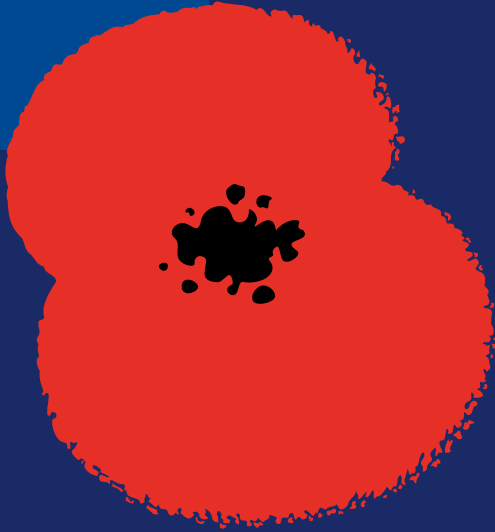


THE ROYAL BRITISH
LEGION

The National Evaluation of The Royal British Legion (TRBL) Breaks Services 2017-2018





Images used throughout this Report are courtesy of The Royal British Legion

THE ROYAL BRITISH
LEGION



 LIVERPOOL
JOHN MOORES
UNIVERSITY

THE ROYAL BRITISH LEGION (hereafter ‘the Legion’) offers life-long support for those who have served or are still serving in the British Armed Forces. Short-term breaks are offered to beneficiaries facing issues such as financial difficulty, social isolation, illness and bereavement. In 2001, this suite of support was extended beyond those who have served to the whole services community, welcoming families experiencing deployments at that time. Adventure Breaks are also offered for military children during school holiday periods. Through the Legion’s four Break Centres and relationships with external providers, this service reaches thousands of people each year with the view to providing spaces of recreation which impact upon the well-being of beneficiaries.

This Report details an intensive and all-encompassing 12-month evaluation of the Legion’s Breaks Services. The intended focus of the research was to measure the impact of these services upon physical well-being, mental well-being, social isolation and exclusion, personal relationships, and confidence/self-esteem of beneficiaries – yet the research team’s tireless flexibility when faced with a complex and wide-reaching piece has led to a much richer set of findings than we had anticipated. The approach which Liverpool John Moores University has adopted is both meticulous and rigorous in terms of the research design and the written report.

Through an insightful set of findings and recommendations we have gained knowledge about the experiences of beneficiaries and staff, as well as

an understanding of current policy. Alongside endorsing this report in its entirety, I would specifically like to note how the many methods used as part of the evaluative research design have helped inform a richer understanding of the relationship between hospitality and well-being interventions, and indeed how the Legion specifically has created a unique association between the two. I would also draw attention to the important lessons gleaned about Break Centre locations (and their associated strengths and challenges), the needs of beneficiaries now and in the future, eligibility, and the voices of staff which will no doubt inform our forthcoming strategy.

Antony Baines

(Director of Operations at The Royal British Legion)

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National Evaluation of The Legion's Breaks Services
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Acknowledgements

This evaluation report draws upon the expertise, and knowledge of numerous stakeholders whose help is gratefully acknowledged. In particular, the support and input of Paul Flood, Antony Baines, Steve Barnett, Gareth Bennett and Melanie Truss has been instrumental to the completion of this research and the depth of the findings.

Additionally, we would like to show our appreciation to the Breaks Centre Managers and their staff for contributing to this research and facilitating the collection of data. Based upon your contributions we have developed a tool to support your future data collection. We look forward to sharing this with you through a series of forthcoming dissemination and training events.

We also acknowledge the project management guidance provided by the LJMU Project Advisory

Board, chaired by Professor Joe Yates (Executive Dean for the Faculty of Arts, Professional and Social Studies).

We would like to extend our gratitude to Dr Katherine Albertson at Sheffield Hallam University for her support of the project and her generosity with veteran identity scales. We are also thankful to Shonagh Wilkie for the expert proof-reading and editing.

In sum, these invaluable inputs have contributed towards enhancing The Royal British Legion's Breaks Services and informing positive change to the Service's strategy in the years ahead.

Giles Barrett

(Principal Investigator)

Research Team

The Faculty of Arts, Professional and Social Studies at Liverpool John Moores University offers interdisciplinary research solutions to the challenges of the 21st century. At the foundations of this approach are the activities of our research centres and clusters. *The Centre for the Study of Crime, Criminalisation and Social Exclusion*, and the *Reimagining The Veteran* research cluster have a commitment to the public health and well-being of communities, the development of criminal and social policy for better service provision and support, community development, culture and

society, evidence-based practice, enhanced monitoring, and evaluation schema - developing and demonstrating impact and social value from investment and knowledge exchange beyond the University.

A number of tools for training and ongoing monitoring and evaluation of beneficiary well-being have been created as a result of this research and these will be disseminated separately.



SENIOR RESEARCHERS



Dr. Giles Barrett *(Principal Investigator)*

Dr. Giles Barrett has a wealth of experience in evaluations on issues as varied as the Supporting People Programme (Greater Merseyside Cross-Authority Group), befriending and re-enablement schemes for older people to counteract isolation and loneliness (Age Concern Liverpool and Sefton), evaluations of the Pacesetters Programme (Department of Health), through to black and minority ethnic victims' satisfaction with police (Merseyside Police).



Dr. Emma Murray *(Co-Investigator)*

Dr. Emma Murray has extensive experience of researching military veterans and veteran-specific services across the UK. Emma is Project Lead for the Reimagining the Veteran: Pedagogy, Policy, and Arts international transdisciplinary research group at LJMU. In this role, she is a Research Partner for FACT's (Foundation of Arts and Creative Technology) award-winning Veterans in Practice in Liverpool.



Dr. Daniel Marshall *(Co-Investigator)*

Dr. Daniel Marshall has extensive experience of conducting evaluations of programmes with children and young people and professional practice in youth justice, social care and with international charitable organisations. These include evaluations of the TSF Enrichment Programme (The Seaver Foundation), coaching skills programmes for Youth Support Services (81 Dots), employability programmes with young care leavers (Catch-22) and coaching programmes in youth custody (Spark Inside).

RESEARCHERS

- ▶ Dr. Jim Hollinshead
- ▶ Hilary Currin
- ▶ Dr. Will McGowan
- ▶ Adam Scott

RESEARCH SUPPORT

- ▶ Vanessa Adams
- ▶ Dawn Drummond
- ▶ Ruth Worthington

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Part Two

Findings & Recommendations

1. Overview of Project

In August 2017, a research team at Liverpool John Moores University embarked upon a 12-month transformative evaluation of The Royal British Legion's (hereafter 'The Legion' or 'TRBL') suite of Breaks Services. Led by Dr. Giles Barrett and Dr. Emma Murray, the research team measured the impact of Legion Breaks Services upon physical well-being, mental well-being and mental health, social isolation and exclusion, personal relationships and confidence/self-esteem using a 'before-and-after' methodology. Research took place across three work streams:-

- 1 Traditional Breaks
- 2 Family Breaks (Legion and Outsourced)
- 3 Adventure Breaks for military children

A mixed-method approach was utilised to engage with all beneficiaries effectively. Participants' ages ranged from 8 to 107 years old. Among participants were beneficiaries who were still serving in the armed forces, military veterans, their families, friends and/or carers. The needs of participants varied greatly reflecting the six wide-reaching criteria of beneficiary eligibility.

The research design originally called for a small number of data collection methods but this was expanded considerably to thirteen methods. For example, Geographical Information Systems (GIS) mapping, archival data analysis, an online survey, beneficiary interviews, staff interviews and Break Centre case studies were added to further capture the unique complexities of this service.

The research design was also tailored to meet the needs, priorities, and the scale of all recreation opportunities. With a view to developing a bespoke tool-kit of training, approaches and policy recommendations for the future, regular opportunities to exchange knowledge between the research team and staff at the Legion were facilitated. Central to this was a two-way dialogue to encourage the development and flexibility required throughout the project's duration.

This report is presented in three parts. Part One is an infographic executive summary which can be found in the front pocket of this document. Part Two details findings and recommendations. Part Three is an appendix which provides an overview of the methods and underpinning literature.

Reaching 2,376 people, a transformative evaluation aimed to inform three key areas

- Policy and practice, including an identification of existing good practice.
- The capacity of the Legion's Breaks Services through skills development and tools for effective working to meet the needs of all beneficiaries.
- Knowledge about the challenges facing the Armed Forces Community and the place of the Breaks Services in offering welfare support.



2. Introduction to the Breaks Service

The Legion is a UK-based charity that offers life-long support for those who have served (or are still serving) in the British Armed Forces. As part of a suite of support and awareness-raising offered, TRBL also provides short-term breaks to eligible individuals and their families.

These breaks are intended to 'improve and sustain quality of life' by providing 'respite' to serving / ex-serving Forces personnel and their families (The Royal British Legion, 2017) who differentially meet a diverse range of eligibility criteria. Reaching approximately 11,800 beneficiaries, this Service is undoubtedly a cornerstone for ex-military recreation and a provider of support and well-being for the whole Armed Forces Community. Beneficiaries can choose

to visit one of four Breaks Centre which include Alderson House in Bridlington, Somerset Legion House in Weston-super-Mare, Byng House in Southport and Bennet House in Northern Ireland.

Other options include a Family Holiday at a holiday parks such as Parkdean Resorts, Center Parcs and Haven. Adventure Breaks are offered to children of the Armed Forces community between the ages of eight and 17 years old, facilitated and carried out by the Army Welfare Service, RAF Community Support and Xplore the World.

Eligibility is assessed in a range of ways but those facing financial difficulty, illness, bereavement, or social isolation are a priority.



Alderson House



Bennet House



Byng House



Somerset Legion House



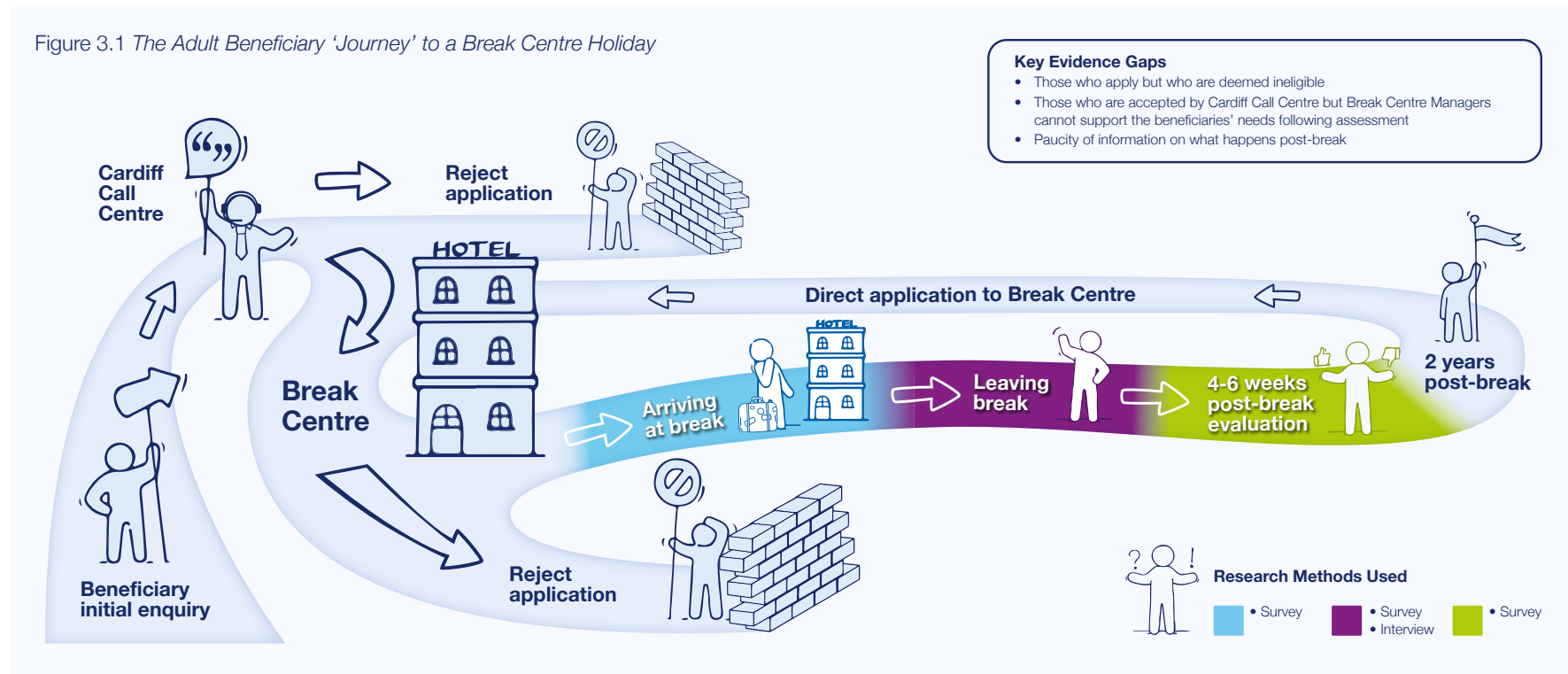
This transformative evaluation¹ synthesised a multifaceted evaluative framework with appreciative enquiry to ensure a participatory research agenda at every stage of the project.

