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The Veterans' Advocacy People:

Final Evaluation Report and Social Return on Investment Analysis

January 2021

SERIO
informing policy and decision makers

UNIVERSITY OF PLYMOUTH
Research and Innovation

Foreword

Few would argue that living comfortably in modern society or trying to bring up a family in an increasingly complex world is easy. The pressures attached to achieving secure and sustainable accommodation, managing stretched personal and family budgets, or navigating complex health and social care bureaucracies are challenges that affect us all even if we have secure employment, enjoy stable and supportive relationships within our families or have had no adverse contact with the criminal justice system.

However, many find the institutions and conventions of modern society too difficult and confusing to manage. And many will find that, while coping most of the time, occasionally circumstances beyond their control have destabilised their lives in some respect and temporarily 'de-railed' their capacity to engage with local authorities, landlords, the health system, the DWP, and the many other organisations that order our interaction with civil society.

Forces in Mind Trust is well aware that the ex-Service community, consisting of veterans and their families, can find it difficult to adapt to the move from life in the Armed Forces to civilian society. Nearly 15,000 personnel leave the Armed Forces each year as part of 'normal work force churn' and contribute to the current estimate of 2.5 million 'veterans and dependants' in society at large. Though great strides have been made to help prepare transitioning personnel and their families, including the Ministry of Defence's recent launch of its Defence Transition Services and associated policy, there is an enduring need for support services who understand the challenges and needs of the ex-Service community and can provide practical help at the right time.

We recognise the considerable support the wider military charity sector plays in addressing this need. But we also recognise that for many veterans, seeking help is itself a very difficult step to take, and the system can appear confusing to navigate. And it is here that advocacy services, knowledgeable and tuned to the background, experience and requirements of the ex-Service community can play a vital role.

Forces in Mind Trust welcomes this evaluation of The Veterans' Advocacy People provided by SERIO on behalf of The Advocacy People. We believe that well targeted advocacy can complement the range of support provided by charities and be valuable in providing discreet, one-to-one support where it can be most effective. This is a useful tool in the armoury of support services for our veterans which I strongly commend readers to consider carefully.

Thomas McBarnet,
Director of Programmes
Forces in Mind Trust

Executive Summary

Introduction/ Purpose of Report

This report is the final output of a rigorous and independent three-year evaluation of The Veterans' Advocacy People (previously Military Advocacy Service, mAs), carried out by SERIO, an applied research unit at the University of Plymouth, on behalf of The Advocacy People (previously seAp).

The Veterans' Advocacy People service is targeted at veterans, and their families, from each of the service arms. It aims to provide open and flexible advocacy support, responsive to the complexity and range of its clients' needs, through a practical and resilience-building model of support, 'walking alongside' all clients, assisting them to navigate the myriad of agencies and services available, and ultimately empowering them to find solutions and deal with the issues they face, and get their lives back on course.

The service was born out of a recognition by The Advocacy People of the specific needs of veterans, manifested during its delivery of a range of other statutory and non-statutory advocacy services during its 26 years of operation.

The iteration of the service evaluated in this report built on smaller projects run across the last decade. It was run in five areas - Oxfordshire and Buckinghamshire; Plymouth, Devon and Torbay; Wiltshire; Berkshire East and North Hampshire; and Essex.

The evaluation project assesses the impact of advocacy on veterans and their families, and the broader social and financial benefits of that work, in order that any potential for investment in this area of work, and lessons for practice both in support for veterans and in the wider use of advocacy services, might be more widely understood within central and local government and across the military charity sector.

This final report follows on from SERIO's 2018 early findings report and 2019 interim report. These reports used both qualitative and quantitative inquiry with clients and stakeholders, and extensive analysis of monitoring data, to demonstrate the significant impact of The Veterans' Advocacy People across a wide range of outcome areas.

This report builds on that analysis, focusing on an exploration of the social return on investment (SROI) offered by The Veterans' Advocacy People, utilising the wealth of data gathered to ascertain the social value of the return on investment, expressed in financial terms, for every pound invested in the service.

Literature and Policy Review

To set the context for the final report, a comprehensive literature and policy review was carried out, focusing on the issues facing veterans in the UK, and the response from the UK Government to those issues.

There are around 2.4 million veterans living in households in the UK, with 15,000 every year making the transition into civilian life.

The literature review found that:

- Veterans lack knowledge of the services available to them.
- A significant minority struggle to access appropriate accommodation, and veterans are at higher risk of homelessness, with inadequate pre-crisis support available.
- A significant minority of veterans face real financial difficulties, have a high level of reliance on means-tested benefits, and are more than twice as likely as the general population to receive disability benefits.
- There is contradictory data on the prevalence of unemployment amongst veterans compared to the general population, but agreement on the challenges facing veterans navigating unfamiliar recruitment systems, and ensuring their skills are transferrable and understood by employers as such.
- The level of mental health problems amongst the veteran population is a matter of debate, although estimates that suggest prevalence at the level of the general population are likely to understate the issue. Stigma and lack of recognition of need are major barriers to accessing services, and many veterans do not access support for a long time after problems manifest.
- Early leavers face particular risks of experiencing mental health problems and issues with substance misuse. Veterans with limb loss may struggle to meet their housing needs.
- Veterans' partners face knock-on challenges associated with their partners' transition into civilian life.
- Social support is critical to dealing with the practical, emotional and mental health challenges of transitioning to civilian life.

The Armed Forces Covenant sets out the UK Government's commitments to ensuring that veterans do not face disadvantages accessing public or commercial services. Local authorities, public bodies, third and private sector organisations are signatories to the covenant.

There has been significant policy attention paid to the needs of veterans over the last five years through:

- Creation of the Veterans Board in 2017 to drive forward the delivery of Covenant commitments.
- Creation of the Veterans' Gateway in 2017 to provide a single point of access for veterans to services.
- Launch of the ten-year Veterans Strategy, which aims to better co-ordinate responses to veterans' needs, promote better recognition of those needs, and better collate and utilise relevant data.
- Creation, in 2019, of the Office for Veterans' Affairs, a ministerial Unit within the Cabinet Office, to drive delivery of the Strategy.
- The setting up of the Defence Transition Service in 2019, which aims to help veterans facing the greatest challenges to make the transition to civilian life through a dedicated case worker approach either side of leaving.

Changes have also been seen across the issues experienced by veterans, with:

- Changes to housing policy reflecting their greater risk of homelessness.
- Incentives created to encourage their employment.
- The further development of veteran-specific and veteran-friendly services within the NHS.

Policy reviews have noted a number of issues with current support to veterans:

- The complexity of the service landscape.
- A postcode lottery in provision.
- The need for services which are more joined up.

Advocacy is seen as potentially contributing to some of these issues through promoting client empowerment, helping people build relationships and engage with social networks, and providing practical support. Literature suggests the importance of cultural sensitivity in delivery, something reflected in the service's use of veterans in the role of Advocates.

There is a lack of literature robustly assessing the impact of advocacy and, critically, a lack of literature assessing the system/ financial impacts, a gap that this report, following from the previous versions, sets out to fill.

Conclusions from Early Findings and Interim Reports

The early findings and interim reports demonstrated the profound impact of the service on the lives of clients and their families:

- In relation to mental health, use of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) recorded a 23% uplift in clients' mean SWEMWBS score for the statement 'I've been dealing with problems well', with uplifts for other statements ranging between 10% and 19%.

- Results for the validated SWEMWBS measure also showed that the proportion of clients recording a positive change in trajectory across the different measures ranged from 37.5% (making up my own mind about things) to 52.1% (dealing with problems well).

- The total mean score across all seven measures recorded post-intervention was 22.12, up from 19.12 bringing clients much closer to the average scores for the UK of 23.7 (23.2 for men).

- In relation to financial issues, analysis of monitoring data spanning April 2018 to March 2020 showed annualized financial gains of £4,387,249, including benefits, grants, pensions, lump sums and debts written off.

- Positive outcomes were achieved in relation to housing in 48 client cases, with accommodation being accessed (permanent - 13 and temporary - 3); housing support put in place (18); eviction/ tenancy loss avoided (7); aids and adaptations carried out (5); rent arrears cleared (1); and financial support for a new home setup put in place (1).

- Other positive changes included accessing new services (31 client cases); onward organisational engagements (51); improved health management (18); employment, training and education successes (11); social integration (5); and relationship support (7).

- Clients particularly highlighted the importance of having someone to speak on their behalf when they are having difficulties communicating.

- A key client outcome area related to how The Veterans' Advocacy People enables help-seeking behaviour in clients who hitherto have struggled to acknowledge problems and seek out support.

- Evidence has shown that clients' confidence and resilience has been boosted by engaging with The Veterans' Advocacy People.

The SROI Analysis

This report evaluates the impact of The Veterans' Advocacy People for one calendar year of established, standard operations and, based on this, presents an estimate of social value generated by the service.

To carry this out, running costs, service outputs and client outcomes for the 2019 calendar year were used to populate an analysis using Social Value UK's Value Map. The HACT Social Value Bank; HACT guidance for value estimation in SWEMWBS models; the Global Value Exchange; and NHS data were referenced to create financial proxies for recorded outcomes.

The duration of outcomes was conservatively set to one year post-delivery activity, and appropriate adjustments were made to the data in line with best practice in SROI analysis.

Results showed a total present value of £858,276 for that first year. Subtracting input costs for running the service in 2019, this amounts to a net present value of £677,145 for that year.

Based on this, a social return value (the value per amount invested) of £4.74 was calculated, indicating that for every £1 spent on delivering The Veterans' Advocacy People, £4.74 in social value is created.

This means that, setting aside set up costs for roll out further afield and service expansion, the SROI model (based on a return value of £4.74) could stretch to £860,000 in input costs before hitting a breaking even point.

To avoid overstatement, in line with best practice, the approach taken in this analysis is conservative. Taking a less conservative, though still reasonable, approach to the duration of outcomes would see the potential social benefit rise considerably. A sensitivity analysis shows that extending the duration of outcomes by a single year, with drop-off moving into year two set at zero, would see the social return value nearly double to £9.32 (this falls to £7.03 with a drop-off rate of 50% applied consistently). Further research could test the validity of such less conservative approaches.

Concluding Thoughts

Even within this conservative and more strictly focused analysis, it is clear that The Veterans' Advocacy People service is delivering considerable outcomes for the community it serves, and is doing so in a cost effective manner.

This report also provides clear evidence that it is possible to demonstrate the broader social and economic value of effective advocacy services, using an approach that could be replicated elsewhere by other providers and commissioners.

There is scope for further exploration of the outcomes from this project, and others like it, in future research. The knock-on effects for family members of those who benefit from engaging with The Veterans' Advocacy People service could be considerable. Similarly, there have been outcomes revealed through this evaluation's qualitative inquiry approaches to which a financial proxy cannot easily be attributed. For instance, some interviews and case studies describe significant reductions in anxiety and suicidal ideation, and avoidance of mental health escalation, health improvements which would significantly further enhance resultant social values in an analysis of this type.

There is scope, following this analysis, to introduce further measures into The Veterans' Advocacy People's data monitoring system around resilience, self-reliance and health, which would potentially improve the capture of impact and outcomes in a way which can be consistently measured and used to inform future SROI analyses.

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1. Introduction

1.1 Background to The Veterans' Advocacy People

The Veterans' Advocacy People delivers advocacy services to veterans and their families. The service is operational in five delivery areas - Oxfordshire and Buckinghamshire; Plymouth, Devon and Torbay; Wiltshire; Berkshire East and North Hampshire; and Essex.

The service was developed in response to a gap in specialist advocacy provision for military veterans and their families. Through its work, parent organisation, The Advocacy People, recognised a need for specialist advocacy support, and began operating its first advocacy services in East Sussex in 1994. It offers a practical and resilience-building model of support, designed with the aim of empowering individuals who engage with the service to find solutions and deal with their life issues, whatever they may be, in order to help them get their lives back on course. The Veterans' Advocacy People is a development of this service for veterans and their families, and endeavours to 'walk alongside' all clients, assisting them in navigating the myriad of agencies and services available to them. In COVID times, when people's resilience is being tested, and emotional and financial challenges oftentimes exacerbated, support services for society's most in need are all the more critical, with veterans no exception.

A unique feature of The Veterans' Advocacy People is that it is a peer-delivered advocacy service offering long-term solutions. Most of the Advocates employed on the project have direct experience of military service themselves; they feel they can 'speak the language' of their clients, and can readily relate to clients' perspectives and life experiences. Advocates, involved in a paid employment capacity, aim to give clients a voice, supporting them to negotiate their next steps, whilst addressing the barriers that are holding them back.

1.2 Context for the Evaluation

The Advocacy People strongly believes in the power of The Veterans' Advocacy People to transform people's lives, and wishes for the model to be more widely replicated. It sees merit in having this advocacy model of delivery acknowledged in a revision to the Armed Forces Covenant, or being made a statutory service available to all veterans in England and further afield, which would deliver on Covenant commitments. To this end, it is seeking to broaden understanding of advocacy for military veterans and their families, and its many social and financial benefits, amongst government, national organisations and a wider audience. It wishes to better understand the value and impact of advocacy for military veterans and their families, and to share that knowledge more widely.

In order to explore the impact of its service, The Advocacy People commissioned a rigorous and independently verified evaluation of The Veterans' Advocacy People. This evaluation, which has been conducted by SERIO, an applied research unit at the University of Plymouth, has gathered a solid and credible evidence base to learn more about The Veterans' Advocacy People, so that the impact of advocacy for military veterans and their families can be thoroughly explored; any benefits and disbenefits to service users identified; the change the service brings about for veterans and their families demonstrated; and any resultant value the service generates clearly evidenced.

This final report presented here builds on results from the early findings report (2018) and the interim report produced last year (2019). Building on that analysis, this report centres on an exploration of the social return on investment (SROI) offered by The Veterans' Advocacy People, utilising the wealth of data gathered to ascertain a broader concept of value, which specifies the social value return, expressed in financial terms, for every pound invested in a service such as The Veterans' Advocacy People.

The Advocacy People and SERIO wish to extend warm thanks to all veterans and their families who kindly gave up their time to contribute to the evaluation. Their willingness to be surveyed, interviewed, and to share their stories, has been much appreciated. Their contribution, alongside that of their Advocates, has been invaluable in the generation of this evaluation report.

1.3 Evaluation Report Structure

This report presents a study of the social return on investment generated by one calendar year of The Veterans' Advocacy People's service delivery.

It details an evaluative, retrospective SROI analysis, which examines the economic, social and environmental impact of The Veterans' Advocacy People during one standard year of established operations.

The report begins with a review of secondary literature, first setting out what is known about the complex array of needs with which veterans present. A summary of the current policy context follows, exploring existing veteran support structures within the sector, and framing contemporary veteran policy with a focus on housing; employment; and health and wellbeing. The review concludes with a discussion on the impact of advocacy, an under-realised area of research which this report seeks to enhance the knowledge base for.

The report then moves to address the methodology adopted for this service evaluation. Firstly, the breadth of research conducted over the course of the evaluation is summarised, all of which informed the Early Findings Report; the Interim Evaluation Report; and this Final Evaluation Report complete with SROI analysis. This section next addresses the specifics of the SROI methodology adopted for this presentation of results, outlining steps taken, resources utilised, any assumptions made, and noting any perceived limitations.

