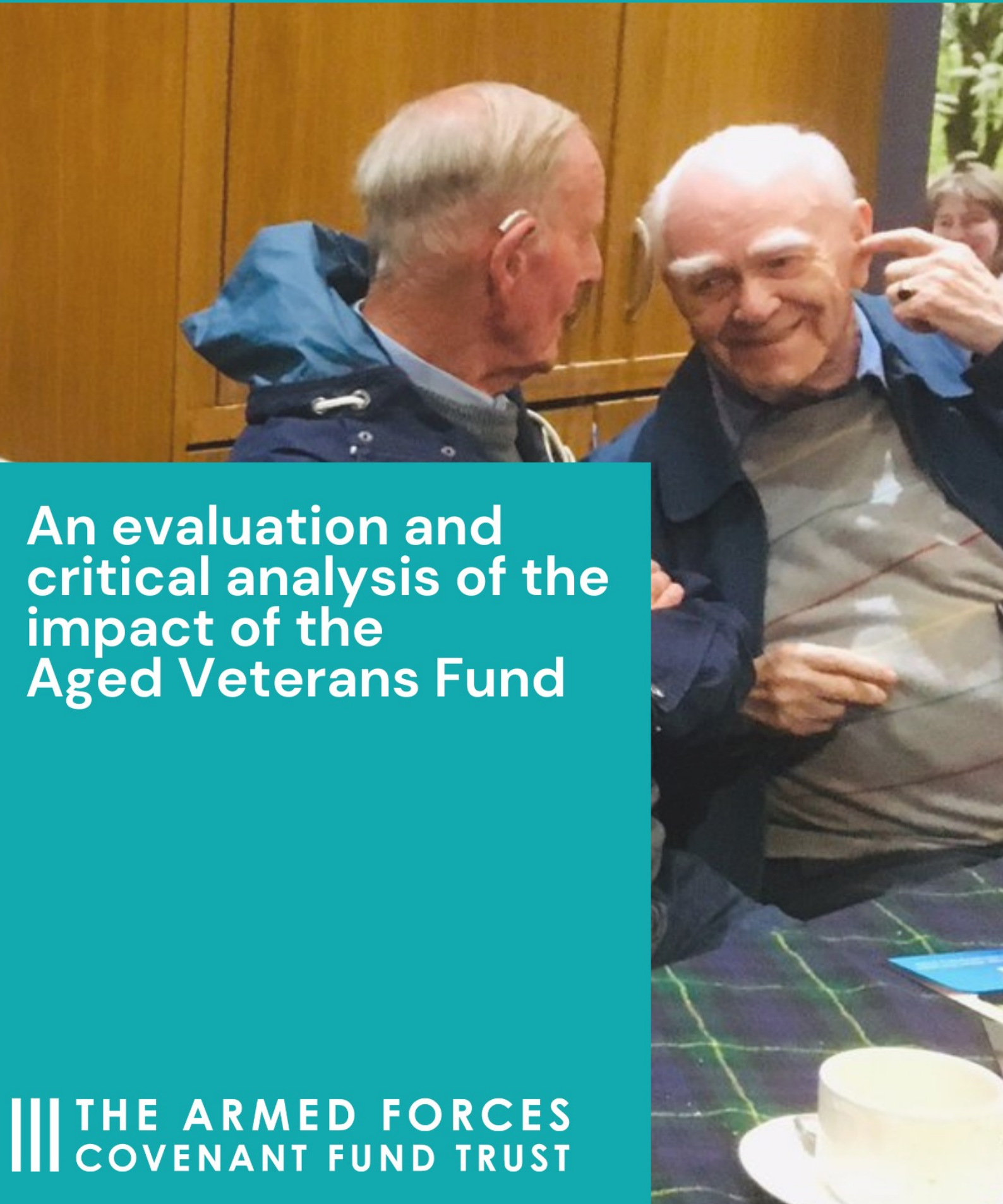


Westminster Centre for  
Research in Veterans



University of  
Chester



# An evaluation and critical analysis of the impact of the Aged Veterans Fund

THE ARMED FORCES  
COVENANT FUND TRUST

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Cover image: Poppyscotland

*All images within this report are from Aged Veterans Fund Portfolios*



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*Image: Cornwall RCC*

# Executive Summary

There has been research on the numbers and needs of an ageing society yet, relatively little is known about the specific needs of older veterans, and the effectiveness of services specifically developed to meet these needs. In 2016 and 2017, the Armed Forces Covenant Fund Trust funded invested £30 million to the Aged Veterans Fund (AVF) programme. This consisted of 19 portfolio projects to support health, wellbeing, and social care needs for older veterans (born before 1st January 1950) and their families.

This report explores the impact of the AVF, with the intent of informing service providers, stakeholders and policy makers, of the lessons learned and the next steps required for the support of older veterans. A retrospective evaluation focused on both the impact of the processes adopted by the programmes, and the outcomes achieved, was commissioned. Qualitative analysis was performed on 78 eligible source documents, from which 10 recurrent themes were identified.

Themes focused on the methodology and evaluations adopted by the projects, the number of beneficiaries reached, challenges encountered, associated costs and savings. In addition, the study identified projects outreach and sustainability, including staff, volunteers and clients perceptions of the services. Finally, there are results regarding the related health and wellbeing benefits, behaviour change and influences on the UK National Health Service (NHS) practice.

The findings indicated that project promotion, partnership and collaboration was strong, which provides a foundation for the sustainability and outreach of some of the programmes. The AVF programmes were successfully rolled out via referrals, but this was not without challenges such as capacity, uptake, staffing and timelines issues.

Two primary approaches were adopted. The first being a person-centred care approach, that takes into consideration the complex needs of the individual. The second was a skill-exchange model consisting of peers passing on their skills to beneficiaries.

The results provided compelling evidence that the AVF initiatives were successful and were positively perceived by beneficiaries, staff and volunteers. Evidence was found on the impact of the fund on boosting resilience in the beneficiaries, by reducing social isolation and improving their health and wellbeing. Additionally, awareness was raised in the wider community, via the delivery of specific educational training to staff. In addition, AVF programmes influenced current health-care practice such as re-admission and discharge rates, via effective signposting and cross-referrals.

The lessons learnt lead to recommendations and indicators for the next steps required to support older veterans and their families. These are:

- (1) The alignment of specific individual needs of ageing veterans with the sustainable services that include appropriate and trained workforce;**
- (2) Improving awareness of age-friendly veterans' services can enhance support as well as ensuring better identification of ageing veterans within health and social care services;**
- (3) The programmes coordinated systems of referral, based on multiple levels of collaboration, can lead to the provision of comprehensive person-centred care and skill-exchange models;**
- (4) There is a need to identify sustainable and transferable means to break down the barriers that limit participation and provision;**
- (5) Prospective independent research could result in a better understanding of collaborative multi-disciplinary services.**

There were limitations as grants holders were at different stages of delivery and adopted multiple methodological and data collection systems, which at times presented unclear information. This led to gaps in the knowledge generation.

To conclude, the report represents an overview of the available evidence of the impact of the AVF, indicating ways of how to provide a comprehensive service to support ageing veterans and their families.

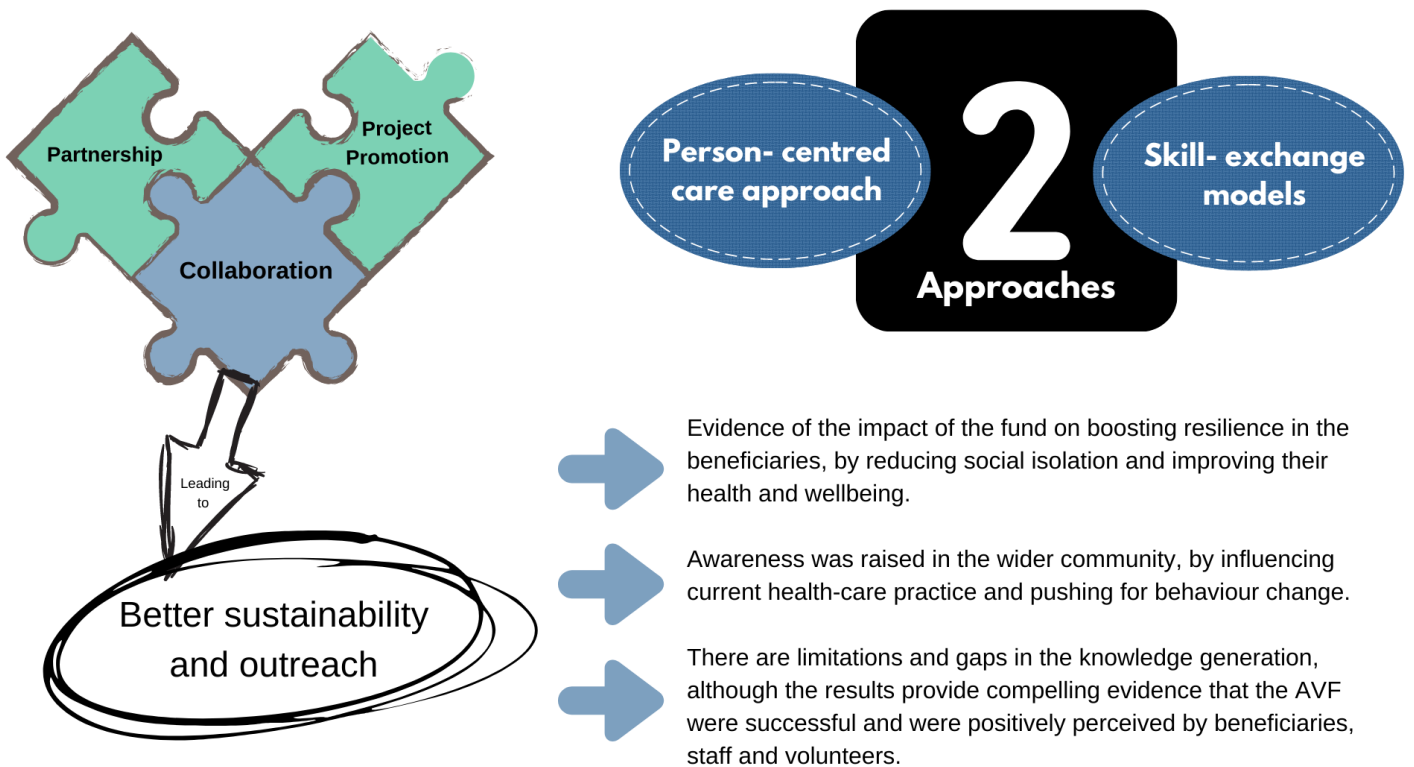


Figure 1: A summary of the observations of the Aged Veterans Fund evaluative study

# Forward

Sonia Howe, Director of Policy at the Armed Forces Covenant Fund Trust

Veterans have given much for their country. The Aged Veterans Fund was intended to provide a positive impact for older veterans. Through the programme we were keen to encourage collaboration between organisations to encourage person-centred approaches that improved wellbeing among veterans who may have a range of needs.

Our data from the Aged Veterans Fund shows that projects have been reaching veterans typically between the ages of 75-80 which was a requirement of the programme and that there have been improvements to health and wellbeing that was a core aim of the programme. There is some evidence to suggest that some of the work undertaken by projects may be particularly cost-effective in the health outcomes that they were able to achieve.

Of note particularly is the positive impact that the portfolios of projects have had on improving self-reported quality of life; with projects boosting resilience and enabling veterans to live with dignity; particularly though supporting veterans to improve access to social activities; which led to decreases in social isolation and loneliness. Because of the nature and impact of the work these benefits have a wider impact, including benefits to family members, carers and friends.

The portfolios funded through the Aged Veterans Fund have delivered good and effective projects that have achieved high levels of satisfaction from older veterans, and the volunteers that have worked alongside the projects. The collaboration achieved across the portfolios of projects has been powerful; and it is a testament to the hard work delivered by many staff and volunteers across the 19 portfolios of work that we funded.

We looked at projects that were in progress to complete this review. As these projects and their independent evaluations complete; more information on the wider impact of this programme will become available. The recommendations in this report are relevant to all organisations that work with projects supporting older veterans, and we look forward to exploring how these findings can inform future funding programmes that we will deliver.

# Case Study

## Royal Naval Association: Project Semaphore

“Bringing someone online is like throwing the curtains back in a dark room. Without doubt this is the project I have been involved with that has the biggest impact on individuals – I am so proud to be part of it”. Captain Paul Quinn RN (Retd), General Secretary of The Royal Naval Association, explains the huge positive impact that access to modern technology can bring to our older veterans.

The organisation was awarded funding from the Aged Veterans’ Fund (AVF) to provide iPads with internet access to veterans. This has helped improve access to online discounts, online banking, easier administration of benefit claims and has helped with online shopping. Vitally, it’s also helped to tackle loneliness and provide an easy way for veterans to stay in touch, make friends and improve their mental wellbeing.

Shipmate Thomas is one of many veterans benefitting hugely from this new method of staying in touch.

“I heard about Project Semaphore from my Shipmate Hill, who had heard a presentation on it at a branch meeting. I find it handy for keeping in touch via Skype with my family in

New Zealand and Australia. I have also discovered the joys of Facebook and all the interesting sites including the RNA one.

