



Evaluation of the West Midlands Housing Scheme for Armed Forces Veterans – Wolverhampton

Conducted by University of Wolverhampton

July 2017

Funded by



Report written by:

Dr Angela Clifford

Centre for Health and Social Care Improvement

Faculty of Education, Health and Wellbeing

University of Wolverhampton

Millennium City Building

Wulfruna Street

Wolverhampton

WV1 1LY

Tel: 01902 518640

E-mail: angela.clifford@wlv.ac.uk

Web-site: <http://www.wlv.ac.uk/chsci>

Disclaimer

The views expressed in this report are not necessarily those of the University of Wolverhampton.

Acknowledgements and Contributors

The background to this evaluation and the methodology was developed alongside Drs Lydia Lewis and Angela Morgan of the University of Wolverhampton who have contributed to the writing of this report.

The author would like to thank all those who contributed to the completion of this evaluation report, in particular the veterans who kindly gave their time to give their perspectives and describe their experiences. Warm thanks to Nick Wood of York St John University for his valuable insights into the themes discussed in this report. The author would also like to acknowledge the members of the project advisory group for giving their guidance and expertise to the evaluation methodology and analysis.

Table of Contents

Summary	4
Introduction.....	5
Literature Review	6
<i>Context</i>	6
<i>Incidence of homelessness in Armed Forces veterans</i>	7
<i>Contributors to homelessness in Armed Forces veterans</i>	7
<i>Existing support for veterans of the British Armed Forces</i>	11
<i>The Stonham Veteran’s Housing Service</i>	13
<i>Evaluation Aims and Objectives</i>	14
Methodology.....	15
<i>Methodological Framework</i>	15
<i>Evaluation Design and Procedures</i>	16
<i>Data Analysis</i>	18
<i>Ethical issues</i>	19
<i>Evaluator and Project Advisory Group Information</i>	20
Results	21
<i>Housing service pilot progress</i>	21
<i>Description of Veterans Accessing the Veterans Housing Service</i>	22
<i>Employment and Accommodation outcomes</i>	26
<i>Veterans’ quality of life</i>	27
<i>General satisfaction with the service support and accommodation</i>	30
<i>Qualitative views of Veterans accessing the housing service</i>	32
<i>Housing</i>	32
<i>Tailored Support</i>	34
<i>Veteran Profile</i>	39
<i>Veteran Psychology</i>	41
Case Study 1.....	44
Case Study 2.....	45
Case Study 3.....	46
<i>Perspectives of key stakeholders</i>	47
<i>Access to support</i>	47
<i>Employment</i>	49

<i>Referral to service</i>	51
<i>Specialised services</i>	52
<i>Risk Assessment</i>	54
Conclusions and Recommendations.....	56
References	65
Appendices.....	69
Appendix A. Results of the literature review	69
Appendix B. General Satisfaction Questionnaire	74
Appendix C. Quality of Life Questionnaire part I	76
Appendix D. Quality of Life Questionnaire part II	77

Summary

A large number of military personnel leave the British Armed Forces each year and, while the vast majority resettle into civilian life successfully, a number of veterans experience serious ongoing difficulties that can leave them at risk of homelessness. The Wolverhampton Veterans Housing Service aimed to provide vulnerable veterans with temporary housing and support in their transition to sustainable employment and accommodation. A 3-year pilot scheme was conducted and evaluated to establish its effectiveness in meeting these aims as well as to identify facilitators and barriers to its impact on veterans' outcomes. As well as key statistics of residents and outcomes, face to face interviews with residents and other key stakeholders as well as findings from quality of life and satisfaction questionnaires were used to explore perceptions of the scheme and surrounding issues. Beneficiaries of the scheme were as expected but had a wide range of complex support needs. Modest rates of success in gaining employment and accommodation were seen by the end of residents' tenancies and quality of life was low to moderate. Residents were generally satisfied with their experience at the housing service and appreciated the opportunities on offer. However a number of barriers to successful outcomes were identified, including veterans' attitudes to their military role, dependency on the service, mental health issues, and difficulty finding employment and managing finances. Overall, the Veterans Housing Scheme addresses an important community need and with some refinements the model has the potential to have great impact on veterans' lives. While overall satisfaction was seen for the accommodation and support offered, some veterans presented with higher support needs than were anticipated and more intense preparatory work may be required in order for these veterans to successfully move forward towards integration with the community and independent living. Recommendations have been made for future provision of specialised housing for veterans at risk of homelessness.