The following section offers a presentation of results for the social return on investment analysis, detailing stakeholders factored into the analysis, as well as outputs and outcomes considered in calculations. The input costs of running the service for one calendar year (actual costs for 2019) are included here, as is detail on the financial proxies selected for inclusion in the analysis. This results section also details decisions taken or assumptions made in the analysis with respect to deadweight, attribution, displacement, duration and drop-off.

The results section is followed by a sensitivity analysis. This enables review of where any particular decisions taken may have had a significant effect on the resultant social value figure. Conducting this additional confirmatory analysis helped to ensure that SROI results presented are valid and robust, and conform with best practice in SROI analysis.

A concluding section, which discusses key findings; addresses key learning points and recommendations; and comments on any limitations of the evaluation work, draws the report to a close. This section provides an opportunity to reflect on this evaluation's contribution to the enhancement of our understanding of the impact of advocacy, but also to comment on areas for further research development within the sector.

References follow the conclusion, along with a selection of appendices. These include a grid detailing stakeholders, another focussed on financial proxies, and a useful glossary of social value terms. Three impact case studies for The Veterans' Advocacy People prepared by SERIO have also been supplied together with this report as appendices.

2. Literature Review

2.1 Veteran Need

There were estimated to be around 2.4 million UK veterans living in households across Great Britain in 2017 (ONS, 2017). In the most recent 12 months for which data is available (up until Dec 2019), around 15,000 people had left the Armed Forces, a figure which has risen slightly since 2018, suggesting that approximately 15,000 veterans are transitioning into civilian life every year (MOD, 2020b).

The following section outlines prominent areas of veteran need identified in the literature, many of which are intertwined and correlated. It begins by addressing the overarching area of awareness and knowledge, before focussing on the key themes of housing and homelessness; finance; mental health and wellbeing; and social support. Each area is explored in turn, addressing prevalence of need, and barriers to support engagement throughout, before then focussing on particular veteran groups who present with amplified needs, and may require specialist consideration and support.

2.1.1 Awareness and Knowledge

Veterans making the transition into civilian life are faced with a unique set of challenges, and can present with a range of complex needs. An oft overlooked barrier is lack of knowledge. Veterans sometimes simply do not know what they're entitled to, or even if they are qualify as a 'veteran' (Burdett et al., 2013). Fulton and Hancock (2019) found that some veterans wanted access to more information, and that their families required more support.

Furthermore, they found that only a third of sampled healthcare workers had an adequate level of knowledge on the Armed Forces Covenant. Finnegan et al. (2018) reported how communicating what's available, and how one might qualify for it, raised awareness amongst veterans and family members and staff that veterans could gain certain benefits, and that they qualified for veteran status if they had spent even one day in the forces.

2.1.2 Housing and Homelessness

Navigating new financial responsibilities and the myriad of support available post-service is another key challenge faced by veterans. For instance, evidence suggests that of those leaving the military, 12% struggle to find accommodation, and this was cited as a critical barrier to a smooth transition (Forces in Mind Trust, 2018a).

The Centre for Housing Policy (2018) has found that whilst the support sector for veteran housing need is growing, there is much less support available for those that haven't yet reached crisis point, such as the loss of secure accommodation. A House of Commons report (2018) contends that veterans are at a higher risk of experiencing homelessness than the civilian population, although still only a small minority become homeless. It was estimated in 2014 that the proportion of those sleeping rough who had previously served in the Armed Forces stood somewhere between just 3% and 6% (MOD, 2016a). Following a survey of 2,121 ex-Service community veterans and their adult dependants, the Royal British Legion's Household Survey found that 'housing' was cited by 8% of respondents as an issue they were facing, but breaking this down we see 7% struggling with house or garden maintenance, and just 1% in housing deemed poor or inappropriate for their needs (2014).

2.1.3 Finance

Engaging with the benefits system poses a significant problem for some veterans, particularly those facing other problems alongside financial need. The Royal British Legion (2014) reported that one in 10 veterans reported at least one of the following difficulties:

- Not enough money for day-to-day living
- Not enough savings to buy/ replace items needed
- Getting into debt

The same household survey reported that 25% of the ex-Service community of working age receive means-tested benefits (survey of 2,121 ex-Service community veterans and their adult dependants). Households containing working age adults who belong to the ex-Service community were found to be more than twice as likely to receive sickness or disability benefits than UK adults (Ibid).

These financial difficulties were more apparent amongst veterans with dependent children, with one in five reporting difficulties. In addition, single and divorced or separated adults were more likely to report financial difficulties.

Murdoch et al. (2011) found that veterans with PTSD claiming benefits experienced significantly less homelessness and poverty than those that were denied benefits. Furthermore, although their PTSD symptoms persisted, those that were awarded benefits did see a larger clinical reduction in the severity of their symptoms, as opposed to those denied (Ibid).

2.1.4 Employment

Data on veteran unemployment rates provides mixed views, indicating a lack of clarity on the matter. MOD data suggests little difference between veterans and the general population, whilst Royal British Legion data (with a smaller sample, but greater attention on the nuance of full-time versus part-time working) notes considerably higher rates amongst working-age veterans (Forces in Mind Trust, 2018b). Regardless, prior to leaving service, veterans will have potentially experienced many years working within the unique military workplace, which may lead to challenges when entering the civilian employment system, such as navigating recruitment processes or translating their experiences and skills to civilian employers.

2.1.5 Mental Health and Wellbeing

Research has shown that veterans perceive multiple types of stigma around mental health and help-seeking behaviour, something which presents a particular challenge to timely identification and addressing of veterans' needs as they adjust to life after the Armed Forces. The proportion of military personnel diagnosed with a mental health condition, such as PTSD, depression or anxiety, has nearly doubled over the last decade to 3.1% in 2017-18 (House of Commons, 2018), meaning the mental health of the Armed Forces community is broadly comparable to the UK civilian population (Trajectory Ltd). However, these figures are likely to be underestimated, and represent only those who acquire help. Research quoted by the House of Commons Defence Committee suggests that the reality may be considerably worse, and this figure could in fact be around 10% (2018).

A study exploring pathways into mental health care for UK veterans suggests the barriers they face in seeking professional mental health support include recognising there is a problem, self-stigma, and anticipated public-stigma (Mellotte et al., 2017). Many experience feelings of internalised stigma, leading to nonacceptance of their mental health problems, something which then acts as a barrier to help-seeking behaviour (Schuy et al., 2019; Coleman et al., 2017; Iversen et al., 2011). Furthermore, Ouimette et al. (2011) have outlined how the higher the severity of PTSD symptoms an individual is facing, the more barriers to care they perceive. In fact, research suggests that once a veteran leaves service, it can take them 11 years to start seeking help (Murphy et al., 2015). Mellotte et al. also found that a number of enablers may impact a veteran's journey in seeking help from professional mental health services, including reaching a crisis point, social support, the media, having a diagnosis, receiving help from a veteran-specific service, and establishing a good therapeutic relationship (2017).

2.1.6 Social Support

A further challenge lies in the transition from a military support network to civilian networks of support. There can be difficulties inherent in the shift to a situation in which things are not automatically provided, and in which there is more emphasis on being independently organised. Research suggests that social support is an important factor in a veteran's transition, mitigating the presence of some mental health problems, and contributing to a reduction in levels of suicidal ideation (Ketcheson et al., 2018). Similarly, Price et al. (2013) found that PTSD symptoms before treatment were higher for veterans that were experiencing less social interaction. In moving from a tightly knit social sphere and military camaraderie to civilian life, that shift in social support can result in a range of complex issues, which are not easily navigated without additional support.

2.1.7 Groups with Particular Needs

Within the veteran community, there are some specific groups which may be more likely to require additional or specialised support. For instance, research suggests that Reservists experiencing low levels of social support may be at particular risk, with this being associated with alcohol misuse, as well as common mental disorders (Harvey et al., 2011).

Early service leavers have also been found to be at greater risk. Buckman et al. (2013) found that early service leavers were more likely to report fatigue, probable PTSD, increased physical symptoms and common mental disorders. Other research has also found a link between leaving service early and increased risk of suicidal ideation or self-harm (Harden and Murphy, 2018; Woodhead et al., 2011; Bergman et al., 2016). Those subject to non-routine discharge also present a risk, with Brignone et al. (2017) describing how they are more likely to suffer from a mental illness, suicidality and substance use disorders than those who experienced a routine discharge.

A recent study from Wilson et al. (2020) investigated the particular housing needs of veterans who have experienced limb loss, highlighting areas where they may need additional support. For example, home adaptations can be costly, and navigating the support systems to get financial help may be difficult for these veterans. Unsuitable housing can lead to issues with basic household life, such as getting in and out of the property. This may then lead to social isolation, which in turn may have a negative impact on a successful transition back into civilian life. Engward et al. (2018) have suggested recommendations for support and practice that organisations can adopt to address such support needs.

Partners of military veterans also experience a number of difficulties, with many of the issues faced by transitioning veterans posing knock-on effects for their families (Doncaster et al., 2019). Renshaw and Campbell (2011) found that as the severity of some mental health symptoms increased for veterans, so too did the distress their partners experienced. Turgoose and Murphy (2019) have found that interventions which include partners generally have a wide range of benefits for both the partner and the veteran, such as improved mental health.

As is clear from the research, the needs with which veterans and their families present are multifaceted and complex, with a number of specific subgroups also experiencing additional challenges and support needs. Accepting one's need, together with reaching awareness of what support is available, and confidence in navigating those support structures, all form part of the pathway to success for those who need assistance in transitioning to civilian life; a journey which The Veterans' Advocacy People aims to assist with.

2.2 Overview of Support Sector and Policy Arena

This section of the review aims to provide an overview of the size and nature of the veterans' support sector in the UK, as the basis for understanding the positioning of The Veterans' Advocacy People within it. In order to do this, the review reflects on the various policies and strategies concerning veteran support, and the types and range of organisations providing support to veterans, as well as outlining key areas in which challenges or gaps may be present.

The veterans support sector has seen a number of changes and developments in government strategies and policies in recent years. The Armed Forces Covenant, launched in 2011, pledges that, as a nation, the UK will support those who serve or have served in the Armed Forces, and their families. In addition, *The Strategy for our Veterans* launched in 2018, and the new Office for Veterans' Affairs and the Defence Transition Service were both established in 2019. Alongside these strategies and statutory services, a range of charities, some solely for veterans, others focused on specific support areas for the wider public, aim to deliver support services and advice to veterans transitioning into civilian life.

2.2.1 Armed Forces Covenant

The key principles of the Armed Forces Covenant include that members of the Armed Forces community should face no disadvantage compared to other citizens in the provision and access of public and commercial services; and that in some cases, special consideration is appropriate, especially for those that have given the most, such as the injured or the bereaved (MOD, 2016b). The Covenant is supported by various groups, such as government, businesses, charities and communities, who are committed to making a difference to the Armed Forces community. All 407 local authorities in mainland Britain are signatories, alongside thousands of organisations, all of whom have pledged to uphold the Covenant. The Advocacy People is one such signatory. However, the pledge is non-compulsory, and uptake is variable. As part of the Armed Forces Covenant, the Covenant Fund of £10 million funding each year is provided to projects that address specific priorities, such as community integration. Projects are considered if they help integrate Armed Forces and civilian communities across the UK and/ or deliver valuable local services to the Armed Forces community.

2.2.2 Veterans Board

More recently, the Veterans Board, established in 2017, aims to drive forward the existing Armed Forces Covenant commitments, with specific focus on the priority area of healthcare, including mental health (MOD, 2017). Lead Ministers from each relevant government department have been appointed to the Ministerial Covenant and Veterans Board. LA central aim of the Veterans Board is to provide direction and co-ordination, an area that has faced criticisms in the past. It is jointly chaired by the Defence Secretary and the Minister for the Cabinet Office.

2.2.3 Veterans' Gateway

In response to Lord Ashcroft's concern for a lack of coordination (Ashcroft, 2014), in 2017, the Veterans' Gateway was launched, a Covenant-funded initiative aiming to provide a single point of contact for advice, information and signposting for veterans. More recently, the Veterans' Gateway has launched an app to assist veterans in finding organisations within their local area to help with issues such as finances, housing, employment, relationships, and physical and mental health (Cobseo, 2020). The app, funded by the MOD and The Armed Forces Covenant Trust Fund, covers all NHS facilities across the country, as well as over 2,000 charitable organisations, allowing veterans and their families to find appropriate support.

The app aims to assist many veterans and their families to navigate the abundance of available support, and the organisations providing it, more easily.

2.2.4 Strategy for our Veterans

It was anticipated that the Veterans' Gateway would help to provide evidence for a more considered Veterans Strategy, launched in 2018. The Strategy is the first UK-wide Strategy for Veterans and has a 10-year scope to 2028. It aims to address the needs of veterans and their families, whilst supporting them to transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done, and what they have to offer (HM Government, 2018a). The Strategy sets out a number of cross-cutting factors that are seen to affect service provision, and in relation to which it has set four key outcome ambitions for 2028, namely: improved collaboration between organisations, leading to a coherent support offering; greater coordination of veterans' services; enhanced collection, use and analysis of data across the public, private and charitable sectors, leading to a richer evidence base; strengthened public perception and understanding; and heightened recognition of veterans, leading to veterans feeling that their service and experience is recognised and valued by society. These cross-cutting factors affect service provision across a number of key themes affecting veterans' lives: community and relationships; employment, education and skills; finance and debt; health and wellbeing; making a home in civilian society; and veterans and the law. Following the launch of the Strategy, the Government undertook a consultation process, in which The Advocacy People participated, to understand how the sector viewed the key themes and cross-cutting factors published in the Strategy. A number of challenges were identified in this process, some of which are highlighted later in this review.

2.2.5 Office for Veterans' Affairs

Following the Veterans Strategy and the consultation process, the new Office for Veterans' Affairs (OVA), a Ministerial unit in the Cabinet Office, was established (2019). The OVA aims to better coordinate government departments and charity sector provision to deliver coordinated support for veterans. The OVA is also tasked with making better use of available data to understand veterans' needs and where gaps in provision exist, as well as improving the perceptions of veterans (Cabinet Office, 2019).

2.2.6 Defence Transition Service

There is evidence that veteran support often needs to take place long before Armed Forces personnel leave their service, as well as after, to most successfully aid the transition into civilian life. Heaver et al. (2018A) focused on the support for service families during the transition period, and compounded the view that there is a need for supporting veterans and their families earlier in the process. The Holistic Transition Policy aims to do this, bringing together all the support offered to Armed Forces personnel and their families in one place (MOD, 2019a). The Holistic Transition Policy includes the Defence Transition Service (DTS), which was launched by the MOD in 2019 to assist veterans facing the greatest challenges to making a successful transition to civilian life who could benefit from bespoke help, such as that provided by The Veterans' Advocacy People. The DTS provides a dedicated case-worker approach for those who are assessed as vulnerable when they re-enter civilian life (Armed Forces Covenant, 2019). The support provided by DTS is based on the need of the individual and delivered by the MOD. Historically, transition support from the MOD was focused solely on ensuring service leavers find employment through the Career Transition Partnership (CTP). However, the DTS expands on this support, providing guidance in areas such as personal finance, accessing healthcare, housing costs and paying council tax (MOD, 2019b). The support is provided to the individual while they approach their date of discharge, and continues when they leave. DTS is part of Veterans UK, a MOD-run organisation providing support for veterans and their families, including a helpline, Veterans Welfare Service and injury/ bereavement compensation scheme payments (Veterans UK).