I also have started using online banking to pay my bills. Which is certainly easier than going out to do them.”

In fact, the project has since gone on to become one of the Association’s flagship initiatives and recently won a *Soldiering on Award* as recognition of a group that has provided a significant contribution in support of the Armed Forces community.

Each of the veterans benefitting from this digital boost is over 65 years old – many much older – and to date, over 700 iPads have been distributed, giving many access to the internet for the first time.

Shipmate Copley explains: “The iPad is a godsend for me. On New Year’s Day, I put a message on the Raleigh page and had 248 responses. I talk to an old buddy every day; he is 86, I am a young sprig, I am only 83.”

As well as receiving funding from the AVF, the project also received a funding boost from the Royal Navy and Royal Marines Charity and the Royal British Legion.

***“Without doubt this is the project I have been involved with that has the biggest impact on individuals – I am so proud to be part of it”.***





*Alec, a veteran supported by Project Semaphore*

# What is the Aged Veterans Fund?

LIBOR funds made by the Chancellor of the Exchequer established The Aged Veterans Fund that awarded £30 million over a 5 -year period to fund projects that support non-core health, wellbeing and social care needs for older veterans (those born before the 1<sup>st</sup> of January 1950) including surviving World War 2 veterans, those who undertook National Service and other voluntary enlisted veterans who may need some focused support in relation to their health and social care needs. Non-core health refers to health and wellbeing activities that are additional to statutory care.

The type of projects that could be supported included:

- practical support and companionship to improve older veterans' wellbeing,
- the provision of services to assist individuals in the completion of personal paperwork,
- projects to build or enhance access to centres where older veterans can meet and avoid isolation,
- the promotion of education of aged veterans' needs.

The application process encouraged initial expressions of interest; and shortlisted applicants were invited to submit a full application form to give them time to further develop their ideas. Grants were made in two rounds.

This programme was delivered through a Portfolio method (see Figure 2). Large grants were made to lead organisations who then worked with a range of other charities and partners to deliver the projects.

## Single Lead Organisation



Figure 2: The portfolio funding mechanism of the Aged Veterans Fund

The lead organisation governs the delivery of the portfolio and manages the relationship with delivery partners through delivery partner agreements; that needed to be in place before the grant could be released. Projects could be delivered at a number of locations, which together formed a cohesive plan to deliver the programme outcomes; and improve the reach and delivery of the grant.

Applicants had to meet defined criteria as part of the assessment process; and these criteria were available to applicants in the programme guidance.

A considerable number of Portfolios contained dedicated research activities that go beyond evaluation. These research activities were to explore particular themes of importance in the future care and wellbeing of older veterans or explore future health needs of older veterans; and the findings from these distinct pieces of work will be published in due course.



Figure 3: The assessment criteria of the Aged Veterans Fund

# Aged Veterans Fund

## List of Grants

Full details of the awarded grants can be found in appendix 1

Organisation	Project Name	Grant awarded
<b>Grants awarded in 2016</b>		
The Royal British Legion	Aged Veterans Healthy Living Programme	£1,000,000
Somme Nursing Home, Northern Ireland	The Centenary Wing	£600,000
Blind Veterans UK	Health and Wellbeing project who have lost their sight, hearing or mobility	£709,996
Nuclear Community Charity Fund	Nuclear Community Charity Fund – Making the Difference	£999,970
Age UK Support Services (Yorkshire and Humber)	Mission possible: Active Service in Later Life	£539,980
St John and Red Cross Defence Medical Welfare Service	Greater Manchester Armed Forces Families Integrated Health and Wellbeing	£948,264
Royal Air Force Benevolent Fund	Loneliness and Social Isolation Outreach Services for Aged RAF Veterans	£757,480
Music in Hospitals	Heroes in Harmony	£402,400
Royal Naval Association	Ipads for RNA members	£650,000
<b>Grants awarded in 2017</b>		
Age UK	Joining Forces	£4,397,146
Poppyscotland	Unforgotten Forces: Supporting Scotland's Ageing Troops	£3,981,756
TRBL	Legion Healthy Living Portfolio (2017)	£4,850,899
The Nuclear Community Charities Fund	Nuclear Community Charity Fund - Making That Difference	£4,999,229
Cornwall RCC	Cornwall and Plymouth Veterans Combined Support (CPVCS)	£574,204
Community First Yorkshire	Veterans Advance North Yorkshire – We've got your back	£1,004,664
St John and Red Cross DMWS	Integrated Health & Wellbeing: Herefordshire & Nottinghamshire	£796,284
Age Cymru	Project 360°	£940,082
Seafarers UK	Defining the Needs of and Assisting UK Aged Merchant Navy Veterans	£943,930
Hospice UK	Hospice care – improving the well-being and quality of life of aged veterans	£304,467

# 01 Introduction

The World Health Organisation's (WHO) (2015) data indicates that a significant proportion of the population is older, due to an increase of people living longer lives. The WHO direction indicates that ageing at a biological level is associated with an accumulation of cellular damage, which leads to a general decline in the physiological reserves and in the capacity of an individuals, with the increasing risk of diseases (multi-morbidity); ultimately leading to death. By the age of 60 the major burden of disability and/or death occur from sight, hearing or moving losses and non-communicable diseases (e.g. heart, stroke, chronic respiratory disorders, cancer and dementia). Additionally, ageing involves changes in social roles, priorities and preferences, and are driven by adaptation to loss and other ongoing developments and contexts. However, these changes are not linear or consistent and are influenced by the environment and the behaviours of the individuals.

Therefore, current public health responses to ageing consider more comprehensive approaches, not just specific diseases or social problems that individuals maybe experiencing, but how these interact and

impact on their health and wellbeing trajectories, and consider the complex needs of the individual (person-centred integrated care). These approaches have shown to be more effective in improving "healthy ageing" outcomes, defined by the WHO as the processes of developing and maintaining the functional abilities and resilience that enables wellbeing in older age (WHO, 2015).

In the UK, the Armed Forces community is approximately nine to 10 million people, of which 2.64 million are veterans making up an estimated 5% of household residents aged 16 and over (Ministry of Defence (MoD), 2019). From these MoD (2019) figures, veterans were estimated to be predominantly white males and 60% were aged 65 and over. Veterans were as likely as non-veterans to have bought their own house, and those of working age were as likely to be employed or have an educational attainment. Yet, veterans were 10% less likely than non-veterans to have a degree, and the majority of these were gained through work, differently to non-veterans.

The MoD (2019) annual population survey also indicates that veterans do not differ from the general population in terms of health determinants, although veterans were more likely to have ever smoked than non-veterans (MoD, 2019). Overall 18% of veterans aged 65 or over self-reported their general health and physical health conditions as very good, reporting the same conditions to non-veterans.

Veterans are a heterogeneous population that differ by factors such as age, trade, gender, length of service and degree of injury / disability, some of these due to their military service. The common physical problems reported by veterans include musculoskeletal conditions, hearing problems and mental health illnesses including depression, anxiety, alcohol problems, or dementia (Bergman et al. 2015, 2016; Fear et al., 2010; FiMT, 2013; Finnegan et al., 2014, 2018; Gibson & Gorman, 2010; Lewis et al., 2013; Osório 2017; MoD, 2019).

There are short and long-term effects of operational military service including war and conflict in military veterans (Bergman et al. 2015, 2016; Binns et al., 2008; Bonwick & Morris, 1996; Bramsen & van der Ploeg 1999; Friedman et al., 1994; French et al. 2006; Garfield, 2012; Pizarro et al., 2006; Weisskopf et al., 2005; Wright, 2009).

Veterans may have difficulties returning to civilian life and may not have family or support networks nearby (Lewis et al., 2013). Divorced and separated veterans were significantly more likely to report depression (MoD, 2019), whereas older veterans face financial problems and social isolation (The Royal British Legion, 2014).

Importantly, older veterans are a unique cohort (Gibson & Gorman, 2010; Lewis et al., 2013). Helping veterans (and their families) to cope with health (physical and mental) problems and their overall wellbeing has become increasingly important in recent years (National Health Service (NHS), 2017). There has been research on the numbers and needs of an ageing society and of veterans (Lewis et al., 2013; WHO, 2015), yet relatively little is known about the specific needs of veterans aged 65 and over, and the impact that military service may have on their ageing experiences, and the effectiveness of services specifically developed to meet their needs (Gibson & Gorman, 2010; Lewis et al., 2013). In order to address this the Armed Forces Covenant Fund Trust funded the AVF projects to support health, wellbeing and social care needs for older veterans.

# 02 Background

The Armed Forces Covenant Fund Trust (the Trust) delivers the Covenant Fund. It has £10M a year to fund projects that support the Armed Forces community. The Covenant Fund was launched in 2015. For the first 3 years, the Covenant Fund was based within the Ministry of Defence, and in April 2018, following a decision that it should become independent, it moved to the Armed Forces Covenant Fund Trust.

The funding delivered by the Trust supports the values of the Armed Forces Covenant. This helps fulfil a promise by the nation to ensure that those who serve or have served and their respective families are treated fairly (MoD, 2014).

In 2016 the Aged Veterans Fund was launched. This was a competitive grant to address the limitations in support and services for the specific needs of veterans aged 65 and over. Over five years the Trust funded £30 million to a portfolio of projects to support health, wellbeing and social care needs for older veterans born before 1st January 1950 and their families.

A total of 19 programmes were awarded in two rounds; nine in 2016, and 10 in 2017. Some of the programmes funded in the second round also appeared in the 1st round. Programmes differed between each other and between each local area. Service provision included usually a mixture of staff training, educational or skill courses, practical support (e.g. assistance with finance or housing applications), outreach social activities (and one to one support to improve wellbeing and to avoid social isolation, including holistic approaches (e.g. gardening, woodwork, companionship, support for independent living, etc., for more detail see Appendix A page 44). Grant holders (mostly those funded in round two) were able to spend part of their grant funds on original research and independent evaluation as part of their projects. The grants were novel, engaging collaboration between different organisations within the portfolio grant structure.

This report was commissioned by the Trust to the University of Chester (UoC) in 2019 and aims to provide an initial evaluation and critical analysis of the AVF, and to summarise the overall impact and success of the funded programmes. Lessons learned from the AVF will inform further actions of policy makers, stakeholders and providers, and will help develop the next steps required for the support and social care of older veterans, by helping optimise current models of care and maximise beneficiaries' health and quality of life outcome.



Photo: Poppyscotland



# 03 Aims and Objectives

## AIM:

The aim of the evaluation review was to explore and summarise the overall impact and success of the AVF.

## OBJECTIVES:

Evaluate how the programmes worked (e.g. Have they followed the objectives, processes and model established at the outset? Have the organisations worked together to deliver the portfolio? Did their work evolve?);

Identify barriers and gaps in provision;

Demonstrate the impact for the beneficiaries and/or the wider community;

Examine similarities and differences between the funded programmes.

Gathering answers to these objectives provides the foundation for demonstrating the overall impact of the fund.

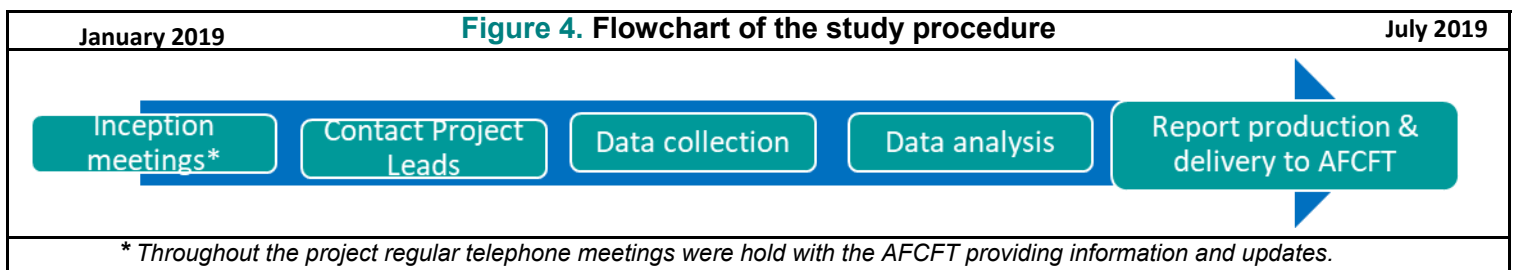
Given the complexity, the methodological frameworks and the timelines differences between the programmes, not all of the reported evidence is conclusive; particularly as not all of the projects have yet been completed; and the evaluations underway by individual projects are ongoing. Some sources contain unclear or preliminary evidence, due to programmes still being delivered or data still be collected. Therefore, the following findings may vary at completion of all the programmes. The report is not an exhaustive review on the programmes and their outcomes, nor does it advocate any specific programme, rather it seeks to present a summary of the overall impact of the AVF, from the evidence that the grant holders provided.

# 04 Methodology

To investigate the AVF overall impact, the evaluation focused on two components of the funded programmes: the processes adopted and the outcomes achieved.

A qualitative analysis was conducted on the identified eligible sources via NVivo V.12 (NVivo 12 QSR International, 2018). The approach adopted to the analysis was a modified Constructivist Grounded Theory (GT) (Charmaz, 2014). GT hypothesis is that valuable information is embedded in the data, and that a systematic and structured approach will result in the researchers being able to accurately convey the information. This approach gives priority to the topic examined and gives the possibility to modify and accommodate the potential constraint of the study. GT is the primary qualitative method that has been used within the British Armed Forces research (Finnegan, 2014<sub>a,b</sub>).