Approach to Evaluation	Behavioural Objectives Approach	Utilisation Focussed	Participatory Evaluation
Participants	Beneficiaries	Front-line staff, Senior management and Policy documentation	Senior management
Method	Surveys (before, during and after break), interviews, focus groups, online engagement, graffiti boards, confidence catchers	Interviews, observations, documentary analysis, archival analysis, GIS mapping, action learning sets	Action learning sets and knowledge exchange
Location/ Source	Traditional Breaks, Family Breaks and Independent Adventure Breaks	Head Office, LJMU research premises, Byng House	LJMU premises
Research areas	The Breaks Services impact upon beneficiary well-being	Understanding current policy and practice	Co-producing strategies for the future

¹ Cooper, S. 2014

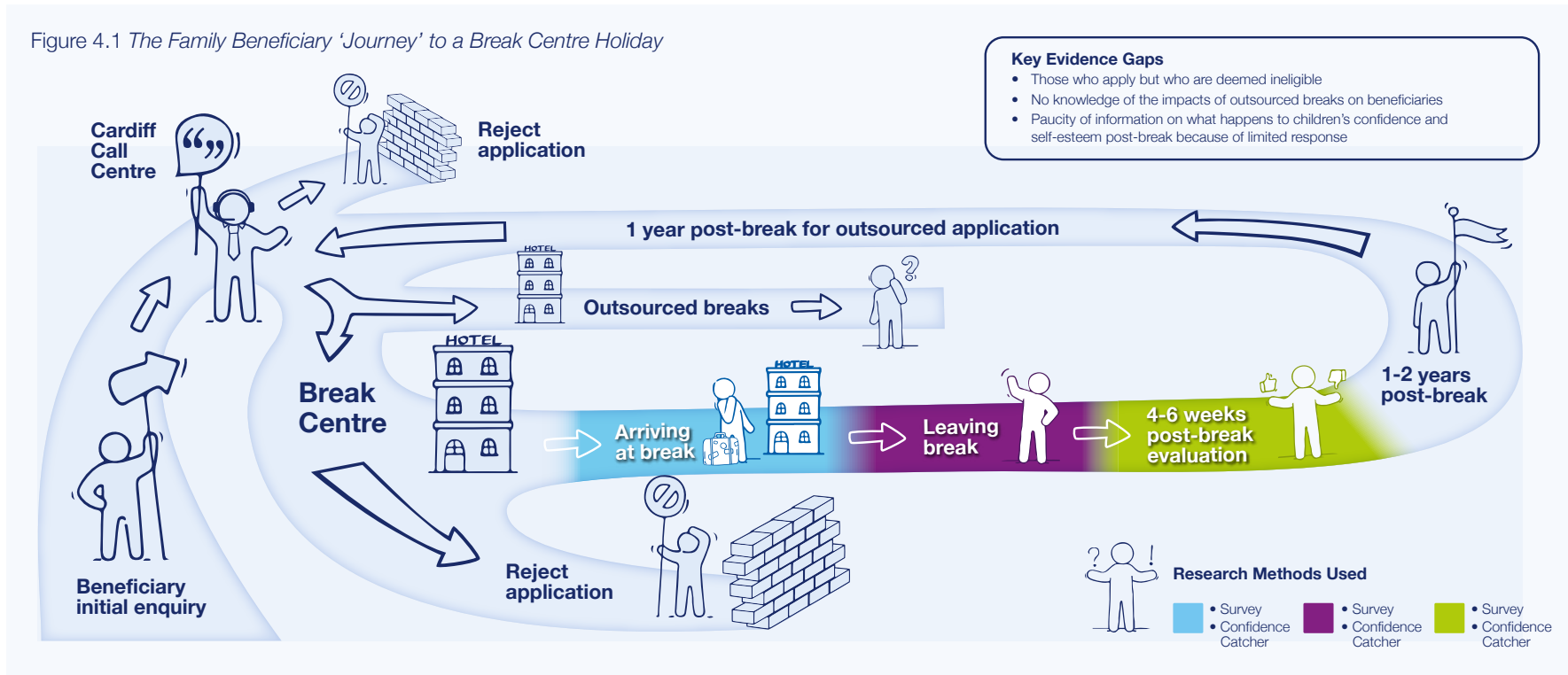
3. The 'Journey' of an Adult Beneficiary Attending a Break Centre

The typical experience of an adult beneficiary once they are referred to the Breaks Services is captured in Figure 3.1. The aspects of the 'journey' highlighted in blue, purple and green are the stages that were the focus of this evaluation and upon which evidence was gathered.



4. The 'Journey' of a Beneficiary Family Attending a Break Centre

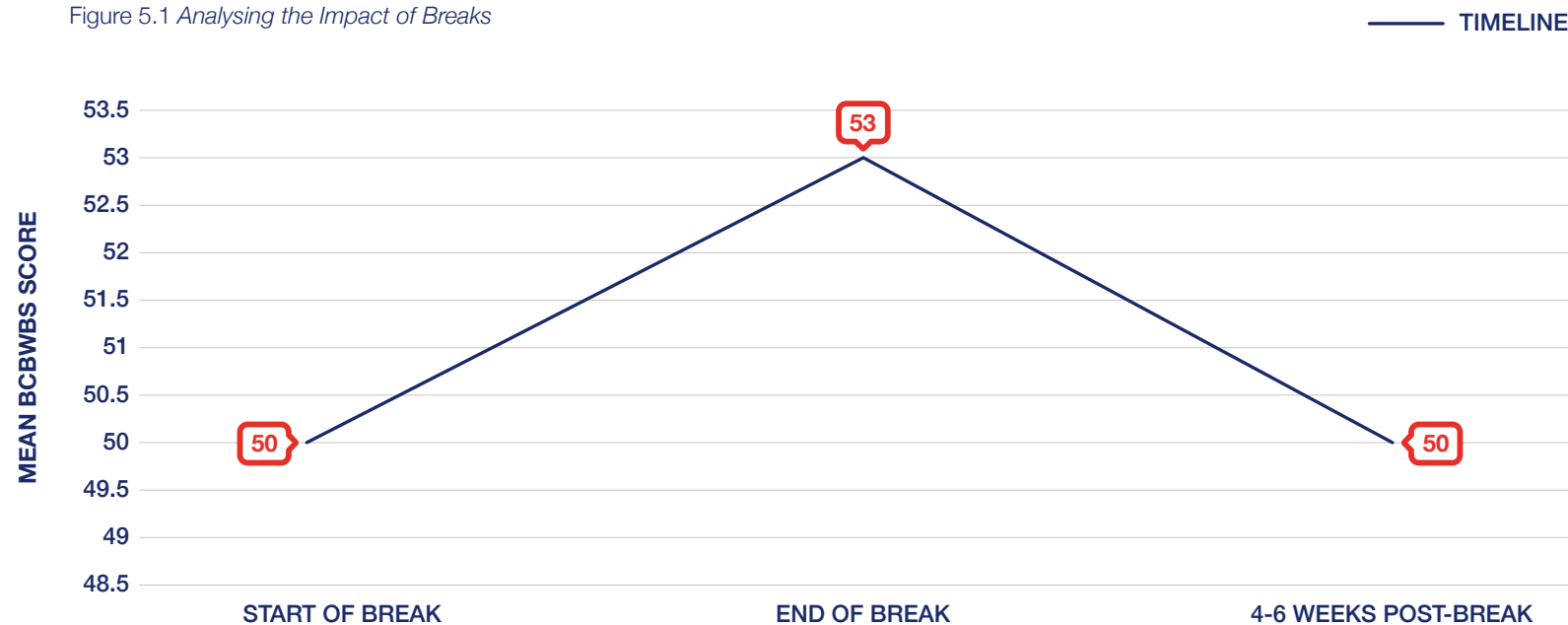
Figure 4.1 details the typical experience of a family beneficiary once they are referred to the Breaks Service. The aspects of the 'journey' highlighted in blue, purple and green are the stages that were the focus of this evaluation and upon which evidence was gathered.



5. The Impact of Breaks on Well-being

Figure 5.1 collates the responses from beneficiaries on the family breaks and traditional breaks. The research shows that well-being improves substantially during holiday breaks and then largely returns to pre-break levels. The differences in scores observed in the Break Centre Beneficiary Well-Being Scale (BCBWBS) at the start of the break compared to the scores at the end of the break were marked. Statistical analysis reveals that we can be 99.9% certain that the relationship between taking a holiday and the improvement in general well-being would be true for the entire population. In other words, **this is a highly significant finding about the link between a holiday and enhanced general well-being.**

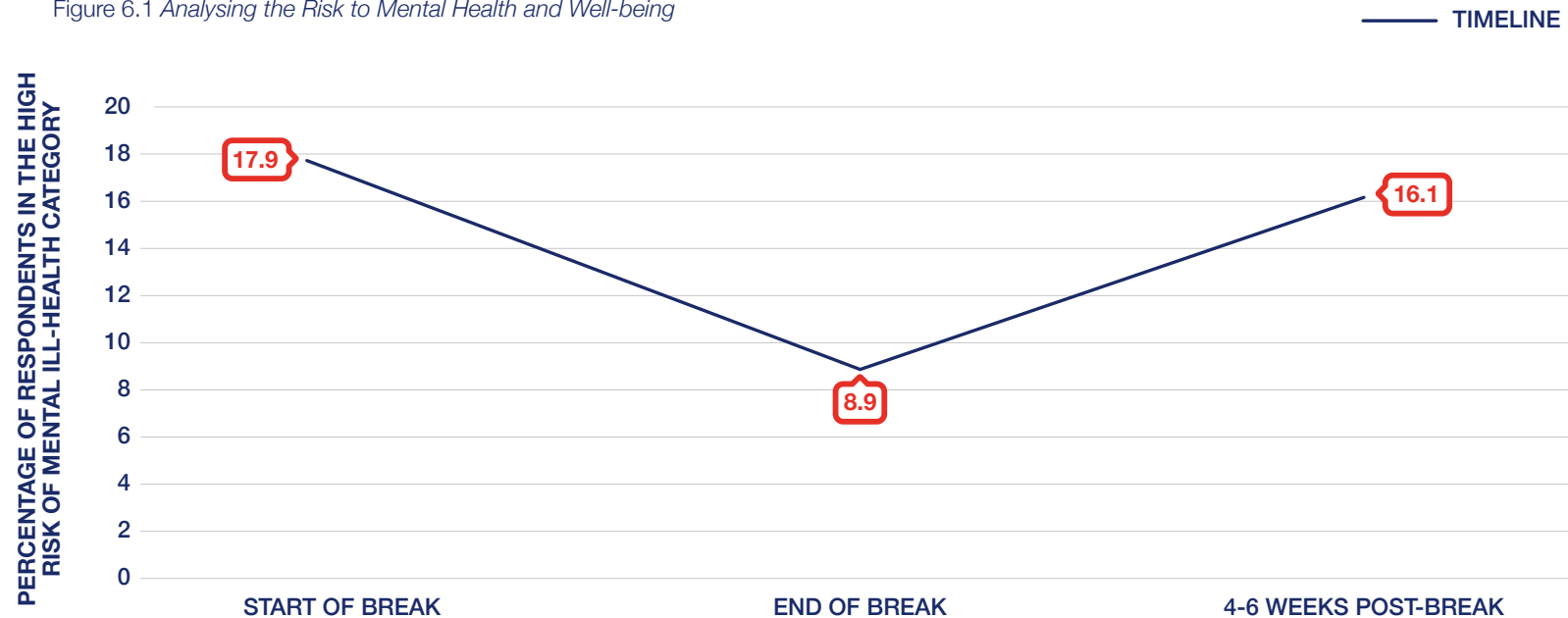
Figure 5.1 Analysing the Impact of Breaks



6. Reduction of Risk in Mental Health and Well-being

The research highlights that for those beneficiaries in the highest risk group for mental health and well-being issues there is a substantial reduction in that risk at the end of the break compared to the start of the holiday.

Figure 6.1 *Analysing the Risk to Mental Health and Well-being*



7. Impact of the Breaks Service in Beneficiaries' Own Words

All adult beneficiaries were asked to explain, in their own words, the impact that attending a Break Centre had upon them. These qualitative descriptions were gathered from interviews, focus groups and surveys. The responses have been analysed with reference to the well-being themes defined by the Legion and are depicted in Figure 7.1.

In Figure 7.1, the reference numbers identify the number of responses from adult beneficiaries that relate to each theme. The size of each box is proportionate to how populated each well-being theme was within the data analysis.



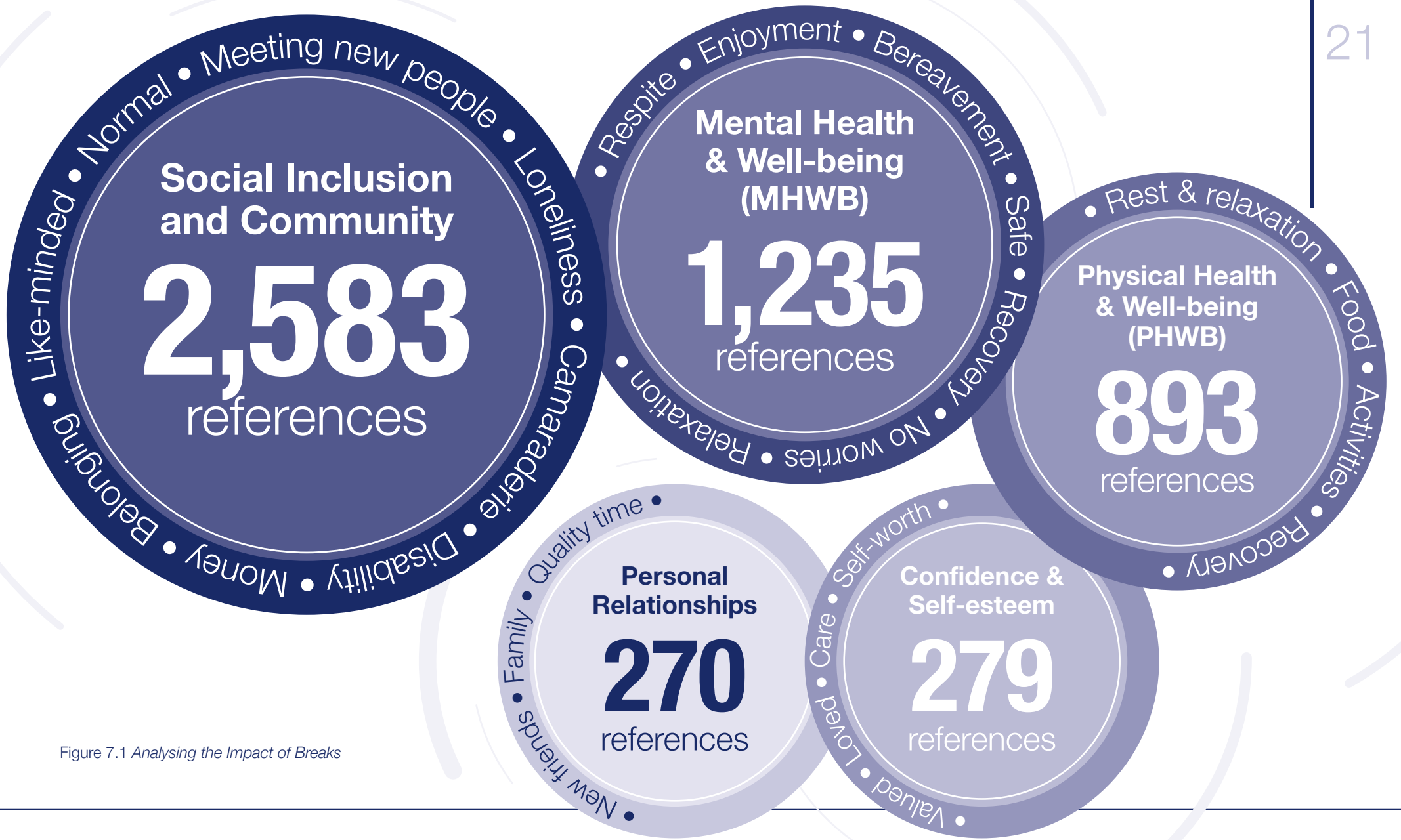


Figure 7.1 Analysing the Impact of Breaks

8. The Value of Family Breaks

Family well-being asks us to consider the interrelatedness of the well-being of parents, children and extended family members. Considerable evidence suggest that confidence, belonging, inclusion, supportive attitudes and independence are key to a family's well-being. Eighty-nine family members who attended a break in 2018 opted to engage with the research through our online survey. Their responses are captured below.

