

A man in a Royal Scots Regiment uniform, including a black beret with a red and white checkered band and a gold crest, stands in profile against a city street background. He is wearing a grey jacket over a white shirt and a dark tie.

GLASGOW'S  
**HELPING  
HEROES**

# GHH: **A VITAL SERVICE**

Enabling our Armed Forces  
community to thrive

**SROI Methodology Appendix**

An independent  
review by:



UNIVERSITY of  
**STIRLING**

Commissioned by:



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**FiMT**  
forces in mind trust

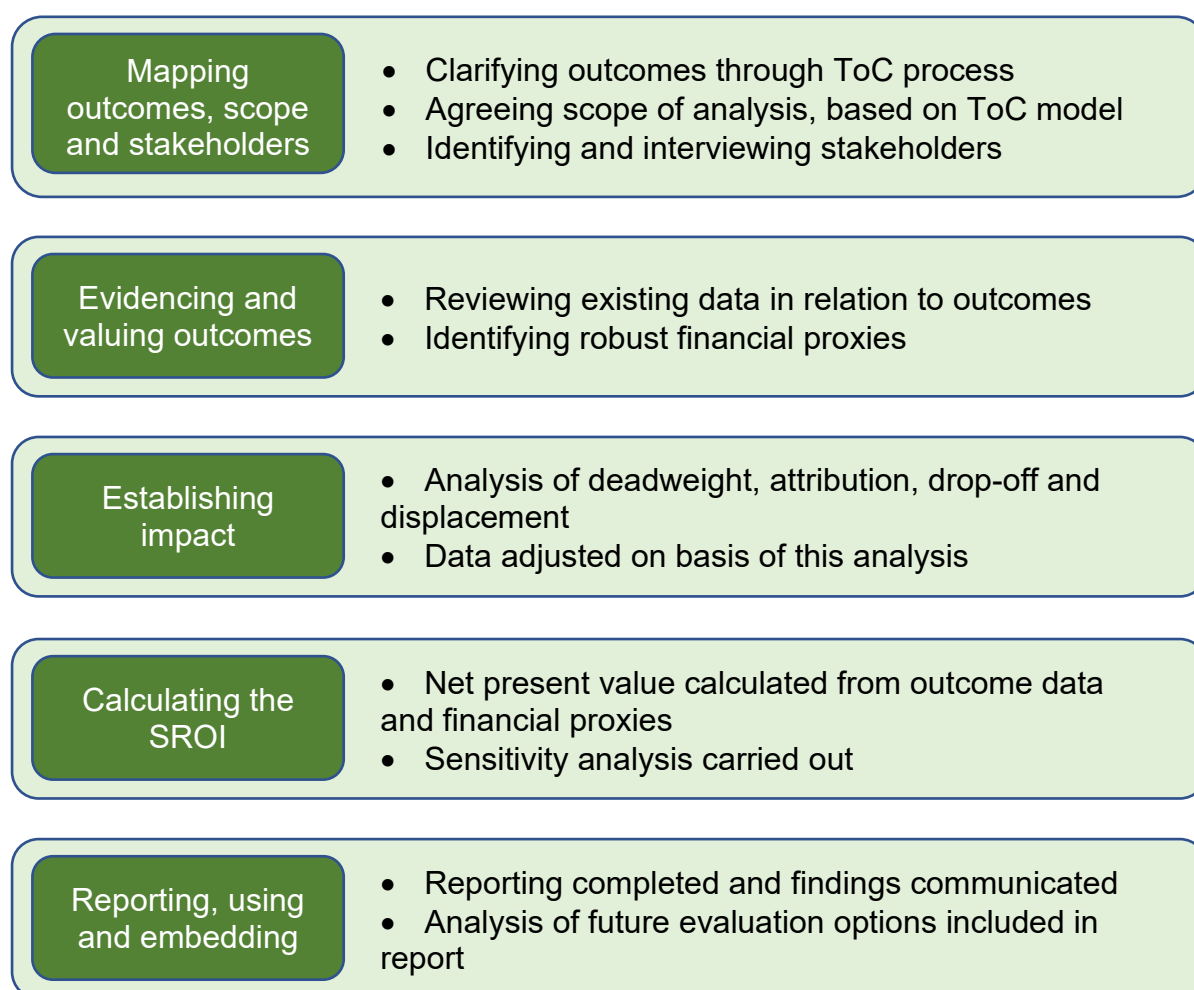
# **Glasgow's Helping Heroes**

## **Evaluation Report and Social Return on Investment Analysis**

### **Methodology Appendix**

#### **Introduction**

This appendix provides additional detail on the methodological decisions taken during the evaluation of Glasgow's Helping Heroes, specifically in relation to the Social Return on Investment (SROI) analysis. Each section sets out the key decisions made in relation to the different elements of the SROI process, together with the rationale used to make them. Figure 2 in the main report illustrates the SROI process – replicated below.