Introduction

This report relates the findings of an evaluation of the Veterans Housing Service delivered by Stonham (part of Home Group) and part funded by the Forces in Mind Trust (FiMT). Home Group is a social enterprise and charity and is one of the UK's largest providers of supported housing services. The evaluation was devised and conducted by the Centre for Health and Social Care Improvement (CHSCI) and the Centre for Developmental and Applied Research in Education (CeDARE), both located in the Faculty of Education, Health and Wellbeing at the University of Wolverhampton, UK. The analysis presented in this report was conducted on data collected by the service during its pilot from 2013-2016, supplemented by the views and experiences of British Armed Forces veterans who accessed the service and other key stakeholders.

The project aimed to provide a 3-year residential and specialised support service located at Roland Elcock House in Wolverhampton, UK. Subsequently, Stonham commissioned an evaluation to establish the effectiveness of the service in meeting its aims and objectives. The service was specifically designed to offer a temporary place of residence and support to encourage British Armed Forces veterans into sustainable employment and accommodation. The project worked alongside complementary services to offer advice and support to work through additional issues such as alcohol dependency and health concerns.

The Veterans Housing Service aimed to support veterans of the British Armed Forces who had for a number of reasons experienced difficulty in resettling successfully into civilian life and who had become homeless or at risk of homelessness. By providing temporary stable accommodation as well as individually tailored support services, the scheme aimed to prevent cycles of repeat homelessness among vulnerable veterans and to assist them in living, working and engaging within the wider (civilian) community. Veterans were on short-term tenancies and a timetable was agreed for achieving their successful resettlement, which aimed to be within a 6 to 24 month period.

Literature Review

The following section presents the literature review for this evaluation. The review was conducted by searching electronic databases and grey literature for statistics, research and reports around resettlement, homelessness and unemployment in those who have left the British Armed Forces. The information is supplemented by the perspectives and experiences of key stakeholders. This review aims to provide context for the Veterans Housing Service and for the rest of the evaluation methodology.

There are a variety of terms used to describe those who have left the Armed Forces. In the UK, the term 'veterans' has come to encompass all those who have been in the Armed Forces, regardless of how long for and whether or not they were deployed or had even completed training. As this is a broadly similar definition to that used by the Service Provider (Stonham) in their eligibility criteria for beneficiaries of the housing service, this is the term that will be used throughout this report. The term civilian is used here to describe a person who has never been engaged within the military.

Context

The British Armed Forces veteran population is large with an estimated 2.8 million veterans living in the UK (Compass Partnership, cited in RBL, 2014). This number is decreasing as the veteran population involved in earlier conflicts ages (RBL, 2014), but still an average of around 21,000 Regular Forces personnel left the British Armed Forces per year between 2010 and 2014, with 23,000 leaving in 2014 alone (Rutherford, 2014). There are some major differences between the lifestyle and culture of the military and those of a civilian lifestyle, and a veteran must therefore prepare both practically and emotionally to transition successfully to their new (civilian) life. Forces in Mind Trust (FiMT) suggest that a successful transition "is one that enables ex-service personnel to be sufficiently resilient" in civilian life after leaving the military (FiMT, 2013), and the vast majority of veterans are considered to resettle into civilian life successfully (Royal British Legion, n.d.; Iversen et al., 2005). However, a large number of veterans do report difficulties transitioning to civilian life (for example US estimates are around 44% in those serving since 2001; Morin, 2011). This indicates a significant number of individuals who may have additional support needs and the financial cost of poor transition in the UK has been conservatively estimated at around £98million (FiMT, 2013) alongside non-monetary social consequences.

Those leaving the Armed Forces can experience a wide range of challenges relating to resettlement. Commonly reported difficulties include (re)establishing a role within their home and community; obtaining paid and sustained employment; creating structure and adapting to a new pace of life; and financial awareness enabling them to budget their income and to provide the basic necessities (FiMT, 2013). However, the challenges for veterans can also run deeper, with some veterans experiencing a dramatic loss of identity, of like-minded people who they consider to have become their family, and of an environment for which their military training and thinking is best suited. Research suggests that veterans who have had traumatic experiences or injuries, have served in a combat zone, or know someone who was killed or injured are at greater risk of reporting a harder time transitioning (Morin, 2011). A small number of veterans experience serious ongoing difficulties while others appear to

resettle successfully but then struggle some time later, perhaps after a relationship breakdown or loss of employment. For these veterans their difficulties with resettlement can contribute to an increased risk of becoming homeless, and single veterans are particularly vulnerable (Jones et al., 2014).