Physical Well-being

“ I felt healthier after my break. ”

88.9%  11.1%

“ I felt physically better after my break. ”

88.9%  11.1%

“ I felt refreshed and energised after my break. ”

96.3%  3.7%

Mental Well-being and Mental Health

“ I had a more positive frame of mind after my break. ”

93.8%  6.2%

“ The break had a positive impact on my mental health. ”

90%  10%

“ I felt better able to cope with everyday life after my break. ”

85%  15%

 Yes  No

Social Isolation and Exclusion

“ I felt close to people after my break. ”

77.5% 22.5%

“ I felt less isolated after my break. ”

80% 20%

“ Being able to go on holiday was really important to me. ”

96.3% 3.7%

“ Spending time with the Armed Forces Community was really important to me. ”

90% 10%

Personal Relationships and Confidence

“ I felt closer to my family and/or friends after my break. ”

81.3% 18.7%

“ I felt more confident after my break. ”

77.5% 22.5%

“ I am still in contact with people whom I met during my break. ”

70% 30%

9. Special Events at Breaks Centres

The Legion recognises the vast differences in beneficiary need and demographics. Consequently, localised practices of 'special weeks' were championed by Break Centre Management as a means of tailoring Centres to address and support specific needs. While other examples exist (for example, dementia weeks), researchers were able to observe events taking place as part of Regiment Week, Combat Stress Week, and Christmas Week.

“

*You feel better as soon as you get the letter saying that you can come here –
and even better when you pull up outside.*

(Combat Stress)

”

“

Most days I just exist but here I live.

(Combat Stress)

”

“

*We are all in the same situation here and the children are too, it is nice to talk to
others off-base and make different friendships for when we return.*

(Regiment Week, Somerset Legion House)

”



“

I would have been on my own today, instead I've had a fantastic time with like-minded people in a similar situation to me. Christmas isn't a happy time for everyone and I've struggled for many years. I will go home feeling more valued than I have for a long time and thank the staff here for that. I'm ready for the year ahead.

(Widow, Christmas Break, Byng House)

”

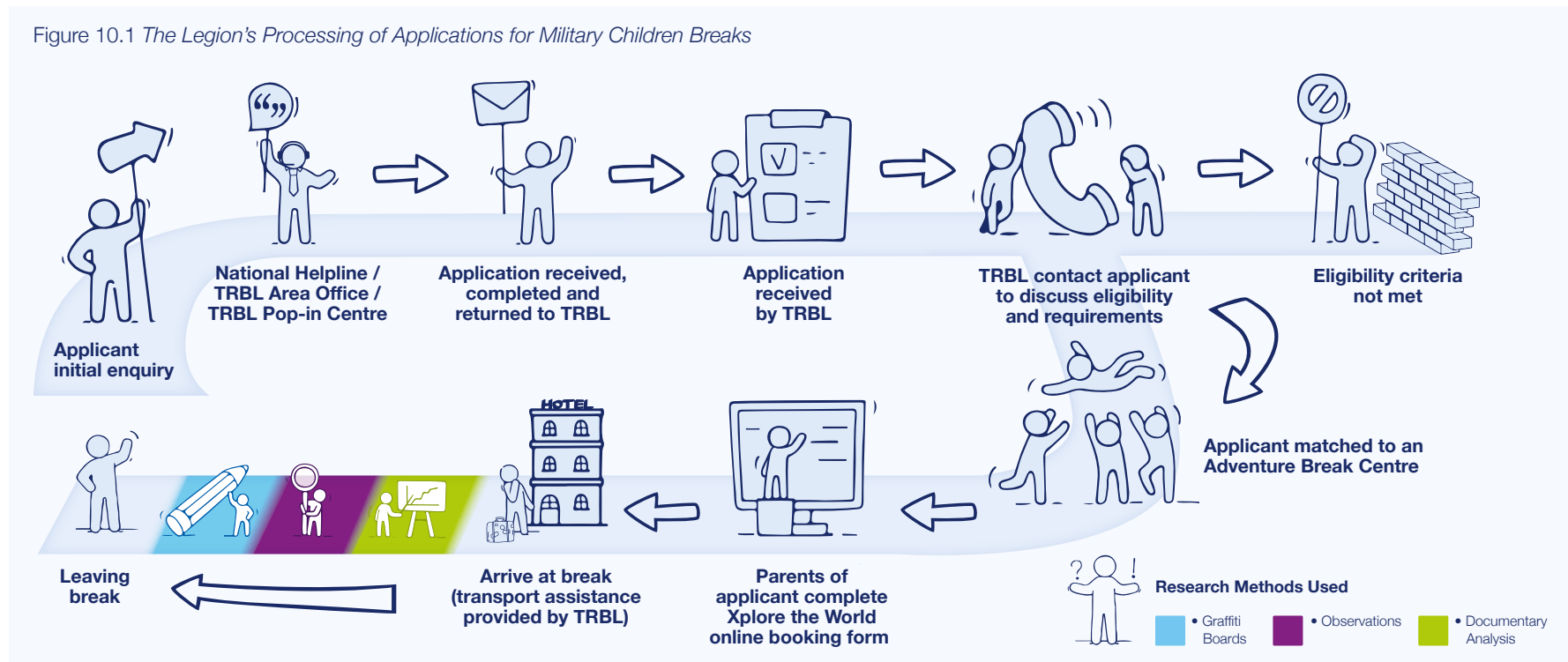
10. Military Children Breaks

TRBL offer week-long 'Independent' Adventure Breaks to children of men and women who are currently serving or have served in the Armed Forces. These breaks aim to provide an opportunity for young people to enjoy themselves, meet new people, have new experiences, improve their self-esteem and have fun. Military children have significantly poorer outcomes than their peers in relation to education, emotional

development and maintaining stable family and peer relationships. There is evidence that military children's welfare and development is negatively affected and exacerbated through regular relocation of the home and school (Centre for Social Justice, 2016). The 'Independent' Adventure Breaks are provided in partnership with Xplore the World. In 2017, these breaks were delivered in Worksop (Nottinghamshire),

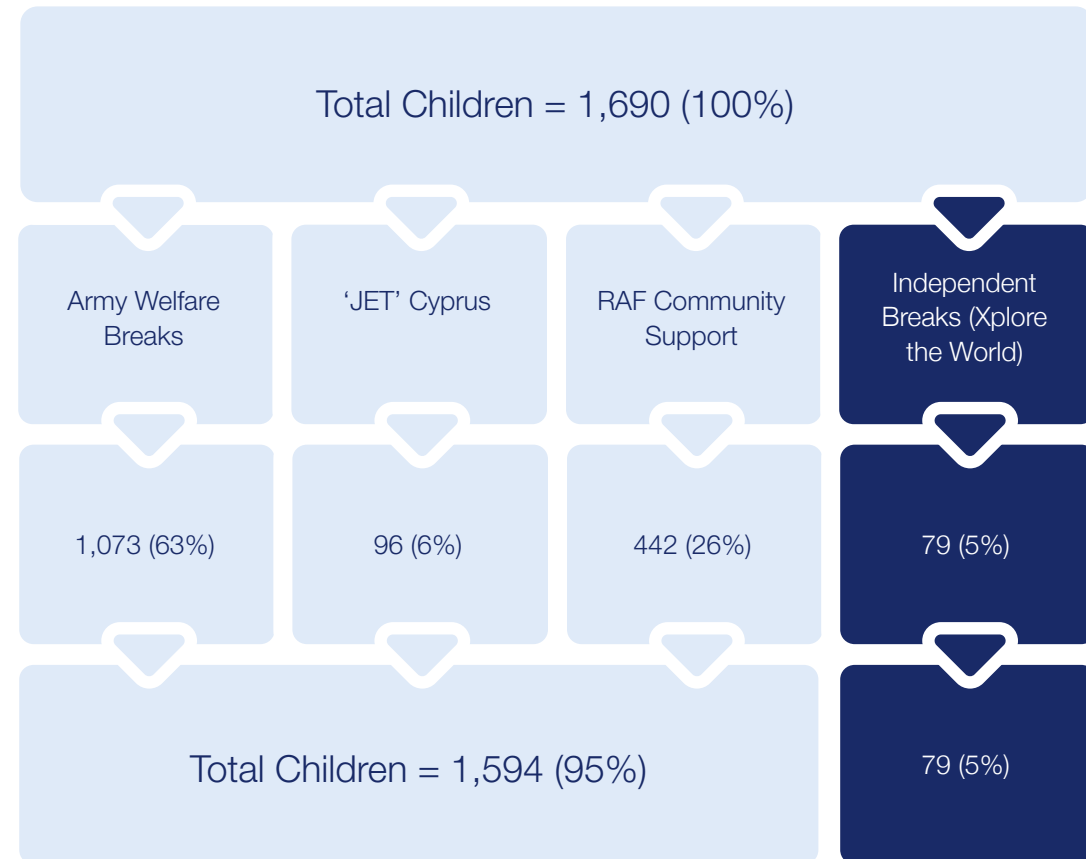
Westonbirt (Gloucestershire), Pangbourne (Berkshire) and Finborough (Suffolk). The typical experience of a child beneficiary once they are referred to the Adventure Breaks Service is captured in Figure 10.1. TRBL also fund 'Residential' Adventure Breaks which have been delivered by the Army Welfare Service (AWS) since 2011 (which also runs as 'JETS' in Cyprus) and Royal Air Force (RAF) Community Support since 2014.

Figure 10.1 The Legion's Processing of Applications for Military Children Breaks



In 2017, 1,690 children attended TRBL Adventure Breaks; see Figure 10.2 for a breakdown of numbers attending each break type. The evaluation of the Adventure Breaks only captured the Independent Breaks (n=79), highlighted in dark blue in Figure 10.2, which represented five per cent of the total number of children attending TRBL Adventure Break services in 2017. 1,594 (95%) of children attending Adventure Break services were not part of the evaluation. Future research is essential on all TRBL Adventure Break services to ensure a more complete picture can be captured.

Figure 10.2 Number of Children Attending TRBL Adventure Breaks in 2017

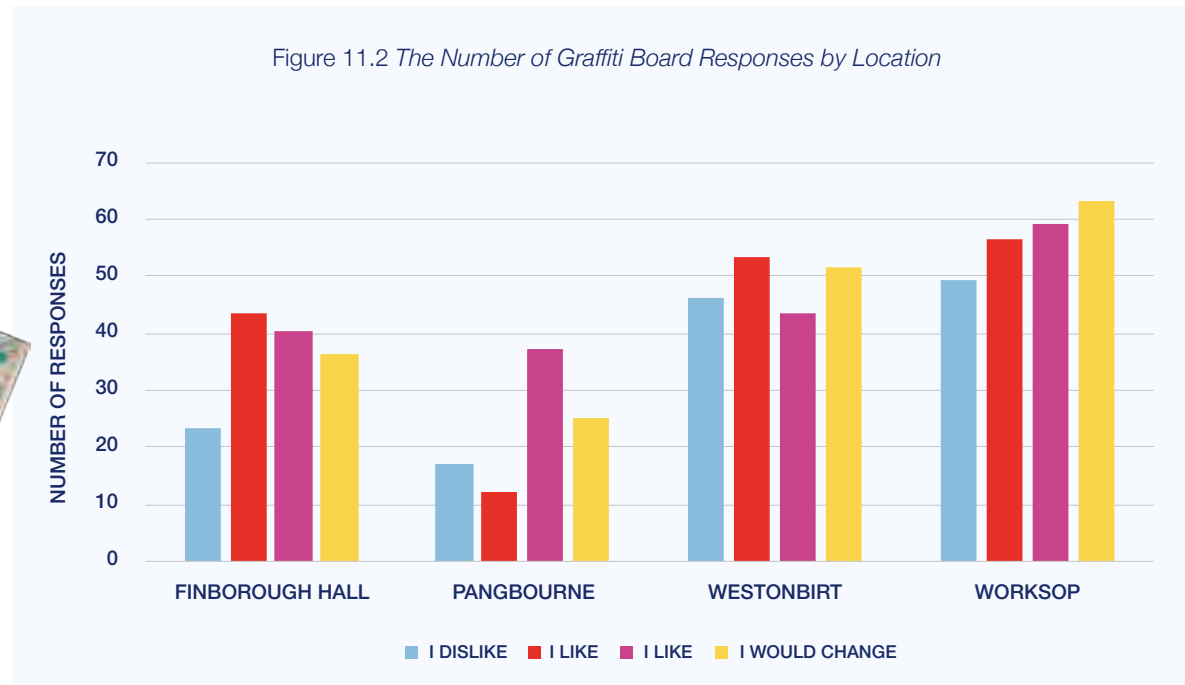


11. Adventure Breaks

Of 79 children who attended an Independent Adventure Break, 72 took part in the evaluation, presenting 653 responses on the graffiti boards (see Figure 11.2). Group sizes varied at each location (Finborough, 13; Pangbourne, 7; Westonbirt, 28; Worksop, 24).



Figure 11.1 Images of Completed Graffiti Boards



Key Findings

▶ **Enjoyment**

Children were explicit in giving positive feedback about their experience at the break.

▶ **Connectivity**

Retaining contact with family during the break was shown to be important.

▶ **Meaningful Relationships**

Children expressed a desire to retain and continue friendships beyond the breaks. Many friendships had been formed and nurtured over successive Adventure Breaks.

▶ **Identity = 'Child'**

The children were not catered for as 'military children', nor were they assumed to have needs additional to or beyond that of other children who attended the break.

▶ **Age Groups**

Children identified the need for age appropriate groupings. This was important both for logistical purposes, such as activities and sleeping arrangements, as well as for forming meaningful relationships.

▶ **Unresolved Conflict**

A recurrent theme in the research was the issue of conflict between children and between staff and children. These disagreements had often been left unresolved and had escalated over the course of the break. Consequently, this had tarnished some children's positive experience.



12. Children at the Family Breaks

Fifty-five children received a series of 'confidence catcher' activity booklets which were used to measure their self-esteem and confidence pre-, during and after their break. Each child received a blue 'confidence catcher' booklet at the beginning of their break, a red booklet at the end, and lastly a green booklet 6-8 weeks after their break. This was to give a before and after measure of the break while also measuring lasting effects.

Of the fifty-five children to receive a booklet, 17 completed the blue, 22 completed the red, but only two children completed the green. Of those that participated, none completed all three booklets, which means no data was available to support an analysis of the 6-8 week lasting effect of the breaks.

However, 13 children completed both the blue (before) and red (after) booklets, and this analysis focuses on this data set. Though the generalisability of these results is subject to certain limitations, namely, a small sample size, it does provide useful insight into the effects that breaks have on children during their stay.

Rosenberg's Self-Esteem Scale

Rosenberg's (1965) scale was used as one of the activities within the booklet and utilised 10 pre-determined statements which required the children to score themselves on a Likert scale in terms of how they felt the statement reflected themselves (3 = Strongly Agree, 2 = Agree, 1 = Disagree, 0 = Strongly Disagree). The scale included five positive statements and five negative statements that measure positive reflections of the self. This allows for an insight into how the children perceive worth. For analytical purposes, the scores for negative statements were reversed. Self-esteem is measured on a scale with the lowest score being 0 and the highest 30.