**METHOD:** The Trust authorised and provided access to the awarded bids and to details of the programmes contact leads. The project duration was of five months, starting from January 2019 (data collection started in February and ended in mid-June). A summary of the protocol followed in the delivery of the current project is summarised below in Figure 4.



Following contact with project leads and evaluators, data and information of the programmes (such as articles, case studies, evaluations, briefing documents, reports, video material, and any other documentary evidence related to the programmes outcomes) were requested and obtained. Video material was transcribed by a team member (LDL). All the shared data was then collected and reviewed in order to identify the evidence to include in the report.

Importantly, each portfolio organisation had a requirement as part of their grant agreement to complete quarterly, interim (usually annual) and end of grant report form for the AFCFT. This contained information about the project progression, such as: beneficiaries, achieved outcomes, capability and related changes or issues, evidence of activities, case studies and media outputs. This reporting system was applied to monitor and demonstrate how the project were meeting the quality standards and criteria of the funder. Additionally, each portfolio organisation had its own monitoring system and way for collating evidence about the outputs and outcomes achieved. This included at times internal evaluation systems or evaluations commissioned to external organisations or universities (see Appendix A).

It is important to note that the evaluation sources were drawn at different stages of delivery within individual project lifecycles. Many of the portfolios had staged plans of work, with elements being delivered at different times within the overall programme delivery. Data was therefore drawn from the samples that were available at the time. The projects all continued in their delivery, and will have acquired larger samples over time. These are likely to be reflected in the final individual evaluations of all of the projects.

The UoC evaluators embraced a qualitative methodology as beneficiaries had used mixed monitoring methods, so some had less access to statistical data or survey information. Therefore, the scale of the impact of most programmes was based on case-studies and testimonials extracted from grant holder observations, face to face interviews, focus groups, or video recordings. There were some examples of better and more rigorous evaluations; especially with grant holders who commissioned independent external evaluations (see Appendix A).

Retrieved sources were 86 (for a list of all collected sources see Appendix B), from which 78 were retained and identified as eligible records. Due to missing information in relation to the report objectives one programme was excluded, whereas eight sources were not analysed as the information provided did not fit the eligibility criteria (for details see below Table 1). Included evidence was that informing on processes, or any positive or negative outcomes achieved by the programmes such as: health, socio-economic and wellbeing benefits of beneficiaries or the wider community; any other achieved outcome; beneficiaries, volunteers and staff attitudes and satisfaction; barriers and challenges; method, processes and evaluation; programmes costs or savings; programmes outreach and sustainability.

**Table 1. Data breakdown by organisations, programmes and retrieved included and excluded sources. Number are frequencies.**

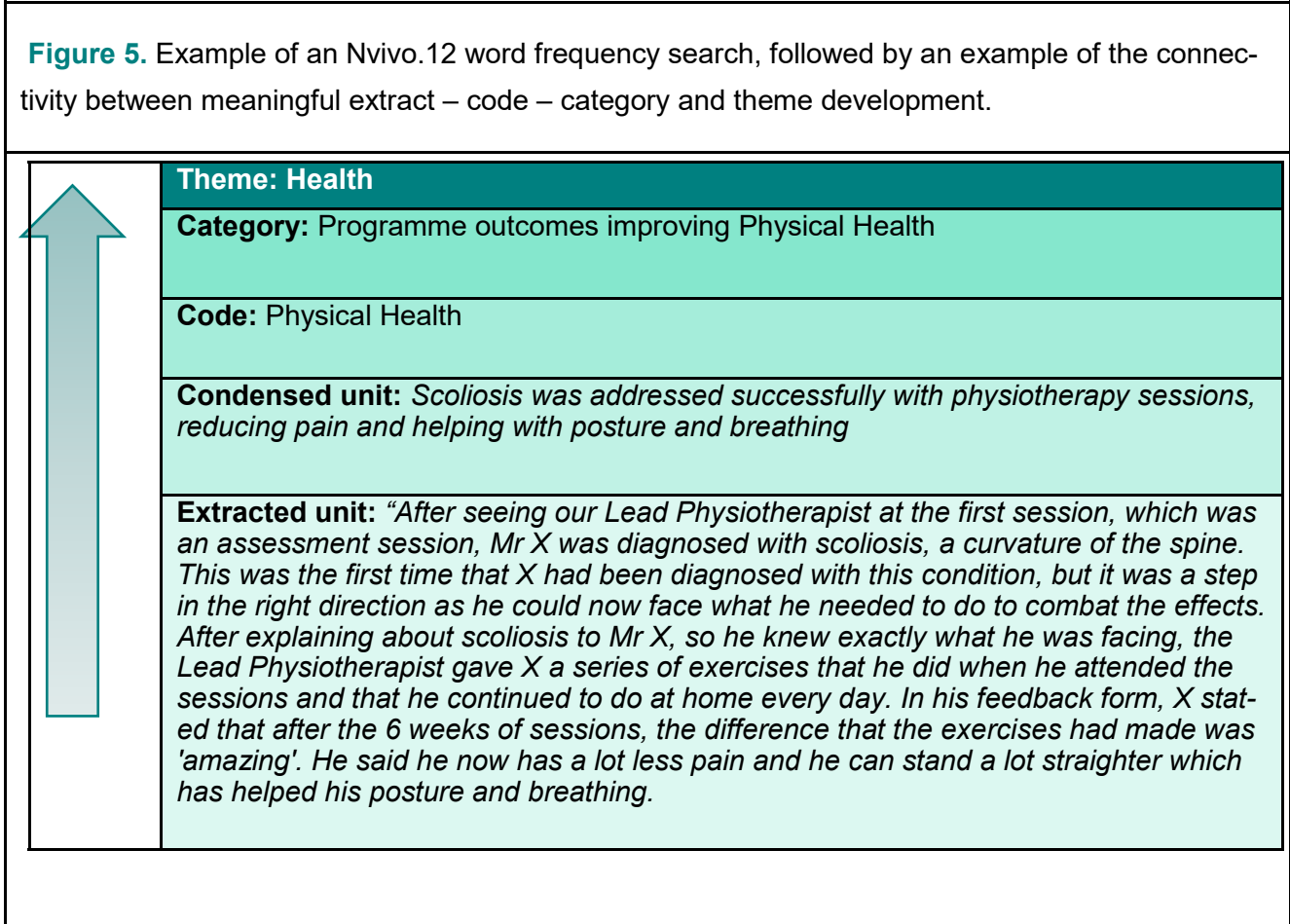
SERIAL *	AWARDED ORGANISATIONS	PROGRAMMES	PROGRAMMES INCLUDED IN THE REPORT	SOURCES N	SOURCES INCLUDED IN THE REPORT**	SOURCES EXCLUDED
1 & 12	The Royal British Legion (TRBL)	Aged Veterans Healthy Living Programme  Legion Healthy Living Portfolio (2017)	Included	9	1 academic poster 1 evaluation report 3 media/press articles 4 interim/quarterly reports to the AFCFT	/
2	Somme Nursing Home, Northern Ireland	The Centenary Wing	Excluded programme***	/	/	/
3	Blind Veterans UK	Health and Wellbeing project (sight, hearing or mobility)	Included	4	1 end of grant report to the AFCFT 1 interim/quarterly report to the AFCFT 2 Case studies	/
4 & 13	Nuclear Community Charity Fund	Nuclear Community Charity Fund – Making the Difference	Included	9	1 draft of project final report 3 research progress reports 5 interim/quarterly reports to the AFCFT	/
5	Age UK Yorkshire & Humber Support Services	Mission possible: Active Service in Later Life	Included	3	1 interim evaluation report 1 methodology report 1 media/press articles	/
6 & 16	Defence Medical Welfare Service (DMWS) & St John & Red Cross	Greater Manchester Armed Forces Families Integrated Health and Well-being  Integrated Health & Wellbeing: Herefordshire & Nottinghamshire	Included	16	1 end of grant report to the AFCFT 2 project plan and overview 6 media/press articles 7 interim/quarterly reports to the AFCFT	/
7	Royal Air Force Benevolent Fund (RAF)	Loneliness and Social Isolation Outreach Services for Aged RAF Veterans	Included	3	1 end of grant report to the AFCFT 2 feedback forms*	2 Excluded sources**
8	Music in Hospitals	Heroes in Harmony	Included	1	1 end of grant report to the AFCFT	/

9	Royal Naval Association (RNA)	Project Semaphore - l pads for RNA members	Included	5	1 candidate application form* 1 end of grant report to the AFCFT 1 media/press article 1 project plan and overview 1 transcribed video	1 Excluded source**
10	Age UK	Joining Forces	Included	7	1 media/press article 6 interim/quarterly reports to the AFCFT	/
11	PoppyScotland	Unforgotten Forces: Supporting Scotland's Ageing Troops	Included	2	1 interim/quarterly report to the AFCFT	/
14	Cornwall RCC	Cornwall and Plymouth Veterans Combined Support (CPVCS)	Included	6	1 media/press article 1 case study 1 media/press article 1 project plan and overview 3 interim/quarterly reports to the AFCFT	/
15	Community 1 <sup>st</sup> Yorkshire / Community First Yorkshire	Veterans Advance North Yorkshire – We've got your back / Ex forces support North Yorkshire	Included	9	1 baseline evaluation report 3 interim/quarterly reports to the AFCFT 5 flyers*	5 Excluded sources**
17	Age Cymru	Project 360°	Included	2	1 project plan and overview 1 interim/quarterly report to the AFCFT	/
18	Seafarers UK	Defining the Needs of and Assisting UK Aged Merchant Navy Veterans	Included	2	1 interim evaluation report 1 interim/quarterly report to the AFCFT	/
19	Hospice UK	Hospice care – improving the well-being and quality of life of aged veterans	Included	8	1 media/press article 7 interim/quarterly reports to the AFCFT	/

\* Refer to Appendix A; \*\* Some of these sources (may have contained multiple type of information); \*\*\*Excluded due to missing or not eligible information.

# 05 Results

Analysis yielded the identification of 25 codes and identified not only common patterns, perspectives, and issues, but also differences and gaps in the methodologies used to evaluate the AVF programmes (See Figure 5). Coding, in social science is an analytical procedure in which data is processed in categories to facilitate analysis (Saldaña, 2015). Codes were then captured in 10 recurrent themes that offered the possibility to investigate the five selected objectives (outlined on page 17). Findings were reviewed, discussed and validated by other members of the research team. As previously stated, please consider that the reported findings are based on preliminary evidence and that many documents contain partial or unclear information.



The following results relate to the impact of the AVF programmes. Results will be discussed separately by dimensions and themes and will incorporate quotes to illuminate the findings (further examples of quotes are in Appendix C).

Ten recurrent themes were identified from the analysis:

Methodology;

Beneficiaries;

Challenges;

Cost-Effectiveness;

Outreach;

Perceptions;

Health;

Wellbeing;

Behaviour Change;

NHS Practice.

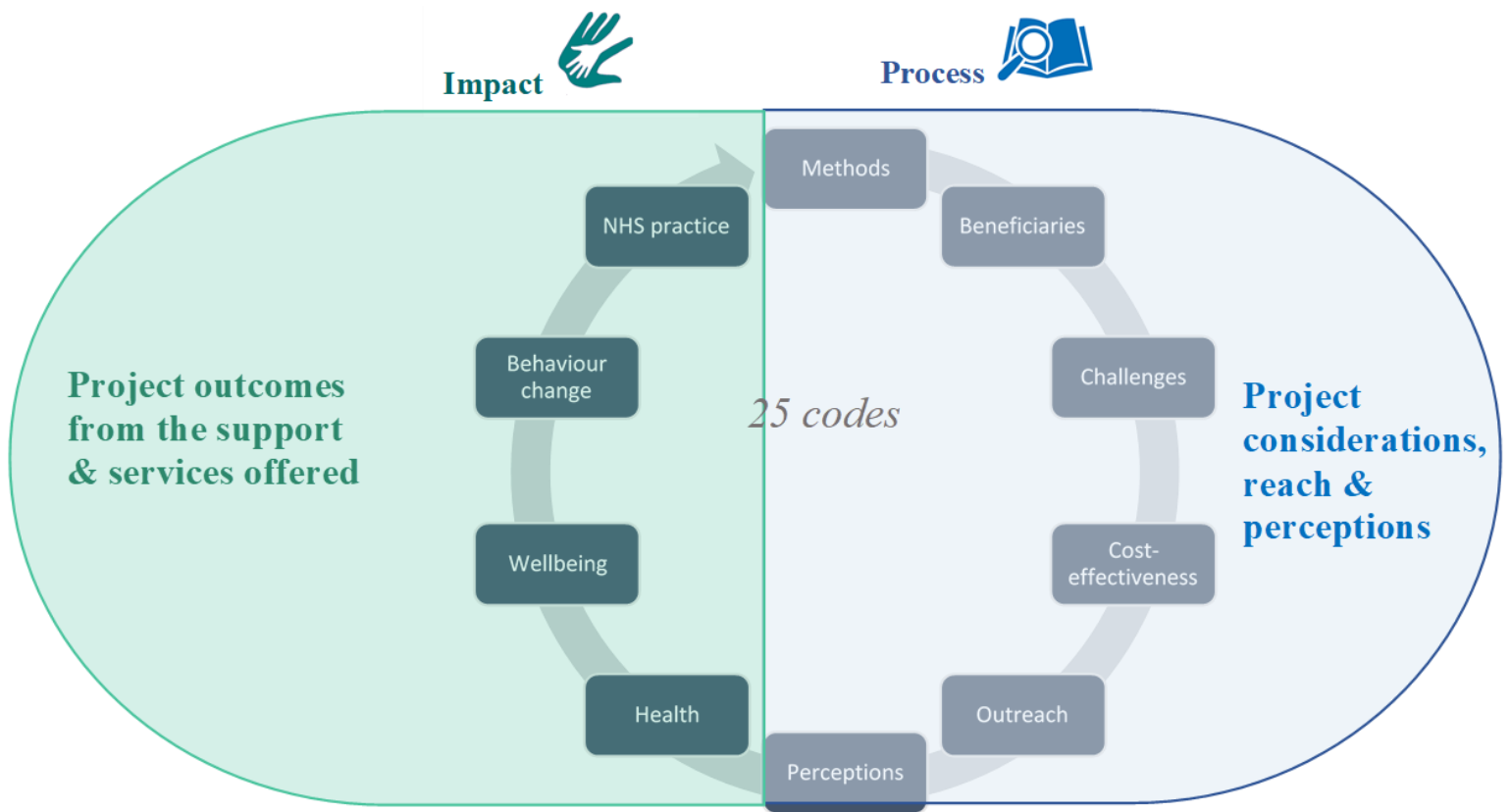
Themes were grouped reflecting the areas of the evaluation (see Figure 6 for more details refer to Appendix D):

[Project considerations, reach and perceptions \(process\);](#)

[Project outcomes from the support and services offered \(impact\);](#)

Themes and dimensions are not rigid, are interlinked, and feed into each other.