2.2.7 Future Enhancements

In other developments, the 2021 census will include questions targeted at the Armed Forces population for the first time. The Covenant has also funded a 'Map of Need' (commissioned April 2017), an interactive map aimed at examining which veterans and Armed Forces families' services are being requested and where.

2.2.8 Support from the Charity Sector

Alongside these emerging policies, and the establishment of government strategies to commit to and co-ordinate support mentioned above, a wealth of other support services exist, provided by the public, private and charity sectors, to assist veterans in civilian life. The charity sector is comprised of numerous organisations that provide support and guidance to UK veterans.

Charities that directly cater for the needs of the Armed Forces community include:

- Welfare charities, which provide services and/ or grants to support in areas such as finance, employment/ unemployment, housing/ homelessness, health and other personal circumstances.
- Service funds, which provide facilities and/ or grants to improve the morale, social and physical wellbeing of the Armed Forces community and their families.
- Armed Forces associations, which maintain and foster the bonds of comradeship forged in service. These organisations also often seek to address welfare issues, such as social isolation.
- Mixed-type charities, which provide a mix of support of the three categories described above (HM Government, 2018b).

A report on the Armed Forces charities sector (for serving/ ex-serving personnel) found that although the size of the sector remained stable 2012-2016, the sector has contracted since 2016, with 1,888 Armed Forces charities operating in the UK (26% of them classified as welfare charities), a reduction of 65 since 2012 (Doherty et al., 2019). This has since reduced further to 1,843 (Cole et al., 2020).

2.2.9 Overview of Support by Theme

This section of the review explores the charitable and statutory support veterans are eligible for and entitled to within the three overarching themes of housing; employment; and health and wellbeing, outlining whether veterans are recognised as a priority in national strategies, and the types of specialised services that are available to them.

Housing

A range of support exits for veterans on matters relating to housing. DSC research (2018) found that 78 Armed Forces charities were delivering housing support, with a small number offering specialist services (HM Government, 2018b). Also, The Armed Forces Covenant changed the law to ensure seriously injured, ill or disabled Service/ ex-Service personnel, with urgent housing needs, are given priority for social housing (Ministry of Housing Communities and Local Government, 2019).

There has been similar intervention in relation to the need to prove a 'local connection' to place in qualifying for social housing; certain members of the Armed Forces community are exempt from this local connection test (Ministry of Housing, Communities and Local Government, 2020b). Nonetheless, veterans do not have an automatic right to social housing (MOD, 2020a) and, as such, being a veteran alone will not result in being classified as having priority need. Some veterans, however, may be classed as vulnerable by their council based on a number of factors, including whether the person can cope with being homeless, or whether a disability or illness affects daily life (Shelter, 2020) and, as a result, may be considered a priority.

In addition, it is acknowledged that veterans may be at particular risk of homelessness, and government guidance suggests that when developing their homelessness strategies, local authorities should consider how to work effectively to prevent homelessness amongst veterans, and to ensure that appropriate support is available (Ministry of Housing, Communities and Local Government, 2020a).

Employment

In terms of employment support specific to veterans, the Ministry of Defence, together with Right Management, deliver the Career Transition Partnership (CTP), which aims to assist veterans to find a civilian career or job, and to help employers with recruitment through their no-cost recruitment service (CTP, 2020).

In addition, building on the Veterans Strategy, a recent scheme to support veterans in civilian employment is the Government's pledge to scrap National Insurance contributions for a year for every new employee who has left the Armed Forces. In July 2020, the Supporting Veterans' Transition to Civilian Life through Employment consultation document was published outlining this commitment, due to commence in April 2021. The consultation is seeking views from businesses and other interested parties to ensure that the policy meets requirements and ambitions. The idea is that reducing the cost of employing veterans will provide an added incentive for employers to hire more veterans, and to benefit from the skills they can offer (HM Revenue and Customs, 2020).

Health and Wellbeing

A number of health and wellbeing support services exist for veterans. All veterans are entitled to priority access to NHS care for conditions associated with their time in service (NHS, 2018). In addition, if a veteran presents with a complex and lifelong health condition, they may be eligible for the NHS veterans personalised care programme. A key support service specifically for veterans focused on mental health is the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS), an NHS service for all ex-serving members of the UK Armed Forces and service personnel across England who are making the transition into civilian life. The service is provided by specialists in mental health, who have an expert understanding of the Armed Forces (Veterans' Gateway). Other veteran-specific healthcare services include:

- Veterans' Mental Health Complex Treatment Service (CTS), an enhanced out-patient service for veterans who have military-related complex mental health difficulties that have not improved with previous treatment.
- Veterans Trauma Network (VTN), an NHS service available in selected centres across England, providing care and treatment to those who have been injured during their time in the Armed Forces.
- As of September 2019, 375 GP practices in England were accredited as 'veteran friendly' (Cabinet Office, 2020; Armed Forces Covenant, 2019).

In other health and wellbeing-related developments, veterans mental health charity, Combat Stress, which has helped veterans for over 100 years, stopped taking new referrals in England and Wales at the start of 2020. Combat Stress stated a fall in income by £6 million in the recent financial year as the reason, partly due to a cut in its NHS funding support, with the NHS now in-housing more of its service provision (Forces Net, 2020). Since January 2020, all new referrals were due to be redirected to the NHS. More recently, Combat Stress, which is currently reviewing its services and delivery model, has begun to take on a small number of referrals again.

2.2.10 Strategic Challenges

Myriad of services

The Armed Forces support sector has, at times, come under criticism within the policy arena, and also in a number of media reports, for being too large.

Lord Ashcroft's 2014 transition review stressed the need to address 'the maze of welfare organisations and services', which is 'hugely difficult to navigate, especially for an individual in serious difficulties' (Ashcroft, 2014). This concern was, in part, addressed with the introduction of Veterans' Gateway in 2017, providing a 24/ 7 service to help direct veterans to the help they need. The introduction of the Veterans' Gateway app may also assist a large majority of users. However, there is concern that the hard to reach cases may still struggle with navigating the system, following up the advice provided, or establishing initial contact with the organisations. The need to simplify the navigation, and to improve signposting of services, is also widely documented within the literature (HM Government 2020; Doherty et al., 2019).

Inequalities in provision

In addition to the size of the sector, several reports have highlighted the variation in quality of support provided to the Armed Forces community when transitioning to civilian life, geographically and for specific groups. Some indicate the existence of a postcode lottery. An inquiry into the provision of care for veterans with mental health issues found that veterans face wide variations in the quality of treatment available (Loft et al., 2020). Furthermore, the Veterans' Strategy consultation process revealed that organisations felt implementation of government support was inconsistent across the UK, and that there needed to be greater understanding of local differences in veterans' needs (HM Government, 2020). Throughout the consultation, organisations highlighted that veterans are not a homogeneous group, and needs differ depending on their experiences. The addition of the 2021 census question collecting information on the Armed Forces community, alongside the publication of Map of Need identifying current and foreseeable needs (Armed Forces Covenant) are initial steps towards addressing variations in both need and quality of support.

Collaboration

Another challenge faced is how organisations delivering support collaborate and work together. Notably, within the physical and mental health sector, the need for a smoother transition between service providers has been raised (HM Government, 2020). More recently, improved collaboration amongst organisations within the charity sector has been reported (HM Government, 2018b; Doherty, 2019). Nonetheless, one of the key cross-cutting factors of the Veterans Strategy (2018) is collaboration and developing a more holistic, joined-up approach, where it is felt further improvements would have a positive impact on veterans' experiences. The Strategy acknowledges the range of service providers from which veterans can access support, and the requirement to repeat their circumstances or experiences each time they engage with a new one.

2.3 Impact of Advocacy

Although there is currently an array of statutory support available to veterans, it could be that there are gaps in supporting those who are hard to reach. Here, a personable one-to-one approach to finding and accessing support is more effective – an area that will be explored further in regards to The Veterans' Advocacy People later in this report. This type of support has been shown to bring about meaningful change for veterans and their families.

High quality, independent advocacy is one of the key means of enabling people to have their voices heard and their rights upheld, something which has led to the sector seeking growth, and for investment to be made in it. The evidence base that explores the effectiveness of advocacy as a form of support is continuing to emerge. Studies have also reported on the challenges in measuring the effectiveness of advocacy models (McNutt, 2011). Whilst existing research succeeds to some extent in highlighting the benefits and effectiveness of advocacy as a form of support, as well as underlining the factors that limit the effectiveness of advocacy, there is a need for more robust studies going forward, and this evaluation is intended to fill some of that research gap, clearly evidencing the impact of advocacy, as well as making a significant contribution to the understanding of advocacy more widely.

2.3.1 Benefits and Challenges of Advocacy

Stewart et al. (2013) highlight some of the key benefits of advocacy:

- Promoting empowerment: Those accessing advocacy support have reported high levels of satisfaction, primarily relating to the potential that advocacy has to empower people. That sense of empowerment can lead to an increase in self-reported well-being, increased self-efficacy and improved confidence.
- Practical help and support: High levels of satisfaction have also been reported for help and support with practical matters, such as help to apply for housing and benefits, or to gain social support. In addition, the provision of moral support, for example during formal proceedings, is important to some service users.
- Development of relationships: Advocacy has been described as offering the potential to promote social networks and support individuals to build relationships. A trusting relationship between the Advocate and the person accessing support is also thought to be essential in supporting the individual, and in achieving the desired outcomes.

Stewart et al. (2013) also present some of the key features of effective advocacy practice that are relevant across all advocacy models. For Advocates, the building of a trusting relationship, providing continuity, familiarity and consistency, is seen as crucial to effective advocacy. In addition, the literature suggests that a clearly defined role, as well as training and support to enable this role is necessary. Research also emphasises that cultural sensitivity is a key attribute needed for the role of an Advocate.

For organisations, Stewart et al. (2013) highlight that advocacy services need to use effective mechanisms to define and record outcomes for individuals, and also support the Advocates to have a clear understanding of advocacy, and how they can best fulfil their role.

In terms of commissioners, research suggests that independence of advocacy providers from the organisations that fund them is a key value. This does not mean operating in isolation from, or in constant opposition to, the services those organisations provide, but that a focus should be maintained at all times on the interests of the client.

On the other hand, a number of factors that limit the effectiveness of advocacy have also been revealed in the literature, such as the availability and recruitment of Advocates (particularly for peer advocacy models), and providing support to Advocates in order to ensure the appropriate skills and expertise are present, particularly when organisations are dependent on short-term funding (Stewart et al., 2013).

2.3.2 Measuring the Effectiveness of Advocacy

A small number of frameworks have been developed to evaluate the effectiveness of advocacy services. For example, the National Development Team for Inclusion developed a framework and toolkit for providers and commissioners of independent advocacy to measure the impact that advocacy has on individuals, the community and the sector itself (NDTi, 2016). It outlines four impact areas to populate in order to understand the effectiveness of the advocacy, and whether outcomes are being achieved:

- Changes in lives of individuals who use advocacy services
- Changes in the way that the health and social care sector delivers services and responds to people
- Changes in the way communities can support people to be included and enriched by peoples' full participation and involvement
- Changes in the way that advocacy services learn, develop, listen and grow

In addition, the Scottish Independent Advocacy Alliance (2010) developed an independent advocacy evaluation framework, designed to aid organisations and external evaluators to measure the effectiveness of advocacy services, as well as an Independent Advocacy Guide for Commissioners in 2013 (Scottish Independent Advocacy Alliance, 2013).

Although research into the impacts of advocacy is quite limited, some research has explored the impact advocacy services can have on a particular group of people. For example, an evaluation exploring the impact of the Welfare Advocacy Support Project (WASP) in Scotland found that people going into disability benefits (PIP and ESA) assessments prepared by Advocates, and with an Advocate sitting alongside them, were more confident, discussed their health condition more openly, and had better interaction with the assessor (Hopkins, 2016). Furthermore, the project helped over 700 people claim £3.2m of benefits that they might otherwise not have received. Using the experience of the Welfare Advocacy Support Project, The ALLIANCE, working with the Scottish Independent Advocacy Alliance and others, successfully campaigned for an amendment to the new Social Security Bill. This Bill now contains an explicit right to advocacy for disabled people and people with mental health problems applying for the Scottish Government's new version of PIP and other benefits.

Weir et al. (2017) investigated the effect that peer support workers had on veterans in a clinical setting (specifically, mental health and wellbeing service settings). These peer support workers were all former military personnel, enabling ease of understanding of the issues veterans were facing. The authors suggest this led to reduced stigma around mental health issues, thus making it significantly easier for the veterans to engage with the programme. In addition to this, trust in the service and the clinicians was enhanced due to the peer endorsement which, again, had a positive effect on engagement, even leading to some veterans self-referring.

Outside of this, research into the impacts of advocacy consists of studies focusing on individual stories about the positive work of advocacy, or is based on anecdotal evidence, rather than explicitly measuring the impact. Nonetheless, it does suggests that advocacy can have very positive outcomes for people supported, and reinforces policy and practice based on promoting voice, choice and control (Macadam et al., 2013).

Although there is some (mostly anecdotal) evidence available on the impact of advocacy, it should be noted that overall evidence is limited, particularly regarding how the impact is measured, or the cost-effectiveness of advocacy services demonstrated. There is also a narrow presence of impact-focused research in academic literature. This evaluation of The Veterans' Advocacy People aims to inform that knowledge base, and generate new evidence on the impact of advocacy services in the veterans sector, demonstrating the value that such a service can provide.

The approach being adopted for this analysis, a social return on investment methodology, 'measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them' (The SROI Network, 2012: 8).

The style being adopted is an evaluative social return on investment, one which 'is conducted retrospectively and based on actual outcomes that have already taken place' (Ibid). Others in the veterans sector have adopted this approach. For instance, The Poppy Factory recently utilised this methodology to explore the social value of its employability service for wounded, injured and sick veterans, estimating that for every £1 invested in this service, a social value of £4.80 was generated for its 2017/ 2018 cohort (2019).

3. Evaluation Methodology

3.1 The Research Approach

A summary of fieldwork over the course of the evaluation is listed below, followed by further detail on how this was implemented.

Summary of Fieldwork:

- 16 semi-structured qualitative telephone interviews with The Veterans' Advocacy People Advocates
- 40 semi-structured qualitative telephone interviews with clients of The Veterans' Advocacy People
- 5 semi-structured qualitative telephone interviews with key The Veterans' Advocacy People delivery team members
- 24 semi-structured qualitative telephone interviews with a wide range of external organisations/ stakeholders
- 1 The Veterans' Advocacy People client focus group
- 3 case studies narrating The Veterans' Advocacy People experience from a client perspective
- 1 half day of Advocate on-the-job shadowing
- Thorough analysis of all available CRM monitoring data and client feedback data

The early findings and interim phases of the evaluation adopted a mixed methods approach in order to gather insight. Following enhancements and additions to the service's data monitoring system, a conscious attempt to deal with the lack of robust monitoring information that has typically been generated in the monitoring of advocacy, early fieldwork began in August 2018, running for three months until October 2018. During this time, five semi-structured telephone interviews were conducted with Advocates, and 15 interviews with clients of The Veterans' Advocacy People. All interviews were audio recorded with consent, transcribed and analysed to inform the research. Alongside a thorough analysis of all available monitoring data from The Veterans' Advocacy People, including comprehensive CRM system data and results from a client feedback survey, this insight formed the basis of the Early Findings Report, published in October 2018.