Confidence Scale

A confidence scale was designed to measure children's confidence pre- and post-break. Using five statements children scored themselves on a Likert scale of 1-10 (1 = Disagree, 10 = Agree); lowest score being 10 and the highest score 50.

Overall, for the 13 children analysed, there was an increase in self-esteem and confidence. There was a mean 1.6 point increase (7.2%) in self-esteem (see Figure 12.1) and a mean 5 point increase (12.3%) in confidence from the start of the break to the end of the break (see Figure 12.2).



Figure 12.1 Self-esteem Mean Scores, Before and After Break



Figure 12.2 Confidence Mean Scores, Before and After Break



13. A Tale of Two Siblings

Brothers 'George' and 'Tom' attended a Break Centre along with both of their parents. Throughout each activity, George and Tom had much lower scores than the rest of the cohort on both the confidence and self-esteem booklets. This was particularly the case for the blue booklet at the beginning of their stay.

However, George and Tom perhaps provide the most revealing insights into the importance of the family break, because both children displayed substantially higher scores in the red booklet completed at the end of their stay. Both children began their breaks with low self-esteem and confidence scores. By the end of their stay, George's self-esteem had increased by 300% while his confidence had increased by 357%. Tom's self-esteem and confidence had risen by 75% and 105% respectively.

¹ George, Tom, Geoff and Sue are pseudonyms to protect the real identities of the research participants.

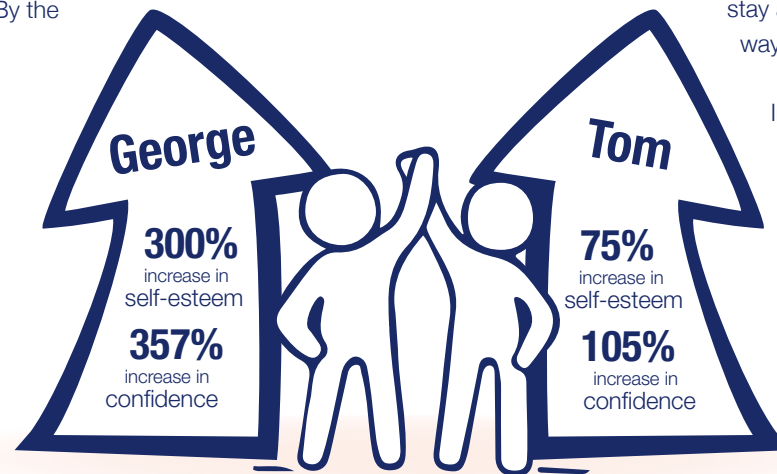
George (se= 12; c=32) and Tom's (se= 14; c=37) end of week scores were still lower than the overall average for the cohort (se= 24; c=45.5), but their individual relative increase in self-esteem and confidence should not be understated.

In Figure 13.1, the table is colour-coded to indicate the data collated from the blue and red confidence catcher booklets. George used 'Lonely' and 'Friendless' to describe himself, but 'Sociable' and 'Popular' to describe a confident person.

Similarly, Tom used the word 'Shy' to describe himself, yet 'Outgoing' to describe a confident person. Though both children used quite negative words to describe themselves at the beginning of the break (blue booklet), by the end of their break they had switched to describing themselves using some of the words previously attributed to a confident person (red booklet).

George described a confident person in the blue booklet as 'Sociable' and then described himself the same way at the end of the break. Similarly, Tom described a confident person at the beginning of his stay as 'Happy' and later described himself the same way at the end of the break.

In the case of George's self-descriptions, the words used in the blue booklet can be interpreted as having a very similar meaning



to those used in the red booklet with notable progression to more positive adjectives. George progresses from 'Depressed' to 'Lil sad' ('Lil' being understood here as colloquial for 'little'). Though undeniably some of these words retain a level of negativity, they do highlight a progression over the duration of the break that directly reinforces their improved self-esteem and confidence scores.

Comments taken from George and Tom's parent/guardian's surveys may provide some indication as to why their confidence and self-esteem was raised so significantly. Geoff and Sue both discussed the propensity of the break to provide an opportunity for 'family time' and to enjoy activities. As Sue states the break is about "establishing friendships for my kids. Access to activities for [sic] family to enjoy together".

Sue also stated that it was also about "activities to occupy the kids. Peer group for kids including teenage son". Geoff echoed these aspirational views. Though this is a single case study, and there may be other factors affecting George and Tom's significant increase in self-esteem and confidence, the circumstances and the triangulation of both quantitative and qualitative data attest to the potential benefits that Family Breaks can have upon children.

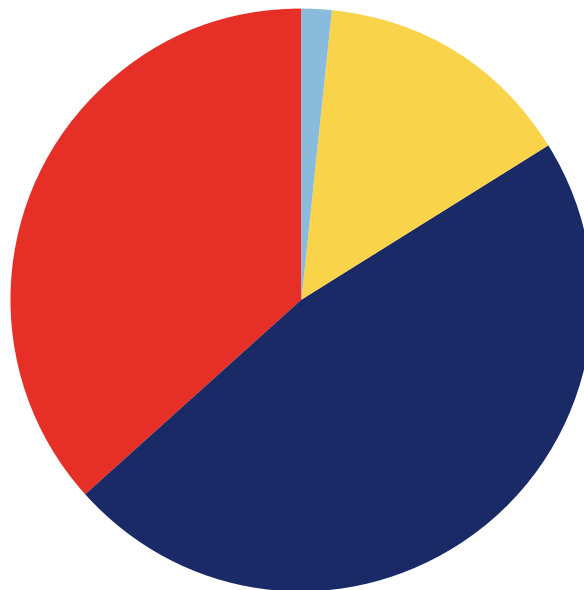
Figure 13.1 *Assigning Words to Describe Personal Disposition*

	THREE WORDS THAT DESCRIBE YOU			THREE WORDS TO DESCRIBE A CONFIDENT PERSON		
George	Depressed	Lonely	Friendless	Brave	Sociable	Popular
George	Lil sad	Funny	Sociable	Sociable	Strong	Brave
Tom	Funny	Shy	Friendly	Assertive	Outgoing	Happy
Tom	Quiet	Happy	-	Friends Lots	Funny	-

14. Analysis of 2016-2017 Archival Breaks Application Data

Analysis of the 2016-2017 archival applications data formed an integral part of the evaluation of the Breaks Services. Attention focused on summarising the age distribution of 2016-2017 beneficiaries, identifying the most common combinations of eligibility criteria selected by beneficiaries completing the Break Centres Application Form (BC1) and the Family Holidays Application Form (FH1).

Figure 14.1 Age
Groups of Applicants
from Archival Data
2016-2017



Age Groups

2%	22-40
14%	41-60
47%	61-80
37%	81-99

Age Groups	Frequency	Percent
22-40 years	24	1.7%
41-60 years	208	14.4%
61-80 years	679	47.3%
81-99 years	525	36.6%
Total	1,436	100%

Key finding:

- ▶ For Family Holidays, eligibility criteria 'from a family with one parent currently serving or who is to be deployed on overseas operations' and 'from a family with less than £30,000 gross annual household income' were the most frequent reasons cited on application forms for a holiday.
- ▶ For Breaks Centre holidays, the data highlights the importance of household income, and terminal illness, long-term ill health or disability as the most prevalent application criteria selected by this beneficiary group.

The investigation explored a number of unique eligibility criteria combinations captured within this particular archive sample (see Figure 14.2 for the full list of eligibility criteria for family holidays). For example, those who selected criteria '1 and 6' should be distinctly identifiable from those who selected '1, 4 and 6'. By aggregating the data within the six individual eligibility criteria variables and then re-importing them back into the original dataset as a 'unique combinations' variable some interesting patterns within the data were revealed.

Within the FH1 August-July 2017 dataset, there are 39 unique eligibility criteria combinations. These range from the least common responses where only

one person selected such a combination (typically variations of three or four criteria') to the most common response, which was selected 92 times within the sample of 531 beneficiaries. In other words, the most common eligibility criteria was selected over 17.3% of the time, as is shown in Figure 14.4. As the analysis reveals, the most common eligibility 'combination' is not a combination at all, but is in fact those who selected only eligibility criteria 3 - 'From a family with one parent currently serving or who is to be deployed on overseas operations'. 17.3% of the sample selected this – that is not to say that beneficiaries did not select this in combination with other eligibility criteria, which they did, but rather that those only

Figure 14.2
Family Holidays Eligibility Criteria

EC1	From a household with less than £30,000 gross annual income
EC2	From a one parent household suffering bereavement or break up of the family
EC3	From a family with one parent currently serving or who is to be deployed on overseas operations
EC4	From a family who have one parent suffering from mental or physical trauma
EC5	From a family where one parent is caring for a disabled partner
EC6	From a family who have not had a holiday for two years

selecting criteria 3 were the most prevalent. Due to age, this is commensurate with the type of holiday (family) represented within this sample and while we might see slightly more variance in the most selected criteria within a larger FH1 sample it stands to reason that many, if not most, beneficiaries attending a Family Holiday are active service personnel or of the age where a relative is serving.

Figure 14.3 *Breaks Centres Eligibility Criteria*

EC1	In receipt of a means-tested benefit or tax credit
EC2	Suffering from terminal illness, long-term ill health or disability
EC3	Recovery from recent surgery or hospitalisation
EC4	Bereavement of spouse, partner or other close family member
EC5	Suffering from physical or mental trauma
EC6	Living in isolation
EC7	Has caring responsibilities, including those caring for a spouse, partner or veteran
N/A	No criteria selected

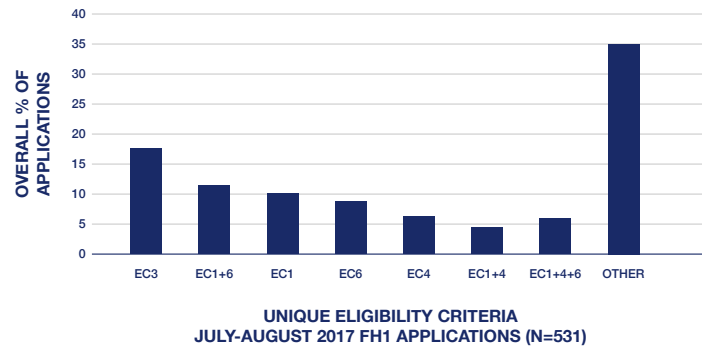
For the purposes of isolating multiple responses, Figure 14.4 also shows the next six most common eligibility groupings after the most common one just described. Those beneficiaries selecting criteria 1 and 6 ('From a family with less than £30,000 gross annual household income' and 'From a family who have not had a holiday for two years' respectively) rank second in order of prevalence (11.3% of total responses). This is closely followed by beneficiaries selecting only criteria 1 (10% of total responses) and, immediately underneath this in the ranking, beneficiaries selecting only criteria 6 (9.5% of total responses). This serves to reinforce the importance of household income and a lack of access to holidays for this beneficiary group².

As the penultimate result shows, using this new method of aggregating the data, it is possible to isolate any number of multiple-choice criteria. In this case, eligibility criteria 1, 4 and 6 which represent beneficiaries who are 'From a family with less than £30,000 gross annual household income, who have one parent suffering from mental or physical trauma and who have not had a holiday for two years'. While this represents just 5.5% of the total sample, it is nonetheless significant. The seven most prevalent unique eligibility combinations encapsulate 65% (or two-thirds) of the total sample, leaving the remaining 32 combinations of criteria, which make up 35%.

This final third of possible combinations (many of which were selected by just one or two beneficiaries within the sample) were recoded into a new variable, here entitled 'Other (32 combinations)'.

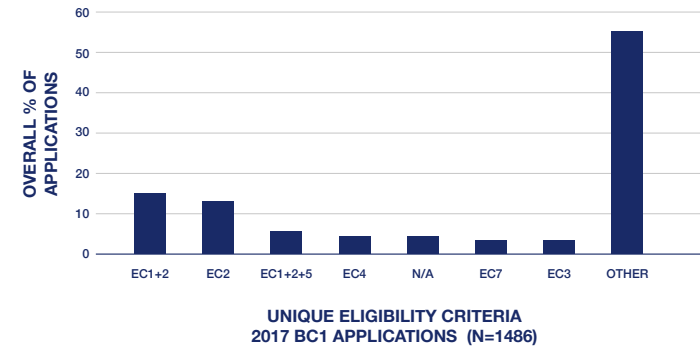
With reference to the BC1 August-July dataset, the study found 128 unique eligibility criteria combinations within the sample of 1,486 beneficiaries (see Figure 14.3 for the full list of eligibility criteria for Breaks Centres). This information is represented in Figure 14.5. Putting aside the largest category, entitled 'Other (71 combinations)', many of which were selected by just one or two beneficiaries within the sample, the most common eligibility criteria combination was criteria 1 and 2 'In receipt of a means-tested benefit or tax credit' and 'suffering from terminal illness, long-term ill health or disability' (14.8% of the sample). This is closely followed by beneficiaries selecting only criteria 2 'Suffering from terminal illness, long-term ill health or disability' (12.9% of total responses). The next criteria combination in the ranking is beneficiaries selecting criteria 1, 2 and 5 'In receipt of a means-tested benefit or tax credit', 'Suffering from terminal illness, long-term ill health or disability' and 'Suffering from physical or mental trauma'. This underscores the importance of household income and terminal illness, long-term ill health or disability for this beneficiary group³.

Figure 14.4 Eligibility Criteria Selections: FH1s July-August 2017

**Chart Key**

- EC3:** From a family with one parent currently serving or who is to be deployed on overseas operations
- EC1+6:** From a family with less than £30,000 gross annual household income AND who have not had a holiday for two years
- EC1:** From a household with less than £30,000 gross annual income
- EC6:** From a family who have not had a holiday for two years
- EC4:** From a family who have one parent suffering from mental or physical trauma
- EC1+4:** From a family with less than £30,000 gross annual household income AND who have one parent suffering from mental or physical trauma
- EC1+4+6:** From a family with less than £30,000 gross annual household income AND who have one parent suffering from mental or physical trauma AND who have not had a holiday for two years

Figure 14.5 Eligibility Criteria Selections: BC1s February-September 2017

**Chart Key**

- EC1+2:** In receipt of a means-tested benefit or tax credit AND suffering from terminal illness, long-term ill health or disability
- EC2:** Suffering from terminal illness, long-term ill health or disability
- EC1+2+5:** In receipt of a means-tested benefit or tax credit AND suffering from terminal illness, long-term ill health or disability AND suffering from physical or mental trauma
- EC4:** Bereavement of spouse, partner or other close family member
- N/A:** No criteria selected
- EC7:** Has caring responsibilities, including those caring for a spouse, partner or veteran
- EC3:** Recovery from recent surgery or hospitalisation

¹ The data received from this period appears to have been 'capped' at four eligibility criteria and so it is quite possible that some beneficiaries selected five or all six of the criteria.