**Figure 6. Mind map:** Model of the 10 identified themes grouped in two main dimensions, reflecting the two evaluation components component (process and impact).





# 1 Project considerations, reach and perceptions (process).

*Methodology:* Overall programmes objectives and process were maintained and adopted a coherent approach to delivery. Most of the portfolios established project governance; a management or outcome framework; used engagement strategies, and maintained a proactive and collaborative approach. They utilised management tools and project Officers for the delivery.

Additionally, delivery was enhanced through good working relationships and open contact, consisting of regular steering group meetings and periodic contact with stakeholders to highlight successes, cross-organisational working, additional unanticipated outcomes, shortcomings, setbacks, or potential challenges to the project. To maximise outcomes, programmes included a continuous learning cycle system, that tested developments whilst they were being implemented.

Programmes had a particular focus on community services. Portfolios acknowledged the employment of experienced professionals, dedicated staff and volunteers (including peer veterans). These structures enabled a person-centred approach to support beneficiaries by considering their individual needs, or the delivery of skill-exchange models,

consisting of peers or other members passing their skills to the beneficiaries.

Monitoring such as quarterly reports to the Trust, internal meetings and reports were implemented in line with the contractual grant agreements. Most grant holders assessed the projects both during the delivery ('formative' monitoring) and at the end of the projects ('summative' monitoring). Yet, the quality of the monitoring systems varied and included: internal forms capturing comments, letters of thanks, visits to websites or social media, media coverage and collecting photographs of the work to document the beneficiary's journey.

Most of the projects adopted a qualitative approach because assessment of the wider impact of the projects was challenging and time-costly.

*R1.1 "With regular updates and this close internal working relationship we were able to monitor project delivery and discuss feedback in order to achieve continual improvement".*

*R1.2 “Detailed data capture ... has allowed the project to measure the impact of our work. Our data systems are designed to monitor the service user journey throughout their engagement with the service so that evidence is available to show the progress from start of support, to the positive closure of the case.”*

*R1.3 “So the key to our success is that ... to help each other, so we've recruited volunteers and really specific volunteers who understands veterans, who's got the time and the commitment and the certain amount of skill, to make sure they make the process as simple as possible.”*

**Beneficiaries:** The majority of individuals supported in the projects were between 75 to 80 years of age, and were predominately male veterans. Overall the amount of beneficiaries (veterans, family members and carers) the projects reached was reported to be in line with expectations (see below Table 2). The focus was quality of care rather than quantity. A real added value was the demonstration of the building of wider collaborative networks. Careful consideration of these figures needs to be considered, as information was specific to certain time periods, with some unclear information on how the cumulative numbers were computed. More data regarding the overall number of veterans supported will be available at grant completion in 2021.

*R1.4 “We have taken longer than anticipated to issue X and will stop at 1,000 as opposed to 1,500 as originally planned... quality over quantity is the right outcome for this Project.”*

<b>Table 2. Beneficiaries.</b> Figures represent cumulative estimates reported in the sources, related to a selected period, prior the production of the report.					
Serial	Organisation and programme	Beneficiaries target N	Beneficiaries cumulative N	Reporting Time*	Measure used
1	AGE Cymru – Project 360°	/	193	Year 1 / Quarter 1: June 2017	/ Quarterly report
2	AGE UK - Joining Forces	23,693 (6,675 were family members, friends and carers)	25,447 (5,263 were new and 13,951 were families and carers). Newsletters reached 3,000 people and its Facebook advertising pushed 200 sign-ups to the newsletter.	December 2018	/
3	BLIND UK – Health & Wellbeing projects	/	11,920	/	Numbers of calls taken to the helpline; Wider impact in family that was not tracked. Outcome framework.
4	NCCF - Nuclear Charity Fund Making the difference	300	407 (18 were new)	Year 3 / Quarter 1: May 2017	/
5	Community first Yorkshire – Ex forces support north Yorkshire	/	494 (66 were new and 364 were family members and friends)	December 2018	/
6	Cornwall RCC - Combined support	80	154	September 2017	/
7	DMWS - Integrated Health & Wellbeing Herefordshire & Nottinghamshire / Greater Manchester	3,000 veterans; identify 250 veterans; complete 500 wellbeing assessments; and work with veterans to develop 8 co-production project by March 2019	over 4,000	June 2018	/
8	Hospice - Improving the wellbeing and quality of life of aged veterans	/	163 (32 were new)	December 2018	/
9	MUSIC – Healthy heroes	3,000	4,350 (figure excluding friends and families)	April 2017 (End of grant report)	Feedback forms
10	Poppyscotland – Unforgotten forces	/	1,320 (963 were new)	December 2017	/

11	RNA - Project Semaphore	1,000	760 (in over 70 charities and organisations, 114 RNA branches and 11 service care homes and housing associations). Audience media reach was exceeding of 20,000. Project is continuing.	/ (End of grant report)	Numbers of issued over iPads and media numbers.
12	Seafarers UK – Defining needs and assisting Aged Merchant Navy	/	23 (3 were new)  529 survey respondents (of which 387 were valid retained data)	Quarter 2: September 2017  May 2018	/  Survey questionnaire
13	TRBL - Healthy living programme	/	1,442 (new were 1,216)	Year 2 / March 2018	/
* Data is related to figures submitted during the report production. Thus, some programmes were at an early stage in their project delivery (such as Poppyscotland).					

### **Cost-effectiveness:**

Overall the information on expenditures was limited, varied, and specific to certain times and programmes (see Table 3). Cost were mostly related to administration, staff placements, activities/services, materials/equipment and travel/subsistence. Some evaluations had undertaken cost benefit or other forms of economic impact evaluations, others had taken a different approach.

Some projects overspent or underspent against their grant budget, and this was related to project phasing and specific situations such as delays in staff recruitment. Some programmes initiated grant panels for monitoring and other's submitted requests to use the grant underspend towards delivering additional activities. Additionally, a few specific programmes (those that analysed economic costs or Social Return Of Investment (SROI)) showed positive returns. The sustainability of the projects was highlighted by some grant holders who demonstrated developments in their intrinsic capacity of engagement, partnerships, and in the search for more funding. The end evaluations of these individual grants will provide a more detailed picture of their value for money.

*R1.5 "...99% was spent on charitable activities, showing for every pound spent, 88p was allocated to activities and 12p to run and raise more funds".*

*R1.6 "Our expenditure in Q8 differs from our original project milestones in that we have spent ... above the projected... This is due to phasing, as staff had started later than expected".*

*R1.7 "Dance to Health potential cost saving of over £149m over a two-year period, of which £120m is a potential cost saving for the NHS England".*

**Table 3. Cost and savings.** Figures represent cumulative estimates reported in the sources, related to a selected period prior the production of the documents analysed.

Serial	Organisation and programme	Planned cost	Actual cost	Cost saving information
1	AGE Cymru – Project 360°	940,082	/	/
2	AGE UK - Joining Forces	539,980 4,397,164	/	/
3	BLIND UK – Health & Wellbeing projects	709,996	720,282	/
4	Nuclear Community Charity Fund	999,970 4,999,229	/	/
5	Community first Yorkshire – Ex forces support North Yorkshire	1,004,664	£1,143,905	/
6	Cornwall RCC - Combined support	574,204	/	/
7	DMWS - Integrated Health & Wellbeing Herefordshire & Nottinghamshire / Greater Manchester	948,264 7,96,284	/	99% was spent on charitable activities, showing for every pound spent, 88p was allocated to activities and 12p to run and raise more funds.  The delivery of specialist support saved NHS cost of beds of £402,000 and freed staff time across Greater Manchester.
8	Hospice UK - Improving the wellbeing and quality of life of aged veterans	304,467	/	/
9	MUSIC – Healthy heroes	402,400	393,632	/
10	Poppyscotland – Unforgotten forces	3,981,756	/	/
11	RAF	676,810	677,357	/
12	RNA - Project Semaphore	585,000	524,000	Financial benefits, related to the project is the access to a range of benefits and considerable savings accessed through the Internet (e.g. energy deals, price-comparison websites, online shopping, and banking). Estimates available at the start of the project in 2016 indicated that an individual could be £1,000 a year worse off if they did not have access to offers available online.
13	Seafarers UK – Defining needs and assisting Aged Merchant Navy	943,930	/	/
14	TRBL - Healthy living programme	1,000,000 4,850,899	/	Dance to Health potential cost saving of over £149m over a 2 year period, of which £120m is a potential cost saving for the NHS England. ROI, for every £1 invested in Dance to Health there is a positive return of £1.11 Taking into account societal ROI, Dance to Health has a potential of £2.37 for every £1 invested, indicating there is a positive return of £1.37. The Net Monetary Benefit (NMB) /of Dance to Health of £1,173.19 per person.

## Challenges:

There were a number of concerns identified by the programmes. These related to: timelines (e.g. delays), staffing (e.g. transfers of project lead or issues with keeping staff in place), difficulty in practical delivery (e.g. difficulty in accessing premises or premises disruptions), capacity, services offered that were more resource-intensive than anticipated, safeguarding concerns and maintaining media interest.

The main ongoing concerns were related to recruitment and project uptake including transportation issues, or problems in reaching veterans, particularly those isolated.

Only one programme reported conflict of responsibilities and some issues surrounding specific finance incidents. Yet, these issues were addressed, mostly by adopting pragmatic solutions and constructive liaison, ultimately leading to their reports of success. Importantly, some programmes reported challenges in operating in practice the interactive approach required by a portfolio project, some due to altered agreements (e.g. in projects delivery models and partnerships) or different modus operandi.

*R1.8 “Our biggest problem was recruiting the right staff... It also took time initially to establish ourselves and build up relationships with other agencies...”*

*R1.9 “Unfortunately, two courses that were planned to be delivered in xxx were unable to go ahead. This is because the vast majority of participants were not suitable for the planned delivery, due to very complex health needs. The learning outcomes of this has been to work more closely with existing Aged Veterans partners...”*

*R1.10. “If we were to do anything differently it would be not to have run the portfolio project as per our original applications...”*

### *Perceptions:*

Overall findings were overwhelming positive, highlighting the interest and demand for the programmes. Extremely positive experiences, perceptions and high levels of satisfaction and enjoyment were reported frequently in the sources by users. These demonstrated good engagement and positive feelings towards the programmes from participants, members of staff and volunteers, all willing to recommend the programmes. Positive feedback was also reported by users regarding the staff's good work, enthusiasm, commitment and professionalism, showing the development of a good rapport and trust between the beneficiaries and the staff/volunteers that positively impacted on the success of the project. As these findings were reported by the grant holders, they need to be considered with caution. A more objective picture will be available once all the independent evaluations are completed.

Of those programmes with completed evaluations the results were positive. For example, in the Dance to Health follow-up survey over 97% users stated that they had enjoyed taking part in the programme (reporting also favourable rates of adherence). Lunch-clubs' feedback rates showed that 84% of clients would recommend the events. High demand and very positive feedback were also reported for the staff educational programmes such as the Dementia and the AFC awareness training.