As is common to most evaluation projects of this scale and length, many of the methodological decisions were subject to multiple inputs at different time points. For example, the overall scope of the project was established before the project started, but was then refined through discussions with the GHH team, stakeholders, clients and the project oversight committee. This report is therefore structured to explain the factors involved in each decision, rather than presenting a linear timeline of the project stages.



## Scope

The original proposal aimed to provide an evaluation of the whole GHH service, with the SROI forming a core part of this overall project. However, the proposal did not assume that the SROI analysis would be able to capture the social value from every aspect of GHH's work. The early phases of the project were intended to assess the feasibility of undertaking an SROI analysis, alongside the wider elements of the project which aimed to review existing data collection, clarify intended outcomes and develop an improved evaluation framework for GHH. This is in order for the organisation to be able to demonstrate impact and SROI on an annual basis.

The scope for the SROI element of the evaluation was refined through the Theory of Change (ToC) work and discussions with stakeholders and clients (see below), which enabled an identification of the key outcomes. In particular, clients and stakeholders reinforced the messages from GHH team members that outcomes related to housing, finance, employment, and health and wellbeing were the most important. Other outcomes, such as increases in resilience and confidence to seek support were also noted, but were considered secondary, as well as being more difficult to measure. Hence the priority outcomes related to housing, finance, employment, and health and wellbeing were established as the boundaries and key outcome measurements for the SROI analysis.

As noted in the main report, additional work was done with GHH team members to explore changes to the ToC in the context of the Covid-19 pandemic. Changes to the GHH service and to impacts on clients were also explored through the stakeholder discussions and interviews with clients, some of whom were selected specifically to incorporate and evaluate the pandemic and lockdown experiences. These specific elements were important for the overall evaluation of the GHH service, but it was decided not to include any specific outcomes measurement related to coping with the pandemic and its associated lockdowns within the scope of the SROI analysis. This decision was taken for two main reasons. Firstly, collecting data on this particular area was considered to be too difficult, given the fast-changing situation in 2020-21, as well as potentially too sensitive for clients who were struggling. Secondly, since the project was intended to provide a baseline for future monitoring and evaluation, it did not seem appropriate to focus on outcomes which were unlikely to be relevant after the end of the pandemic and the associated lockdowns, albeit that it was important to consider the impact of the pandemic as context for the research overall (see Chapter 7 of the main report).

## Stakeholder involvement

Stakeholders were selected for interview on the basis of their relationship with GHH; such as funding or being funded, making or receiving referrals, or operating in partnership to deliver a joint service. The list of stakeholders is set out in Table 1 of the main report, replicated below.

Organisation	Relationship to GHH
Glasgow City Council	Main funder. Refers clients to GHH.
Citizens Advice Bureau (CAB)	Partner. Runs advice surgery in GHH office, receives referrals from GHH.

Scottish Veterans Residences	Partner. Two-way referrals. Weekly clinic at SVR accommodation run by GHH.
Crisis Counselling	Contracted service. Receives referrals from GHH on annual contract.
Rangers Community Foundation	Partner. Runs wellbeing course jointly with GHH.
Veterans Housing Scotland	Partner. Two-way referrals.
PoppyScotland	Partner. Two-way referrals. Some joint employability work.
Veterans Welfare Service	Partner. Two-way referrals.

A number of other potential stakeholders were considered for interview, but not selected for the reasons outlined below. Although some organisations (e.g., Glasgow Housing Association) have regular contact with GHH, in each case there are no individuals who would have worked with GHH frequently enough to be able to provide useful insights.