² There are issues with making strong assertions here. There is neither a sufficient level of detail in terms of household income, nor a way of verifying income or previous holiday breaks based on the data available for this research.

³ Once again, there are issues with making strong assertions here. There is neither sufficient level of detail in terms of household income, nor a way of verifying income on the data to which access was granted.

14.2. Mapping Beneficiary Postcodes

Figure 14.6 *Beneficiary Locations Showing Break Centre Used and Break Centre Catchments, 2017*

Beneficiary Postcode Location and Break Centre Used

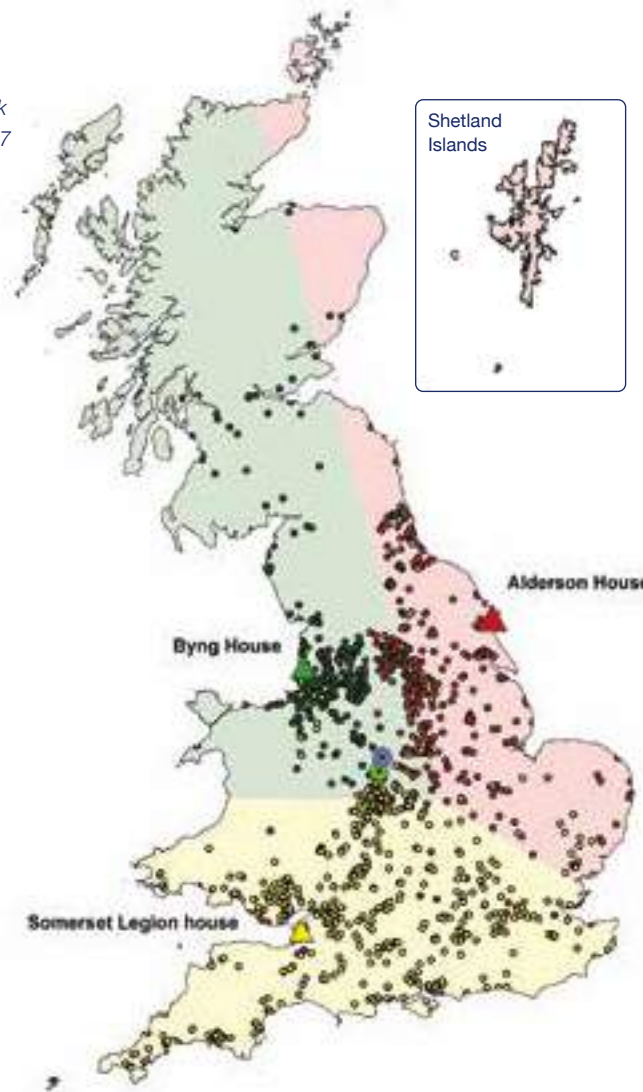
- Alderson House
- Byng House
- Somerset Legion House

Centre Catchment area

- Alderson House
- Byng House
- Somerset Legion House
- Median Centre of Beneficiary distribution
- Median Centre of Beneficiary distribution

Break Centre

- ▲ Alderson House
- ▲ Byng House
- ▲ Somerset Legion House



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 Contains National Statistics data © Crown copyright and database right (2018).

Figure 14.6 and 14.7 highlight the residential distribution of beneficiaries¹ and the Breaks Centre they used. For the UK mainland, the pattern is largely consistent with the general view that the Break Centre catchment areas illustrates that beneficiaries choose the Centre closest to their home. There are some notable variations in this overall pattern. For example, the yellow and red dots clustered in the Southport Byng House catchment area indicate beneficiaries who chose to travel further afield for a holiday to Somerset Legion House and Alderson House in Bridlington respectively. The map also shows the mean and median centre of the distribution of all 2017 beneficiaries who visited a TRBL Breaks Centre indicating a location that would minimise the distance travelled from home to a Break Centre. This centre of the distribution pinpoints a location that would minimise the distance travelled from home to Break Centre for all 1,593 beneficiaries in the UK mainland data set. If TRBL's future Breaks Service strategy included the construction of an all-purpose super-centre for breaks and recovery, a location in Staffordshire (spatial centre of the distribution) is worthy of investigation.

With the aid of mapping techniques, this report on the archival data explores the geographical resident location of all beneficiaries in the UK compared to the Breaks Centre they visited and plots this information on a map.

Low household income is an important qualifying criteria for a Legion break. This is not to suggest that low income is a proxy measure for all the eligibility criteria identified by beneficiaries, such as limiting long-term illness, in receipt of a means-tested benefit or close family bereavement, but it could provide an indication of a welfare need.

Using an Indices of Multiple Deprivation (IMDs) analysis, this section of the Report overlays the IMD data for UK areas with the most deprived 40% of the UK population on to a map of the residential postcodes of those beneficiaries self-declaring low income.

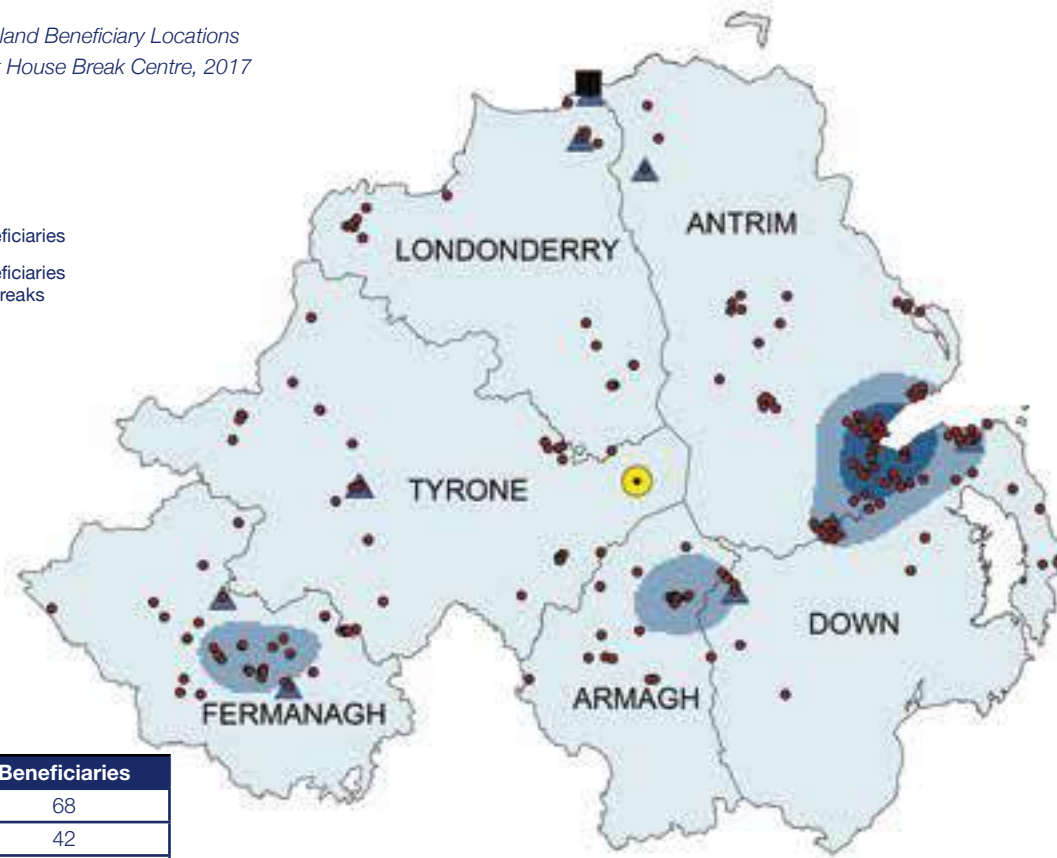
¹ The mapping of beneficiary locations is approximate. For reasons of confidentiality, the data available on beneficiary addresses is restricted to postcodes. UK unit postcodes vary greatly in geographical extent. Generally, they are groupings of around 15 addresses. Urban unit postcodes are usually small, while in rural areas they may be extensive. Unit postcode areas are allocated a 'centroid' (a point at the geometric centre of the mapped area). For mapping purposes, we use this centroid as a 'proxy' for the actual address location.

Figure 14.7 Northern Ireland Beneficiary Locations in Relation to the Bennet House Break Centre, 2017

- Bennett House
- Northern Ireland Beneficiaries
- ▲ Northern Ireland Beneficiaries accessing mainland breaks

Density of Beneficiaries

- Low
- Medium
- High
- Mean Centre of Northern Ireland Beneficiary Distribution



County	Beneficiaries
Antrim	68
Down	42
Tyrone	39
Fermanagh	34
Armagh	28
Londonderry	22

In the Northern Ireland case, the vast majority of beneficiaries, because of the friction of distance, chose to stay at Bennet House in Northern Ireland. Beneficiaries were spread across the six counties of Northern Ireland. Only nine out of the 233 beneficiaries visited a Break Centre on the UK mainland. Concentrations of beneficiaries depicted by the darker shaded areas are visible in the Belfast-Lisburn corridor, Armagh City region and around the Enniskillen conurbation. The map also shows the mean centre of the distribution of the sample of 2017 beneficiaries who visited Bennet House. The mean centre indicates an 'ideal' location that would minimise the distance travelled from home to Break Centre for all 233 beneficiaries in the Northern Ireland dataset.

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Figure 14.8 *Beneficiaries Self-declaring Low Income and their Location Compared to the 40% Most Deprived Areas According to the IMDs and NIMMDs, 2017*

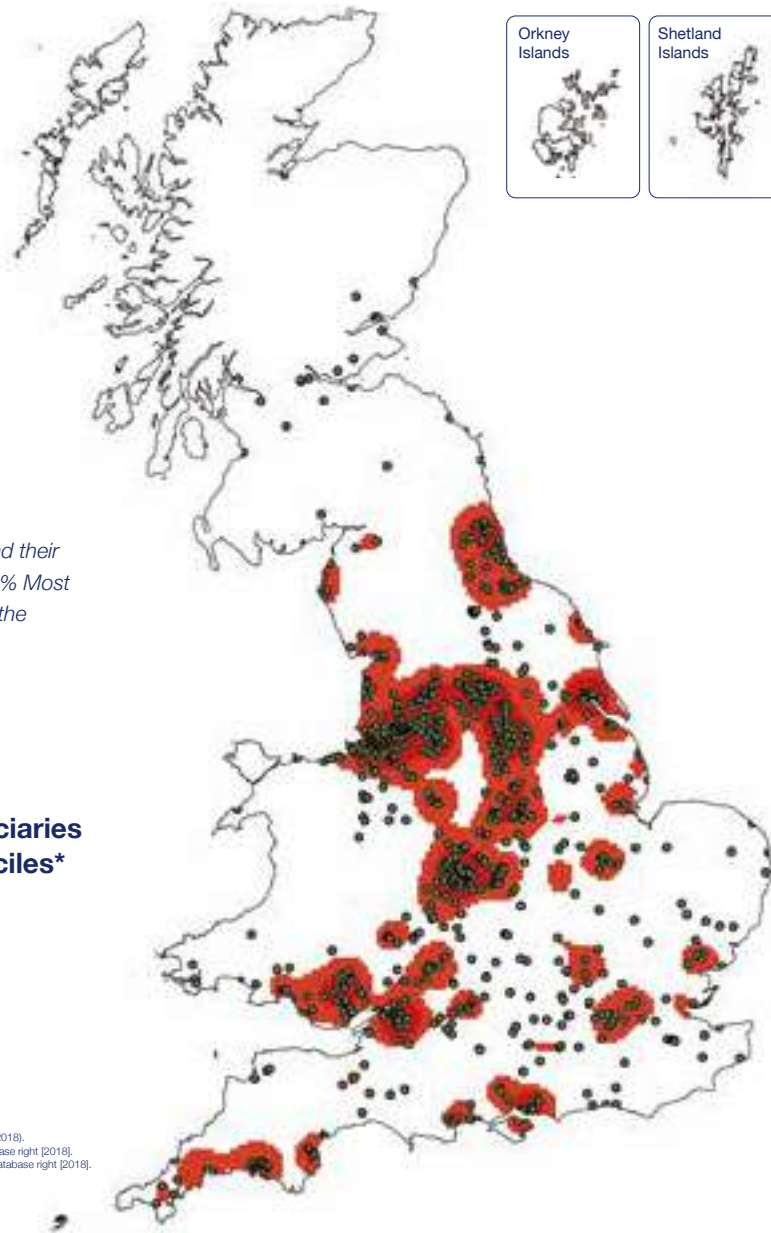
● Self-declared low income

Clustering of Beneficiaries in 1st to 4th IMD Deciles*

■ Moderate

■ High

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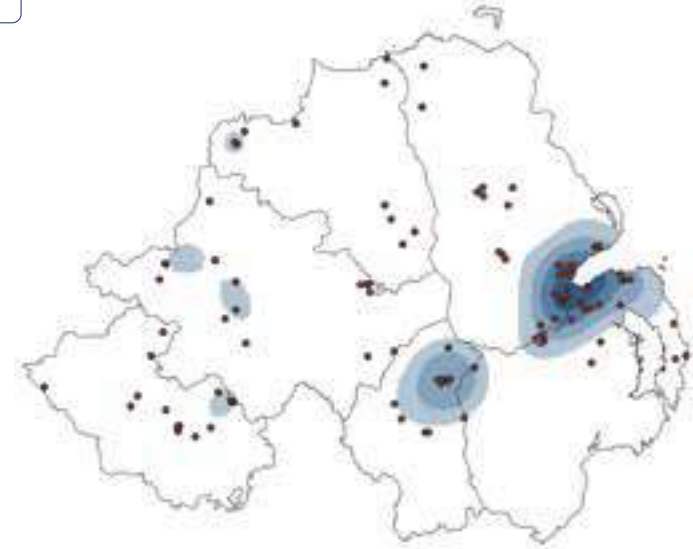
● Self-declared low income

Clustering of Beneficiaries in 1st to 4th MMD Deciles*

■ Low

■ High

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A combined total of 695 out of 964 beneficiaries fall within the core distribution of beneficiaries living within the 1st to 4th deciles of the indices of deprivation. This equates to nearly three-quarters of the archive sample who reside in some of the poorest areas of the UK.

Figure 14.8 highlights the postcode residential location of beneficiaries self-declaring low income as an eligibility criterion for a break. For the UK mainland, there are 758 beneficiaries (or 48% of the sample) who reside in the most deprived areas. Of all mainland UK beneficiaries self-declaring low income (854 in total), 75% of these (equating to 639 beneficiaries) fall inside the core distribution of beneficiaries within the 1st to 4th deciles of the Indices of Multiple Deprivation.