Incidence of homelessness in Armed Forces veterans

It has been increasingly recognised that there are a significant number of veterans among the UK homeless population. Although the proportion is thought to be lower than that estimated two decades ago by Gunner and Knott (1997; RBL, n.d), it still equates to a large number of veterans who may spend time on the streets. Data from the National Audit Office suggest that during 2005-6, over 1,200 (approximately 5%) personnel experienced homelessness shortly after leaving the Armed Forces (Royal British Legion, n.d.). On leaving the Armed Forces, the majority of single veterans stay with family or friends (Johnson et al., 2008; Randall & Brown, 1994) which can be untenable long-term, and this 'informal homelessness' is difficult to quantify. Redundancies and cutbacks within the British Armed Forces have led many Local Authorities to anticipate higher demand for housing and support services by veterans in the future (Jones et al., 2014). Veterans may be entitled to extra eligibility points on applications for social housing if their time in the Armed Forces has made them vulnerable, but current advice to Local Authorities advises giving higher priority to those with serious injuries (Shelter, 2015). In order to better understand how to manage this demand, it is important to explore the factors that contribute to a veteran's risk of homelessness and interventions that can be taken to support individuals in their resettlement if and when they experience serious ongoing difficulties.

Contributors to homelessness in Armed Forces veterans

The difficulties experienced by Armed Forces veterans and therefore the possible contributors to the risk of homelessness within the population group are multifactorial and highly personal. Individual outcomes are influenced by a combination of traumatic experiences during service and persistent issues from before and after entering those duties. No two veterans will therefore have had the same experiences and have the same support needs. There are however some common significant contributors to homelessness that have been identified among the veteran population, including inadequate transition planning, employability of veterans, financial status, and physical and mental health issues. These factors are discussed in some detail below.

Inadequate transition planning

In Mares and Rosenheck's (2004) US study of homeless veterans in the VA Therapeutic Employment Placement and Support Program, the second most commonly cited cause of homelessness in the group was inadequate preparation for the transition back into civilian life. Upon leaving the British Armed Forces, personnel are entitled to some form of

resettlement package, which is more comprehensive for those who have served at least for their minimum term (Ministry of Defence, n.d.). While resettlement packages and home ownership support offered by the Ministry of Defence has developed in recent years with a focus on long-term preparation, those leaving the Armed Forces before the end of their contract or following dismissal due to misconduct may not be eligible for support through the Career Transition Partnership unless they have been medically discharged. Instead they might receive only a one-to-one resettlement briefing, an interview with a service resettlement advisor and signposting to non-Ministry of Defence support (Ministry of Defence). Although those who are medically discharged can access greater support, they can find it difficult to take full advantage of the packages on offer given the sudden and challenging circumstances surrounding the end of their military career (FiMT, 2013). Much of the resettlement package has traditionally been related to practical rather than emotional support (Walker, 2010) and, anecdotally, the degree to which such resettlement packages equip veterans with truly transferable skills required to transition successfully into sustainable employment is often challenged (though it is important to note that resettlement has also recently been praised by the National Audit Office [Ministry of Defence, 2007] and it is beyond the scope of this report to evaluate the effectiveness of current resettlement offered by the military).

Regardless of the availability or effectiveness of resettlement packages, a significant number of personnel seem to be reluctant to engage with support services as they prepare to leave the Armed Forces. This appears to be for a variety of reasons, such as pride or a belief that they can manage without (Gunner and Knott, 1997), shame or fear of dishonour (Johnson et al. 2008; FiMT, 2013), lack of understanding or miscommunication of what is available (Johnson et al., 2008; Jones et al., 2014), or an unrealistic expectation of their resettlement needs (Jones et al., 2014). Some veterans who have negative attitudes towards the Armed Forces also often report that they do not wish to be associated with the institution (Jones et al., 2014) or to receive their help, which may be particularly the case for those who are discharged against their will or who experience conflicts with their superiors while serving. Both support provision and willingness to engage therefore appear to be barriers to veterans successfully resettling into civilian life, placing them at increased vulnerability to homelessness.