<b>Organisation</b>	<b>Relationship to GHH</b>	<b>Reason for exclusion</b>
Glasgow Housing Association	Main social housing provider across Glasgow. Receives housing applications from GHH.	Very large organisation – no single member of staff would have enough detailed knowledge of GHH.
Other Housing Associations in Glasgow	Receive housing applications from GHH.	Multiple organisations (>60) – no single organisation would have enough knowledge of GHH.
Glasgow City Council Homelessness Casework Teams	Two-way referrals for homeless clients.	Multiple teams across the city – no single member of staff would have enough knowledge of GHH.
Jobs and Business Glasgow	Main public sector employment service in the city. Receives referrals for employability and training support from GHH.	Large organisation and limited contact with GHH – no single member of staff would have sufficient knowledge of GHH.
Department for Work and Pensions (DWP)	Deals with all welfare benefits issues for GHH clients.	Very large organisation – no single member of staff would have enough detailed knowledge of GHH.
Armed Forces Benevolent funds	Receive applications for grant funding for GHH clients.	Multiple organisations receiving applications from many intermediaries – no single member of staff would have enough knowledge of GHH.

The interview schedule used for the stakeholder interviews is provided in Appendix A.

### **Client involvement**

Clients were selected for interview on the basis of providing diversity across a number of key characteristics, as set out in the table below.

<b>Characteristic</b>	<b>Criteria for interviewee selection</b>
Demographics	Range of clients in terms of age, gender and disability
Areas of need	Clients with needs relating to housing, employment, finance, health and wellbeing. Note that most clients had more than one area of need and other areas of need were also explored in the interviews.
Household type	Single individuals, couples and households with children.
Veteran status	Veterans and family members of veterans, including widows.
Outcome of GHH service	Clients whose needs were fully met and clients whose needs were not full met, including (where possible) clients who were dissatisfied with the service they had received.
Lockdown needs	A small number of clients were specifically selected to explore the additional services provided by GHH during the Covid-19 lockdowns.

In addition, some attempt was made to include clients with different Service histories – i.e. veterans from the Royal Navy/Royal Marines, British Army and Royal Air Force, and with different lengths of service. This was not a primary selection criteria, but the final list of interviewees included a reasonable level of diversity in this regard, albeit that the majority of GHH clients are ex-Army, as with most Armed Forces charities.

It is not possible to provide individual details of the 12 clients interviewed for the project, since this would risk breaching confidentiality by potentially making individuals identifiable.

The process of identifying, selecting and interviewing clients continued until data saturation had been reached, when it was clear that additional interviews were not providing significant new information. The interview schedule for client interviews is provided in Appendix B.

### **Mapping outcomes**

A core part of the SROI approach is to map all of the potential outcomes, including both intended and unintended outcomes. The starting point for this element of the project was to develop the ToC model collaboratively with staff, identifying the range of potential impacts on clients. This map of outcomes was checked and extended through interviews with stakeholders and clients. In particular, the stakeholder outcomes were used to examine unintended consequences for other organisations and individuals, other than those using GHH services, as well as outcomes for GHH clients. The interviews with clients were used to elucidate the outcomes identified by staff, adding significant detail to the broad outcomes and identifying additional

impacts, as well as specifically exploring situations where client needs were not met and/or where unintended consequences occurred.

The map of outcomes developed through these three processes was used as the basis for the SROI analysis. The priorities identified by clients, stakeholders and GHH team members were used to refine the scope of the analysis (see above) and, within this broad scope, to define the specific outcomes of social value. In turn, this analysis informed the later stage of identifying appropriate financial proxies (see below). The outcomes identified through this mapping process are listed in the table below, under the headings defined by the scoping phase.

<b>Outcome area</b>	<b>Specific outcome</b>
Housing	Moved into a more secure housing situation from homelessness or insecure housing situation
	Current tenancy sustained
Employment (or day-to-day meaningful activity)	Entered employment
	Developed employability skills – moving closer to the employment market
	Entered regular volunteering
Health and wellbeing	Improved mental health
	Improved physical health
	Reduced social isolation
Finance	Increased income
	Reduced debt

Alongside these outcomes for GHH clients, the stakeholder interviews identified the range of potential unintended consequences for other individuals. For example, where a GHH client obtains a new tenancy, this could potentially reduce the opportunity for others to enter secure housing. These are not listed here, since the relevant points are included in the explanation for the displacement adjustments to the SROI analysis. Similarly, the stakeholder interviews explored consequences for organisations (e.g. outward referrals creating extra demand, inward referrals reducing demand), which are incorporated into the explanations for the attribution adjustments. These decisions are outlined in detail in the Adjustments section below.