In the case of Northern Ireland, there were 233 beneficiaries in the archive sample. Of these 110 used self-declared low income as an eligibility criterion. The data also highlights that 56 out of these 110 beneficiaries (50.9%) fall inside the core distribution of beneficiaries within the 1st to 4th deciles of the Northern Ireland Measure of Multiple Deprivation (NIMMD).



15. Our Theory of Change Model



PARTNERSHIP

COMMUNICATION

INTERMEDIATE OUTCOMES

ACCOUNTABILITY LINE

ENABLERS

- BENEFICIARY INCLUSION
- PHYSICAL WELL-BEING
- MENTAL HEALTH & WELL-BEING
- COMMUNITY

WELL-BEING OF ARMED FORCES COMMUNITY IMPROVED

ENGAGE WITH CHILDREN

OUR VISION

STAFF TRAINING

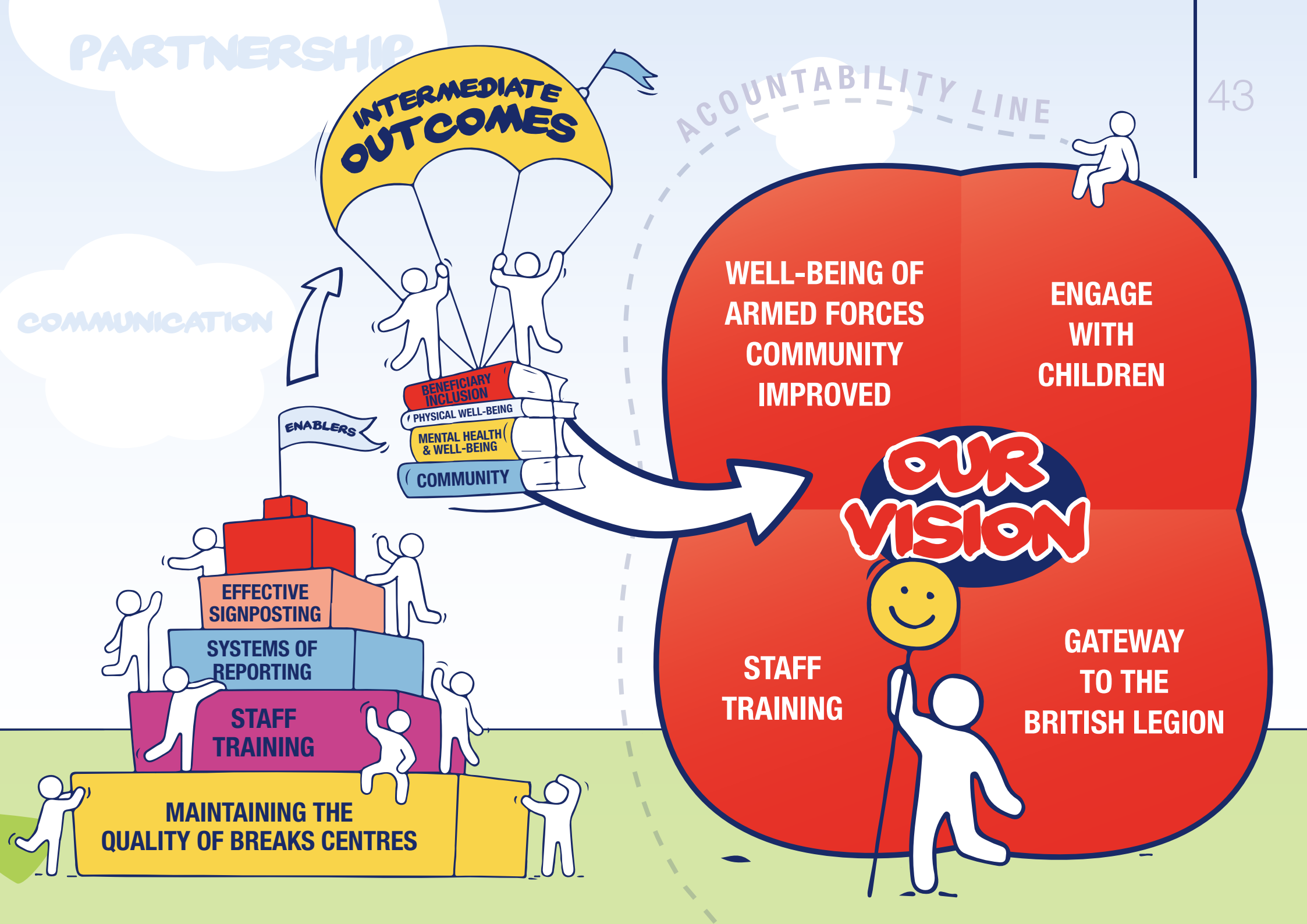
GATEWAY TO THE BRITISH LEGION

EFFECTIVE SIGNPOSTING

SYSTEMS OF REPORTING

STAFF TRAINING

MAINTAINING THE QUALITY OF BREAKS CENTRES



16. Action Learning

Bringing Knowledge Exchange and Action Learning to our Research Partnership

Knowledge exchange, action-learning and interactivity between the research team and the Legion was central to the research process. This open dialogue ensured that the Legion could act upon research findings in a timely manner and that any challenges were addressed in partnership. Allowing those conducting the research and the research users a dedicated space to articulate their needs, and to identify best practice collaboratively has meant that many findings and recommendations informed the delivery of the Breaks Services during the fieldwork.

As part of that process, three interactive events were embedded to ensure an open dialogue between the research team, senior management at the Legion, and front-line staff at each Break Centre. The aim of each meeting was to bring knowledge exchange and action learning together in a format which encouraged reflection and facilitated the effective negotiation of any changes to research plans. These events also ensured that emerging research findings could shape operational policies.



Event One: Findings from the Independent Adventure Breaks Research Strand

Improving the confidence and self-esteem of military children

Upon completion of our evaluation of the Independent Adventure Breaks an interactive session was facilitated to discuss the findings in the following ways:

1. **Identify** the specific needs of military children who attend a break and the strengths in current Legion policy to address such needs.
2. **Indicate** best practice for beneficiary engagement and clarity of aims.
3. **Provide** an evidence base of beneficiary experiences to shape forthcoming practice models. Two models were suggested: a) an activity focussed programme with activity staff who have a knowledge of child welfare and military children (here welfare is achieved through play according to literature) or, b) a welfare programme whereby practitioners from a child welfare background facilitate play and activities and the impact on beneficiary well-being resulting from those activities are measured.
4. **Connect** this evidence base to the literature concerning military children and family wellbeing.
5. **Engage** with Legion staff in order to better understand what the findings mean for the organisation.

ACTION 1: Independent Adventure Breaks were suspended awaiting full report. A strategy will be formulated in 2019 that addresses these three key points with particular attention to funding, eligibility, and ongoing support of beneficiaries.

ACTION 2: Purpose, Safeguarding, Logistics, Relationships, Monitoring and Evaluation identified as key headings for strategy.

Event Two: Preliminary Findings from Quantitative and Qualitative Research with Adult Beneficiaries and Staff

Improving service delivery and accountability for The Legion's Breaks Services

At the end of the field work a workshop was facilitated to share the preliminary findings. In line with the before-and-after methodology, findings were shared in a beneficiary journey format. Starting with referral and ending with re-entry to the Breaks Services.

Key points:

- 1. The Referral Process:** Questions concerning who is referred and how with particular consideration for, a) how the referral process is experienced, b) how those referred into the service are then deemed not eligible at a later date.
- 2. Eligibility Criteria for Beneficiaries:** The clarity of current criteria was discussed, which according to the evidence, are frequently misunderstood. Findings regarding the clarity of eligibility (linked to overall purpose of service) were shared to illuminate the recommendations.
- 3. Beneficiary Priority Policies:** Findings highlighted that local practices were in operation with regard to how official priority policies were implemented.
- 4. Frequency of Breaks for Beneficiaries:** Current policy states that beneficiaries can apply for up to two weeks of holidays on a bi-annual basis. Allowing beneficiaries to apply more frequently for shorter breaks was an emergent finding and the potential implementation of this approach was deliberated.
- 5. Monitoring and Evaluation:** Tools were offered to enable The Legion to monitor and evaluate any changes made during this process.

ACTION 1 (already implemented): Researchers to support new role concerning the quality and compliance of Breaks Centres.



Event Three: Findings from the Independent Adventure Breaks Research Strand

*Improving the health and well-being for veterans, serving military and their families
Impacting upon the lives of beneficiaries who are experiencing loneliness and social isolation*

This final workshop had two main themes:

- 1. Building Capacity of the Breaks Services** to have a longer lasting impact on beneficiary well-being: Bringing the findings of the evaluation together with literature on well-being, military identities and hospitality, recommendations were posed to Legion senior management which were intended to inform Breaks Centre policy and practice.

Specifically:

- ▶ ways in which The Legion can ensure that those leaving a break continue to engage with other services;
- ▶ training for staff to further realise their own role in supporting the well-being of beneficiaries;
- ▶ communicating The Legion in its entirety so that beneficiaries continue to engage with support needed post-break.

- 2. Inform Policy and Practice:** This section was concerned with the implementation of training, data sharing, confidentiality, appropriateness of care and approach were key structuring elements of these discussions.

ACTION 1: A tool created by the research team to assess impact on beneficiaries will now be part of the working practice at all Breaks Centres. This tool will ensure that the vast and differing needs of beneficiaries are met with appropriate monitoring and ongoing evaluation.

ACTION 2: Research team to inform training of TRBL staff.

ACTION 3: Research team to support forthcoming Breaks Centre strategy.

17. Recommendations

1

Strategy

We recommend that staff work together to identify a clear purpose for the Breaks Services moving forward. Noting that:

- ▶ This purpose should be established on its own unique continuum between hospitality, welfare and beneficiary well-being.
- ▶ Drawing upon this new evidence base, a statement of aims should be agreed. Working practices which do not contribute to your overall ambitions should be reworked.
- ▶ It is important that this reaffirmed purpose is cognisant of the changing demographics of the military community in terms of age, gender, sexuality and race.
- ▶ Beneficiary eligibility, priority and access to the service should reflect the Breaks Services aims.
- ▶ Management should work with front-line staff during this exercise to build consensus and to reveal underlying assumptions that shape working practices and are inconsistent with the evidence.
- ▶ We suggest that children are viewed as a separate beneficiary group with specific needs. The Army Welfare and RAF Adventure Breaks have much to offer.
- ▶ Consideration should be given to the creation of age-specific Adventure Breaks, which provide a suitable environment and activities for children.
- ▶ We suggest that Family Breaks are underpinned by a separate strategy.
- ▶ Forthcoming strategies should be clearly conveyed to staff and stakeholders.

2

Measurement

We recommend that beneficiary data, including their specific needs, should be effectively recorded and measured to demonstrate the impact of the service. Noting that:

- ▶ Staff should work with this evidence base when deciding what feedback is important to collate from beneficiaries.
- ▶ The feedback tool developed will ensure a greater confidence in measuring impact upon beneficiary well-being.
- ▶ Current systems of recording applications and feedback should be linked to the purpose of the project and computerised to allow for ongoing monitoring and easily attainable evidence.
- ▶ Soft targets should be co-produced with staff and clear lines of accountability should be established.
- ▶ There is considerable evidence that the Breaks Services is well positioned to act as a gatekeeper to other services (Legion-owned and through wider partnerships). A system which ensures that the needs of beneficiaries continue to be addressed post-break is essential.

3

Training and Professional Development of Staff

We recommend a significant support programme for staff to ensure their well-being and the well-being of beneficiaries:

Noting that:

- ▶ Staff work with many different needs and experiences and must fully understand those needs and their role.
- ▶ Training and professional development of staff should reflect the identified purpose of the Service.
- ▶ Procedures should be introduced which adequately safeguard beneficiaries and staff.
- ▶ Staff should be clear when a presenting issue is beyond their own expertise and know how to signpost effectively to other Legion services as well as to services outside the organisation.
- ▶ The Service needs to ensure that staff are well equipped to deal with the expected vulnerabilities of the military community.
- ▶ Reporting and recording procedures for staff should be clear with guidelines for incidences that require exceptional consideration and an appropriate welfare response.
- ▶ Staff debriefing should be customary practice and Break Centre Managers should consider training to enable them to fulfil this role.
- ▶ In addition, implementing regular supervision is encouraged to support the emotional needs of staff.
- ▶ All staff working with children should receive sufficient knowledge of the background and context of children's needs, underpinned by a specific safeguarding policy, which includes clear child protection guidance.

4

Future Research

Throughout this Report we have identified key evidence gaps. We note in particular the following areas for future research:

- ▶ A longitudinal research project which monitors well-being at the application stage and tracks adult beneficiary journeys for at least 12-months post-break.
- ▶ A longitudinal study of military children who attend either an Adventure Break or a Family Break is important to better understand the lasting effects of the Breaks Services upon confidence and self-esteem.
- ▶ There is a need to understand the changing social demographics of the military community and how the needs of this ever-changing population can be met through the Service.
- ▶ There are clear benefits to those who attend an 'outsourced' Family Break – yet, little is known about the lasting effects of these breaks or how they compare to those breaks provided in-house.

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Part Three

An Overview of Methods and
Underpinning Academic Literature

1. Introduction

It is widely acknowledged that the challenges and demands of serving in the Armed Forces have changed significantly in recent years, as have the lived-experiences, and needs of the entire Armed Forces Community. As such, service providers, policy makers and academics alike are involved in a fast-moving debate about how best to support those who have served. The Legion's Breaks Services are a cornerstone of recreation for this community, impacting upon the well-being of thousands of people each year.

The Faculty of Arts, Professional and Social Studies at Liverpool John Moores University offers interdisciplinary research solutions to the challenges of the 21st

century. At the centre of all our activities is a commitment to the public health and well-being of communities, criminal and social policy for better service provision and support, community development, culture and society, evidence-based practice, enhanced monitoring, and evaluation schema - developing and demonstrating impact and social value from investment and knowledge exchange beyond the University. Drawing on this expertise, a transformative evaluation framework was brought to this project. The model was informed by 'veteranality' (Murray 2016) yet tailored to the Service, ensuring beneficiaries' journeys through the Service were understood with reference to policies and practices, aims and aspirations, and the challenges faced.

2. Transformative Evaluation

The transformative evaluation synthesised a multifaceted evaluative framework with appreciative enquiry to ensure a participatory research agenda at every stage of the project. Recognising the challenges facing organisations as they embark upon evidence-based strategic change, the findings of this project were considered as an opportunity to reflect current practice, harness best practice, and as an opportunity for improvement in an ever-changing and fast-paced landscape of support services. With this in mind, the progress of the research was not only reported but discussed in partnership with TRBL management throughout the project's duration.

The transformative evaluation ensured:

- ▶ key findings could be embedded into ongoing policy change;
- ▶ emerging findings shaped forthcoming plans;
- ▶ triangulation of quantitative and qualitative methods;
- ▶ two-way dialogue between the research team and the research commissioners, encouraging methodological and procedural changes when and where necessary;
- ▶ development of tools for future use by TRBL which reflect the findings and aspirations of the service;
- ▶ a theory of change model accompanies our recommendations to demonstrate our commitment to the strategic use of our findings.