Fieldwork for the interim phase began in May 2019, and concluded in September 2019. Qualitative interviews took place with participants across the whole system, including clients of the service (25); Advocates delivering the service (11); key delivery team members from The Advocacy People (5); and a wide range of external organisations who have knowledge of The Veterans' Advocacy People and its offering (24). These interviews were complemented with a client focus group, a half day of Advocate shadowing, case study development, and an independent analysis of monitoring and client feedback data supplied to SERIO by The Advocacy People. Once again, all interviews were audio recorded with consent, transcribed and analysed to inform the research and, alongside a thorough analysis of all available monitoring data from The Veterans' Advocacy People and any additional insights collated, formed the basis of an Interim Evaluation Report, published in December 2019.

3.2 Final Report and SROI Analysis

The final phase of the evaluation seeks to draw together all insight collated over the course of the research, and use it to inform a Social Return on Investment analysis. The breadth of fieldwork conducted, alongside monitoring data collected by The Veterans' Advocacy People, provides a wealth of outputs, outcomes and impact data to draw upon for an assessment of social value. The SROI presented here has focussed on 2019, examining the social return on investment generated by one calendar year of Veterans' Advocacy People's service delivery. It is an evaluative, retrospective SROI analysis, which examines the economic, social and environmental impact of The Veterans' Advocacy People during one standard year of established operations. The analysis draws on resources from Social Value UK (SROI Value Map); HACT (Social Value Bank); and the Global Value Exchange, following best practice in SROI, and utilising validated financial proxies. Further methodological information on all decisions taken, resources utilised, and any assumptions inherent in the analysis is detailed throughout the presentation of results.

The SROI Process

The diagram below offers an introductory summary to the social return on investment methodology adopted for this piece of research, outlining the various stages carried out in the analysis. Each phase, and the steps taken therein, will be walked through in the 'Analysis and Results' chapter, with further explanations of concepts and terminology included where appropriate, to make clear any decisions and assumptions taken in the social return on investment analysis presented in this report.

4. Analysis and Results

'SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated. For example, a ratio of 3:1 indicates that an investment of £1 delivers £3 of social value' (The SROI Network, 2012: 8). As an organisation seeking to create improvements in society, impact is seen not through the bottom line, but rather through social impact. This analysis seeks to evidence how The Veterans' Advocacy People's work can improve wellbeing, and address the value of its non-market social interventions. Results presented below detail all steps taken to arrive at as accurate a view as possible of social impact related to delivery of The Veterans' Advocacy People in 2019. As there are many external contributing factors to outcomes in individuals' lives, results offer an indication of the impact The Veterans' Advocacy People has generated and contributed to, with adjustments made, as appropriate, to reflect external factors beyond the scope of the evaluation.

4.1 Stakeholders

With the project scope defined, an initial first step was to identify stakeholders, and reach a decision on which of these should be included in the SROI analysis. Stakeholders are all of those people, organisations and systems which may affect, or be affected by, the delivery of The Veterans' Advocacy People.

In assessing which stakeholders were in scope for inclusion in the analysis, consideration was given to which of those identified would have experienced material change as a result of The Veterans' Advocacy People service delivery. A summary of stakeholders considered is included below, but further detail may be found in the Stakeholder Map, which has been included as an appendix. This details which stakeholders have been included and excluded in the analysis, with an explanation for the rationale behind these decisions, alongside a summary of associated stakeholder impacts.

- Clients of The Veterans' Advocacy People
- Family members, relatives, friends and associates of The Veterans' Advocacy People clients
- The Veterans' Advocacy People delivery team; The Advocacy People staff; and volunteers
- Veteran support sector
- Wider, non-veteran specific support sector
- The health system
- The state

4.2 Inputs

In order to conduct the SROI analysis, it was necessary to ascertain the financial value of inputs to include in the model. Knowing the budget allocated to service delivery is vital, so that any returns can be compared to investment. This figure represents the total financial investment which was required to run The Veterans' Advocacy People in 2019. Through engagement with management staff at The Advocacy People, and analysis of financial accounts for the 2019 calendar year, the following costs were identified. This total of £181,131 covers all staff and running costs for one standard year of established operations. Costs for setting up the service anew, or for establishing a centralised national service would see an increase to the total presented below but, as outlined earlier, this SROI analysis focuses on a single year of delivery for an established The Veterans' Advocacy People, operating in Oxfordshire and Buckinghamshire; Plymouth, Devon and Torbay; Wiltshire; Berkshire East and North Hampshire; and Essex. Volunteer time has not been included as an input, as it was felt that activity would have gone ahead to the same extent without this contribution.

Annual Cost of Running Veterans' Advocacy People 2019 Calendar Year	
Cost Category	**Cost Amount**
Staff costs	£138,787
Staff expenses, training and recruitment	£9,467
Premises and office supplies	£1,511
ICT costs	£5,195
Professional and other costs	£3,691
Support services	£22,480
Total costs for 2019	**£181,131**

4.3 Outputs

The SROI analysis presented in this report has been conducted retrospectively, considering outcomes which have already occured, and been recorded via formal programme monitoring data mechanisms. Outputs and outcomes data has been collated, including both soft and hard outcomes data, via CRM monitoring data, and both quantitative and qualitative inquiry outlined earlier, providing a comprehensive view of The Veterans' Advocacy People, which is inclusive of both client beneficiaries and wider stakeholders.

An examination of monitoring data revealed 306 client cases recorded for the calendar year of 2019. HACT ascertains it is acceptable to treat each individual as a new person each time they re-engage with a service, effectively compromising the accuracy of values attained as a trade-off to minimise complexity. As following this guidance would result in considerable double counting, in the interest of carrying out a fair and robust analysis, we have opted for this analysis to include unique individuals as opposed to cases. Our monitoring data afforded us this possibility and, upon doing so, it reduced throughput from 305 cases to 199 people. It was felt the compromise to accuracy was too severe in this instance if choosing to treat each individual as a new person for each service issue. Monitoring data was adjusted to reflect this decision, looking at the overall picture for each of the 199 individuals across all service issues they registered. The primary output of one year of operations of The Veterans' Advocacy People in the 2019 calendar year is as follows:

- 199 people (305 cases) receiving one-to-one Advocate support via The Veterans' Advocacy People across a range of key outcome areas

A breakdown of cases by service issue presented with is detailed below.

Service Issue	Proportion
Benefits	33.67%
Health and Social Care	21.21%
Housing and Homelessness	18.18%
Legal/ Finance	10.10%
Jobs/ Training/ Education/ Volunteering	4.38%
Debt and Budgeting	4.04%
Relationships	3.37%
Military Service Complaint	2.36%
Social Networks/ Activities	2.36%
Criminal Justice System	0.34%

4.4 Outcomes

A thorough analysis of monitoring data and all resultant quantitative and qualitative research data revealed a number of positive client outcomes, as well as additional areas of impact across frontline staff, delivery team staff and external stakeholders.

In terms of practical outcomes, many clients benefitted from onward referral to, and engagement with, an appropriate organisation to meet their needs, or agreed access to another service, leading to a sense of feeling more in control of their life course. Some had a care or treatment package put in place, or sustained engagement with an existing plan. Other clients accessed a social activity or engaged with a support group. A few clients went on to access education or secure a job, whilst others had their debt either cleared or made subject to a new and manageable payment agreement. Many were assisted in resolving housing issues and having aids/ adaptations carried out, some with accessing a mobility vehicle, and yet more received support in tackling financial and benefit issues.

In particular, clients highlighted the importance of having someone to speak on their behalf when they are having difficulties communicating. Having the knowledge that The Veterans' Advocacy People was specifically focussed on supporting veterans was an important reason to get involved with the service.

Qualitative insight acquired over the full duration of the evaluation has been included throughout this section, as this information helped inform which outcomes were most valued by clients and stakeholders, and provide valuable context.

"The Veterans' Advocacy People supports me speaking on my behalf because I don't feel I have been heard, especially speaking with care services."

"I find it difficult to communicate with people. The Veterans' Advocacy People makes things easier for me so I don't have to struggle."

Social benefits for clients were also apparent - the opportunity to connect with like-minded individuals.

"A benefit to the client is making friends with like-minded people. There is a common goal to speak freely and openly about trauma and past experience."

Health was identified as a key area of impact, with the importance of positive outcomes in this area highlighted by many, and uplifts in mental wellbeing documented. The service was described as one which enables people to access the appropriate healthcare, and to avoid reaching crisis point.

"The Veterans' Advocacy People is like a bridge between veterans and services; a voice for veterans who are unable, for whatever reason, to access the services or benefits they are entitled to, like mental health, physical health, etc."

"The service has helped me hugely. It has taken me from being suicidal to having the support of someone I trust, someone I can talk to."

"In terms of sustainability, there is something about the preventative element of advocacy delivery. There is that return on investment where if you are able to support somebody to resolve issues, you prevent a crisis from escalating and somebody needing more specialised intensive support, and actually there is a cost saving in the long run, and obviously a benefit to the individual."

A key client outcome area was acknowledged around how The Veterans' Advocacy People enables help-seeking behaviour in clients who hitherto have struggled to acknowledge problems and seek out support. It helped them find their voice.

"I was not readily accepting people's help. I was weary because I have been let down … It is hard to accept that you have problems and hold your hand out for help."

"The Veterans' Advocacy People gave me a voice. Someone was listening to me and offering the support that I was lacking. Before them, I had no knowledge of this type of service. I find that, in our group, it's difficult to ask for help because if someone puts you down you shut down."

"We are going to help you find your own voice. That's the critical thing about advocacy; it is about enabling people to help themselves. This is the main difference from other legitimate social services available."

A number of clients reported that their reluctance to access support in the past derived mainly from previous negative experiences and an unwillingness to accept that they needed support.

Several clients reported having been let down by other organisations in the past, therefore affecting their capacity to trust services. Other clients reported that their military background and their pride precluded them from seeking support, as they were expected to be strong and resilient. Evidence shows that clients' confidence and resilience has been boosted by engaging with The Veterans' Advocacy People, another key outcome area.

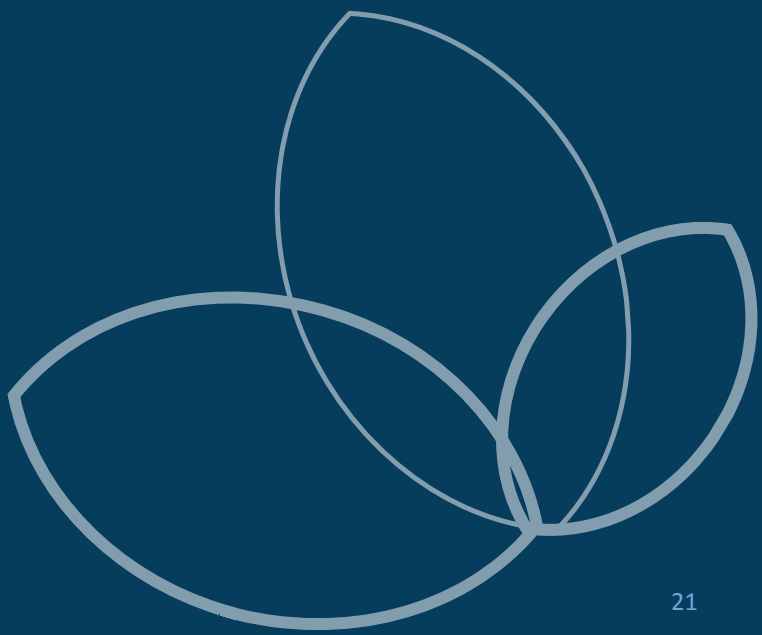
"My confidence has changed. I felt that I was useless at the time, but after talking to [Advocate] … He got my confidence back up. He said I was worth something. He picked me up, all through conversations."

"At the time, I was very stressed out and confused. After the initial meeting, it was easy. We always achieved something; there were tangible results."

"Now I feel if someone is offering support, I would take it. [Advocate] showed me that it works."

"My confidence has come back. My whole life has changed. I am more confident now. A few months ago, I would not have been able to talk to you. The main thing that is positive for me is the ability to conduct my own affairs. It has built my confidence in myself."

Many, whose applications for finance or support were unsuccessful at first attempt, or eventually declined at a final stage of appeal, will still have experienced a benefit from this support and having someone 'fight their corner', something which has emerged through the qualitative research. Practical advice given about eligibility; charities which can support specific endeavours; advice on procedure for processing health complaints; and assistance getting a visa, for instance, all represent micro-interventions which allow life to progress, and present people with options which, in turn, contributes to their overall wellbeing and sense of self.



Others were on the brink of homelessness when engaging with The Veterans' Advocacy People, managing to avoid that crisis point, something which delivers considerable wellbeing benefits.

"We were on the cusp of being homeless; it was horrific … My main concern, my most pressing need, was housing. We were desperate for help and they just put me at ease straight away."

Advocates discussed how their role with The Veterans' Advocacy People had had an impact on them personally, indicating that being able to give something back to the veteran community was valuable to them. Impact was felt in various ways, including: the role had increased their awareness of the issues faced by veterans and the scale of the problem; Advocates had developed connections and been exposed to a variety of people and ways of working; Advocates had made changes in the way they respond to people and issues, or how they view circumstances; and Advocates have found the experience of delivering The Veterans' Advocacy People rewarding and fulfilling.

"If I encourage someone to go to a group, I also go so they recognise a friendly face. That's something I do. I know how difficult it was for me to go out and meet new people."

The Advocacy People staff noted how the advocacy message was spreading, and others' understanding of it was being enhanced through The Veterans' Advocacy People's work. The benefits of a more joined-up system were also described.

"Other organisations are starting to understand advocacy. They're starting to value what we do. We are getting the message out there, both at a senior level and on the ground."

"It is very mutually beneficial because some of the issues they cannot deal with they pass the clients on to us [e.g. time-intensive benefits appeals], and vice versa. Some of the things that we cannot help with, we pass on to them. There is mutual benefit. There is a close bond. This partnership also benefits clients."

The majority of stakeholders spoken to had referred veterans to The Veterans' Advocacy People and felt that they have an effective working relationship with the organisation. For many, this was supported by either pre-existing working relationships with Advocates or regular communication and feedback. Many respondents also felt that the service's offering was complementary to or built upon the support that their own organisation offers veterans, with referrals being a two-way process in many instances.

"A very effective working relationship. We have go-to people we can contact immediately, can offer immediate and practical support for our members who are struggling and we can't do anything about it."

"In reviewing case files, it was really clear that the service is having an impact and making a difference to the individuals."

"From the feedback we get, they wouldn't know where they would be without that support. For some it has saved their lives, because they have been so depressed, and thoughts of suicide, and they didn't have any support at all. So I think it has been really impactful on individuals' wellbeing."

"Hope that it does have longevity and continues to operate. I feel that if it doesn't that would be a massive gap in service provision for veterans, I don't know what would happen to the veterans."