### **Identifying proxies**

Having established the core outcomes for the evaluation, the next stage in the SROI process was to identify appropriate proxies in order to measure the social value of outcomes generated by the GHH service. This consisted of two interwoven elements.

Firstly, it was necessary to explore existing data collected by GHH and consider any additional data that could be collected, to assess indicators that could be practically measured, and the extent to which they could be mapped onto the core outcomes. Given the length of time necessary to generate some of the final outcomes, this included identifying appropriate intermediate outcomes which could be taken as evidence of progress towards the ultimate goal. For example, some GHH clients may inevitably take some time to enter employment but will be able to demonstrate moves towards this outcome, in terms of completing training courses or taking other steps to improve their employability.

Secondly, alongside examining potential data sources, possible financial proxies for the different indicators needed to be considered. Four main criteria were used to identify and select appropriate proxies:

- **Methodology**  
SROI proxies can be developed in a number of different ways, focusing on different ways of measuring the value of an outcome to the individual, or measuring the savings created for public sector service providers who would otherwise need to meet needs. The key point here is to ensure that indicators are developed on a strong theoretical basis and with a robust methodology for calculating values.
- **Consistency**  
Whilst different outcomes will have different social values, it makes most sense to use proxies developed on the basis of the same system for valuation where possible.
- **Coverage**  
In considering sources of existing proxies, it was important to examine whether they covered the outcomes identified in the mapping phase.
- **Pragmatics**  
Given the timescale and resources available for the evaluation, the practicality of developing or adjusting proxies needed to be taken into account.

Two broad options were considered in relation to these criteria – using an existing database of values, or developing bespoke proxies specifically for the GHH evaluation. It was quickly decided that the latter was likely to be too complex and time-consuming for a project of this scale, particularly if the first criterion was to be met to a sufficient degree. Without a sufficiently robust methodology for the development of financial proxies, the validity of the entire analysis could be called into question and, moreover, using an established database as a reference point would offer more possibilities in terms of future replication or easy comparison with other SROI evaluations. Two significant databases of financial proxies were identified and considered against the criteria.

#### 1. *Housing Association Charitable Trust (HACT) Social Value Bank*<sup>1</sup>

The Social Value Bank was developed by HACT primarily for use by Housing Associations (HAs) but is also used in a wider context. Although many of the indicators relate to housing issues, the significant role that many HAs play in terms of addressing the needs of their tenants, or supporting their local community is reflected in the broad range of other indicators provided. The values were developed on the basis of a robust wellbeing valuation approach. This essentially estimates the impact of a good or service on people's subjective wellbeing and uses these estimates to calculate the exact amount of money which would produce the equivalent impact on subjective wellbeing. The values are derived from multivariate analysis of large existing national survey datasets (e.g. Understanding Society and the British Household Panel Survey).

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<sup>1</sup> See <https://hact.org.uk/tools-and-services/uk-social-value-bank/>

## 2. Greater Manchester Combined Authority (GMCA) Cost Benefit Analysis Tool<sup>2</sup>

The Cost Benefit Analysis tool from the GMCA takes a different approach from the HACT Social Value Bank, focusing on savings which may accrue to public services when particular outcomes are successfully delivered. The indicators cover a broad range of outcomes, with values being derived from estimates of the budgetary savings due to reduced demand. For example, reduced benefit costs for the UK Government where individuals are moved into employment.

The table below summarises the assessment of these two options against the criteria listed above.

Criteria	HACT Social Value Bank	GMCA Cost Benefit Analysis Tool
Methodology	Robust methodology, based on published research.	Robust methodology, although full details not publicly available.
Consistency	Same methodology applied across all indicators.	Same methodology applied across all indicators.
Coverage	Covers all of the core outcomes for GHH, except financial gain.	Covers most of the core outcomes for GHH, but little on financial gain, mental wellbeing or social isolation, and limited indicators for housing outcomes.
Pragmatics	Set up to be used for SROI, so easy to apply to this project.	Set up for public sector cost-benefit analysis, not SROI, so would require significant work to apply to this project.

As is evident from this table, either system could have been utilised for the GHH SROI evaluation, but the HACT Social Value Bank is slightly more favourable. This is due to better coverage of the core outcomes and ease of use, given that it was developed specifically for use in SROI analysis. There is also a somewhat philosophical attraction to using an approach designed to measuring social value, which is not purely based on public service cost savings. We believe that it can be reasonably argued that the primary purpose of a service like GHH is to meet the needs of veterans, rather than to deliver savings for the public purse, especially as this organisation a joint partnership with a charity.