3. Veteranality

To approach the Service in this way is to pay attention to a series of separate yet interrelated understandings about beneficiaries of the Legion's Breaks Services, as well as the intentions and assumptions which underpin its operationalisation. All of the following must be considered:

- ▶ **Subjectification:** For this analysis, subjectification refers to how and why beneficiaries are identified and deemed eligible for this Service. Existing data and statistical exercises are often the starting point. This stage of the project also considers the needs of individuals and how they are understood, and hence responded to, before making sense of any new forms of subjectivity, which are produced through attending a break. Ascribing attributes and underlying assumptions are teased out and cross-referenced to how beneficiaries understand themselves.
- ▶ **Technologies:** For this analysis, how the issues facing beneficiaries are understood are considered alongside the policies and practices that emerge in response. Both pro-active and re-active in nature, working practices become the focus – with specific attention to the techniques of intervention (initiatives

and activities), the evidence base which is drawn upon, and how these processes come together in the hope of having a positive impact upon lives. Feedback data, and 'before-and-after' methodologies are conducted to validate or refute working processes.

- ▶ **Teleologies:** For this analysis, the desired ends are considered asking 'what is the aim of this project?' or 'what is the desired effect of this programme?.' Beneficiary testimonies post-break are important as a means of evidence, as is tracking the lasting impacts beyond their break.
- ▶ **Resistance:** For this analysis the challenges faced are identified with reference to instances whereby both beneficiaries and staff resist the dominant beliefs which underpin policy and practice. Voice is crucial here, obtained through a series of qualitative methodologies and is integral to every part of this step process.

The Legion provided the well-being criteria of this project, noting that an impact upon physical well-being, mental well-being, social isolation / inclusion and community, personal relationships and confidence were all central to their ambitions. Based upon our knowledge of the well-being literature which follows, we created and validated the Breaks Centre Beneficiary Well-Being Scale (BCBWBS). The BCBWB is an adaptation of the Warwick Edinburgh Mental Well-being Scale (WEMWBS) that takes into account the needs of the Armed Forces Community, hospitality issues and welfare interventions. Statistical analysis reveals that we can be 99.9% certain that the relationship between taking a holiday and the improvement in general well-being claimed in this Report would be true for the entire population.

Traditional definitions of health and well-being utilise a medicalised perspective, asserting that health is achieved purely through the absence of disease or illness (Brüssow 2013). This narrow medical understanding of health has been challenged and subsequently evolved into a multifaceted, fluid concept. In 1948, The World Health Organisation (WHO) initiated discussion around a broader definition, recognising the role of physical, mental, and social well-being

on health, proposing that these spheres are interconnected and cannot be viewed in silo (WHO 1948; Huber et al. 2011; Brüssow 2013). More recently, scholars and health experts have recognised the limitations of this definition and have introduced an updated definition reflecting the inherent challenges in nailing down this concept. They define health “as the ability to adapt and self-manage” when presented with change or challenges to physical, mental, or social well-being (Huber et al. 2011: 2). This definition not only pays homage to the holistic view of health, but also incorporates a dynamic element that speaks to resilience and subjective well-being (Huber et al. 2011).

It is impossible to separate health from well-being and vice versa as they are locked in a symbiotic relationship, each having influence and impact on the other (Department of Health 2014). Well-being, as defined by WHO, “exists in two dimensions, subjective and objective. It comprises an individual’s experience of their life as well as a comparison of life circumstances with social norms and values” (WHO 2012: 1). Recognising that health and well-being are frequently conflated and interwoven, the research team’s task to define and separate these concepts was not straightforward.

Self-determination theory (SDT) is prevalent in well-being literature and applies to each of the five TRBL well-being domains (Ryan and Deci 2000; Patrick et al. 2007; Ryan and Deci 2008; NHS Scotland 2015; Peacock et al. 2018). Ryan and Deci describe SDT as “an approach to human motivation and personality that uses traditional empirical methods while employing an organismic metatheory that highlights the importance of humans’ evolved inner resources for personality development and behavioural self-regulation” (Ryan and Deci 2000: 68). This incorporates the core components of Huber et al.’s (2011) definition, speaking to the importance of resilience and self-efficacy. SDT explores the conditions in which people can achieve optimal well-being and identifies three psychological needs that must be met in order for the individual to thrive: competence, relatedness, and autonomy (Ryan and Deci 2000).

As the traditional definition of health (i.e. the absence of disease or illness) is deemed insufficient, **physical health** must be defined in broader, more holistic terms. Locating a single, universal definition for physical health and well-being has been a challenge, therefore the team approached this task by considering the different factors that comprise this concept. *Reviewing NHS Greater Manchester’s Mental Health Guide* (2018) to physical health, several critical components contributing to optimal health include physical activity, nutrition and diet, and rest and sleep. The team further expanded on these factors by considering the definition for overall health and well-being (Huber et al. 2011)

and applied this to observations made in the field, concluding that medical self-care and knowledge of physical limitations are also key factors.

Physical health and well-being is deeply intertwined with **mental health** and well-being (Mind 2013; NHS Scotland 2015). The three psychological needs, according to SDT, are equally as important in supporting optimal physical health and well-being (Teixeira et al. 2012). Boosting an individual’s sense of autonomy, competence, and/or relatedness can harness motivation and therefore drive action and commitment to achieving and maintaining physical health and well-being (Teixeira et al. 2012; Peacock et al. 2018). This is evident, for example, in team sports which offer opportunities for connectivity and, through accomplishment, may enhance competence. Behavioural regulation and change, such as maintaining a balanced diet or beginning a fitness regime, speaks to autonomy and competence.

Physical health and well-being in the Armed Forces Community as outlined in the *Annual Medical Discharge in the UK Regular Armed Forces Report* (MoD 2018) cites musculoskeletal problems as the most common cause for medical discharges in the UK armed forces. However, rates differed according to service branch (MoD 2018). The second most cited reason for medical discharge, mental and behavioural disorders, was followed by other conditions such as ear and mastoid process diseases, nervous system

disorders, and other generic cited causes. Certain characteristics such as branch, rank, age, gender, and level of training are significant risk factors. The physical demands of specific jobs within each service place service members at risk of injury and women are particularly susceptible to stress fractures and hip injuries, with risk of injury further increasing postpartum (MoD 2016; MoD 2018). Given the physical demands of the Armed Forces and potential injuries that may have a prolonged impact on the lives of service members and their families, it is crucial to have a clear understanding of how their physical health and well-being affects their transition to civilian life.

The healthy soldier effect commonly features in literature covering veterans' physical health and well-being. Several systematic reviews suggest that veterans have lower mortality risk when compared to the civilian population and this has been attributed to the physical standards to which they were held prior to and during service (Kang and Bullman 1996; McLaughlin et al. 2008; Oster et al. 2017). However, a US systematic review of Iraq and Afghanistan veterans (Bollinger 2015) contests the healthy soldier effect may be waning. Another Australian-based review suggests results could be cohort dependent as mortality outcomes varied depending on the conflict and service branch (Waller and McGuire 2011). Mortality, however, is not the only consideration. Conditions such as traumatic brain injuries, tinnitus, chronic pain, and physical impact of substance abuse and mental health disorders may take a considerable toll on

overall well-being of ex-service members and their families (Oster et al. 2017). For UK veterans, health risks appear to be influenced by geography. Veterans in Northern Ireland face a higher risk of sensory, mobility, obesity and, systemic health conditions, while Welsh and Scottish ex-service members are more likely to smoke and misuse alcohol (Ashwick and Murphy 2017). The sustained physical and mental injuries can have a significant impact long after discharge.

Establishing a universal working definition for **mental health and well-being** is equally challenging. These two concepts are inextricably linked and vary, depending on the source (Faculty of Public Health 2010). As defined by the World Health Organisation, mental health is virtually synonymous with mental well-being:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(The World Health Organisation 2014)

As demonstrated by the above definition, mental well-being is a key component of mental health. The UK-based mental health organisation, Mind, attempts to define this concept as a culturally conditional, dynamic

description of one's state of mind, subject to changes influenced by various biopsychosocial factors (Mind 2016). Though playing a significant role in shaping one's mental health, poor mental well-being is not necessarily indicative of the presence of mental illness. The variability of mental well-being suggests that state of mind can be influenced by numerous factors, including day-to-day stressors or more profound events such as loss of a loved one (Faculty of Public Health 2010; Mind 2016).

Over the years, a dual continua model has emerged that allows for the presence of a mental illness and ability to achieve and maintain mental well-being, thus contending that these concepts are not mutually exclusive (NHS Health Scotland 2015). Therefore, it is essential to promote a definition of well-being that endorses this view. Taggart et al. (2015: 3) in *The Warwick-Edinburgh User Guide* employs a definition uniting the hedonic and eudaimonic perspectives on mental well-being:

Mental well-being derives from psychological functioning, which includes the ability to develop and maintain mutually beneficial relationships, and from levels of happiness and contentment with life, usually measured as life satisfaction. Psychological functioning includes ability to maintain a sense of autonomy, agency, self-acceptance, self-esteem, and personal growth and purpose in life. Mental well-being is more than the outcome of treating or preventing mental illness.

(WEMWBS User Guide-Version 2, 2015:3)

Breaking this down to five tangible and accessible factors, the *NHS 5 Steps to Mental Well-being (2016)* provides a clear, practical overview to achieving positive mental health via connecting with others, being active, keep learning, giving to others, and being mindful. These factors speak to different elements in the above-listed definitions and overlap with TRBL's stated well-being aims, which further complicates the task to clearly separate and define each of the stated aims.

Assessed **mental health disorders in the UK Armed Forces community** increased from 1.8% in 2007/2008 to 3.2% in 2016/2017, however, this continues to remain at a lower rate than the general population (MoD 2017). Causality is not clear as this increase can be attributed to reduction in stigma, better detection, or an actual rise in mental health issues (MoD 2017). A study in 2010 found that only 1 in 5 UK armed forces veterans with mental health concerns seek treatment (Iversen et al. 2010). However, a more recent study suggests that servicemen and servicewomen aged 20-44 were more likely to present to mental health services seeking assistance (MoD 2017). 4% of UK armed service members were diagnosed with a substance misuse disorder (MoD 2017), and of those diagnosed with a mental health disorder, adjustment (32%) and mood (33%) disorders were the most commonly reported (MoD 2017).

Risk factors for developing mental health disorders include gender, rank, service, and age (MoD 2017). According to the 2016 *Women in Ground Close Combat Interim Health Report*, 5.9% of UK servicewomen were diagnosed with a

behavioural and mental disorder, most commonly depressive, adjustment, and anxiety disorders. This finding is not statistically different when compared to the UK general population. In comparison, 2.6% of servicemen were diagnosed with a mental and behavioural disorder (MoD 2016). Although servicewomen are more likely to seek treatment for mental disorders than servicemen (MoD 2017), the MoD data indicates that the number of servicemen seeking mental health assessments increased at a faster rate between 2007/2008 and 2015/2016 than their female counterparts (2016). Based on one UK sampling study, women reported higher scores on the PTSD checklist, however, data from male service members indicated an increased severity of symptoms (Woodhead et al. 2012). 0.2% of the UK Armed Forces community were assessed as meeting the criteria for PTSD (MoD 2016), with Army and Royal Marines reporting proportionally higher cases of PTSD than other services (MoD 2017).

Relationships are crucial in building and maintaining positive mental health and well-being. For service personnel, being in a stable relationship is considered a protective factor in developing mental health and alcohol issues (TRBL 2014; Keeling et al. 2015; CSJ 2016). The development of mental health problems during an Armed Forces career places veterans at heightened risk of relationship breakdown, unemployment, and social exclusion (Iverson et al. 2005; CSJ 2016). In fact, a veteran's negative mental health can have a significant negative impact on the mental well-being of a partner or spouse. A King's College and Combat Stress collaborative study (Murphy et al. 2016) cited 45 % of surveyed female

partners (n=100) of male veterans with PTSD indicated problematic alcohol use, 40% met criteria for anxiety and depressive disorders, and 17% reported potential symptoms of PTSD. Another study identified that the severity of 'secondary traumatic stress' symptoms experienced by veteran's partner is directly related to the duration of the veteran's PTSD symptoms (Ahmadi et al. 2011). Poor mental health has a knock-on effect as is demonstrated by the correlation between poor mental health and increased risk of multiple deprivations observed in veterans seeking treatment in England (Murphy et al. 2016).

As a defining component of eudaimonic well-being, personal relationships commonly feature in well-being literature (Ryan and Deci 2000; NHS Health Scotland 2015). Underpinning this notion of eudaimonic well-being, self-determination theory states that relatedness is one of three basic psychological needs that must be satisfied in order to achieve optimal well-being (Ryan and Deci 2000; Patrick et al. 2007). A universal definition for **personal relationships** remains elusive, however, the existing literature encompasses several concepts, including communality, attachment, interdependence, patterns of interaction, and health and well-being. As previously discussed, 'health' and 'well-being' are inextricably linked, and definitions vary depending on the source (Faculty of Public Health 2010; The World Health Organisation 2014; Mind 2016).

Relationships in the Armed Forces Community play a fundamental role in achieving and maintaining optimal well-being both during and post-service as noted by several recent prominent studies (Sayers 2011; TRBL 2014; Keeling et al. 2015; CSJ 2016). Strong, secure relationships are a protective factor for transitioning military members. While research suggests that the majority of the Armed Forces Community report relationship satisfaction, there is also recognition of multiple psychosocial stressors placed on the military family (CSJ 2016). This can include, but is not limited to unemployment, household and childcare responsibilities, relationship power dynamics, deployment, physical and mental health complications, and communication breakdown (Williamson 2012; CSJ 2016). The importance of stable and healthy relationships for those in the Armed Forces Community is evident as per data indicating that risk of physical and mental illness and social isolation increases for ex-service members who are separated or divorced (CSJ 2016).

As highlighted in the *Centre for Social Justice Report* (2016), military children are particularly vulnerable to disruptive forces affecting family relationships. The impact of deployment of a parent, relationship discord between family members, and frequent relocation can negatively impact a child's development and welfare. The repercussions of this can extend to school performance, social and emotional development, and physical and mental health and well-being (NDCF 2013; Siebler and Goddard 2014; CSJ 2016).

Relationship quality and wider social support can have profound effects on the carer's well-being. The quality of the relationship prior to taking on the caring role is a predictor for life satisfaction for the carer, the perception of social support a negative indicator for carer stress (Dorfman et al. 1996). Furthermore, one study presented evidence of "stigma-by-association" in relation to carers of veterans with stigmatised conditions such as traumatic brain injury (Phelan et al. 2011), triggering distressing knock-on effects like anxiety, depression, social isolation, and poor self-esteem. It is worth noting that these studies are highly gendered with the majority of the research subjects identifying as female in these listed studies.

