to activities are fundamental to their success, to ensure that those who live in rural areas or have trouble with transportation are able to attend.
4. Experts considered a number of different features of activities/programmes, ranging from technology use, changing content, and intergenerational content (such as skills-based activities). The value of consultation with veterans themselves (or the target population) is fundamental to success.
5. There is a need for further understanding of the cause and impact of social isolation and loneliness of veterans. An initial lack of consensus demonstrated the varying views of experts, some of which was significantly contrary to developed evidence.

7.4 Recommendations for further research

6. Future research should aim to capture veterans' perspectives of the unique factors they face when it comes to social isolation and loneliness to further develop this narrative, and the evidence base.
7. Partnerships between academics and practitioners will help to build the evidence base of best practice within the community.
8. Further research must be carried out with the wider Armed Forces Community to better understand the causes, impacts, and methods to tackle social isolation and loneliness in this wider community.

7.5 Limitations

A strength of this study is that respondents remained entirely anonymous. This is a sensitive area, and as this primarily relied upon the perspectives of prominent experts in the area it was essential that all responses were anonymous to each other, and the research team. Furthermore, a key strength of this research is that participants were recruited from across the United Kingdom, and from a range of public sector and third-sector organisations. The hub's international network was fundamental to the success of the project, both in terms of recruiting the most prominent experts in the field with a breadth of expertise, and for the response rate.

There were however some limitations. Despite the high response rate, we had progressively less responses across the three phases - although this represents typical trends of a Delphi method. Furthermore, we utilised a snowball sampling approach which meant that we did not have direct contact with all participants, and we do not know the total participant numbers. Although we were assured that emails were disseminated to the same individuals at each phase, we do not know the total number participants this was disseminated to, in order to calculate response rate. This also meant that we relied on third parties to contact individuals, and we could not contact them directly. This study was completed over quite a short timeline and there was some burden on participants' time. Finally, whilst the concepts of social isolation and loneliness were clearly defined at the beginning of each survey, they were both grouped together in each question/statement, rather than being separate. Therefore, we cannot distinguish between loneliness and social isolation in the absence of specific qualitative text.

7.6 Conclusions

This Delphi study recognises the value of expert opinions and experiences. The areas of consensus have been summarised to generate recommendations shown in 7.3 and 7.4 above. There was strong support for the notion that transition out of the military is a key period, and social prescribing during and after transition is worth pursuing, particularly in relation to integration into the wider community. There was also agreement that there is a need to raise awareness of both military and non-military services. Interventions aimed at tackling social isolation and loneliness need to be responsive to the needs of veterans who may struggle to access appropriate transportation, and programmes should have varied content, and be supplemented by technology (rather than technology being the focus).

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Appendices

Appendix A – Phase One survey

Are you a veteran?

- o Yes, I am a veteran over the age of 60
- o Yes, I am a veteran aged 59 or under
- o No, I am not a veteran

What is your job role?

Which best describes the area you work in?

- o NHS
- o Military Charity
- o Non-Military Charity
- o Academia
- o Other

If other, what?

How many years have you worked in this area?

Please remember all information provided in this survey will remain anonymous. Please leave a question blank if you feel you cannot/do not wish to answer one of the questions.

Question 1- From your experience, do you believe that older veterans (aged 60+) experience social isolation and/or loneliness in a different way to older adults in the wider population? Please explain.

Question 2- From your experience, do you believe that older veterans (aged 60+) access programmes to tackle social isolation and/or loneliness in a different way to older adults in the general population? Please explain.

Question 3- From your experience, do you believe that younger veterans and older veterans (aged 60+) experience social isolation and/or loneliness, or access programs to tackle social isolation and/or loneliness in different ways. Please explain.

Question 4- From your experience, what do you believe are the factors that lead to social isolation and/or loneliness for older veterans?

Question 5- From your experience, how would you tackle social isolation and/or loneliness in older veterans?

Appendix B – Phase Two survey

Are you a veteran?

- o Yes, I am a veteran over the age of 60
- o Yes, I am a veteran aged 59 or under
- o No, I am not a veteran

What is your job role?

Which best describes the area you work in?

- o NHS
- o Military Charity
- o Non-Military Charity
- o Academia
- o Other

If other, what?

How many years have you worked in this area?

Which of the four nations do you represent?

- o England
- o Scotland
- o Wales
- o Norther Ireland

Please remember all information provided in this survey will remain anonymous. Please leave a question blank if you feel you cannot/do not wish to answer one of the questions.