The only significant gap in the indicators available within the Social Value Bank relates to financial gains, which are generated for GHH clients through either applications to Armed Forces benevolent funds or other charities, or through support with welfare benefit applications. However, in line with both the Social Value Bank's wellbeing valuation approach and other SROI evaluations, there is no need to develop a proxy for such financial gains. For other outcomes the wellbeing valuation approach needs to estimate the amount of money that would generate an equivalent increase in subjective wellbeing, but an increase in income does not require such a proxy estimation. Hence, financial gains can be included in the SROI analysis in their own right without conversion into a financial proxy.

## Adjustment decisions

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<sup>2</sup> See <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>



As set out in the main report, standard SROI practice requires that a number of adjustments are made to the proxy values to ensure that the final ratio accurately reflects the impact of the GHH service. The key sources for decisions around these adjustments were:

- The HACT Social Value Bank itself, which includes recommended adjustments for deadweight.
- The stakeholder and client interviews, which provided evidence regarding issues such as whether clients would have been able to access an alternative service or achieve the same outcome without GHH support – relevant for deadweight, displacement and attribution adjustments.
- Information from the GHH team and analysis of GHH data, which provided estimates of duration and drop-off, as well as contributing to the rationale for attribution adjustments.

Details of each of the decisions taken in relation to duration, drop-off, deadweight, displacement and attribution are provided in Appendix C. Explanations of each adjustment are provided in the main report.

### **Sensitivity analysis**

The rationales for the different sensitivity analyses undertaken are provided in the main report and summarised in the table replicated below.

<b>Model</b>	<b>Changes to adjustments</b>	<b>Resultant SROI value</b>
Core model	None	£6.63
Sensitivity test A1	Reduced attribution: <ul style="list-style-type: none"> <li>• Crisis and CAB reduced to 50%</li> <li>• Other financial gains reduced to 75%</li> </ul>	£5.21
Sensitive test A2	Reduced duration: <ul style="list-style-type: none"> <li>• Employment, mental health and ongoing financial gains reduced to 2 years</li> <li>• Secure housing outcomes reduced to 3 years</li> </ul>	£4.85
Sensitivity test A3	Reduced attribution and duration: <ul style="list-style-type: none"> <li>• Combination of A1 and A2</li> </ul>	£3.81

As set out in Chapter 7 of the main report, an additional sensitivity analysis was carried out to assess the impacts of the Covid-19 pandemic and associated lockdowns on the SROI analysis. The assumptions for this final sensitivity analysis were based on data from previous years to identify a 'normal' level of outcomes.

## **Appendix A – Stakeholder interview schedule**

### **Intro**

Reminder of what the project is about and outline of what interview will cover (using info sheet):

- Evaluation of GHH service – identifying what works well and where things could be improved
- Providing learning for GHH, but also other similar services
- Particular value in talking to stakeholders, to help us understand the partnerships that GHH has, plus SROI attribution – helping us to understand how much of the outcomes achieved for clients can be attributed to GHH
- What happens with data, etc.

Check everything is clear and deal with any questions.

Consent process – emphasise how data will be used, stored, etc.

### **Background**

As a starting point...

- Can you tell me a little about the organisation you work for and your role?

**Relationship with GHH** (NB – can tailor these questions to suit what we already know about particular organisations/services)

- How do you work with GHH?
  - Do they refer clients to you?
  - Do you refer clients to them?
  - How often do you work with them/their clients?
  - Is there a financial relationship? (probably only relevant for Crisis and CAB?)
  - Is your relationship with GHH different from work you do with other organisations?
- What works well in your work with GHH?
  - Positives for clients?
  - Positives for you/your organisation?
  - Positives for GHH?
  - Are there particular types of client who benefit the most?
- What doesn't work so well/what could they improve?
  - Are there any types of client who you think are missing out?
  - Any negative impacts on clients, you or your org?
- What would happen if you didn't work with GHH/they didn't exist?
  - Would these clients access your/their service another way?
  - Would there be other services they could use?

### **Lockdown experience**

- How have things changed during the past year?
  - In general for your service/org?
  - Specifically in relation to work with GHH?
  - Changes in numbers/types/needs of clients?
  - Changes in outcomes?