4.5 Indicators

Following an extensive mapping of outcomes, and decisions on what could reliably be included in the analysis, appropriate indicators were selected for inclusion in the model. Those chosen include the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS); a range of HACT Social Value Bank indicators covering housing, debt, employment, education, social contact and feeling in control of life; an NHS annual per-person spend proxy*; and indicators for mobility and autonomy sourced via the Global Value Exchange.

4.5.1 SWEMWBS

The Short Warwick-Edinburgh Mental Wellbeing Scale consists of a series of seven positively-worded statements, each of which has five response categories on a sliding scale. It is a credible and validated indicator which has been developed in order to measure different aspects of positive mental health. The statements are shown below.

- I've been feeling optimistic
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

Many clients of The Veterans' Advocacy People responded to this survey item both before engagement with The Veterans' Advocacy People and after, meaning it could be used as a mental wellbeing distance-travelled measure for this analysis. The limitation in using this measure is that it cannot be used in conjunction with any other HACT Social Value Bank indicators; one must use one or the other in SROI analysis, but never both together. Outcomes for individuals were assessed on a case-by-case basis, and results based on this measure have been included in the analysis for 38 The Veterans' Advocacy People clients.

Where individuals had completed multiple SWEMWBS scales for different cases, their earliest first and latest last scores were used. It was felt the most up-to-date wellbeing data would be most representative, and more reflective of their longer-term outcome, and the earliest the best representation of their wellbeing when they first encountered The Veterans' Advocacy People. Total before and after scores (ranging from 7-35) were examined for each participant, with values for step change through categories calculated using the figures recommended by HACT below.

***A proxy refers to an approximation of financial value, where an exact measure is impossible to obtain**

Category	Overall SWEMWBS Score	Full Model Value
1	7-14	£0
2	15-16	£9,639
3	17-18	£12,255
4	19-20	£17,561
5	21-22	£21,049
6	23-24	£22,944
7	25-26	£24,225
8	27-28	£24,877
9	29-30	£25,480
10	31-32	£25,856
11	33-34	£26,175
12	35	£26,793

By way of an example, if a client recorded an initial 'before' score of 15 (category 2 above), and an 'after' score of 22 (category 5 above), we would subtract £9,639 from £21,049 for inclusion in the SROI model. The formula below illustrates the way in which SWEMWBS model values are used, and social impact values arrived at. An explanation of deadweight, which accounts for what 'would have happened anyway', can be seen in 4.6.1.

After score model value - Before score model value x (1 - deadweight) = Per person social impact

4.5.2 HACT Social Value Bank Indicators

This analysis has drawn on a number of HACT indicators to develop proxies and conduct the SROI analysis. These relate to housing, debt, employment, education, social contact and feeling in control of life, and can all be viewed in HACT's Social Value Bank (see page 26 for detail on which specific values have been utilised). HACT adopts a Wellbeing Valuation approach, which seeks to value activity on the impact it has on individuals' life satisfaction levels. The values, which have been derived using the HM Treasury Green Book guidelines represent 'the largest bank of methodologically consistent and robust social values produced to date' (HACT, 2014: 8). Age and region specific variations on values have been applied, as appropriate.

4.5.3 NHS Spend Proxy

According to the ONS, The UK spent £197 billion on healthcare in 2017, equating to £2,989 per person (ONS, 2019). This proxy was introduced to address clients who engage with or sustain engagement with treatment plans. This was on the basis that The Veterans' Advocacy People clients would want to benefit in at least the same way as other citizens, and avail of treatment they are entitled to; no different from those who aren't faced with challenges comparable to those faced by veterans.

4.5.4 Global Value Exchange

The Global Value Exchange database was consulted to locate proxies for independence and autonomy gained from aids and adaptations to the home, and the acquisition of a mobility vehicle.

Proxies for the wellbeing benefit of increased autonomy, and the value generated from individual adaptations were sourced via a social return on investment study of adaptations carried out by the Envoy Partnership (2016), which was listed on the Global Value Exchange. Proxies have been adjusted to September 2020 for inflation.

4.6 Adjustments

This analysis examines impact for one year beyond the year of service delivery activity. This is in line with guidance from HACT on the use of its Social Value Bank values, which do not seek to make an assessment of whether people benefit for more than a year. The sections which follow detail adjustments made for deadweight, attribution, displacement and drop-off, decisions taken in line with best practice in SROI.

4.6.1 Deadweight

A deadweight adjustment allows for a better estimate of the impact of activities, by taking into account the social improvements that would have happened anyway, regardless of any intervention on the part of The Veterans' Advocacy People. It is a 'what would have happened anyway?' metric, which avoids over-claiming and needless inflation of estimates. This analysis has followed Homes and Communities Agency (HCA) advice on the application of deadweight figures, as suggested by HACT. HCA additionality guidance draws on research to produce average deadweight figures, as shown below. These have been applied as appropriate to all indicators included in the SROI model, with the exception of two housing metrics, for which HACT have set deadweight to zero. Given that veterans are one of the hardest to reach groups, and often unlikely to engage in help-seeking behaviour, there may be scope to reduce these deadweight figures. However, in the interest of being conservative and not over-stating, this analysis has stuck with convention.

- Training and access to labour market – 15%
- Community and social – 19%
- Crime prevention – 19%
- Health – 27%

4.6.2 Attribution

Clients of The Veterans' Advocacy People have not completed survey attribution questions related to their recorded outcomes. As a particularly vulnerable group, challenges will always present themselves with respect to survey completion, sustaining engagement and re-contacting of participants. Being realistic about evaluation engagement levels, and not over-burdening or pressuring Advocates or The Veterans' Advocacy People clients was an important consideration for this evaluation.

However, given the nature of advocacy service delivery, and the fact that it is one-to-one peer-delivered support to tackle specific and pre-defined issues that client present to the service with, we can say, with relative confidence, that the outcome achieved is down to the work conducted by the Advocates alongside their clients. Where it was felt this was more clear-cut, an attribution rate of 90% has been applied. A more conservative estimate was taken with the SWEMWBS mental wellbeing measure (80%), due to the potential for outside factors other than The Veterans' Advocacy People intervention to influence outcomes for this particular metric.

4.6.3 Displacement

Displacement concerns the degree to which outcomes achieved have displaced other outcomes, something which is not always relevant in SROI, but worthy of consideration with some indicators. This analysis had taken the view that where outcomes may lead to state dependency, results should be discounted by 10%. With respect to participants securing jobs and education system places, a 20% rate of displacement has been applied, on the basis that those places are now unavailable for others to occupy. For WEMWBS scores, the displacement figure has been kept at zero, on the basis that experiencing improvements in the state of one's mental health will not have a negative impact on somebody else. The same applies for social and technology outcomes.

4.6.4 Drop-Off

Drop-off looks at future years, considering if the amount of outcome will likely be less over time or, if the same, be less attributable to The Veterans' Advocacy People owing to external influence on outcomes. As we are examining impact for one year beyond the year of service delivery activity, in line with HACT best practice, drop-off in the social value map was consequently set to 100% to align with this. The sensitivity analysis outlined later in this report describes the effects of extending the impact duration, and applying different rates of drop-off to the analysis.

4.7 Final Financial Proxies

Further information on all financial proxies chosen for inclusion in the analysis, together with their sources, and a full summary on the rates of deadweight, attribution and displacement applied in the social value calculation may be viewed in the Financial Proxies Appendix at the end of this report.

SWEMWBS proxies were included in the model for 38 clients, as shown in the table below. The 38 clients had varying levels of uplift in recorded scores, depending on their particular shift in wellbeing scores, so contributed different financial amounts to the SROI model. As can be seen below, deadweight was set at 27%, as is standard for SWEMWBS, with displacement at 0%, and attribution at 20%, for reasons set out above. 'Proxy Value' represents the after score model value minus the before score model value, and 'Impact' totals are the proxies with deadweight, displacement and attribution applied, adjusted for number of cases. Further details on valuing improvements in mental health, as defined by HACT may be found here: https://www.hact.org.uk/new-wemwbs-values.

Proxy Value	Number of Clients	Deadweight	Displacement	Attribution	Impact
SWEMWBS Proxy Value of £937	1	27%	0%	20%	£547
SWEMWBS Proxy Value of £1,281	1	27%	0%	20%	£748
SWEMWBS Proxy Value of £2,616	2	27%	0%	20%	£3,055
SWEMWBS Proxy Value of £3,176	1	27%	0%	20%	£1,855
SWEMWBS Proxy Value of £3,488	1	27%	0%	20%	£2,037
SWEMWBS Proxy Value of £3,828	1	27%	0%	20%	£2,236
SWEMWBS Proxy Value of £4,431	1	27%	0%	20%	£2,588
SWEMWBS Proxy Value of £4,807	1	27%	0%	20%	£2,807
SWEMWBS Proxy Value of £5,306	2	27%	0%	20%	£6,197
SWEMWBS Proxy Value of £5,383	4	27%	0%	20%	£12,575
SWEMWBS Proxy Value of £6,664	1	27%	0%	20%	£3,892
SWEMWBS Proxy Value of £7,316	1	27%	0%	20%	£4,273
SWEMWBS Proxy Value of £7,919	2	27%	0%	20%	£9,249
SWEMWBS Proxy Value of £7,922	2	27%	0%	20%	£9,253
SWEMWBS Proxy Value of £8,794	2	27%	0%	20%	£10,271
SWEMWBS Proxy Value of £11,410	1	27%	0%	20%	£6,663
SWEMWBS Proxy Value of £11,970	1	27%	0%	20%	£6,990
SWEMWBS Proxy Value of £12,255	1	27%	0%	20%	£7,157
SWEMWBS Proxy Value of £12,622	1	27%	0%	20%	£7,371
SWEMWBS Proxy Value of £13,305	1	27%	0%	20%	£7,770
SWEMWBS Proxy Value of £17,561	2	27%	0%	20%	£20,511
SWEMWBS Proxy Value of £21,049	4	27%	0%	20%	£49,170
SWEMWBS Proxy Value of £22,944	1	27%	0%	20%	£13,399
SWEMWBS Proxy Value of £24,877	2	27%	0%	20%	£29,056
SWEMWBS Proxy Value of £26,793	1	27%	0%	20%	£15,647

A financial value for average NHS spend per person in the UK was used as a proxy for six people in the model, all of whom were clients with outcomes relating to engaging with, or sustaining engagement with, treatment plans. Again, a displacement figure of 27% was used, in line with health-related SROI convention, with displacement set at 10%, and attribution also at 10%, for reasons outlined above.

Outcome	Number of Clients	Proxy Value	Proxy Source	Deadweight	Displacement	Attribution	Impact
Engaging with NHS treatment programme/ sustaining engagement	6	£2,989	Average NHS spend per person in the UK [https://www.ons.gov.uk/]	27%	10%	10%	£10,604

Further financial proxies were sourced from the HACT Social Value Bank, as displayed below. These relate to heightened autonomy/ control over one's life circumstances; engaging in social activities; accessing education; securing a job; debt relief; and positive housing-related outcomes. 75 clients are included in this segment of the analysis, with deadweight set as prescribed by HACT, and displacement and attribution levels as shown in the table below, for reasons set out earlier.

Outcome	Number of Clients	Proxy Value	HACT Social Value Bank Proxy Source	Deadweight	Displacement	Attribution	Impact
Autonomy/ resilience benefits through taking control of life	2	£15,878	Feeling more in control of life (outside London, average)	27%	10%	10%	£18,777
Autonomy/ resilience benefits through taking control of life	2	£14,399	Feeling more in control of life (outside London, less than 25)	27%	10%	10%	£17,029
Autonomy/ resilience benefits through taking control of life	18	£16,474	Feeling more in control of life (outside London, 25-49)	27%	10%	10%	£175,336
Autonomy/ resilience benefits through taking control of life	36	£15,734	Feeling more in control of life (outside London, 50 plus)	27%	10%	10%	£334,921
Accessing social activity/ engaging with support group	2	£1,850	Member of a social group (outside London, 50 plus)	19%	0%	10%	£2,697
Accessing education	1	£2,507	General training for a job (outside London, less than 25)	15%	20%	10%	£1,534
Securing a job	1	£12,116	Secure Job (outside London, 50 plus)	15%	20%	10%	£7,415
Debt organised and subject to repayment agreements -> reduced stress	3	£13,377	Relief from being heavily burdened with debt (outside London, 50 plus)	19%	10%	10%	£26,329
Debt cleared	1	£2,548	Debt free (outside London, 50 plus)	19%	10%	10%	£1,672
Eviction/ tenancy loss avoided	1	£192	Housing service for people in temporary accommodation	0%	10%	10%	£156
Housing support in place	5	£192	Housing service for people in temporary accommodation	0%	10%	10%	£778
Temporary accommodation accessed	1	£192	Housing service for people in temporary accommodation	0%	10%	10%	£156
Permanent accommodation accessed	2	£8,019	Temporary accommodation to secure housing	0%	10%	10%	£12,991

The Global Value Exchange was also used as a tool to source financial proxies for this analysis. Proxies sourced relate to outcomes around aids and adaptations being carried out in the home, and the sourcing of a mobility EPV/ car. Inflation-adjusted values for a reduction in social care needs and reduced hospitalisations, and the wellbeing value associated with increased autonomy were utilised for eight clients in total, as set out below. Again, deadweight was set at 27%, as appropriate for values of this type, and displacement and attribution each set at 10%, for reasons alluded to earlier.

Outcome	Number of Clients	Proxy Value	Proxy Source	Deadweight	Displacement	Attribution	Impact
Aids and adaptations carried out	3	£3,490	Global Value Exchange (adjusted to 2020 for inflation) - Sum of value for reduction in social care needs and reduced hospitalisations [http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f2f4e]	27%	10%	10%	£6,192
Mobility EPV/ Car	5	£1,745	Global Value Exchange (adjusted to 2020 for inflation) - Wellbeing value associated with increased autonomy [http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f2f4e]	27%	10%	10%	£5,160

4.8 Resultant Social Value

Inputs, outputs and outcomes for the 2019 calendar year of The Veterans' Advocacy People delivery populated Social Value UK's Value Map. The duration of outcomes was very conservatively set to one year post-delivery activity. Appropriate adjustments for deadweight, displacement and attribution were then applied, with drop-off set to 100% to align with the one-year activity calculation.

Results showed a total present value of £858,276.22 for that first year which, with input costs for running The Veterans' Advocacy People for 2019 subtracted, amounts to a net present value of £677,145.22 for the first year.

The Social Return on Investment (SROI) value generated is expressed as a ratio of return. It is calculated by dividing the one-year total present value total above by the value of the The Veterans' Advocacy People investments counted as inputs.

SROI Ratio = 858,276.22/ 181,131 = 4.74

As can be seen from the calculation above, a social value ratio (the value per amount invested) of 4.74 has been calculated, indicating that for every £1 spent on delivering The Veterans' Advocacy People, £4.74 in social value is created.

In considering costs for roll out further afield and service expansion, the SROI model (based on return value of £4.74) could stretch to £860,000 in input costs before hitting a breaking even return of £1 (i.e. reaching a point where £1 invested would yield £1 returned in social value).

Further detail on how each of the individual indicators contributed to the analysis, and their relative financial importance in the model, may be viewed in the Financial Proxies Appendix.

5. Sensitivity Analysis

The social return on investment analysis has been calculated based on all the available evidence; results of extensive research; and a series of informed assumptions.