The following questions are relating to accessing programmes/activities aimed at tackling social isolation and/or loneliness

Question 1 - Access and transportation should be considered when delivering programmes/activities

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 2 - Programmes/activities should be held in one continuous geographical location

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 3 - Programmes/activities should be based in a city/town centre

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 4 - Separate programmes/activities should be carried out for those living in urban areas and those living in rural areas

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 5 - Programmes/activities should be based in the person's own home

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 6 - Technology should be the focus of programmes/activities

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Question 7 - Technology should be supplementary within programmes/activities

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide further detail on any of the questions in this section (optional)

The following questions relate to management and organisation of programmes/activities tackling social isolation and/or loneliness

Question 1 - Programmes/activities should be peer-led

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 2 - Programmes/activities should be led by third sector military specific charities/organisations

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 3 - It does not matter which third sector charity/organisation leads the programme/activity

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 4 - Programmes/activities should be veteran exclusive

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree

- o Strongly Disagree

Question 5 - Programmes/activities should be age-specific

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 6 - Programmes/activities should be inter-generational

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 7 - Social prescribing services should link veterans to relevant military-specific services

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 8 - Social prescribing services should link veterans to relevant community/civilian services

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide further detail on any of the questions in this section (optional)

The following questions relate to content of programmes/activities tackling social isolation and/or loneliness

Question 1 - Programmes/activities should solely aim to bring people together and interact with one another

- o Strongly Agree
- o Agree

- o Unsure
- o Disagree
- o Strongly Disagree

Question 2 - Programmes/activities should also aim to tackle other personal issues, such as bereavement, employment, emotional resilience etc.

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 3 - Programmes/activities should involve age-specific activities

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 4 - Programmes/activities should be skill-based

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 5 - The content of regular programmes/activities should change frequently

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 6 - The content of programmes/activities should mirror community/civilian services

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide further detail on any of the questions in this section (optional)

The following questions relate to the transition to civilian life:

Question 1 - Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 2 - Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 3 - During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 4 - Building emotional resilience during transition is an important part of transitioning to civilian life

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Question 5 - Veterans would benefit from integrating into the wider community

- o Strongly Agree
- o Agree
- o Unsure

- o Disagree
- o Strongly Disagree

Please provide further detail on any of the questions in this section (optional)

Appendix C - Phase Two findings

Within the category of 'accessing programmes/activities', participants 'agreed' to two of the statements (see statement 1-2, Table 30), four statements were classed as being unsure (see statements 3-6, Table 30) and one of the statements was disagreed upon (see statement 7, Table 29). Overall, participants averaged at being unsure to the statements in this section (Mean – 2.924, Standard Deviation – 0.65) and this was the least agreed of all categories.

Table 29. Responses of the questions in the category of 'access to programmes/activities' (N=19)

Question	Range	Mean (SD)
1. Access and transportation should be considered when delivering programmes/activities	1-4	1.882 (0.99)
2. Technology should be supplementary within programmes/activities	1-4	2.353 (0.79)
3. Separate programmes/activities should be carried out for those living in urban areas and those living in rural areas	1-4	2.706 (1.10)
4. Programmes/activities should be based in a city/town centre	1-4	3.059 (1.03)
5. Technology should be the focus of programmes/activities	1-4	3.294 (0.92)
6. Programmes/activities should be held in one continuous geographical location	2-5	3.471 (1.07)
7. Programmes/activities should be based in the person's own home	2-5	3.706 (0.77)

Within the category of management and organisation of programmes/activities, four of the statements were agreed upon (see statements 1-4, Table 31) and four of the statements the participants were unsure of (see statements 5-8, Table 31) On average, participants were again unsure to the statements in this section (Mean – 2.537, Standard Deviation – 0.52). However this was the second most agreed upon section out of the four categories.

Table 30. Responses of the questions in the category 'management and organisation of programmes/activities' (N=19)

Question	Range	Mean (SD)
1. Social prescribing services should link veterans to relevant community/civilian services	1-4	1.765 (0.75)
2. Social prescribing services should link veterans to relevant military-specific services	1-4	2.000 (0.87)
3. Programmes/activities should be inter-generational	1-4	2.353 (1.00)
4. Programmes/activities should be peer-led	1-4	2.471 (1.01)
5. Programmes/activities should be led by third sector military specific charities/organisations	2-4	2.647 (0.70)
6. It does not matter which third sector charity/organisation leads the programme/activity	1-5	2.647 (1.32)
7. Programmes/activities should be age-specific	2-4	3.000 (1.00)
8. Programmes/activities should be veteran exclusive	1-4	3.412 (1.00)

Within the category of focus of programmes/activities, three of the statements were agreed upon (see statements 1-3, Table 32) and three of the statements the participants were unsure of (see statements 4-6, Table 32). On average, participants were again unsure of the questions in this section (Mean – 2.872, Standard Deviation – 0.54). This was the second least agreed upon category of the four.

Table 31. Responses of the questions in the category of 'focus of programmes/activities' (N=19)

Question	Range	Mean (SD)
1. Programmes/activities should solely aim to bring people together and interact with one another	1-4	2.294 (1.05)
2. Programmes/activities should also aim to tackle other personal issues, such as bereavement, employment, emotional resilience etc.	1-4	2.294 (1.05)
3. The content of regular programmes/activities should change frequently	1-4	2.353 (0.79)
4. The content of programmes/activities should mirror community/civilian services	1-4	2.647 (0.93)
5. Programmes/activities should involve age-specific activities	2-4	3.471 (0.80)
6. Programmes/activities should be skill-based	2-5	3.529 (0.80)

Within the category of transitioning to civilian life, all five of the statements were agreed upon (see Table 33). One average this was the most agreed upon category of the four (Mean – 4.835, Standard Deviation – 0.49).