Veteran employability

An estimated 85% of veterans who leave after serving four years or more and who seek paid work are employed within 6 months (RBL, 2016), although it is not clear how sustainable those jobs are in the long-term. It is known however that some veterans do struggle to find and/or keep employment following discharge from the Armed Forces. Higate (2000) and Porat et al. (1997) reported difficulties for veterans in finding employment that matches the status, role or structure that they had while in the Armed Forces, and some veterans find that many jobs do not meet their expectations in terms of salary. FiMT (2013) estimate that almost half of specifically Army recruits have a literacy and numeracy level equivalent to an 11 year old and they therefore do not meet the usual educational level required by employers. Despite having some opportunities to gain qualifications as part of their service and/or resettlement, these skills may not always generalise well into the civilian working environment and some military personnel do not perceive themselves to have transferable

skills unless they reach a role with significant management duties. It is also recognised that some veterans struggle to break down and articulate to potential employers the skills and qualities that they do have, such as leadership skills, time keeping and problem solving, especially those who entered the military straight from compulsory education and have therefore not held previous employment. Veterans sometimes report difficulties coping with the civilian working environment, finding the language and instructions less clear and direct, and relationships with colleagues less physically and emotionally dependent upon each other than in the military where attachment is associated with survival (Connelly, 2015; Wood, 2016). The stigma of being in the Armed Forces and the perception of behavioural and mental health issues among the veteran population is also considered to be a barrier to their recruitment (RBL, 2016). Veterans who struggle to find sustainable employment are also likely to find it difficult to finance independent housing long-term.

Veteran financial status

Armed Forces personnel have different financial arrangements compared to civilians and this can lead to difficulties with obtaining housing after they leave. For example, Armed Forces personnel are less likely to personally own a home compared to the rest of the population, especially those below the rank of Officer (Jones et al., 2014). Attaining a mortgage post-military can then be difficult if an individual has no permanent employment, a lack of savings and a complicated credit history, and single living accommodation is becoming more difficult to secure and to maintain due to increased demand, increasing (and upfront) rents and deposits, and restrictions on welfare. Those living in rented single or married quarters through the military usually have their rent (and often also other bills such as council and water rates) deducted at source (Jones et al., 2014), which reduces need and therefore experience of budgeting for such expenses. Alongside poor financial planning in general, this leaves veterans at risk of struggling to manage their money and thus of losing their home especially if they experience unexpected changes in circumstances such as a relationship breakdown or redundancy.

Mental health

Mental health may act as a barrier to successful resettlement into civilian life. For example, those with Post Traumatic Stress Disorder (PTSD) are far less likely to report an easy time resettling than those without (Morin, 2011). While PTSD is seen in around 4-6% of British Armed Forces veterans (RBL, 2014; Sundin et al., 2010), contrary to common perception it is far from the major mental health condition in the veteran population (Johnson et al., 2008; Milroy, 2001) and most cases are a consequence of events occurring before or after service, often previously going undiagnosed (Royal British Legion, n.d.; Jones, et al., 2014). Conditions such as alcohol abuse, depression and anxiety are far more prevalent than PTSD (Murphy et al., 2008; Fear et al., 2009); for example, 1 in 5 veterans are thought to have depression and/or anxiety (RBL, 2014). Prevalence of alcohol abuse among veterans is estimated to be around double that in the civilian population, with two thirds of men in the Armed Forces estimated to be hazardous drinkers (Fear et al., 2009). Drug use among veterans appears similar to that in the general population, although there is little UK research

on this topic. Breakdowns in relationships and the impact on veteran wellbeing have also been cited as one of the most common triggers of homelessness among Armed Forces veterans (Johnson et al., 2008; Randall & Brown, 1994; Milroy, 2001).