The terms **social isolation** and loneliness are often used synonymously. However, they are distinctly referring to two separate phenomena, the former being an objective and the latter a subjective experience (Age UK 2015). Social isolation is characterised as disengagement from friends, family, community, and/or support services which may be attributed to a number of factors such as geographical, physical/mental health, or social barriers. Loneliness is described as a lack of quality rather than quantity in terms of relationships, relating to emotional intimacy and ability to connect socially (Age UK 2015).

According to a 2017 TRBL report (Murray and Ragonese 2017), social isolation and the Armed Forces Community is a poorly understood and minimally

researched topic. The report uses the Age UK definition and the multi-factorial understanding of social isolation (Clarke and McDougall 2014) as a framework to provide understanding and context. Social isolation stems from five different factors: individual, community, societal, life course and transition, and socio-economic drivers (Clarke and McDougall 2014). The research team refined this to examine isolation independent of and during the Breaks Services.

To date there is minimal research dedicated to examining social isolation within the Armed Forces Community. TRBL has committed to tackling social isolation in the Armed Forces community and recently published their own commissioned studies further examining this issue (Murray and Ragonese 2017; TRBL 2018). Results indicate that there are various contributing factors that may cause individuals in the Armed Forces Community to experience social isolation. Murray and Ragonese (2017) use the Age UK definition and the multi-factorial understanding of social isolation (Clarke and McDougall 2014) as a framework to provide understanding and context. This framework asserts that social isolation stems from five different factors: individual, community, societal, life course and transition, and socio-economic drivers (Clarke and McDougall 2014). Variables situated within this framework include, but are not limited to bereavement, transitioning to civilian life, the emphasis on self-reliance as a highly regarded trait within military culture, gender, sexuality, and age (TRBL 2018). Furthermore, a lack of understanding by civilian professionals working in

charities can further alienate and thus exacerbate this issue (Murray and Ragonese 2017; TRBL 2018).

As a part of the Armed Forces Community, families share the values and cultural norms of their partners and the wider community (TRBL 2018). Isolation may occur during and post-service and may be contingent on the family's ability to integrate in both the Armed Forces as well as the civilian communities. Comparable to current and ex-service members, the specific challenges faced by families are often poorly understood by the civilian support services civilian community as a whole much less civilian community as a whole (TRBL 2018).

5. The Process

i. Subjectification

This part of the project was influenced by the informing characteristics of the military identity scale (Albertson 2016) and the issues facing a broad and diverse Armed Forces Community in the 21st century.

Break Centre Beneficiary Well-Being Scale (BCBWBS) (survey 1)

To understand the well-being needs of beneficiaries upon arrival, the BCBWBS was utilised in the first of three surveys completed by participants willing to have their well-being tracked.

A range of other methods were also employed at this stage:

Archival and Mapping Data

Information was collected from TRBL's archival data, using beneficiary booking forms for Family (FH1) and Non-Family (BH1) Break Services. This allowed the evaluation to conduct a systematic analysis of beneficiary application criteria, home postcodes and Breaks Centre visited.

Analysis of the 2016-2017 archival applications data formed an integral part of the evaluation of the Breaks Services. Attention focused on summarising the age distribution of 2016-2017 beneficiaries, identifying the most common combinations of eligibility criteria selected by beneficiaries completing the Break Centres Application Form (BC1) and the Family Holidays Application Form (FH1).

An ArcGIS mapping analysis was applied to the 2017 archival application data with the key aim of better understanding any presenting spatial significance and relationships within the data collected on beneficiary home postcodes and Breaks Centre attended. The mapping of beneficiary locations is approximate. For reasons of confidentiality, the data available on beneficiary addresses is restricted to post codes. UK Unit Postcodes vary greatly in geographical extent. Generally, they are groupings of around 15 addresses. Urban Unit Postcodes are usually small, while in rural areas they may be extensive. Unit Postcode areas are allocated a 'centroid' (a point at the geometric centre of the mapped area). For mapping purposes, we use this centroid as a 'proxy' for the actual address location.

The data relating to deprivation (English, Welsh and Scottish Indices of Multiple Deprivation, and NI Measure of Multiple Deprivation) are derived by combining UK Census and other statistical data. Census areas are allocated a deprivation Index 'score', and ranked according to this score, with one being the most deprived. The Indices are published periodically. We can map this data to UK census areas at various levels. UK census boundaries (Lower Level Super Output Areas in this study), and Unit Postcode areas, while roughly equivalent in geographical size, are not co-terminus, and will not nest. Deprivation data is 'allocated' to beneficiaries by identifying the Deprivation Index rank of the census area within which the mapped Unit Postcode centroid falls.

There is therefore an inevitable and unavoidable, though probably small (particularly in urban areas) margin for error. In Figure 14.6 in the report, catchments are ‘Voronoi polygons’, where boundary lines are drawn at equal distances between Break Centres. Mean Centre is a measure of ‘central tendency’; a point constructed by calculating the average Easting and Northing values for the locations examined, to represent the estimated ‘centre’ of an uneven distribution. The Median Centre is a measure of ‘central tendency’; it is constructed by calculating the point which minimises the straight line (or Euclidean) distance between it and all the locations in the distribution, so representing the estimated ‘centre’ of an uneven distribution. This measure is less sensitive to ‘outliers’ than the Mean Centre measure. In Figures 14.7 and 14.8, Kernel Density Estimation is used as a means of estimating the density of the distribution of point locations (in this case postcode address locations) across a continuous area. It is useful in identifying ‘hot’ and ‘cold’ spots in distributions, and particularly change in these over time. Statistical tests are applied to establish a ‘confidence level’ that the apparent ‘hot’ or ‘cold’ spot is statistically significant.

Interviews with Staff

To highlight how staff, understand beneficiaries needs and eligibility, 23 interviews were conducted with staff across the range of positions held by Break Centre employees. Semi-structured in nature staff were asked to talk to the following key themes in their own words:

- ▶ Who attends a break and why?
- ▶ Who should attend a break and why?
- ▶ The priority system.
- ▶ Eligibility.
- ▶ Challenges to existing eligibility criteria.
- ▶ The impact they have as an individual.
- ▶ The impact of the service of beneficiary need.

These insights have informed three knowledge exchange and action learning events and will form the basis of forthcoming dissemination and training events.

Interviews and Focus Groups with Beneficiaries

During visits to Break Centres, beneficiaries were invited to participate in one-to-one interviews or focus groups. The purpose was to increase engagement (particularly of elderly beneficiaries) and to explore participants own understandings of the Service and their eligibility/ identity for and within it. The following themes guided these semi-structured schedules:

- ▶ Why do you attend the Breaks Service?
- ▶ Why did you believe you were eligible?
- ▶ How participants identify/ understand needs.
- ▶ The criteria fulfilled during the application process.
- ▶ Any other needs/ support required/ fulfilled.

These insights have informed three knowledge exchange and action learning events and are a component of forthcoming dissemination and training events.

ii. Technologies

This part of the project focused on policy and practice intentions and responses to beneficiary needs. These were analysed according to staff explanations, beneficiary testimonies, and documentary analysis detailing process and procedure (including activities).

Staff Interviews

This part of the data collection process focussed upon how staff explained their interactions with beneficiaries and why they believed in those engagements.

Guided by the following themes, staff spoke to:

- ▶ The importance of activities.
- ▶ The importance of beneficiary interactions with each other and its facilitation.
- ▶ The intentions of social events.
- ▶ Indicators of success.
- ▶ Cultures of success.
- ▶ The importance of participation.
- ▶ Behind the scenes preparation and organisations.
- ▶ The factors driving the working practices of staff groups.
- ▶ Challenges.

Interviews and Focus Groups with Beneficiaries

When engaging beneficiaries in this project through these means, discussions also asked questions of:

- ▶ The importance of activities and social events.
- ▶ The impact staff have upon them.
- ▶ How beneficiaries understand participation.
- ▶ Their perception of the programme of events offered.
- ▶ Challenges.

Documentary Analysis

Advertisements, posters, programmes of events and Break Centre official procedures were analysed with reference to their stated intentions. This process allows underlying assumptions which may be unfounded to come to the fore. These insights also informed three knowledge exchange and action learning events and will be a component of forthcoming dissemination and training events.

Literature

Social tourism was explicit in the many logics which informed Break Centre policy and practice. Due to the relative dearth of studies which have focused explicitly or directly on the impact of leisure breaks as part of an integrated approach to veteran support, the project utilised the lessons and findings of

studies on the impact of holidays and leisure breaks on quality of life and general well-being. Within this context, the classification of holidays and leisure breaks as forming part of social welfare/social care provision more broadly has been referred to as ‘social tourism’ (Hazel 2005). Social tourism was explicit in the many logics which informed Break Centre policy and practice. As Hazel (2005) explains, social tourism has long been mainstreamed within the social care policies of European countries with social democratic welfare regimes but has never been fully adopted in the UK, nor in the liberal regimes of America or Japan. Reflecting on an article written in the early 1990s, Hazel (2005: 233) suggests that: ‘Little appears to have changed since Hughes noted in 1991 that: ‘There is relatively little special consideration of the plight of those who are unable to afford a holiday nor provision for them’. In many ways this statement remains true today, over a decade since the publication of Hazel’s (2005) work.

Several studies have more recently begun to unpack some of the benefits of social tourism for subjective well-being, both among low-income individuals and families (McCabe et al. 2010; McCabe and Johnson 2013) and economically disadvantaged older people (Sedgley, Pritchard and Morgan 2012). As noted by Hughes (1991) and Hazel (2005), the assumption that people universally have access to tourism is pervasive in tourism literature, however, this has subsequently been challenged by scholars in recent years (McCabe and Johnson 2013). According to Hazel (2005), tourism benefits are likely to be felt most by those who are the least advantaged. In accordance with this assertion,

TRBL’s objective is ultimately improving the well-being of qualifying beneficiaries and this has been operationalised by establishing five well-being aims: physical health and well-being, mental health and well-being, personal relationships, social isolation, and confidence of self-esteem of adult beneficiaries and military children. Studies link social tourism to building family and social capital, reducing social isolation and exclusion, and improvement in some physical and mental well-being markers (Hazel 2005; Minnaert et al. 2009; Sedgley et al. 2012; Minnaert 2014). According to the existing social tourism evidence-base, TRBL Breaks Service had the theoretical potential to have an impact on beneficiary well-being.

Working with Children

The primary methodological tool with children attending the **adventure breaks** was the use of **graffiti boards**, to allow the children freedom of expression (see for example Tracy 2005) regarding their experience at the adventure break. Four graffiti boards were presented to the children at each location representing an individual theme: (1) I like, (2) I dislike, (3) I feel, and (4) I would change. The children spent approximately 10 minutes at each graffiti board in small groups and used words or pictures to express how they felt about the adventure break in relation to the individual board theme. A total of 72 children took part in the adventure breaks evaluation. Group sizes varied at each location (Finborough, 13; Pangbourne, 7; Westonbirt, 28; Worksop, 24) which may have had some impact on the level of discussion and therefore had some impact on the data.

The researchers supported and prompted children where needed, but maintained a non-intrusive approach throughout, so not to influence what the children wrote / drew on the boards. During the facilitation of graffiti boards, researchers spent time with each group discussing their responses, this would later give context to some entries that would otherwise be difficult to interpret without the children's explanations. These conversations also ensured that the researchers could prompt children regarding the meaning and purpose of each board, and so that children's entries responded to the task.

Data from the graffiti boards was transcribed and coded using NVivo (statistical software). This coding could then be categorised into key sub-groups ('nodes' in NVivo), which allow themes and patterns to emerge from the data.

For those children attending a Break Centre, **confidence catchers** were tailored and utilised. Rosenberg's Self-Esteem Scale was used as one of the activities within the booklet and utilised 10 pre-determined statements which required the children to score themselves on a Likert scale in terms of how they felt the statement reflected themselves (3 = Strongly Agree, 2 = Agree, 1 = Disagree, 0 = Strongly Disagree). The scale included five positive statements and five negative statements that measure positive reflections of the self. This allows for an insight into how the children perceive worth. For analytical purposes, the scores for negative statements were reversed. Self-esteem is measured on a scale with the lowest score being 0 and the highest 30.

Confidence Scale A confidence scale was designed to measure children's confidence pre- and post-break. Using five statements children scored themselves on a Likert scale of 1-10 (1 = Disagree, 10 = Agree); lowest score being 10 and the highest score 50 (see page 31).

iii. Teleologies

The desired outcomes were identified through staff interviews, and measured through survey 3 and 4 of the 'before and after' methodology, and online surveys.

Staff Interviews

Staff were also asked to comment upon the aims of the Breaks Services and indicators of success. The following themes guided those interactions:

- ▶ The aims of the Service.
- ▶ Indicators of success.
- ▶ Targets.
- ▶ Evidence of effective practice.
- ▶ Reflective practices.
- ▶ Recording of aims and achieved and not achieved.
- ▶ The challenges.
- ▶ Their personal aspirations for the future of the Service.

Break Centre Beneficiary Well-Being Scale (survey 2 and 3)

To understand the well-being needs of beneficiaries upon arrival the BCBWBS was utilised in the second (upon check-out) and third (4-6 weeks post-break) of three surveys completed by those willing to have their well-being tracked.

Online Survey

Following consultation with staff from the initial survey site, an Online Survey (formerly BOS) was created derived from the original surveys designed to capture a single review of the Breaks Services. This method was initiated to 1) include family break beneficiaries who struggled to complete the two-part surveys during their stay 2) access beneficiaries who previously attended a break centre 3) boost rates and ensure representativeness by engaging younger ex-servicemen and women as well as those who are currently serving (Dusek et al. 2015). Social media outlets, such as Facebook and Twitter, were used to disperse the link to these beneficiaries.

iv. Theories of Change

A 'theories of change model' is a strategic framework, which accounts for factors influencing desired outcomes. This framework places emphasis on critical thinking and utilising underpinning theory to develop and explain assumptions, involving a reflexive, dynamic discourse by the entity seeking change (Anderson 2005; James 2011). Theories of change are considered living

documents in which flexibility is crucial as assumptions are regularly challenged and actions adapted to facilitate change (Anderson 2005). Vogel (2012) notes that this is both a process and product, thus not mutually exclusive. In contrast with a logic framework model, this is not a linear process, therefore, theory of change models have the ability to capture this on paper. As an evaluation tool and potential strategic tool beyond the evaluation, this process identifies the objectives or the desired change(s) and creates a 'pathway of change' or 'process mapping' by starting from the end point and working backwards (Anderson 2005; Vogel 2012). Theories of change rely on ongoing participatory discourse from stakeholders (Anderson 2005). They are comprehensive, causal approaches to change, differing from other well-known evaluation and planning models, such as logic framework or programme logic models. The latter start from the beginning and progress in a linear manner (see pages 42-43), and do not provide justification or hypothesise as to why certain results are reached (Clark and Anderson 2004).





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