*R1.14 "I looked forward to my visits from XXX. I can't express my gratitude and thank them enough. They have given me the strength to reach out to other people."*

*R1.15 "I wanted to let you know about the course yesterday that I and my colleagues attended. It was excellent and very well facilitated by X. All of my colleagues thoroughly enjoyed the day and felt it was very informative and detailed."*

*R1.16 "... I think the XXX Project is excellent, to see those smiling faces when they have taken a photo and sent it onto family and friend abroad and received a reply. For me, to receive an email of thanks from a family member of XXX is very pleasing"*



## 2 Project outcomes from the support and services offered

(impact evaluation).

### **Behaviour change:**

Overall the projects reported raising awareness to tackle behaviour change as one of their major outcomes. Raising awareness was reported as leading to increased knowledge, identification, engagement, and wider behaviour change, while simultaneously promoting the project profile. This was mostly achieved by pro-active and collaborative approaches involving: Staff educational programmes such as AFC awareness training, Dementia or Mental Health First Aid courses, media channels including social media and especially by engaging with community links and organisations.

*R2.1 “We invested a significant amount of time and resources to improve awareness and was successful in raising awareness of the needs of the veterans of all ages via our multi-agency partnership...”.*

*R2.2 “The delivery of AFC awareness training to a range of partners including NHS front line staff improved awareness of services, access and patient identification.”*

*R2.3 “We are delighted to be running this training in X and it is a fantastic opportunity for veterans and families with links to the military to learn more about dementia. Parts of the course will look at understanding the unique ways that dementia affects people and how it can impact on everyday life, including how to apply evidence based practical tools for building positive and inclusive relationships with people with dementia.”*

### ***Benefits to Physical and Mental Health:***

One of the main findings was the impact of the AVF on health. Overall the programmes appear to have improved user's health (both physical and mental) by responding to their specific needs. The provision involved a comprehensive older-person-centred approach to care, that required dedicated professionals with extensive experience and military background.

The provision was made up of multiple services. This was referred to by the organisations as 'intelligent referrals' and involved coordinated actions such as meals, medications, organising medical appointment and social activities.

Health issues were often complex and exacerbated by multiple social issues (e.g. isolation, bereavement, or mental health conditions) and were managed in a coordinated manner. The documents reported that the AVF helped significantly to deliver effective care that had a positive impact on the beneficiaries, especially in those with significant physical or mental health conditions, disabilities, terminal illness (e.g. liver cancer), loss of capacity or at high risk (e.g. sight or hearing loss, muscular degeneration, wheelchair dependent, or those who have lost limbs prior to contemporary medical advances in prosthetics and care, cognitive impairments and Alzheimer's).

*R2.4 "I did in the sessions and then again at home. The improvements have been amazing. I have less pain, I stand a lot straighter and can now walk five miles...I feel better from top to toe ... and I am now off morphine."*

*R2.5 "Feedback from the sessions evidenced the therapeutic effect of live sessions, showing 94% improve in mood, 86% showing reduced stress levels and 83% feeling improvement in reminiscence."*

*R2.6 "I have over the last few months suffered a serious loss of self-esteem, reaching a danger point... Making this recording has helped me personally in regaining a little more positive feeling to my own self-worth."*

## **Wellbeing:**

The analysed information indicates a significant impact of the AVF programmes on the beneficiary's wellbeing and improvements in their overall quality of life. Many programmes appeared to boost resilience and enable beneficiaries to live with dignity. Positive effects were primarily related to increases in social activities and related decreases in social isolation and loneliness. Wider benefits were extended family members, carers and friends.

Support was offered to address a range of issues including a particular focus on finance, housing and transport. Examples include aid to help participants: make claims for benefits or allowances, loans for house improvements; access independent living or residential care; access mobility aid scooters, cover/respite days for carers. Tackling these issues appeared to indicate a significant impact on reducing stress, anxiety levels and depressive states.

Many activities provided a platform for veterans to learn new skills, and most of these activities were delivered by peer support workers. Examples of skill development sessions included: iPad and Internet training, Synaptic vision impairments software training, dance, woodwork and horticultural classes. These activities involved social engagement aligned to a key aim within the programmes of decreasing social isolation. A novel example were intergenerational activities with children and local schools. Overall, these events were reported as beneficial, especially in boosting confidence and self-worth.

*R2.7 "Yes is very handy I use it to photograph and to contact my son in America on FaceTime... a whole new way of being in contact with friends and Navy, I would not have known about. I wonder what I did without it."*

*R2.8 "...providing cover and respite days for careers showed improvements in the interactions between carers and patient/ families."*

*R2.9 "...90 benefits claim were successfully concluded securing over £256,000 for two veterans".*

### **NHS practice:**

Evaluation of the grant holder reports indicated positive outcomes related to the health services and their practice. Some programmes freed clinical staff time, decreased both the length of stay in hospital and re-admission rates by improving cross-referrals and signposting to other support services.

Improvements in hospital experiences were reported by both veterans and their families. The introduction of pilot educational courses such as a dementia care programme were reported as being beneficial and led in some programmes to its implementation across the whole organisation.

Finally, reaching out to connect with veterans who had previously failed to disclose their military history resulted in improved access to health and social care services.

*R2.10 "...working with specialist services including NHS care divisions, showed the value of the coordinated care pathways and showed effects in reducing A&E re-admissions."*

*R2.11 "Registered nurses and managers have been trained to use an observational evaluation tool which has been developed for dementia care settings... but has been so useful that the use of it will be rolled-out across the organisation."*

*R2.12 "Overall Ex-Forces individuals do not identify themselves as veterans so the improvement in the identification within NHS helps the identification and benefits the veterans."*

# 06 Discussion

This report has provided preliminary evidence of the positive impact of the AVF. As veterans age, their health-care needs tend to become more chronic and complex. Responding to their specific needs requires integrated person-centred care built around comprehensive systems and common goals. This requires a coordinated response from multiple sectors and organisations, and it will need to draw on better ways of measuring and monitoring in order to be an investment for society.

*“...after all that is what we are all about, is about looking after veterans, talking to veterans and bringing them forward, as they really do enjoy it and I think it’s superb!”*

The AVF programmes appear to have been successful in meeting the Trust’s intent to support the health, wellbeing and social care needs of older veterans. The AVF programmes positive impact showed a range of positive outcomes leading to programmes being successfully rolled out and positively perceived; including four programmes winning awards. A diagrammatic model of factors that shaped

these positive outcomes is provided (see Figure 7).

Findings showed that overall aims and process were maintained and monitoring systems were in place. To maximise outcomes, programmes used a continuous learning cycle system that tested developments whilst they were being implemented. However, the methodologies used to evaluate the programmes were varied, with the most common been qualitative approaches and case studies. The programmes that commissioned external reviews were more rigorous.

Many programmes reported challenges around staffing, capacity and timelines. Problems with recruitment and project uptake were common, with some reporting shortcomings due to timelines, staff or cost variations. These issues are common to health care programmes and/ or evaluation (Dixon-Wood, 2012). Collaboration, constructive liaison, good working relationships and communication between organisations through regular steering group meetings were reported as the key for success and the best response to

positively address challenges and respond to setbacks.

Grant holders primarily adopted two approaches. First was to incorporate the experience of ex-armed forces and professionals to meet the needs of beneficiaries by adopting a person-centred approach. Secondly, organisations applied a skill-exchange model which facilitated the transfer of skills from peers and members of staff to clients. These approaches are common in health and social care for older adults and based on the notion of empowering care and educating patients on how to manage their health (Kogan et al., 2016). Health care reviews report benefits associated with these models in terms of patient satisfaction and perceived quality of care (Kogant et al., 2016; McMillan et al., 2013; Poitras et al., 2018).

Media promotion was wide and mostly successful. Whereas, the information provided regarding cost-savings was limited, and the few programmes that submitted economic analysis showed positive societal returns and health care related savings.

Based on the evidence provided, the overall estimates of the impact of the AVF stated by the organisations in most cases were in line with the projected number of beneficiaries. However, there is a limitation on that some of this information was unclear which needs to be consider where assessing the overall impact (see below). Beneficiaries were primarily men over 75 years of age, which is in line with national estimates (MoD, 2019), with often complex health and social issues. The overall AVF reach was good and

included families, carers and staff. Additionally, beneficiaries, staff and volunteer's perceptions were extremely positive. The development of wider collaborative networks added value by enabling the outreach of the fund and the sustainability of some of the projects.

AVF achievements were related to reported improvements in both physical and mental health in the beneficiaries, and especially in those with significant conditions. The successful provision involved a coordinated action from multiple levels, managed via intelligent cross-referrals and signposting. A significant positive impact of the AVF was found in the reported overall wellbeing of the beneficiaries. This was achieved by supporting beneficiaries and addressing / improving the stressors in their lives such as finance, housing and social issues. Working on these issues boosted resilience and led to positive improvements in the beneficiary's reported quality of life, such as reducing stress and anxiety. Importantly, the programmes were successful in notably reducing social isolation and loneliness, a key objective of the AVF. These outcomes are in line with similar initiatives that are delivered to veterans across UK (FiMT, 2013; Finnegan, 2016; Finnegan et al., 2018, 2021; Veterans in the Communities, 2019; Wise, 2015) and overseas (Ahern et al., 2015; Krause-Parello et al., 2016) showing positive health outcomes, successful promotion of help seeking behaviour, and reduction of stigma.

Moreover, programmes raised awareness of the AFC in the wider society and provided a platform for grant holders to promote their services. Cross-referrals between statutory services and grant holders showed an impact and costs savings into health care practice, for example by decreasing the length of stay in hospitals and re-admission rates, as well as ensuring the early identification of veterans (for effective prevention and promoting access to health and social care services). Similar initiatives for effective prevention have shown promising results (Finnegan et al., 2018).

## LIMITATIONS

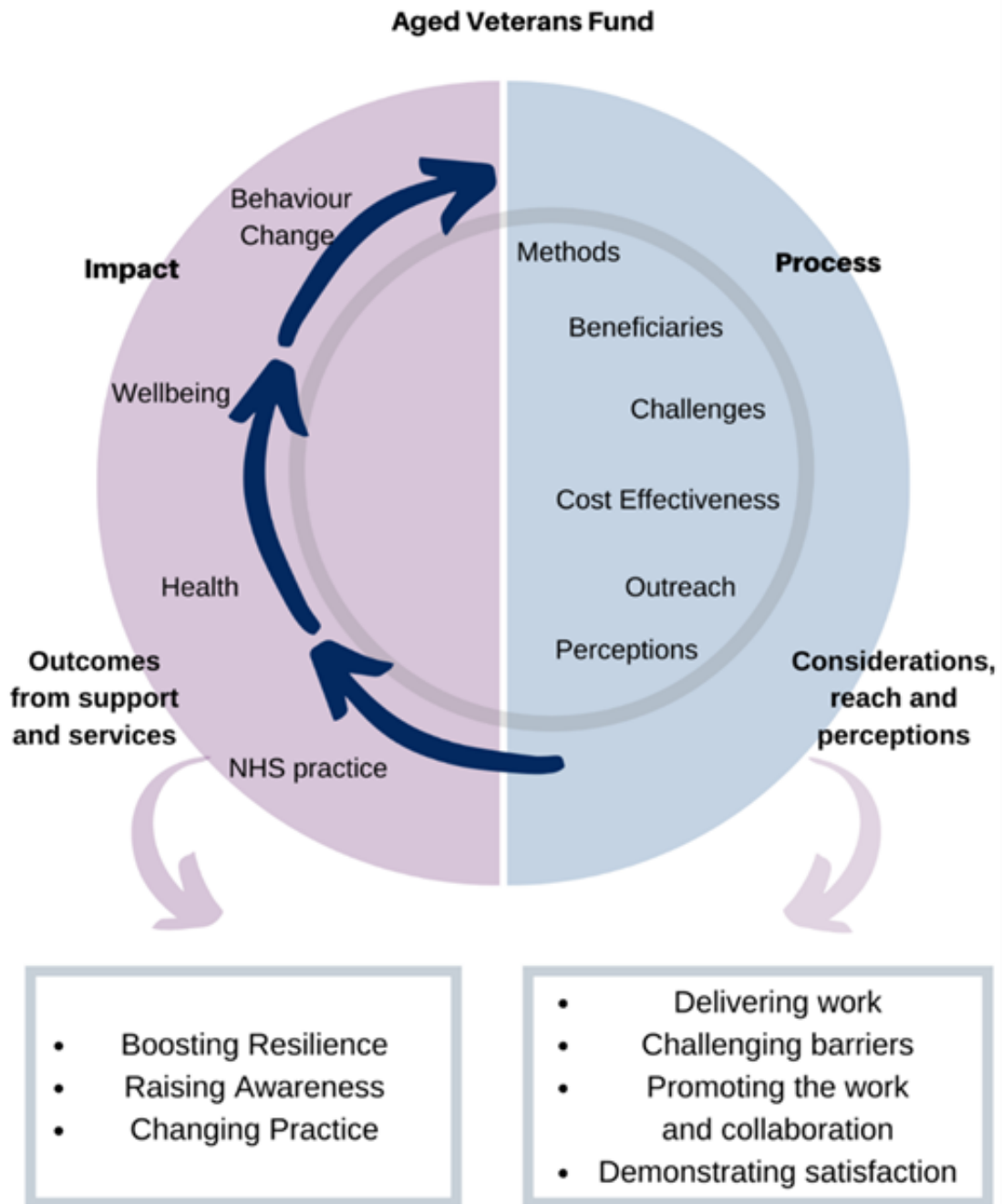
Documents associated with each project were selected on whether they met the criteria discussed in page 18. However, the aim of this evaluation did not involve the assessment of documents for their accuracy and the depth of information related to how the project was managed and implemented from conception to outcomes.