As with resettlement support offered by the military, veterans are often reluctant to engage with mental health and wellbeing support services (MacManus and Wessely, 2013; Murphy et al., 2008), with over half of those with mental health conditions not seeking support (Hastings, 2014; Hoge et al., 2004). Emotional issues are rarely discussed within the military and veterans can therefore find it difficult to articulate their problems, discouraging them from seeking help or advice for fear of appearing weak. Van Staden et al. (2007) suggest that veterans often prefer informal support networks such as buddy schemes, and they find it easier to respect and accept advice if it comes from other veterans. Iversen et al. (2010) report that 80% of those with a mental health issue do seek support but this is mostly informal support from family or friends. Only 25% of those with a mental health issue seek professional help. This avoidance means that professional support services have fewer opportunities to intervene in cases where mental health difficulties place the veteran at risk of homelessness.

Early Service Leavers

Early Service Leavers (ESLs) may account for around half of personnel leaving the British Armed Forces (Jones et al., 2014). Those who leave the services early are more likely to be single, hold a lower rank, report higher levels of childhood adversity and have higher prevalence of mental and physical conditions which appear to remain, rather than disappear, after discharge (Buckman et al., 2013; Iversen et al., 2005). These vulnerabilities may place ESLs at a particularly higher risk of a poor transition and homelessness, especially given the reduced level of resettlement support offered to this group by the military.

Conclusions

Although presented here are some of the most commonly cited challenges to sustaining housing among Armed Forces veterans, individual difficulties will also be seen. Some contributors to homelessness among veterans may be related to their time in service; however, many homeless veterans have not been in service for many years, reducing the likelihood that their difficulties are simply a direct result of their time in the military (Milroy, 2001). In fact, according to Mares and Rosenheck (2004), fewer than one third of homeless veterans in the US perceived that their homelessness was a direct result of their military service. The majority of difficulties are instead thought to be associated with factors from before or after their time in service, such as mental health issues, family breakdowns, disadvantage, and educational backgrounds. Anecdotally, veterans who view the military from the outset as a lifestyle rather than a job, or who join to fulfil an emotional need, are more likely to fail to adequately plan for a future outside of the military. Interventions aimed at reducing homelessness must therefore offer a tailored service and plan to support individual veterans with a range of different and complex needs.

Existing support for veterans of the British Armed Forces

There are a range of options for British Armed Forces veterans who are at risk of homelessness and for whom staying with friends or family is not a sustainable option. Along with general homeless hostels, some organisations provide hostels specifically for veterans (e.g. Veterans Aid). Several charities also exist to support vulnerable veterans in finding more private second and third stage accommodation through signposting to support and accommodation services and/or providing specialised accommodation themselves, such as SSAFA, SPACES, Haig Housing and the Sir Oswald Stoll Foundation. Those with serious physical health needs may also qualify for sheltered housing or nursing care.

Some housing providers offer additional support services. For example, SPACES offer housing support in Catterick for veterans within the first 12 months of leaving the military as well as signposting to other support agencies, and many of their staff are also ex-military themselves (Riverside, n.d.). Community Housing and Therapy provide specialised accommodation in Southwark, London under 12 month tenancies as well as formal support based on the psychodynamic approach involving written action plans, weekly group meetings and individual sessions. This scheme has seen successful outcomes with over 70% of veterans moving into work or training (Community Care, 2006). The Sir Oswald Stoll Foundation offers tenancies of between 1 and 5 years alongside its own specialist practitioner (working alongside Addaction), an employment advisor and drop in sessions with a range of external agencies. The Foundation also arranges regular group activities and trips for residents (STOLL, n.d.).

Jones et al. (2014) conducted a review of overall provision of accommodation and support services for British Armed Forces veterans in the UK, identifying 17 providers of specialised accommodation. At the time of that report's publication, these provided a total of 377 beds in 24 schemes for second stage accommodation. Five schemes offering floating support were also identified, with capacity to provide services to around 68 people at any one time. Existing providers reported frequently turning applicants away and/or having a waiting list.

Existing schemes were mostly inclusive of age and gender, as well as length of military service (though some long-term housing schemes had a minimum length of service and thus excluded ESLs). Some exclusions were placed on veterans who had serious mental health conditions or substance misuse issues. Less than half of schemes were accessible or inclusive of those with visual or hearing impairments. The services offered by the schemes ranged from providing assistance with welfare, financial advice, employment, housing, counselling and legal advice to social activities, practical help with moving, and pet fostering services (Jones et al., 2014). Just over half of schemes offered follow-on support to former residents.