Table 32. Responses of the questions in the category of 'transition to civilian life' (N=19)

Question	Range	Mean (SD)
1. Building emotional resilience during transition is an important part of transitioning to civilian life	1-4	1.765 (0.83)
2. Veterans would benefit from integrating into the wider community	1-4	1.824 (0.81)
3. During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services	1-4	1.824 (0.95)
4. Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness	1-4	1.882 (0.86)
5. Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness	1-4	1.882 (0.99)

In total, 14 of the statements were agreed upon, 10 of the statements participants were unsure of and two of the statements were disagreed upon.

Appendix D – Phase Three survey

Are you a veteran?

- o Yes, I am a veteran over the age of 60
- o Yes, I am a veteran aged 59 or under
- o No, I am not a veteran

What is your job role?

Which best describes the area you work in?

- o NHS
- o Military Charity
- o Non-Military Charity
- o Academia
- o Other

If other, what?

How many years have you worked in this area?

Which of the four nations do you represent?

- o England
- o Scotland
- o Wales
- o Norther Ireland

Please remember all information provided in this survey will remain anonymous. Please leave a question blank if you feel you cannot/do not wish to answer.

Question 1 - In Phase Two, 82.4% of participants either agreed or strongly agreed that access and transportation should be considered when delivering programmes/activities. Please indicate your own response to this statement:

- o Strongly Agree

- Agree
- Unsure
- Disagree
- Strongly Disagree

Please provide any further comments on this question in the box below

Question 2 - In Phase Two, 70.6% of participants either agreed or strongly agreed that technology should be supplementary within programmes/activities. Please indicate your own response to this statement:

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Please provide any further comments on this question in the box below

Question 3 - In Phase Two, 76.5% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant military-specific services. Please indicate your own response to this statement:

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Please provide any further comments on this question in the box below

Question 4 - In Phase Two, 94.1% of participants either agreed or strongly agreed that social prescribing services should link veterans to relevant community/civilian services. Please indicate your own response to this statement:

- Strongly Agree

- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 5 - In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness. Please indicate your own response to this statement:

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 6 - In Phase Two, 82.4% of participants either agreed or strongly agreed that awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness. Please indicate your own response to this statement:

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 7 - In Phase Two, 76.5% of participants either agreed or strongly agreed that during transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services. Please indicate your own response to this statement:

- o Strongly Agree

- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 8 - In Phase Two, 70.6% of participants either agreed or strongly agreed that the content of regular programmes/activities should change frequently. Please indicate your own response to this statement:

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 9 - In Phase Two, 88.2% of participants either agreed or strongly agreed that veterans would benefit from integrating into the wider community. Please indicate your own response to this statement:

- o Strongly Agree
- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Question 10 - In Phase Two, 88.2% of participants either agreed or strongly agreed that building emotional resilience during transition is an important part of transitioning to civilian life. Please indicate your own response to this statement:

- o Strongly Agree

- o Agree
- o Unsure
- o Disagree
- o Strongly Disagree

Please provide any further comments on this question in the box below

Appendix E – Consensus of statements (Phases Two and Three)

All statements in phase three reached higher agreement than in phase two, with the exception of one statement ('the content of regular programmes/activities should change frequently', however the difference was minimal; M – 2.353 vs. 2.375). Again, all statements reached an agreed upon consensus rate of 70%.

Table 33. Means (SD) of participant's ratings of the questions that gained the most consensus in Phases two and three

Question	Phase Two Mean (SD)	Phase Three Mean (SD)
Social prescribing services should link veterans to relevant community/civilian services	1.765 (0.75)	1.500 (0.53)
Building emotional resilience during transition is an important part of transitioning to civilian life	1.765 (0.83)	1.625 (0.52)
Veterans would benefit from integrating into the wider community	1.824 (0.81)	1.625 (1.06)
Awareness raising of veteran-specific services during transition is central to the success in tackling social isolation and/or loneliness	1.882 (0.86)	1.750 (0.46)
Transportation should be considered when delivering programmes/activities	1.882 (0.99)	1.750 (0.46)
During transition, it is important to raise individuals' awareness of services across the UK, as well as geographically-specific services	1.824 (0.95)	1.750 (0.46)
Social prescribing services should link veterans to relevant military-specific services	2.000 (0.87)	1.750 (0.71)
Awareness raising of civilian-specific services during transition is central to the success in tackling social isolation and/or loneliness	1.882 (0.99)	1.875 (0.64)
Technology should be supplementary within programmes/activities	2.353 (0.79)	2.125 (0.35)
The content of regular programmes/activities should change frequently	2.353 (0.79)	2.375 (0.74)

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