The UoC evaluators contacted the grant holders on a maximum of four occasions to request further information about the project processes and outcomes.

Due to the project phase some did not share data (or complete information) and therefore their activities are not fully captured in this report.

The data within this report was reviewed at an interim stage of project delivery. As more portfolios complete their grants; and individual programme evaluations for each portfolios are completed; a richer picture is likely to emerge. There are limitations with the information provided as no statistical data was shared only documents and reports. Most sources contained 'initial stage' of evidence, or internal grant communications, therefore there may be a positive retrospective bias. A further evaluation may be required to analyse the findings at completion of all the projects.

Although, the programmes appear to have delivered positive outcomes, many grant holders have found it difficult to quantify and communicate this concisely and effectively due to shortcomings or poor data collection methods and impact measurements (e.g. how they assessed the number of beneficiaries of each project, the costs associated with the project and the range of outcomes referred to in Appendix D). However, these limitations are balanced through the rigorous methodology adopted for the production of this report.



**Figure 7. Mind map of findings.** Model of the 10 identified themes grouped in two main dimensions and including the evaluation findings



# 07 Conclusion

## & recommendations for moving forward

The portfolios of grants awarded through the AVF programme appear to be successful in delivering the intent of supporting the health, wellbeing and social care needs of older veterans. Despite the limitations, the overall findings of the evaluation are positive.

From the AVF evaluation, sufficient evidence was found on the impact of the fund on boosting resilience in the beneficiaries. There was testimony of improving health and wellbeing and in raising awareness in the wider community and by influencing current health-care practice. Overall, the funded programmes reported how their projects were successfully rolled out with all beneficiaries, staff and volunteers reporting high levels of satisfaction. Notwithstanding projects also reported challenges in capacity, uptake, keeping to budget, and timelines. Project promotion, partnership and collaboration was strong helping ensure sustainability and outreach for some programmes.

On these basis, five recommendations and indicators for the next steps required were identified. These may be appropriate for

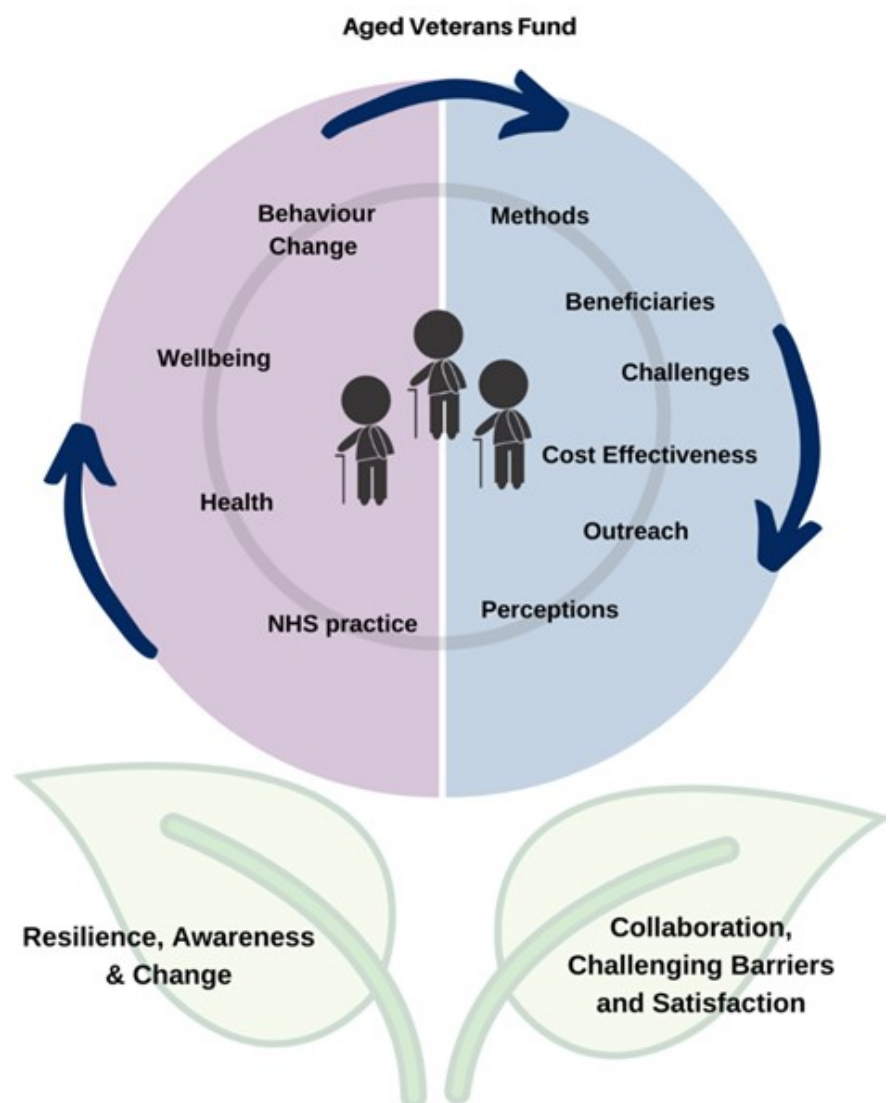
projects that are seeking to deliver a positive benefit to older veterans.

1. The alignment of specific individual needs of ageing veterans with the sustainable services that include appropriate and trained workforce;
2. Improving awareness of age-friendly veterans' services can enhance support as well as ensuring better identification of ageing veterans within health and social care services;
3. The programmes coordinated systems of referrals, based on multiple levels of collaboration, can lead to the provision of comprehensive person-centred care and skill-exchange models;
4. There is a need to identify sustainable and transferable means to break down the barriers that limit participation and provision;
5. Prospective independent research could result in a better understanding of collaborative multi-disciplinary services.

These recommendations are interlinked; and adopting these five actions can help ensure that the healthy ageing veterans become a real possibility. These actions are something that nationally every country can do by assessing and mapping the local specific needs.

It will require the development, of comprehensive systems of person-centre care and most importantly it will require a collaborative and coordinated response from many sectors at multiple organisational levels. It must be built on an acknowledgement of the diversity of the veterans and their families, and respond to the inequities that often underlie ageing. Additionally, better ways of measuring and monitoring the impact and the functioning of these programmes will be required. Finally, these actions will inevitably require resources.

The report represents an overview of the first available evidence of the impact of the AVF in the support of older veterans and their families. However, due to the available sources at the time of the production of the report, findings are preliminary. Nevertheless, we hope these findings will help inform policy, educational programmes and aid stakeholders in their development and support of targeted services in the future.



# References

- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and Iraq veterans' transition from military to civilian life and approaches to reconnection. *PLoS one*, 10(7), <https://doi.org/10.1371/journal.pone.0128599>.
- Ashcroft, M. (2017). *The veterans' transition review – Third Follow Up Report*. Crown 2017. [http://www.veteranstransition.co.uk/vtr3\\_followup\\_2017.pdf](http://www.veteranstransition.co.uk/vtr3_followup_2017.pdf)
- Bergman, B. P., Mackay, D. F., & Pell, J. P. (2015). Motor neurone disease and military service: evidence from the Scottish Veterans Health Study. *Occup Environ Med*, 72(12), 877-879.
- Bergman, B. P., Mackay, D. F., Smith, D. J. & Pell, J. P. (2016). Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans. *J. Clin. Psychiatry* 77, 793–798.
- Blind Veterans UK (2019). *Rebuilding Lives After Sight Loss*. Blind Veterans 2019. [https://www.blindveterans.org.uk/?gclid=EAlaIQobChMIbL\\_h56E4wIVDZ3tCh0JqgZEEAAYASAAEglwTfD\\_BwE](https://www.blindveterans.org.uk/?gclid=EAlaIQobChMIbL_h56E4wIVDZ3tCh0JqgZEEAAYASAAEglwTfD_BwE)
- Charmaz, K. (2014). Grounded theory in global perspective: Reviews by international researchers. *Qualitative Inquiry*, 20(9), 1074-1084.
- Dixon-Woods, M. (2012). *Overcoming challenges to improving quality*. The Health Foundation. <https://www.health.org.uk/publications/overcoming-challenges-to-improving-quality>
- Fear, N. T., Jones, M., Murphy, D., Hull, L., Iversen, A. C., Coker, B., ... & Greenberg, N. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *Lancet* 375, 1783–1797.
- Finnegan, A. P. (2014a) Conducting qualitative research in the British Armed Forces. Theoretical, analytical and ethical implications. *Journal of the Royal Army Medical Corps*, 160(2), 135-140.
- Finnegan, A. P. (2014b). Fieldwork and practical implications for conducting qualitative research in the Defence Medical Services. *Journal of the Royal Army Medical Corps*, 160(2), 141-145.
- Finnegan A. P. (2016). The biopsychosocial benefits and shortfalls for armed forces veterans engaged in archaeological activities. *Nurse Education Today (Military Veterans Special Edition)*, 47: 15-22.
- Finnegan, A. P., Finnegan, S. E., Thomas, M., Deahl, M., Simpson, R. & Ashford, R. (2014). The presentation of depression in the British Army. *Nurse Education Today*, 34(1), 83-91.
- Finnegan, A. P., Di Lemma L. C. G., McGhee, S., Watson, R. A. (2021). Protocol for Evaluating Serious Stress in Military Veterans, their Carers and Families. *Special Edition JRAMC*.
- Finnegan, A. P., Jackson, R., & Simpson R. (2018). Finding the Forgotten. Motivating Military Veterans' to Register with a Primary Healthcare Practice. *Military Medicine*, 183, 11-12. DOI: 10.1093/milmed/usy086.
- Forces in Mind Trust [FiMT] (2013). *The Transition Mapping Study Understanding the transition process for Service personnel returning to civilian life*.
- Garfield, R. (2012). *King's Centre for Military Health Research: a Fifteen Year Report*. King's College London. University of London.

- Gibson, M., & Gorman, E. (2010). Contextualizing end-of-life care for ageing veterans: family members' thoughts. *International Journal of Palliative Nursing*, 16(7), 339-343.
- Horseback UK. (2019). Welcome to HorseBack UK. HorseBack 2019. <http://www.horseback.org.uk>
- Krause-Parello, C.A., Sarni, S., Padden, E. (2016). Military veterans and canine assistance for post-traumatic stress disorder: A narrative review of the literature. *Nurse Education Today*, 47: 43-50.
- Kogan, A. C., Wilber, K., Mosqueda, L. (2016). Person-centered care for older adults with chronic conditions and functional impairment: A systematic literature review. *Journal of the American Geriatrics Society*, 64(1): e1-e7.
- Lewis, C., Holmes, L. & Scott-Samuel, A. (2013). Health needs assessment for ex-armed forces personnel aged under 65, and their families Cheshire and Merseyside. *Liverpool Public Health Observatory*.
- McMillan, S. S., Kendall, E., Sav, A., King, M. A., Whitty, J. A., Kelly, F., & Wheeler, A. J. (2013). Patient-centered approaches to health care: a systematic review of randomized controlled trials. *Medical Care Research and Review*, 70(6), 567-596.
- Ministry of Defence [MoD] (2014). Armed Forces Covenant: guidance and support. MOD January 2014. <https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information>
- Ministry of Defence [MoD] (2019). Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017. MOD January 2019. <https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain>
- National Health Services [NHS] Choices. (2019). Veterans: NHS Mental Health Services. NHS Choices 2019. <https://www.nhs.uk/using-the-nhs/military-healthcare/nhs-mental-health-services-for-veterans/>
- National Health Service [NHS] England. (2017). Next steps on the NHS Five Year Forward View: 17,500 forces veterans and service personnel to benefit from £9m investment in new and improved NHS mental health services. NHS 2017. <https://www.england.nhs.uk/2017/04/next-steps-on-the-nhs-five-year-forward-view-veterans/>
- NVivo 12 QSR International Pty Ltd. (2018). NVivo 12 Pro qualitative data analysis software, Version 12. Sydney, Australia.
- Osório, C., Jones, N., Jones, E., Robbins, I., Wessely, S., & Greenberg, N. (2017). Combat experiences and their relationship to post-traumatic stress disorder symptom clusters in UK military personnel deployed to Afghanistan. *Behavioral medicine*, 44(2), 131-140
- Poitras, M. E., Maltais, M. E., Bestard-Denommé, L., Stewart, M., & Fortin, M. (2018). What are the effective elements in patient-centered and multimorbidity care? A scoping review. *BMC health services research*, 18(1), 446.
- Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage.
- Thandi, G., Sundin, J., Ng-Knight, T., Jones, M., Hull, L., Jones, N., ... & Fear, N. T. (2015). Alcohol misuse in the United Kingdom Armed Forces: a longitudinal study. *Drug and alcohol dependence*, 156, 78-83.
- The Royal British Legion [RBL]. (2014). A UK household survey of Ex-service community, 2014. RBL 2014. <https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/policy-and-research/the-uk-ex-service-community-a-household-survey>
- Veterans in Communities [VIC]. (2019). Veterans in communities: return, belong, prosper. VIC. <https://www.veteransincommunities.org/outdoor-activities.html>
- Wise, J. (2015). *Digging for Victory: Horticultural Therapy with Veterans for Post-Traumatic Growth*. Karnac, London.
- World Health Organization [WHO]. (2015). *World report on ageing and health*. World Health Organization. <https://www.who.int/ageing/publications/world-report-2015/en/>