An estimated 10% of military recruits in 2009/10 came from the West Midlands (Jones et al., 2014) which, based on the assumption that many Armed Forces personnel return home after discharge, suggests a high proportion of potential need for veteran support within this area. The West Midlands have also seen the highest increase in England in the number of homeless households containing single veterans receiving social lettings between 2012/13 and 2013/14 (Jones et al., 2014). No floating support services specifically for Armed Forces veterans were identified in the West Midlands by Jones et al. (2014) and there were only 3 second stage accommodation schemes with 41 beds in total. Although the authors of that

report identified a number of planned accommodation developments and floating support services across 17 UK providers, most were within Scotland, the North of England and Wales. This indicates a gap in the support and housing provision for Armed Forces veterans especially for temporary accommodation and floating support, and especially in the West Midlands area.

Johnson et al. (2008) suggest that specialised veteran support services led to a reduction in homelessness among veterans in London. Jones et al. (2014) conducted a qualitative study to explore the housing needs of veterans and the extent and nature to which these needs were met nationally. However, to our knowledge, there are no comprehensive evaluations of individual local housing support services for Armed Forces veterans in the UK and therefore limited understanding of their impact and/or associated barriers based upon the perspectives of veterans accessing the service or associated stakeholders. This lack of information hinders the progression of such services in providing effective interventions for those experiencing serious difficulties transitioning from the military into civilian life.

The Stonham Veteran's Housing Service

Stonham were funded to provide a 3-year supported housing service in Wolverhampton, UK including accommodation and additional support for veterans who were homeless or at risk of homelessness including those who were referred from partner agencies. The service aimed to prevent repeat homelessness and to help address the issues that were presenting as barriers to successful integration into the civilian community. The service objectives were to offer veterans temporary stable accommodation while they accessed support to work through the issues that had led to their vulnerability and to assist the veteran into living and working within the wider civilian community. Support offered by the service focussed on preparation for employment and assistance with finding permanent accommodation, as well as signposting to GPs, mental health services and charities for emotional support. Support workers were assigned to individual veterans to assist with achieving their goals and to provide general support and signposting where needed. The service also worked with key external partners such as RBL and Combat Stress to help provide specialised help for Armed Forces veterans. Funding for the service started before the accommodation at Roland Elcock House was ready for occupants. In order to commence the service at the earliest opportunity, ten flats were used in an existing building in Birmingham for several months until residents could be accommodated in Wolverhampton.

The accommodation itself consisted of 14 self-contained flats with kitchen and living area, bedroom and en-suite bathroom. The flats were designed for single occupancy but guests were allowed overnight if signed in to the building. White goods were provided but there was no telephone or internet access within the rooms. There were communal indoor and outdoor areas including a kitchen/leisure space with an information board and a computer, and a garden to the rear of the building. These spaces were intended to be used to deliver group and individual activities and meetings. The service had an office which was staffed during weekdays, with a concierge service at evenings and weekends. Residents paid rent (inclusive of utilities) for the accommodation, the cost of which was £210 per month (eligible cost that could be covered by Housing Benefit) plus £10.60 per week (ineligible cost not covered by Housing Benefit). Residents could take short term leases and were offered support for up to 2 years. Veterans without immediate accommodation needs were still able to access the specialised service offered by support workers through its floating support.

Evaluation Aims and Objectives

The purpose of the evaluation presented in this report was to systematically examine how effective the Veteran Housing project and its support services were in meeting their own objectives in relation to veteran outcomes and to explore facilitators and barriers to the project's impact. The evaluation also aimed to assess how well the scheme provided a robust and sustainable model that can be replicated elsewhere in the UK, where there is a recognised need amongst the veteran population. To this end, the evaluation objectives were to assess the flow of residents through the service with respect to employment and/or accommodation outcomes, health and mental wellbeing, and social barriers to reintegration to civilian life. In addition, the evaluation integrates views and experiences of clients and key stakeholders with objective data regarding quality of life and progression through the scheme to inform an independent and robust analysis of the project process and outcomes.

The primary intended outcomes of the evaluation are: to provide data for the development of an evidence-based model for providing specialised housing and support for veterans who are at risk of homelessness; to make a contribution to understanding and representing veterans' views of how employment and accommodation outcomes can be enhanced through the use of specialised housing and support services; and to complete a report aimed at providing recommendations for future service providers.