A sensitivity analysis involves making adjustments to the figures in the Value Map to explore the extent to which results would shift if assumptions were adjusted. In finalising the the social return value of £4.74 (a conservative estimate based on evidenced outcomes), a number of tests were run to explore how adjusting the approach taken might impact on the final result, and make a considerable difference to the resultant social return stated in this report.

Reducing Attribution Sensitivity Analysis

Guidelines have been followed wherever possible with respect to deadweight, displacement and attribution, with informed assumptions used in the absence of prescribed values. A sensitivity analysis was conducted with respect to attribution. Lowering the attribution values by 10% at a time saw a steady reduction in the social value return, as indicated in the table below. However, even with a 30% reduction in attribution values, the model still returned a value of £3.10 for every £1 invested. [See Sensitivity Analysis A.]

Extending Duration Sensitivity Analysis

Extending the duration of outcomes by a single year, not an unreasonable assumption, (with drop-off set to zero) would see the social return value nearly double to £9.32. Adjusting for drop-off, the factor which looks at future years, and considers how much the value of the outcome will depreciate, or become less attributable to The Veterans' Advocacy People, the social return value falls to £7.03 (this is with a drop-off rate of 50% consistently applied). This indicates that taking a less conservative approach to estimating the duration of outcomes would see the potential social benefit rise considerably and, we believe, based on the research, that this would generate a methodologically justifiable result. However, we have opted to take a conservative approach to avoid over-stating. Further research would confirm the viability of increasing the outcome duration in future SROI calculations. [See Sensitivity Analysis B.]

Sensitivity Analysis A: Reducing Attribution				
Attribution Adjustment	Final model values	Final model values less 10% attribution	Final model values less 20% attribution	Final model values less 30% attribution
Social Return Value	£4.74	£4.19	£3.65	£3.10

Sensitivity Analysis B: Extending Duration	
Duration and Drop-off Status	Social Return Value
Impact for one year, with drop-off set to 100%	£4.74
Impact for two years, with drop-off from year one to year two set at 50%	£7.03
Imapct for two years, with drop-off from year one to year two set at 0% [This less conservative formula assumes the positive impact is consistently experienced by veterans over the course two years, with no drop-off in that impact as they move into the second year of positive benefits.]	£9.32

6. Conclusion

Over the course of the evaluation, comprised of three distinct phases (early findings, interim and final), research has demonstrated the impact of The Veterans' Advocacy People across a wide range of outcome areas, all of which has been evidenced through a wealth of client feedback; monitoring data; and quantitative and qualitative inquiry.

The evaluation research has now culminated in a social return on investment analysis focussing on the 2019 calendar year, which has returned a social value figure of £4.74, indicating that for every £1 spent on delivering The Veterans' Advocacy People, £4.74 in social value is created.

A sensitivity analysis has shown how extending the duration of outcomes by a single year, not an unreasonable assumption, (with drop-off set to zero) would see the social return value nearly double to £9.32 (this falls to £7.03 with a drop-off rate of 50% consistently applied). Further research would confirm the viability of increasing the outcome duration in future SROI calculations.

There are likely many unintended outcome consequences beyond what has been within the scope of this evaluation. For instance, the knock-on effects for family members of those who benefit from engaging with The Veterans' Advocacy People could be considerable. There is a balance to be found in recording outcomes with this vulnerable and hard-to-reach group, and in ensuring their load is not added to with additional burden.

Similarly, there will be outcomes experienced which reveal themselves through qualitative inquiry approaches such as case studies, that may be indicative of wider service-user outcomes, that simply cannot be evidenced sufficiently to scale them up to wider service-users, so that a financial proxy can be attributed. For instance, some interviews and case studies do describe significant reductions in anxiety and suicidal ideation, and avoidance of mental health escalation - health improvements which would significantly enhance resultant social values in an analysis of this type.

There is scope, following this analysis, to introduce further measures into The Veterans' Advocacy People's data monitoring system around resilience, self-reliance and health, which would go further to capture impact and outcomes in a way which can be consistently measured and used to inform future SROI analyses.

For now, this social return on investment analysis suggests that The Veterans' Advocacy People is delivering considerable outcomes for the community it serves, but also doing so in a cost effective manner. The approach taken to this analysis has been a conservative one, in keeping with SROI best practice, but broader evidence points to further impacts for The Veterans' Advocacy People, many of which would provide substantial value.

7. References

Armed Forces Covenant (2019) The Armed Forces Covenant Annual Report 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/854400/6.6025_MOD_Covenant_Annual_Report_2019_Accessible.pdf

Ashcroft, Lord (2014) The Veterans' Transition Review [PDF], Available at: www.veteranstransition.co.uk/vtrreport.pdf

Ashcroft, Lord (2017) The Veterans' Transition Review: Third follow-up report [PDF]. Available at: www.veteranstransition.co.uk/vtr3_followup_2017.pdf

Bergman BP, Mackay DF, Smith DJ, Pell JP. Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans. J Clin Psychiatry. 2016;77(6):793-798. doi:10.4088/JCP.15m09837

Brignone, E., Fargo, J.D., Blais, R.K., Carter, M., Samore, M.H., & Gundlapalli, A.V. (2017). Non-routine Discharge From Military Service: Mental Illness, Substance Use Disorders, and Suicidality. American journal of preventive medicine, 52 5, 557-565.

Buckman, Joshua E. J., Harriet J. Forbes, Tim Clayton, Margaret Jones, Norman Jones, Neil Greenberg, Josefin Sundin, Lisa Hull, Simon Wessely, Nicola T. Fear, Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early, European Journal of Public Health, Volume 23, Issue 3, June 2013, Pages 410–415, https://doi.org/10.1093/eurpub/cks042

Burdett, H., Woodhead, C., Iversen, A. C., Wessely, S., Dandeker, C., & Fear, N. T. (2013). "Are You a Veteran?" Understanding of the Term "Veteran" among UK Ex-Service Personnel: A Research Note. Armed Forces & Society, 39(4), 751–759. https://doi.org/10.1177/0095327X12452033

Burdett H, Fear NT, MacManus D, et al. Unemployment and benefit claims by UK veterans in the new millennium: results from a record linkage study Occupational and Environmental Medicine 2019;76:726-732

Cabinet Office (2019) New Office for Veterans' Affairs will ensure the UK leads the world in care for Armed Forces Veterans. Available at: https://www.gov.uk/government/news/new-office-for-veterans-affairs-will-ensure-the-uk-leads-the-world-in-care-for-armed-forces-veterans

Cabinet Office (2020) Veterans Factsheet 2020. Available at: https://www.gov.uk/government/publications/veterans-factsheet-2020

Centre for Housing Policy, 2018. Accommodation for single veterans: developing housing and support pathways. Available at: http://www.fim-trust.org/wp-content/uploads/2018/03/20180603-Veterans-research-University-of-York-Report-FINAL.pdf

Cobseo (2020) Veterans' Gateway launches new app to support armed forces community. Available at: https://www.cobseo.org.uk/veterans-gateway-launches-new-app-to-support-armed-forces-community/

Cole, S., A. Robson and R. Doherty (2020) Armed Forces Charities: An overview and analysis. Available at: https://www.dsc.org.uk/wp-content/uploads/2020/08/Sector-Insight-UK-AFC-EMBARGOED-until-20082020.pdf

Coleman, S. & Stevelink, Sharon & Hatch, Stephani & Denny, J. & Greenberg, N. (2017). Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: a systematic review and thematic synthesis of qualitative literature. Psychological Medicine. 47. 1-13. 10.1017/S0033291717000356.

CTP (2020) The Career Transition Partnership. Available at: https://www.ctp.org.uk/

Doherty, R., Robson, A., and Cole, S. (2019) Armed Forces Charities – Sector Trends. Available at: https://www.fim-trust.org/wp-content/uploads/2019/03/DSC-Focus-On-Sector-Trends-2019.pdf

Doncaster, E., Hiskey, S., McPherson, S., Andrews, L. (2019). "I'm Still Fighting for the Two of Us": How Partners of UK Veterans Construct Their Experience of Living with Combat-Related Trauma. Journal of Marital and Family Therapy, 45, 464– 479. https://doi.org/10.1111/jmft.12340

Engward, H., K. Fleuty & M. Fossey (2018) Caring and Coping: The Family Perspective on Living with Limb Loss. Available at: https://blesma.org/media/442802/families-project-report.pdf.

Envoy Partnership (2016) Spend now. Save for the future: A Social Return on Investment Study of Adaptations. Available at: https://envoypartnership.com/wp-content/uploads/2016/05/sroi_adaptations.pdf

Finnegan, A. PhD RN FRCN, Robin Jackson, TD,VR,MB ChB,DRCOG,MRCGP,Dip Occ Med, Robin Simpson, OStJ FRCGP MSc DRCOG DFFP DOccMed FRCGP L/RAMC, Finding the Forgotten: Motivating Military Veterans to Register with a Primary Healthcare Practice, Military Medicine, Volume 183, Issue 11-12, November-December 2018, Pages e509–e517, https://doi.org/10.1093/milmed/usy086

Forces in Mind Trust Research Centre, Snapshot Housing, 2018a - https://www.vfrhub.com/wp-content/uploads/2020/06/Housing-Bullets-updated-300420.pdf

Forces in Mind Trust Research Centre, Snapshot Employment, 2018b - https://www.vfrhub.com/wp-content/uploads/2018/11/Employment-Snapshot-011118.pdf

Forces Net (2020) Combat Stress stops taking on new referrals due to funding crisis. Available at: https://www.forces.net/news/combat-stress-stops-taking-new-referrals-due-funding-crisis

Fujiwara, D. (2015) The Seven Principle Problems of SROI. Available at: http://www.socialvalueuk.org/app/uploads/2016/03/The%20Seven%20Principle%20Problems%20with%20SROI_Daniel%20Fujiwara.pdf

Fulton E, Wild D, Hancock J, Fernandez E, Linnane J. Transition from service to civvy street: the needs of armed forces veterans and their families in the UK. Perspect Public Health. 2019;139(1):49-58. doi:10.1177/1757913918785650

HACT (2014) Measuring the Social Impact of Community Investment: A Guide to using the Wellbeing Valuation Approach. Available at: https://www.hact.org.uk/measuring-social-impact-community-investment-guide-using-wellbeing-valuation-approach

HACT (2018) Valuing improvements in mental health: Applying the wellbeing valuation method to WEMWBS. Available at: http://www.socialvalueuk.org/app/uploads/2017/10/HACT-WEMWBS-Report-8pp_PRINT.pdf

HACT (2020) Mental Health and Life Satisfaction: The Relationship between the Warwick Edinburgh Mental Wellbeing Scale and Life Satisfaction. A pilot study. Available at: https://www.simetrica.co.uk/wp-content/uploads/2020/02/HACT-Mental-Health-and-Life-Satisfaction.pdf

Harden L, Murphy D Risk factors of suicidal ideation in a population of UK military veterans seeking support for mental health difficulties, BMJ Military Health 2018;164:352-356.

Harvey, Samuel & Hatch, Stephani & Jones, Margaret & Hull, Lisa & Jones, Norman & Greenberg, Neil & Dandeker, Christopher & Fear, Nicola & Wessely, Simon. (2011). Coming Home: Social Functioning and the Mental Health of UK Reservists on Return From Deployment to Iraq or Afghanistan. Annals of epidemiology. 21. 666-72. 10.1016/j.annepidem.2011.05.004.

Heaver, L., McCullough, K. and Briggs, L., (2018) Lifting the Lid on Transition: The families' experience and the support they need. Final report. Naval Families Federation, Army Families Federation and Royal Air Force Families Federation. Available at: https://www.fim-trust.org/wp-content/uploads/2018/11/Transition-Final-Report-FINAL-ONLINE.pdf

HM Government (2018a) The Strategy for our Veterans. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf

HM Government (2018b) The UK Armed Forces charity sector: a summary of provision. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759046/6.5046_MOD_Military_Charity_Report_v3_webNH.PDF

HM Government (2020) Strategy for our Veterans. UK Government Consultation Response. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859587/Strategy_for_our_veterans_consultation_response.pdf

HM Revenue and Customs (2020) Supporting veterans transition to civilian life through employment: Consultation. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902293/Supporting_veterans_transition_to_civilian_life_through_employment.pdf

Hopkins, N. (2016) Evaluation of Welfare Advocacy Support Project. ALLIANCE Scotland. Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2017/12/Welfare-Advocacy-Support-Project-Evaluation-Report.pdf

House of Commons (2018) Mental Health and the Armed Forces, Part One: The Scale of Mental Health Issues Available at: https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/813/813.pdf

House of Commons Defence Committee (2018) Mental Health and the Armed Forces, Part One: The Scale of mental health issues. Available at: https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/813/813.pdf

Iversen, A.C., van Staden, L., Hughes, J.H. et al. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. BMC Psychiatry 9, 68 (2009). https://doi.org/10.1186/1471-244X-9-68

Iversen, A. C., van Staden, L., Hughes, J. H., Greenberg, N., Hotopf, M., Rona, R. J., Thornicroft, G., Wessely, S., & Fear, N. T. (2011). The stigma of mental health problems and other barriers to care in the UK Armed Forces. BMC health services research, 11, 31. https://doi.org/10.1186/1472-6963-11-31

Ketcheson, Felicia & King, Lisa & Richardson, J Don. (2018). Association between social support and mental health conditions in treatment-seeking Veterans and Canadian Armed Forces personnel. Journal of Military, Veteran and Family Health. 4. 20-32. 10.3138/jmvfh.2017-0001.

Loft, P., Brooke-Holland, L., Dempsey, N., Wilson, W., Powell, T., Kennedy, S., Hobson, F., Thurley, D., Powell, A., and Foster. (2020) Support for UK Veterans. House of Commons Library Briefing Paper Number 7693, 30 April 2020.