- Anything else you'd like to say about how GHH has managed during Covid?

**Thanks and what happens next**

- I probably won't be in contact with you again, but would you be happy for us to get back in touch if needed later?
- Final report, etc. will be available through GHH late 2021/early 2022

## **Appendix B – Client interview schedule**

### **Intro**

Reminder of what the project is about and outline of what interview will cover (using info sheet):

- Evaluation of GHH service – identifying what works well and where things could be improved
- Providing learning for GHH, but also other similar services
- What happens with data, etc.

Check everything is clear and deal with any questions.

Consent process – emphasise how data will be used, stored, etc.

### **Background**

As a starting point...

- Can you tell me a little bit about your Service history?
  - How long did you serve for?
  - Which regiment/squadron/ship did you serve with/on?
  - What was your final rank?
- And when did you leave?
  - Was it a planned end to your service?

### **Experience of GHH service**

- When did you first approach GHH for assistance?
  - How did you hear about them?
- What was the issue that led you to approach them?
  - Was there more than one thing going on for you?
  - If so, how were the different things related?
- Can you describe your first interaction with GHH?
  - Who did you deal with?
  - What happened at your first meeting?
  - What was good or bad about this first meeting?
- What happened next?
  - Talk me through the things that GHH did to help you?
  - What did they do? How did they do it?
  - Did they refer you on to anyone else?
  - How did they communicate with you?
- Did the service resolve the problem(s) that you first approached them about?
- What difference did it make to your life as a whole?  
Pick up in particular any changes relating to...
  - Housing/home
  - Financial stability
  - Employment/day-to-day purpose
  - Health and wellbeing
  - Community and social support (e.g. has GHH helped you to build new connections with friends, family, or local community?)
  - Resilience (e.g. do you feel like you're in a better place to manage

- any problems in the future?)
- Confidence to seek support (e.g. and would you be happy to ask for help from GHH or elsewhere if you need it?)
- Independence, pride, dignity, positive identity (e.g. do you feel differently about yourself now?)
- Anything else?

### **Lockdown experience**

- Did you receive any particular help from GHH during the coronavirus lockdown (e.g. GHH on Wheels)?
  - What support did they offer you?
  - Did you ask for help, or did they offer before you asked?
  - What impact did the support have on your experience of lockdown?
- Did you ask for/receive any support from any other organisations during lockdown?

### **What worked well and what didn't**

- What were the good points about the service you received from GHH?
  - Was this better/different from your interactions with other services?
- What could have been better?
  - Have you had a better service (in any way) elsewhere?

### **Data collection**

- Were you happy to answer all the questions you were asked on your first contact?
- How long did it take?
- How did it compare with other organisations that you have approached before/since (e.g. DWP, GCC, other charities, etc.)?
- How much do worry about what happens to the data?
- Would you be happy to be asked these additional/different questions at [x] time points after your first contact with GHH?
- Would you be happy to review different aspects of your life with your GHH worker every six months? Looking at Finance, Housing, Health, Activities, Social Life and Wellbeing.

### **Thanks and what happens next**

- Check which voucher best and confirm address
- I probably won't be in touch again, but GHH will have info about the research in late 2021 if you're interested



## Appendix C – Adjustments and rationale

SROI Indicator	Duration	Rationale for duration	Drop-off	Rationale for drop-off	Deadweight	Rationale for dead-weight	Displacement	Rationale for displacement	Attribution	Rationale for attribution
Full-time employment	3	Assume employment lasts	10%	Assume 10% likelihood of job loss per year	15%	HACT	5%	Loss of job opportunity for others	20%	Various levels of support to enter employment or training - mostly would not access without GHH support
Self-employment	3	Assume employment lasts	10%	Assume 10% likelihood of job loss per year	15%	HACT	0%	No impact on others	20%	As above
Part-time employment	3	Assume employment lasts	10%	Assume 10% likelihood of job loss per year	15%	HACT	5%	Loss of job opportunity for others	20%	As above
Apprenticeship	1	Longer term impact only through other outcomes	100%	One year outcome	15%	HACT	5%	Loss of apprenticeship opportunity for others	20%	As above