# Appendix A

## List of grants awarded under the Aged Veterans Fund

Total value of grants: **£29,400,761**

Organisation	Project Name	Description	Grant awarded
<b>Grants awarded in 2016</b>			
The Royal British Legion	Aged Veterans Healthy Living Programme	Through this portfolio, The Royal British Legion supported 11 projects to increase understanding of the impact of ageing on veterans and their families, encourage a greater understanding of the impact of ageing amongst this community and capture the effect that military service may have had on their ageing experience. They used the Aged Veterans Fund to seed fund projects that show promise and potential for contributing to better outcomes for ageing veterans, and help projects with proven effectiveness to be extended and operate at greater scale.	£1,000,000
Somme Nursing Home, Northern Ireland	The Centenary Wing	The Aged Veterans Grant contributed towards the development of the Centenary Wing in Belfast to develop capacity for veterans in Northern Ireland. It will support aged veterans to continue living at home as long as possible, and to provide permanent care when this is no longer possible including palliative end of life care where appropriate. This project sits within the wider portfolio of The Royal British Legion, but provides support specifically to veterans in Northern Ireland.	£600,000
Blind Veterans UK	Health and Wellbeing project who have lost their sight, hearing or mobility	This portfolio supported aged veterans that have lost their sight and also experiencing the loss of their second or even third age related faculty including their hearing and mobility.	£709,996
Nuclear Community Charity Fund	Nuclear Community Charity Fund – Making the Difference	The grant supported 5 projects to promote and deliver education, research and support relating to the heritage, health and wellbeing of atomic veterans, their spouses and offspring of the nuclear survivor community, principally in the UK. The projects include physical and mental health research, welfare and wellbeing service delivery, evaluation and education.	£999,970
Age UK Support Services (Yorkshire and Humber)	Mission possible: Active Service in Later Life	The grant supported 6 projects to develop and extend the services and activities offered by four Age UKs in Yorkshire. Using a person-centred approach it developed new activities and forums appropriate to the needs specific to older veterans engaging veterans in their development.	£539,980

St John and Red Cross Defence Medical Welfare Service	Greater Manchester Armed Forces Families Integrated Health and Wellbeing	This project looked at the healthcare issues facing aged veterans and older people in general and seeks to create an integrated care model that will lead to a better customer experience and outcomes, less confusion and complexity and cost savings. It is set within the context of the devolution of services in the Greater Manchester area and Public Service Reform. Defence Medical Welfare Services will work with the local authorities, NHS Trusts and Armed Forces charities to promote services and ensure beneficiaries are identified and engaged.	£948,264
Royal Air Force Benevolent Fund	Loneliness and Social Isolation Outreach Services for Aged RAF Veterans	The grant was for three linked projects based around Princess Marina House, a respite home for aged RAF veterans and their adult dependants on the West Sussex coast, with a vision of maximising the reach and impact of Princess Marina House as the national, focal centre for aged RAF veterans	£757,480
Music in Hospitals	Heroes in Harmony	The delivered 1,200 live music sessions across the ex-service care home community in all areas of the UK. Their research has shown the positive social, health and wellbeing impacts that live music can have on residents – even those with advanced dementia. Musical skills and musical tastes appear to be present long after the capacity for conversation and particular aspects of the individual personality have disappeared. For each concert, the care home hosting the concert opened its doors to older people (particularly ex-service men and women) living in the community so that they can join the residents for the live	£402,400
Royal Naval Association	Ipads for RNA members	The Royal Naval Association was awarded £650,000 for iPads for digitally isolated naval veterans (that is anyone born before July 1950 not on line). This 2 year project was designed to get about 1,500 veterans on line. The grant covers the iPad, broadband for 2 years, training, support and the funds to manage the project.	£650,000
<b>Grants awarded in 2017</b>			
Age UK	Joining Forces	Age UK, working the SSAFA delivered a strategic Portfolio of person-centred support in 15 different local and regional settings, which enabled testing, evaluating and sharing effective approaches to improving older veterans' quality of life and wellbeing.	£4,397,146
Poppyscotland	Unforgotten Forces: Supporting Scotland's Ageing Troops	The Poppyscotland portfolio reached aged veterans across Scotland. Services included advice provision, support for those on the NHS pathway with transport being provided to appointments. Loneliness and isolation were tackled through befriending, respite breaks, a newly created day centre and entertainment and therapeutic programmes in care homes.	£3,981,756
TRBL	Legion Healthy Living Portfolio (2017)	The Royal British Legion's portfolio focused on meeting the needs of aged veterans by: researching the cause and consequence of poor health and wellbeing; exploring what can be done to reduce and prevent problems in later life; and providing coordinated, practical advice and support in aged veterans' homes and communities.	£4,850,899
The Nuclear Community Charities Fund	Nuclear Community Charity Fund - Making That Difference	Deliver education, research and support activities to ease suffering, increase wellbeing and enhance social inclusion of the community of British Atomic Veterans and their families.	£4,999,229
Cornwall RCC	Cornwall and Plymouth Veterans Combined Support (CPVCS)	The project supports veterans and their families to have the happiest and healthiest older age possible. Our partnership offers a holistic service that helps people get the health and social care support they need, increase their digital skills, reduce their energy costs and offer them opportunities to meet new people and learn new skills.	£574,204

Community First Yorkshire	Veterans Advance North Yorkshire – We've got your back	The project will identify and raise the profile of older veterans across North Yorkshire. It will fund a diverse range of partners to offer them support for health, wellbeing and social care needs - responding to their requests for practical help, social activities and friendship on a countywide level.	£1,004,664
St John and Red Cross DMWS	Integrated Health & Wellbeing: Herefordshire & Nottinghamshire	The project provides health and wellbeing support and activities to Aged Veterans, their families and carers in Herefordshire and Nottinghamshire. Working in partnership, the projects in each area will improve the health and wellbeing of aged veterans, increase skills to support those with dementia, reduce social isolation, and enable independent living.	£796,284
Age Cymru	Project 360°	Providing much needed all round support service for aged veterans in Wales, Age Cymru worked with members of the Age Alliance Wales (AAW) and the volunteer group Woody's Lodge (previously Group 617) to ensure the right support is given to aged veterans through a 360° provision based on the specific needs of the individual.	£940,082
Seafarers UK	Defining the Needs of and Assisting UK Aged Merchant Navy Veterans	The project delivered an examination of the health and social care needs of aged merchant navy veterans in the UK through research, community based case work and the provision of dedicated supported housing. The funding from the AVF will help to produce a definitive profile of the wider welfare needs of Aged Merchant Navy and Royal Fleet Auxiliary veterans, a section of the UK veterans community often perceived as "invisible".	£943,930
Hospice UK	Hospice care – improving the wellbeing and quality of life of aged veterans	The project was designed to extend hospice care to aged veterans and their families, and forge new partnerships with other organisations serving veterans in three communities in England. Three unique projects will aid veterans to develop new relationships, engage in peer support and share camaraderie with comrades, collectively reducing social isolation and enhancing well-being.	£304,467

<b>Table 4. Programmes</b> involving independent evaluations or research.					
<b>Serial</b>	<b>Organisations and programmes</b>	<b>Research</b>	<b>Evaluation</b>	<b>Organisation commissioned the research or evaluation</b>	<b>Timelines (start - end)</b>
1	AGE CYMRU Project 360	/	Project overall evaluation	Welsh Institute for Health and Social Care of the University of South Wales	/ - March 2020
2	AGE UK YORKSHIRE AND HUMBER Mission Possible	/	2-stage project overall evaluation	KHC Consulting Ltd	April 2016 - /
3	AGE UK	/	Project overall evaluation  Recommendations for developing an older veterans' newsletter	University of Bath  Webcredible	/ - Running  / - Ended
4	NCCF	Genetic alteration in veterans of historical nuclear weapons testing	/	Brunel University	June 2016 - Running
5	COMMUNITY FIRST YORKSHIRE	/	Formative, summative overall evaluation & SROI	Rose Regeneration	January 2018 – 2020
6	CORNWALL CRCC	/	Formative, summative overall evaluation & SROI	Rose Regeneration	February 2018 - 2020
7	HOSPICE (ST MICHAEL'S)	Life story recordings of WWII Veterans	/	Wolverhampton University	/
8	MUSIC	The effect on well-being of live musical sessions	/	University of Sussex	/ - /
9	SEAFARERS	Developing a better understanding of older MN veteran	/	Institute of Public Care at Oxford Brookes University	May 2017 - May 2018
10	TRBL	Tinnitus in veterans  /  /	/  2-stage project overall evaluation  Dance to Health class	University of Nottingham KCMH  Sheffield Hallam University	/ - Running  / - /  / - Ended



# Appendix B

<b>List of documents reviewed (*excluded documents)</b>	
1.	Age Cymru - Project 360° overview (Bilingual short document)
2.	Age Cymru - Project 360° quarterly report 2017 Q1
3.	Age UK Yorkshire & Humber - Mission Possible: Aged veteran project media document
4.	Age UK Yorkshire & Humber - Mission Possible: Active Service in Later Life - Interim Evaluation January 2018 - Impact report
5.	Age UK Yorkshire & Humber - Mission Possible: Active Service in Later Life - Interim Evaluation January 2018 - Methodology report
6.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q2
7.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q3
8.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q4
9.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q5
10.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q6
11.	Age UK - Joining Forces - Aged Veterans fund Quarterly progress report Q7 final
12.	Age UK – Media and press document
13.	BLIND UK – Case study 1: M.W. (Region 3)
14.	BLIND UK - Aged Veterans fund Q. report March 2018 (Digital Inclusion)
15.	BLIND UK - Aged Veterans fund end of grant report (Digital Inclusion)
16.	BLIND UK – Combined Plymouth and Cornwall Veterans Support case studies
17.	Nuclear Community Charities Fund (NCCF) – Nuclear reporting Year 2 Period 3 (1 <sup>st</sup> December 2017- March 2018)
18.	Nuclear Community Charities Fund (NCCF) – Nuclear Community Charity BRUNEL University 1 <sup>st</sup> Annual Report NCCF Phase 1 Project 01 (May 2017)
19.	Nuclear Community Charities Fund (NCCF) – Nuclear Project Final report AVF (draft)
20.	Nuclear Community Charities Fund (NCCF) - Project final report (Draft document)
21.	Nuclear Community Charities Fund (NCCF) – P2 Year 1
22.	Nuclear Community Charities Fund (NCCF) – 2017
23.	Nuclear Community Charities Fund (NCCF) – P1 Y3 Q1
24.	Nuclear Community Charities Fund (NCCF) – Y1 Q3
25.	Nuclear Community Charities Fund (NCCF) – Y2 Q4
26.	* Community First Yorkshire – Flyer 1
27.	* Community First Yorkshire – Flyer 2
28.	* Community First Yorkshire – Flyer 3
29.	* Community First Yorkshire – Flyer 4
30.	* Community First Yorkshire – Flyer 5
31.	Community First Yorkshire – Q3 V2 AVF16
32.	Community First Yorkshire – Oct 17 V2 AVF16
33.	Community First Yorkshire - Ex-Forces Support North Yorkshire - Aged Veterans fund Quarterly progress report Q7 (Oct-Dec 2018)
34.	Community First Yorkshire - Ex-Forces Support North Yorkshire - Baseline report October 2018
35.	CORNWALL RCC – Combined Plymouth and Cornwall Veterans Support case studies.
36.	CORNWALL RCC – Additional value project
37.	CORNWALL RCC - Press
38.	CORNWALL RCC – Progress report Q3 Oct final
39.	CORNWALL RCC – Progress report 2017 total
40.	CORNWALL RCC – Progress report 2017 Q1 KY