Macadam, A., Watts, R. and Greig, R. (2013) The Impact of Advocacy for People who Use Social Care Services. Available at: https://www.ldw.org.uk/wp-content/uploads/2018/09/SSCR_Advocacy_Scoping_Review_Jan_2014.pdf

McNutt J (2011) Is Social Work Advocacy worth the Cost? Issues and Barriers to an Economic Analysis of Social Work, Research on Social Work Practice, 21(4), 397-403
http://journals.sagepub.com/doi/10.1177/1049731510386624

Mellotte, H. Murphy, D. Rafferty, L. and Greenberg, N (2017) Pathways into Mental Health Care for UK Veterans: A Qualitative Study, European Journal of Psychotraumatology, 8:1
https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/Melotte2017.pdf

Ministry of Defence (no date) Covenant Fund. Armed Forces Covenant: Local Grants. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/701285/Covenant_Fund_Local_Grants_Guidance_for_applicants_APRIL_18_.pdf

Ministry of Defence (2016a) Veterans Key facts
Available at: https://www.armedforcescovenant.gov.uk/wp-content/uploads/2016/02/Veterans-Key-Facts.pdf

Ministry of Defence (2016b) Policy paper: Armed Forces Covenant. Available at: https://www.gov.uk/government/publications/armed-forces-covenant-2015-to-2020/armed-forces-covenant
Ministry of Defence (2017) Defence Secretary announces Armed Forces Covenant and Veterans Board. Available at: https://www.gov.uk/government/news/defence-secretary-announces-armed-forces-covenant-and-veterans-board

Ministry of Defence (2019a) JSP 100: Defence Holistic Transition Policy. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864875/20191028_JSP_100_V1.0_Oct_2019_-_Final.pdf

Ministry of Defence (2019b) New service to provide enhanced support to personnel leaving the military. Available at: https://www.gov.uk/government/news/new-service-to-provide-enhanced-support-to-personnel-leaving-the-military

Ministry of Defence (2020a) Guidance: Social Housing. Available at: https://www.gov.uk/government/publications/joint-service-housing-advice-office-leaflet-index/social-housing-updated-23-april-2020

Ministry of Defence (2020b) UK Armed Forces Quarterly Service Personnel Statistics January 2020. Available at: https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2020

Ministry of Housing, Communities and Local Government (2019) Improving access to social housing for members of the Armed Forces, Veterans, and their families. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769805/Social_housing_Armed_Forces_consultation.pdf

Ministry of Housing, Communities and Local Government (2020a) Chapter 2: Homelessness strategies and reviews. Available at: https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-2-homelessness-strategies-and-reviews

Ministry of Housing, Communities and Local Government (2020b) Improving access to social housing for members of the Armed Forces. Available at: https://www.gov.uk/government/publications/improving-access-to-social-housing-for-members-of-the-armed-forces/improving-access-to-social-housing-for-members-of-the-armed-forces

Murdoch M, Sayer NA, Spoont MR, et al. Long-term Outcomes of Disability Benefits in US Veterans With Posttraumatic Stress Disorder. Arch Gen Psychiatry. 2011;68(10):1072–1080. doi:10.1001/archgenpsychiatry.2011.105

Murphy, B. & Busuttil, Walter. (2015) Exploring Patterns in Referrals to Combat Stress for Uk Veterans with Mental Health Difficulties between 1994 and 2014. International Journal of Emergency Mental Health and Human Resilience. 17. 10.4172/1522-4821.1000250.

NDTi (2016) Advocacy Outcomes Framework: Measuring the Impact of Independent Advocacy hhttps://www.ndti.org.uk/assets/files/Advocacy__framework.pdf

NHS (2018) Veterans: priority NHS treatment. Available at: https://www.nhs.uk/using-the-nhs/military-healthcare/priority-nhs-treatment-for-veterans/

ONS (2017) Annual population survey: UK armed forces veterans residing in Great Britain 2017. Available at: https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017

ONS (2019) How much does the UK spend on healthcare compared with its international peers? Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/howdoesukhealthcarespendingcomparewithothercountries/2019-08-29#:~:text=The%20UK%20spent%20%C2%A3197,per%20person%20(Figure%201).

Ouimette, P., Vogt, D., Wade, M., Tirone, V., Greenbaum, M. A., Kimerling, R., Laffaye, C., Fitt, J. E., & Rosen, C. S. (2011). Perceived barriers to care among veterans health administration patients with posttraumatic stress disorder. Psychological Services, 8(3), 212–223. https://doi.org/10.1037/a0024360

Price, M., Gros, D.F., Strachan, M., Ruggiero, K.J., & Acierno, R. (2013). The Role of Social Support in Exposure Therapy for Operation Iraqi Freedom/Operation Enduring Freedom Veterans: A Preliminary Investigation. Psychological trauma : theory, research, practice and policy, 5 1, 93-100.

Renshaw, K.D., & Campbell, S.B. (2011). Combat veterans' symptoms of PTSD and partners' distress: the role of partners' perceptions of veterans' deployment experiences. Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association, 25 6, 953-62.

Royal British Legion (2014) A UK Household Survey of the Ex-Service Community. Available at: https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/rbl_household_survey_report.pdf

Schuy, Katrin Loni Brants, Simone Dors, Marie Horzetzky, Gerd Willmund, Peter Zimmermann, Andreas Ströhle, Heinrich Rau & Stefan Siegel (2019) Psychological stigma costs as barriers to healthcare use in former soldiers of the German Armed Forces: A qualitative analysis, Military Psychology, 31:4, 279-291, DOI: 10.1080/08995605.2019.1598228

Scottish Independent Advocacy Alliance (2010) Independent Advocacy: an Evaluation Framework. Available at: https://www.siaa.org.uk/publications/evaluation-framework/

Scottish Independent Advocacy Alliance (2013) Independent Advocacy Guide for Commissioners. Available at: https://www.gov.scot/publications/independent-advocacy-guide-commissioners/pages/18/

Shelter (2020) Priority need. Available at: https://england.shelter.org.uk/housing_advice/homelessness/rules/priority_need

Social Value UK (2017) Glossary of Social Value Terms. Available at: http://www.socialvalueuk.org/app/uploads/2017/05/Glossary-of-Social-Value-Terms.pdf

Stewart, A. and MacIntyre, G (2013) Insights. Advocacy: Models and Effectiveness https://www.iriss.org.uk/sites/default/files/iriss-insight-20.pdf

The Poppy Factory (2019) The Value of Work: The Social Value of The Poppy Factory's Employability Service for Wounded, Injured and Sick Veterans. Available at: https://www.poppyfactory.org/wp-content/uploads/2019/09/The-Poppy-Factory-SROI-2019-SPREAD.pdf

The SROI Network (2012) A guide to Social Return on Investment. Available at: http://www.socialvalueuk.org/app/uploads/2016/03/The%20Guide%20to%20Social%20Return%20on%20Investment%202015.pdf

Trajectory Ltd (no date) Veterans in the UK: Issues Facing the Ex-Service Community https://www.evidence.nhs.uk/document?id=1618012&returnUrl=Search%3Fps%3D100%26q%3Dcomplex%2Bptsd&q=complex+ptsd

Turgoose, David & Murphy, Dominic. (2019). A systematic review of interventions for supporting partners of military Veterans with PTSD. Journal of Military, Veteran and Family Health. 5. 195-208. 10.3138/jmvfh.2018-0035.

Veterans' Gateway (no date) How to access the Transition, Intervention and Liaison (TIL) mental health service. Available at: https://support.veteransgateway.org.uk/app/answers/detail/a_id/630/p/93/c/72/Accessing-support/How-to-access-the-Transition,-Intervention-and-Liaison-(TIL)-mental-health-service

Veterans UK (no date) Veterans UK. Available at: https://www.gov.uk/government/organisations/veterans-uk/about

Weir, Bronagh & Cunningham, Maggie & Abraham, Lucy & Allanson-Oddy, Charlie. (2017). Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker. Journal of Mental Health. 28. 10.1080/09638237.2017.1370640.

Wilson, G., McGill, G., Osborne, A., & Kiernan, M. D. (2020). Housing Needs of Ageing Veterans Who Have Experienced Limb Loss. International journal of environmental research and public health, 17(5), 1791. https://doi.org/10.3390/ijerph17051791

Woodhead C, Rona RJ, Iversen A, et al. Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. Psychol Med. 2011;41(2):363-372. doi:10.1017/S0033291710000759

8. Appendices

Appendix 1: The Veterans' Advocacy People Stakeholders

Stakeholder Map		
Key Stakeholders	**Outcomes**	**Inclusion/ Exclusion**
Clients of The Veterans' Advocacy People	Multiple outcomes across a range of delivery activity areas including benefit acquisition, housing, health, mental wellbeing, debt, resilience, autonomy, social contact, employment, education and IT	Included as a key beneficiary, with outcomes evidenced through monitoring data; client feedback; and quantitative and qualitative inquiry Scope for enhanced monitoring here
Family members, relatives, friends and associates of The Veterans' Advocacy People clients	Considerable knock-on effects for those closest to clients that are experiencing positive outcomes - e.g. enhanced familial relationships and improved financial circumstances	Excluded due to lack of scalable evidence; evidence was small-scale, largely anecdotal, and challenging to allocate reliable proxies to Scope for further research here
The Veterans' Advocacy People delivery team; The Advocacy People staff; and volunteers	The sense of giving something back to the veteran community Satisfaction at delivering a worthwhile endeavour Enhanced knowledge of the sector and how to respond appropriately to veteran need Growth in network of contacts	Excluded as although present and valid, these were not formally measured, and are secondary to primary service delivery aims and objectives
Veteran support sector, and wider, non-veteran specific support sector	Benefitting from a more joined-up service The advantage of having somewhere to refer particular cases too, and being able to access appropriate resource for any referrals Improvements in numbers of referrals Growth in network of contacts	Excluded as although present and valid, these were not formally measured, and are secondary to primary service delivery aims and objectives
The health system	Reduction in cases escalating to health crisis point Potential for cost savings in light of more resilient, autonomous and less-reliant veteran population VAP counters the reluctant health-seeking behaviour of clients, ensuring treatment is accessed	Inclusion of these outcomes would necessitate further targeted research
The state	Increased costs owing to benefits acquired and schemes accessed	Costs to state of increased levels of pay-out have been excluded as they are negated by exclusion of financial benefits to clients (only the feeling of being in control of life has been included with respect to accessing benefits for clients) State burden is considered in displacement calculations where relevant

Appendix 2: Financial Proxies

Financial Proxies							
Outcome	Quantity	Proxy	Proxy Source	Deadweight	Displacement	Attribution	Impact
Autonomy/ resilience benefits through taking control of life	2	£15,877.86	HACT Social Value Bank - Feeling more in control of life (outside London, average)	27%	10%	10%	£18,777.16
Autonomy/ resilience benefits through taking control of life	2	£14,399.21	HACT Social Value Bank - Feeling more in control of life (outside London, less than 25)	27%	10%	10%	£17,028.51
Autonomy/ resilience benefits through taking control of life	18	£16,473.65	HACT Social Value Bank - Feeling more in control of life (outside London, 25-49)	27%	10%	10%	£175,335.65
Autonomy/ resilience benefits through taking control of life	36	£15,733.72	HACT Social Value Bank - Feeling more in control of life (outside London, 50 plus)	27%	10%	10%	£334,920.55
Engaging with NHS treatment programme/ sustaining engagement	6	£2,989.00	Average NHS spend per person in the UK [https://www.ons.gov.uk/]	27%	10%	10%	£10,604.37
Accessing social activity/ engaging with support group	2	£1,849.62	HACT Social Value Bank - Member of a social group (outside London, 50 plus)	19%	0%	10%	£2,696.75
Accessing education	1	£2,506.72	HACT Social Value Bank - General training for a job (outside London, less than 25)	15%	20%	10%	£1,534.11
Securing a job	1	£12,115.67	HACT Social Value Bank - Secure Job (outside London, 50 plus)	15%	20%	10%	£7,414.79
Debt organised and subject to repayment agreements -> reduced stress	3	£13,376.75	HACT Social Value Bank - Relief from being heavily burdened with debt (outside London, 50 plus)	19%	10%	10%	£26,329.46
Debt cleared	1	£2,548.06	HACT Social Value Bank - Debt free (outside London, 50 plus)	19%	10%	10%	£1,671.78
Eviction/ tenancy loss avoided	1	£192.00	HACT Social Value Bank - Housing service for people in temporary accommodation	0%	10%	10%	£155.52
Housing support in place	5	£192.00	HACT Social Value Bank - Housing service for people in temporary accommodation	0%	10%	10%	£777.60
Temporary accommodation accessed	1	£192.00	HACT Social Value Bank - Housing service for people in temporary accommodation	0%	10%	10%	£155.52
Permanent accommodation accessed	2	£8,019.00	HACT Social Value Bank - Temporary accommodation to secure housing	0%	10%	10%	£12,990.78
Aids and adaptations carried out	3	£3,490.43	Global Value Exchange (adjusted to 2020 for inflation) - Sum of value for reduction in social care needs and reduced hospitalisations [http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f2f4e]	27%	10%	10%	£6,191.67
Mobility EPV/ Car	5	£1,745.21	Global Value Exchange (adjusted to 2020 for inflation) - Wellbeing value associated with increased autonomy [http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f2f4e]	27%	10%	10%	£5,159.71
Technology for internet access acquired	1	£1,663.12	HACT Social Value Bank - Access to Internet (outside London, 50 plus)	19%	0%	10%	£1,212.41
SWEMWBS Proxy Value of £937	1	£937.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£547.21
SWEMWBS Proxy Value of £1281	1	£1,281.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£748.10
SWEMWBS Proxy Value of £2616	2	£2,616.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£3,055.49
SWEMWBS Proxy Value of £3176	1	£3,176.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£1,854.78
SWEMWBS Proxy Value of £3488	1	£3,488.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£2,036.99
SWEMWBS Proxy Value of £3828	1	£3,828.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£2,235.55
SWEMWBS Proxy Value of £4431	1	£4,431.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£2,587.70
SWEMWBS Proxy Value of £4807	1	£4,807.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£2,807.29
SWEMWBS Proxy Value of £5306	2	£5,306.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£6,197.41
SWEMWBS Proxy Value of £5383	4	£5,383.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£12,574.69
SWEMWBS Proxy Value of £6664	1	£6,664.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£3,891.78
SWEMWBS Proxy Value of £7316	1	£7,316.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£4,272.54
SWEMWBS Proxy Value of £7919	2	£7,919.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£9,249.39
SWEMWBS Proxy Value of £7922	2	£7,922.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£9,252.90
SWEMWBS Proxy Value of £8794	2	£8,794.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£10,271.39
SWEMWBS Proxy Value of £11,410	1	£11,410.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£6,663.44
SWEMWBS Proxy Value of £11,970	1	£11,970.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£6,990.48
SWEMWBS Proxy Value of £12,255	1	£12,255.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£7,156.92
SWEMWBS Proxy Value of £12,622	1	£12,622.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£7,371.25
SWEMWBS Proxy Value of £13,305	1	£13,305.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£7,770.12
SWEMWBS Proxy Value of £17,561	2	£17,561.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£20,511.25
SWEMWBS Proxy Value of £21,049	4	£21,049.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£49,170.46
SWEMWBS Proxy Value of £22,944	1	£22,944.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£13,399.30
SWEMWBS Proxy Value of £24,877	2	£24,877.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£29,056.34
SWEMWBS Proxy Value of £26,793	1	£26,793.00	HACT - Valuing Improvements in Mental Health [https://www.hact.org.uk/new-wemwbs-values]	27%	0%	20%	£15,647.11

Total Present Value (PV):	**£858,276.22**
Net Present Value (PV minus investment):	**£181,131.00**
Social Return (value per amount invested):	**£4.74**

Appendix 3: Glossary of Social Value Terms

Attribution
An assessment of how much of the outcome was caused by the contribution of other organisations or people.

Cost allocation
The allocation of costs or expenditure to activities related to a given programme, product or business.

Deadweight
A measure of the amount of outcome that would have happened even if the activity had not taken place.

Discounting
The process by which future financial costs and benefits are recalculated to present-day values.

Discount rate
The interest rate used to discount future costs and benefits to a present value.

Displacement
An assessment of how much of the outcome has displaced other outcomes.

Distance travelled
The progress that a beneficiary makes towards an outcome (also called 'intermediate outcomes').

Drop-off
The deterioration of an outcome over time.

Duration
How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job.

Financial value
The financial surplus generated by an organisation in the course of its activities.

Financial proxy
A financial proxy is a monetary representation of the value of an outcome

Financial model
A set of relationships between financial variables that allow the effect of changes to variables to be tested.