Vocational training	1	Longer term impact only through other outcomes	100%	One year outcome	15%	HACT	0%	No impact on others	20%	As above
Employment training	1	Longer term impact only through other outcomes	100%	One year outcome	15%	HACT	0%	No impact on others	20%	As above
General training for job	1	Longer term impact only through other outcomes	100%	One year outcome	15%	HACT	0%	No impact on others	20%	As above
Regular volunteering	1	Cannot assume sustainability	100%	One year outcome	19%	HACT	5%	Loss of volunteering opportunity for others	20%	As above
Regular attendance at voluntary or local organisation	1	Cannot assume sustainability	100%	One year outcome	19%	HACT	0%	No impact on others	20%	As above
Relief from depression/ anxiety	3	Assume health benefit lasts beyond one year, but no guarantee of permanent	10%	Assume 10% likelihood of health deterioration	27%	HACT	0%	No impact on others	25%	80% of clients referred for mental health support go to Crisis, which is funded by GHH, remainder to NHS. Estimate based on

										evidence that most clients would not access NHS otherwise, and could not access Crisis any other way.
Member of social group	1	Outcome primarily from GVV courses – some may maintain links beyond a year, but not many	100%	One year outcome	19%	HACT	0%	No impact on others	25%	Rangers involvement in GVV important, but funded by GHH
Rough sleeping to secure housing	5	Secure housing	5%	Very low likelihood of tenancy loss once in secure housing	0%	HACT	10%	Loss of housing opportunity for others	25%	Mostly about GHH support, but housing orgs also play a role
Temporary accommodation to secure housing	5	Secure housing	5%	Very low likelihood of tenancy loss once in secure housing	0%	HACT	10%	Loss of housing opportunity for others	25%	Mostly about GHH support, but housing orgs also play a role
Rough sleeping to temporary accommodation	1	Temp accomm	100%	One year outcome	0%	HACT	10%	Loss of housing opportunity for others	25%	Mostly about GHH support, but housing orgs also play a role

Housing service for people in temporary accommodation	1	Longer term impact only through other outcomes	100%	One year outcome	0%	HACT	0%	No impact on others	0%	All about GHH support
Financial gain - Form A/GHH - one-off	1	One-off gain	100%	One year outcome	10%	Stakeholder interviews - difficult to access Form A otherwise	0%	No impact on others	0%	GHH role crucial
Financial gain - Form A/GHH - recurring	3	Assume most benefits reviewed periodically	0%	Benefits effectively guaranteed until review	10%	Stakeholder interviews - difficult to access Form A otherwise	0%	No impact on others	0%	GHH role crucial
Financial gain - CAB - one-off	1	One-off gain	100%	One year outcome	10%	Stakeholder and client interviews - few would find CAB/VWS otherwise	0%	No impact on others	50%	CAB role important, but directly funded (75% of time) by GHH
Financial gain - CAB - recurring	3	Assume most benefits reviewed periodically	0%	Benefits effectively guaranteed until review	10%	Stakeholder and client interviews - few would find CAB/VWS otherwise	0%	No impact on others	50%	CAB role important, but directly funded (75% of time) by GHH
Relief from being heavily	3	Assume debt does not recur for	10%	Assume 10% likelihood of	19%	HACT	0%	No impact on others	0%	GHH role crucial (when

burdened with debt		at least this length of time		financial deterioration						no CAB input - otherwise 25%)
Debt-free	3	Assume debt does not recur for at least this length of time	10%	Assume 10% likelihood of financial deterioration	19%	HACT	0%	No impact on others	0%	GHH role crucial (when no CAB input - otherwise 25%)



Launched in 2010, Glasgow's Helping Heroes (GHH) is a SSAFA service run in partnership with Glasgow City Council, providing emotional, practical and financial support to service personnel, veterans and their families throughout the city.

Since its inception GHH has helped 2,210 veterans, service personnel and Armed Forces families across the city.

SSAFA, the Armed Forces charity, has been providing practical, emotional, and financial support to our Forces and their families since 1885. In 2020 our teams of volunteers and employees helped more than 79,000 people in need, from Second World War veterans to those who have served in more recent conflicts or are still currently serving, and their families.

SSAFA understands that behind every uniform is a person. And we are here for that person and their family – any time they need us and in any way they need us.

### **NEED TO TALK?**

SSAFA's Forcesline is a free and confidential helpline providing advice and information for serving personnel, reserves, veterans and their families, and is completely independent of the chain of command.

**Call 0800 731 4880**

**Lines open 09.00 to 17.30 weekdays**

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