41.	Defence medical Welfare Services (DMWS) Progress report Q1 2017
42.	Defence medical Welfare Services (DMWS) document
43.	Defence medical Welfare Services (DMWS) Quarterly progress report Q2 2017
44.	Defence medical Welfare Services (DMWS) - Aged Veterans fund - Greater Manchester Aged Veterans End of series report
45.	Defence medical Welfare Services (DMWS) - Aged Veterans fund - Year 2 - Q3 Combined report
46.	Defence medical Welfare Services (DMWS) & St Johns & Red Cross - Aged Veterans fund - Herefordshire & Nottinghamshire Aged Veterans Health and Wellbeing - Q4All project Combined (Jan-Mar 18)
47.	Defence medical Welfare Services (DMWS) & St Johns & Red Cross - Aged Veterans fund - Herefordshire & Nottinghamshire Aged Veterans Health and Wellbeing - Year 2 - Q1
48.	Defence medical Welfare Services (DMWS) & St Johns & Red Cross - Aged Veterans Fund - July to September 2017 (Q1)
49.	Defence medical Welfare Services (DMWS) & St Johns & Red Cross - Aged Veterans Fund - April to June 2018 (Year 1 - Q4)
50.	Defence medical Welfare Services (DMWS) – December 2017 – March 2019 Communication plan for Veterans network
51.	Defence medical Welfare Services (DMWS) Media release (Facebook)
52.	Defence medical Welfare Services (DMWS) Media December 2017
53.	Defence medical Welfare Services (DMWS) & Veteran 1 <sup>st</sup> point Scotland - media
54.	Defence medical Welfare Services (DMWS) & NHS Grampian - press
55.	Defence medical Welfare Services (DMWS) Avon & Somerset - press
56.	Defence medical Welfare Services (DMWS) – Veterans World (issue 38; press)
57.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans – Appendix D Q1 Year 1
58.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans – Appendix D Q2 Year 1
59.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans – Appendix D Q3 Year 1
60.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans Year 1 Q4
61.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans Year 2 Q5
62.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans – Q7 (Year 2 &3)
63.	Hospice UK - Hospice Care improving the wellbeing and quality of life of aged veterans – Q6 (Year 2 Q2)
64.	Hospice UK – Media document
65.	Music in Hospitals - Heroes in Harmony - Aged Veterans fund end of grant report 2016-2017
66.	Royal Air Force Benevolent Fund (RAF) - Loneliness and Social Isolation Outreach Services for Aged RAF Veterans end of grant 2016-2018 report
67.	* Royal Air Force Benevolent Fund (RAF) - Lunch Club feedback form
68.	* Royal Air Force Benevolent Fund (RAF) - Respite at Home feedback survey
69.	* Royal Naval Association (RNA) - Project Semaphore application form
70.	Royal Naval Association (RNA) - Project Semaphore overview short document
71.	Royal Naval Association (RNA) – Project Semaphore 13/03/2019 end of grant report
72.	Royal Naval Association (RNA) – Project Semaphore press
73.	Royal Naval Association (RNA) – Project Semaphore media (transcribed video)
74.	Seafarers UK - Understanding the needs of older Merchant Navy Veterans - Interim Report - August 2018
75.	Seafarers UK – AVF Progress report Q2- 2017
76.	Poppyscotland – Unforgotten sources: UK press
77.	Poppyscotland – Unforgotten sources: Q2 progress report Oct-Dec 2017 final
78.	The Royal British Legion (TRBL) - Dance to Health 'Phase 1 roll-out' [test and learn] evaluation 1 <sup>st</sup> report March 2019
79.	The Royal British Legion (TRBL) – Veterans, tinnitus, and research: a scoping review [Poster]
80.	The Royal British Legion (TRBL) – Shelter press

81.	The Royal British Legion (TRBL) – Press
82.	The Royal British Legion (TRBL) – Press ‘I no longer feel like a bent old man!’
83.	The Royal British Legion (TRBL) –Q6 (17-01-2018 Final)
84.	The Royal British Legion (TRBL) – Q3 2017
85.	The Royal British Legion (TRBL) – 2017 portfolio annual report
86.	The Royal British Legion (TRBL) – 2016 portfolio annual report

# Appendix C, Quotes

## Additional relevant quotes

Themes	Quotes
<p><b>Methodology</b></p>	<p><i>“People have many different requirements and a case like this shows the need for having a whole-person approach toward each veteran, and how we can begin to address their wellbeing by working together.”</i></p> <p><i>“There is no formal monitoring in place for them as we wish to focus primarily on the veteran’s wellbeing and journey”.</i></p> <p><i>“Additional data will be complementary to our main programme objectives. Qualitative evidence is a priority within our work as we know it is vital in capturing impact.”</i></p>
<p><b>Cost-effectiveness</b></p>	<p><i>“... the trial showed that this was not viable to roll out, resulting on underspent money, that was relocated”.</i></p> <p><i>“The legacy of the project was underpinned by the outcomes and lesson learned ... opportunities are being sought and submitted to a range of key stakeholders.”</i></p> <p><i>“Creating a vibrant community highly engaged is the best approach for sustainability”.</i></p>
<p><b>Challenges</b></p>	<p><i>“Some care homes were unable to hold events because of layouts restrictions ... and safeguarding issues...”</i></p> <p><i>“Initial teething problems with data capture arrangements have been largely resolved...”</i></p> <p><i>“Number supported were below target, however amends to triage and referral processes were introduced as a solution...”</i></p>
<p><b>Outreach</b></p>	<p><i>“Working together to reach a wider audience make absolute sense and has been a huge success”.</i></p> <p><i>“Ambassadors and volunteers have made the difference spreading the word at seminars, conferences...”</i></p> <p><i>“... social media presence remained excellent with more than 109 followers, to encourage more beneficiaries to engage”</i></p>
<p><b>Perceptions</b></p>	<p><i>“I would recommend this service to everyone, it is excellent. Happier now there are no draughts coming through especially after the recent storms. A warmer house is better for my health.”</i></p> <p><i>“Hi X, thanks so much for coming round. Dad had a great time and loved talking about it, gave him a real lift. I think your project is great and very worthwhile, and you have the best interpersonal skills to do it.”</i></p> <p><i>“I feel honoured to provide our Veterans with the support they need and deserve. The job really gives me a sense of purpose and achievement.”.</i></p>

<p><b>Awareness</b></p>	<p><i>“Media coverage increased the awareness nationally of the work and produced a wider platform to promote the work.”</i></p> <p><i>“This project is in its early days so we are appealing for relatives, friends or neighbours who know of an older veteran in their community to make them aware of the sessions.”</i></p> <p><i>“Launch leaflets, talks with local charity and community groups, radio interviews generate awareness of the project.”</i></p>
<p><b>Health</b></p>	<p><i>“Dance for health showed statistical significant reductions in the number of falls... showing physical improvements... and impacted mobility levels and in their general well-being, with 88% stating to be more physical active and more energetic.”</i></p> <p><i>“X showed therapeutic effects on patients and residents, by lowering the levels of stress and anxiety.”</i></p> <p><i>“Not only is X more active, her well-being has improved through this project. She used to be quite anxious and not wanting to partake, but now she is really keen when we arrive and engages in the full session with willingness, smiles and laughter along the way.”</i></p>
<p><b>Wellbeing</b></p>	<p><i>“94.7% of users stated that they felt Dance to Health has improved their mental well-being... including statistically significant improvements in: feeling calm and relaxed; feeling confident; feeling a reduced sense of loneliness and isolation and feeling an increased sense of independence.”</i></p> <p><i>“Thanks for coming I have not spoken to anyone for 10 days”</i></p> <p><i>“I love talking to the kids, they make me laugh. They can’t believe we had no food and would queue for hours for one potato.”</i></p>
<p><b>NHS practice</b></p>	<p><i>“... .. this service also provided wider advantages to the NHS by reducing hospital length of stay or freeing clinical staff.”</i></p> <p><i>“X actions and pathways contributed to improvements in hospital experiences for families and veterans.”</i></p>

# Appendix D, Coding

Coding breakdown by organisations, programmes, included sources, themes and dimensions. Numbers are frequencies.							
Serial	Codes	Source N	N	Organisation - Programme	Themes	Dimensions	
						Evaluation area	
1	Methods and Evaluations	45	230	<p>AGE Cymru – Project 360°</p> <p>AGE UK - Joining Forces</p> <p>AGE UK Yorkshire &amp; Humber – Mission possible</p> <p>NCCF - Nuclear Charity Fund Making the difference</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>RAF – Loneliness and social isolation outreach</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	Methodology	Project considerations, reach and perceptions	PROCESS
2	Beneficiaries	49	181	<p>AGE Cymru – Project 360°</p> <p>AGE UK - Joining Forces</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>NCCF - Nuclear Charity Fund Making the difference</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	Beneficiaries		

<u>PROCESS</u>					
Project considerations, reach and perception					
Outreach					
6	Media, awards and promotion	51	113	<p>AGE Cymru – Project 360°</p> <p>AGE UK - Joining Forces</p> <p>NCCF - Nuclear Charity Fund Making the difference</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>PoppyScotland – Unforgotten forces</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	
7	Collaboration	37	70	<p>AGE Cymru – Project 360°</p> <p>AGE UK - Joining Forces</p> <p>AGE UK Yorkshire &amp; Humber – Mission possible</p> <p>NCCF - Nuclear Charity Fund Making the difference</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>PoppyScotland – Unforgotten forces</p> <p>RNA - Project Semaphore</p>	

				PROCESS	IMPACT	
8	User perception and satisfaction	35	66	<p>AGE UK - Joining Forces</p> <p>AGE UK Yorkshire &amp; Humber – Mission possible</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RAF – Loneliness and social isolation outreach</p> <p>RNA - Project Semaphore</p> <p>TRBL - Healthy living programme</p>	Perceptions	Project outcome from the support and services offered
9	Volunteer and staff perceptions	23	42	<p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RAF – Loneliness and social isolation outreach</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	Perceptions	Behaviour change
10	Awareness	26	85	<p>AGE UK - Joining Forces</p> <p>NCCF – Nuclear Community Making a difference</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Cornwall RCC - Combined support</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Poppy Scotland – Unforgotten forces</p> <p>TRBL - Healthy living programme</p>		



IMPACT					
Project outcome from the support and services offered					
Behaviour change			Health		
11	Training	16	6	<p>AGE UK - Joining Forces</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	
12	Alcohol	5	14	<p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p>	
13	Mental health	32	82	<p>AGE UK - Joining Forces</p> <p>AGE UK Yorkshire &amp; Humber – Mission possible</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RAF – Loneliness and social isolation outreach</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant</p> <p>TRBL - Healthy living programme</p>	

IMPACT						
Project outcome from the support and services offered						
Health			Wellbeing			
14	Physical health	33	113	<p>RNA - Project Semaphore</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>AGE UK - Joining Forces</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Cornwall RCC - Combined support</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>TRBL - Healthy living programme</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>RAF – Loneliness and social isolation outreach</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p>		
15	Dementia	18	39	<p>RNA - Project Semaphore</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire</p> <p>AGE UK - Joining Forces</p> <p>AGE Cymru - Project 360</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Cornwall RCC - Combined support</p> <p>TRBL - Healthy living programme</p>		
16	Isolation & Socialisation	47	187	<p>RNA - Project Semaphore</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>AGE UK - Joining Forces</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Cornwall RCC - Combined support</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>TRBL - Healthy living programme</p> <p>MUSIC in Hospitals – Heroes in harmony</p> <p>BLIND UK – Health &amp; Wellbeing projects</p> <p>RAF – Loneliness and social isolation outreach</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>PoppyScotland – Unforgotten forces</p>		

				IMPACT	
				Project outcome from the support and services offered	
				Wellbeing	
17	Housing & Residential care	23	49	<p>AGE UK - Joining Forces</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RAF – Loneliness and social isolation outreach</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p> <p>TRBL - Healthy living programme</p>	
18	Finance & Employment	19	45	<p>AGE UK - Joining Forces</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>Cornwall RCC - Combined support</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>Poppy Scotland – Unforgotten forces</p> <p>RNA - Project Semaphore</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p>	
19	Developing skills	29	72	<p>BLIND UK – Health &amp; Wellbeing projects</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>RNA - Project Semaphore</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire</p> <p>AGE UK - Joining Forces</p> <p>Poppy Scotland – Unforgotten forces</p> <p>Cornwall RCC - Combined support</p> <p>RAF – Loneliness and social isolation outreach</p> <p>TRBL - Healthy living programme</p>	

IMPACT					
Project outcome from the support and services offered					
Wellbeing					
20	Mobility & Transport	6	9		<p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire</p> <p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Poppy Scotland – Unforgotten forces</p> <p>Cornwall RCC - Combined support</p> <p>TRBL - Healthy living programme</p>
21	Intergenerational work	5	6		<p>AGE UK - Joining Forces</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>TRBL - Healthy living programme</p>
22	Maintain independence	11	13		<p>RNA - Project Semaphore</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Cornwall RCC - Combined support</p> <p>TRBL - Healthy living programme</p> <p>Poppyscotland – Unforgotten forces</p>
23	Identity	12	22		<p>AGE Yorkshire &amp; Humber – Mission possible</p> <p>Community First Yorkshire – Ex Forces Support North Yorkshire</p> <p>DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester</p> <p>Hospice - Improving the wellbeing and quality of life of aged veterans</p> <p>TRBL - Healthy living programme</p> <p>Poppyscotland – Unforgotten forces</p> <p>Seafarers UK – Defining needs and assisting Aged Merchant Navy</p>

IMPACT			
Project outcome from the support and services offered			
NHS Practice			
24	Identification	15	28
<p>AGE UK - Joining Forces  DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester  Hospice - Improving the wellbeing and quality of life of aged veterans  Cornwall RCC - Combined support  Community First Yorkshire – Ex Forces Support North Yorkshire  TRBL - Healthy living programme</p>			
25	Referrals and discharge	31	81
<p>RNA - Project Semaphore  DMWS - Integrated Health &amp; Wellbeing Herefordshire &amp; Nottinghamshire / Greater Manchester  AGE UK - Joining Forces  AGE Yorkshire &amp; Humber – Mission possible  Hospice - Improving the wellbeing and quality of life of aged veterans  Cornwall RCC - Combined support  Community First Yorkshire – Ex Forces Support North Yorkshire  TRBL - Healthy living programme  RAF – Loneliness and social isolation outreach  PoppyScotland – Unforgotten forces</p>			

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