Hedonic pricing
Commonly used in valuations of housing and employment markets, Hedonic Pricing uses price differences between otherwise identical goods to estimate the value of other factors. For example, two houses may be identical, but located in areas with different crime rates. The differences in value between these houses can be used to estimate how much people are willing to pay to live in an area with low crime rates. Similarly, the value of job characteristics such as job security can be estimated through analysis of corresponding wage differentials. The Hedonic Pricing method is an example of revealed preference valuation.

Impact
The difference between the outcome for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

Impact Map
A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders.

Income
An organisation's financial income from sales, donations, contracts or grants.

Indicator
Indicators are measures that provide information on how much of an outcome is expected to happen or has happened. They can be based on information provided by those experiencing the outcome or from other sources.

Inputs
The contributions made by each stakeholder that are necessary for the activity to happen.

Materiality
Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.

Monetise
To assign a financial value to something.

Net present value
The value in today's currency of money that is expected in the future minus the investment required to generate the activity.

Net social return ratio
Net present value of the impact divided by total investment.

Outcome
The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

Outputs
A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome indicator
Well-defined measure of an outcome.

Payback period
Time in months or years for the value of the impact to exceed the investment.

Proxy
An approximation of value where an exact measure is impossible to obtain.

Revealed preference
Revealed Preference is a method of valuation which uses real-life choices made by stakeholders to value nonmarket goods. The two most commonly used revealed preference methods are Hedonic Pricing and Travel Cost.

Scope
The activities, timescale, boundaries and type of SROI analysis.

Sensitivity analysis
Process by which the sensitivity of an SROI model to changes in different variables is assessed.

Social return ratio
Total present value of the impact divided by total investment.

Social value
Social value is the quantification of the relative importance that people place on the changes they experience in their lives. Some, but not all of this value is captured in market prices. It is important to consider and measure this social value from the perspective of those affected by an organisation's work.

Stakeholders
People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.

Stated preference
Stated Preference valuations use questionnaires to ask stakeholders directly how much they would be willing to pay to have or avoid an outcome. Questions asked to stakeholders can be along the lines of "how much would you pay for this?" or, "would you pay £1000 for this?" Willingness to Pay (WTP) and Willingness to Accept (WTA) are two types of Stated Preference valuation.

Subjective wellbeing
Subjective wellbeing valuations use large statistical data sets (such as the British Household Panel Survey) to assess the relationship between life circumstances (e.g. employment status, health status, levels of volunteering, safety of local area) and levels of self-reported wellbeing. This relationship allows for the monetary value of changes in wellbeing to be calculated. For example, the increase in wellbeing associated with an improvement in confidence may be equal to that of a £5000 increase in income. Therefore an improvement in confidence would have an approximate value of £5000 to an individual. This technique has the advantage of being cost effective and can be used to estimate the value of anything for which we have large sets of data.

Travel cost
The Travel Cost method uses visiting habit data to estimate the value that people place on a site (most commonly sites used for recreation such as parks or woodlands). The number of trips made by visitors at different travel costs can be used to estimate willingness to pay for access the site. The Travel Cost method is an example of revealed preference valuation.

Valuation
Outcomes can be more or less important to the stakeholders that experience them. Valuation is a process that assesses relative importance. Financial measures are used as a proxy for value and allow for comparisons to be made between different changes. Sometimes these proxies will relate to actual amounts of money but this is not necessary.

Willingness to pay
Willingness to Pay valuations use questionnaires to determine the maximum that a stakeholder is willing to pay for something, for example, an increase in health or provision of a library service. Willingness to Pay is a form of Stated Preference valuation.

Willingness to accept
Willingness to Accept valuations use questionnaires to determine the amount of money a stakeholder would need to be paid to accept a negative outcome, for example, an increase in air pollution or traffic congestion. Willingness to Accept is a form of Stated Preference valuation.

Source: Social Value UK (2017) Glossary of Social Value Terms: http://www.socialvalueuk.org/app/uploads/2017/05/Glossary-of-Social-Value-Terms.pdf

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The Veterans' Advocacy People:
An Impact Case Study (1)

My Story

Out of the blue, something happened while I was driving in the country side. I am an ex-soldier and yet I was assaulted by five people on the road. This assault left me in hospital for months, going through several operations to address the multiple injuries I sustained. After months of being in hospital, I lost my job. After I was released from hospital, my wife also lost her job because she became my carer.

It was very difficult; we went through a rough patch. We started to struggle financially. Suddenly we were 11 months behind with rent. We received an eviction notice. It was horrifying. But it was not only the physical pain I was feeling; I was also feeling very distressed. It turned out I was also suffering with PTSD. I have been through counselling, which has helped a little. The attack was horrific. It took me a while to get over it, but I am in a better place now.

I have always been reluctant to ask for help. In fact, I used to donate money to military charities. I have really never asked for help, but this experience has been very humbling.

"As an ex-soldier, it is hard to admit that you need help, but I am glad I followed the British Legion's suggestion to contact The Veterans' Advocacy People for support; The Veterans' Advocacy People gave us a lifeline."

The Veterans' Advocacy People Impact

When I first phoned The Veterans' Advocacy People, I was amazed at how supportive the person who answered the phone was; she was so caring and put me at ease immediately. That was so important; that first point of contact was already reassuring me. I didn't expect the services I was provided; I didn't expect any financial help. My main concern, my most pressing need, was housing. We were desperate for help, and they just put me at ease straight away.

When I first met the Advocate, he assessed the situation calmly and suggested a few things. He mentioned PIP, which I had never heard of before. We talked about it in detail and we decided to apply for it. My Advocate helped me every step of the way. He not only helped me fill out the PIP form, but he also spent time helping me to understand the whole process and preparing me for the interview. When the time came, he was present in the interview; he was there with me, and that meant a lot. During the interview, he prompted me and helped me; it was amazing.

"I would not have had the confidence to do it on my own; he fought my corner. It was incredible to receive that type of moral support."

We were on the cusp of being homeless; it was horrific. Everything was taking so long, everything seemed to move so slowly. It took up to three months to get help, although we didn't really expect any financial help. We told the authorities that we were trying to sort things out and things were complicated because there were three different departments involved in my case, but they were dismissive. Things changed when our Advocate got involved. Our Advocate contacted them to explain the situation. He explained what we were going through and how we were hoping to sort it out, and lo and behold they put us on hold. It was so very helpful. It took so much stress off our shoulders.

He went further, though. He also assisted us applying for other benefits to help us out in the meantime. I never knew that we could be eligible for housing benefits with the Council, and he helped us to sort that one out too. He guided us on how to apply for universal credit and ESA, benefits I had never heard of before. But, really, getting PIP saved us.

What was amazing to me was the professionalism. My Advocate was incredibly professional. Every detail was taken into account, like a firm of solicitors. They helped us so much. They contacted everyone on our behalf that needed to be contacted.

"They alleviated so much stress and anxiety."

Looking Forward

The housing situation is resolved now that we receive PIP benefits, and although my physical conditions are still going on, I am much better supported.

At the moment, I feel better and am looking at going back to part-time work in the next few weeks. I feel ready to start that journey again. I feel it wasn't me who accomplished anything, The Veterans' Advocacy People did. I didn't expect to receive the help and support I did. The financial side of things was incredible.

"How they didn’t want anything in return, it amazes me to this day and I am ever so thankful. It makes me proud to be an ex-soldier and a veteran."

"I have never known an organisation over the years with such professionalism and such attention to detail. Being involved with The Veterans' Advocacy People was a complete eye-opener. It means a lot to be treated with professionalism and respect when you are down. I am happy to walk the entire country spreading the word about the work they do!"

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The Veterans' Advocacy People:
An Impact Case Study (2)

My Story

I have always enjoyed fishing. I used to enjoy the silence and the fresh air, but I no longer go out on my own. I have been suffering with severe PTSD lately. I left the service in 1974 and never received any help, but it all came all out with all its force after my wife died last year. Everything started to hit me. I became paranoid, I was having horrible nightmares, I started to have panic attacks, I stopped going out.

When I first started having symptoms, I went to see the doctor who gave me sleeping tablets, but I needed different medication for anxiety. I knew that it was serious, so I got in touch with the NHS Transition, Intervention and Liaison Service, who recommended The Veterans' Advocacy People.

My body has suffered a lot lately, too. I have had five strokes that sent me to hospital for a long while. When I came out, I found out that I had lost my property. I felt completely lost. I was so down that I became suicidal; I tried to kill myself twice.

I didn't have any expectations of the programme. I had no clue what they were all about until the Advocate came into my life and starting working with me to sort my problems out. At the time, everything was building up, but he reassured me, and within weeks things started moving. I had no idea what he could do, but now I know.

The Veterans' Advocacy People Impact

"My Advocate saved my life. During the dark times, when I first met him, when I wanted to finish it all, he was at the end of the phone if I needed him."

He gave me an emergency number to call if he could not answer. I was in such a state. Back then, he talked to me every day. Now I know he was making sure I was okay.

Things have improved since I started working with my Advocate.

"I would not have had the confidence to do it on my own; he fought my corner. It was incredible to receive that type of moral support."

Because my PTSD and paranoia are still ongoing, my Advocate and I explored the possibility of trying a different form of therapy. I decided to give EMDR a go, even though I am a bit concerned about it. I am worried they are going to dig deep and open boxes they cannot close. But I realise I need all the help I can get to get over this, and I know my Advocate would be supporting me throughout. In fact, in preparation for the EMDR sessions, my Advocate got in touch with King Edward's Hospital in London to check on my anxiety levels. I cannot fault the Advocate; it is unbelievable what a man can do by himself.

Although I still struggle to go out by myself, as I am still paranoid and get panic attacks, I do go out with My Advocate to a Veterans' Breakfast Club every other week. He coordinates with my daughter who puts me in the car at my end, and my Advocate meets me at the other end; that way I feel safe. During the meetings, he keeps an eye on me to make sure I am never surrounded by many people. Somehow he thinks of all these things to make me comfortable. To help me cope with all this, he has also arranged for six sessions of a stabilisation course for me. My Advocate has been brilliant; I would have never thought of it.

He has even got me things I didn't even know existed. He told me about the war pension, he filled out the forms with me, he came with me for the medical assessment, and we are now waiting to hear the results. I didn't know I was entitled to anything. He also put me in touch with other charities that are helping me on other fronts. The Royal British Legion have been very helpful in tracking down my old medical records, which was a nightmare in itself, and are now sorting some hearing aids out for me. They also got me a gym pass. My Advocate also found a way to get my house refurbished to my needs, and arranged with the Council to install an electric charger at home for my scooter.

"He has been outstanding. He talked to everybody who needed to be contacted to put things in place for me. I cannot fault him. He phones every week to keep me up to date with everything."

Looking Forward

Although I am still suffering from paranoia, anxiety and panic attacks, I am slowly getting there. I am nervously looking forward to the EMDR process. I am expecting it to be painful, but I know and trust that my Advocate will be there for me.

"I am now more familiar with the services that are available to me, and feel more at ease asking for support."

In fact, I have recommended the service to my next-door neighbour; she lost her husband recently, and does not know where she stands.

Life is looking a bit brighter overall. Despite all my mental health issues, I no longer feel suicidal, and I am open to getting help.

"I feel I have all the support I need to move forward. I have someone I trust by my side guiding me as I try to get better. The options and services my Advocate has brought into my life have given me the strength and courage to hope for a better life."

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The Veterans' Advocacy People:
An Impact Case Study (3)

My Story

It just takes one thing to turn your life upside down. One Friday evening I had a headache, and that's all it took. I waited over the weekend and by Sunday my body started to shut down. That Sunday I suffered a brain aneurysm and a stroke that changed my whole life. I am a veteran. I worked as a police officer after I left service. I had a good job, a good life. I was studying law and criminology when my life changed.

I spent a few months in hospital and felt completely lost when I was discharged. I have a husband and three children who were also severely affected by the consequences of my illness. By the time I went home, we didn't have a clue what was going on; my husband had a wife who could barely talk. I was disabled, my long-term memory was wiped out; everything started to fall apart.

My husband and I had good jobs; a nice car; a safe, stable home. After I left hospital, I had no memory of my husband while he was trying desperately to care for me and the children. He lost his job because he needed to care for us. Our car was seized because we missed payments. We received an eviction notice. The children started missing school. We ran out of food. I became depressed and suicidal. This was not the life we built. It was not the life we had worked so hard for.

There were also the complications with the house. The house was no longer suitable for me. As a result of the stroke, the left side of my body was paralyzed. I could not go upstairs where the only lavatory was located. I refused my husband's help because I considered him a stranger, so all the care responsibilities for me fell on my teenage daughter. She started missing school. She stopped talking and became reclusive. My husband's mental health was also affected. He did not know how to cope; he had lost his job and was not able to provide or care for me.

"There is a lot of speak about mental health at the moment, but we now realise that we really didn't understand the magnitude and the impact of it. We were hungry, lost, suicidal."

The Veterans' Advocacy People Impact

Because my family and I were affected on so many levels, the Advocate started working systematically to address everything. He had so much work to do. But systematically and patiently, he signposted us to all relevant services.

The first thing he did when he met the family was to secure food for us. We didn't have food and we didn't know where to go or what to do. He helped us apply for benefits and secured food for us.

He then made contact with key people in social services. He made sure I was allocated a social worker, and that I had medication in place. He also contacted occupational health and informed them of my pressing needs. He realised I might benefit from medication to help me cope with depression and anxiety. He got in touch with the mental health team and my GP who came in to assess me and adjusted my medication. This change worked. It made me more focused.

He also assisted me applying for benefits for major disability. He helped me with PIP interviews because I was in no position to go through that process by myself. He even got in touch with my bank. He explained that because of my memory problems, I might fail security questions. He advocated for me.

He also made sure my husband was signposted for mental health support. He was lost and broken. He made sure the children were provided for and safe. He contacted the schools and explained the situation. As a result, my children's schools paid for taxis to transport them to school for six months. Because of my Advocate, my children got the help they needed at school at the right time. Because of all the support systems my Advocate put in place for me, my daughter got her life back. She was no longer my sole carer. One remarkable thing he noticed was that my controlled medication was not secure and my children had access to it. He suggested to get a safe to keep my medication out of the reach of children. He also helped us install a doorbell camera, so I can see who is outside. We also got Alexa for medication alarms. There are cameras in the house. All this smart technology is making my life easier.

The Advocate was just there, stepping in for me. He was present in all the meetings. I remember falling asleep in these meetings. I was tired; my speech slow, clumsy. I was taking lots of medication. I would not be able to speak, or I would misplace words.

"Everything we have achieved since I became ill is because of my Advocate. I would have committed suicide as everything was vanishing in front of me."

"He didn't judge us. He came in professionally, and guided us with what needed to be done during very difficult times."

"During the darkest times, he said to my husband and my children, the service is here for you. Whatever it is you need, get in touch. We did, and he saved us."

"My Advocate is my angel. Having an intelligent and committed person on your side, speaking on your behalf when you need it most, is extraordinary."

"He came in thinking it was only me who needed help, but it was everybody; he engaged with my entire family."

Looking Forward

I am learning to live with my disability. I still become tired very easily, but I am coping. My family and I have everything in place to help us cope. I am still seeing a neurologist because of my Advocate. My husband is in a better place now. My daughter is doing well and considering joining the Army as a biomedical scientist. It all had to do with the Advocate stepping in at the right time.

"The Advocate saved my life. He saved my family. I am so grateful for everything he has done for us."

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