Methodology

This section describes the methodological framework and key data collection methods used for this evaluation. The details of this methodology were agreed with the Service Provider prior to the commencement of the evaluation. In alignment with the CIPP (Context, Input, Process, Product) evaluation model checklist (Stufflebeam, 2004), a system was established for recording the evaluation information. The CIPP checklist offers a systematic and comprehensive framework for evaluating services and covers the context of the beneficiaries' needs, prescribing a model that responds to those needs, potential barriers and measurable outcomes. This checklist is evidence-based and avoids areas of the process being overlooked, therefore maximizing the meaning and potential impact of the findings (Zhang et al., 2011).

Methodological Framework

The Capabilities Approach was employed as a theoretical framework for the evaluation. This approach centres on human development and flourishing as a product of the conditions in which people live (Carpenter, 2009). It is concerned with the choices or freedoms (capabilities) people have to achieve their own personal goals, and the ways in which this may be influenced by the context of their lives, such as the support and social provisioning available to them (Sen, 1999, 2010). The Capabilities Approach is highly relevant to the focus of this evaluation on the effectiveness of service provision in helping veterans to take control over their lives and to sustain stable and independent living.

In line with the Capabilities Approach, both process and outcome factors were evaluated. This is important in order to recognise that the creation of opportunities across different spheres of people's lives may be of value in itself, and not only because this leads to certain outcomes (Lewis, 2012). Examining the process also allows for exploration of why or how certain outcomes were or were not achieved, and an evaluation model for programmes was additionally drawn upon which resonates with the aims of the Veterans Housing Service. This model identifies four inter-linked mechanisms which contribute to effective programmes (Aitken & Sinnema; 2008):

- Makes relevant connection to learners' lives;
- Creates alignment between their prior knowledge/skills and the programme's intended outcomes;
- Encourages them to create and sustain a community with professionals and/or peers to support and develop what they have learned; and
- Interests or engages learners.

These four mechanisms were used as part of the evaluation of the collected data relating to the effectiveness of the service provision and are revisited in the *Conclusions and Recommendations* section of this report.

Evaluation Design and Procedures

The evaluation was developed using a formulation procedure designed and used by the evaluator previously. This procedure breaks the individual aims and objectives of the service into themes, from which subthemes to be explored and thus individual survey questions/data to be collected are extrapolated. This procedure allows for cross-checking and validation of the methods against the service's own key aims and objectives as well as ensuring the data is collected and can be analysed in alignment with the methodological framework. In addition, this procedure ensures full coverage of the necessary topics while also reducing risk of duplication or redundant survey questions. The evaluation aimed to collect data to address the specific questions presented in Box 1. Themes and subthemes to be explored were based upon the findings of a scoping literature review and information from the Service Provider, and they were expanded upon following the full *Literature Review* presented in the *Introduction*.

Box 1. Questions addressed in the evaluation

- What is the community need that the Veterans Housing Service aimed to address?
- What was the scope and reach of the pilot?
- Who were the veterans and were they consistent with the intended beneficiaries?
- What were the background and key needs of veterans referred to the service?
- To what extent did the service meet the key support needs of veterans?
- What were the key employment and accommodation outcomes?
- What was the impact on the quality of life of veterans?
- How satisfied were veterans with the accommodation and support provided?
- How did veterans view the effectiveness of the service in meeting their needs?
- What did veterans view to be the barriers and facilitators to the service's impact?
- What were the views of key stakeholders regarding the service provision and its impact?
- How does the service process and outcome compare to similar provision elsewhere?
- What are the additional risks involved in providing such a service?

Multiple key stakeholders were invited to contribute to the evaluation: veterans who accessed the service either as a resident or through floating support, referring partners, and the service providers including support workers, as well as the project advisory group and other selected contributors with knowledge or experience in the field. A variety of quantitative and qualitative data were collected and triangulation was used in order to interpret the data collected and to arrive at a synthesis. This diversity of methods enable both an overview of the scope of the project as well as an in-depth understanding of the facilitators and barriers to the project's impact based upon the perspectives of those interviewed and other key data. The following methods of data collection were used: literature review, document analysis and internal monitoring data, questionnaire survey and individual interviews. These are described in more detail below:

a.) *Literature review*: A literature review was undertaken (presented in the *Introduction*) to explore the context to the Veterans Housing Service including the extent of and reasons

for homelessness among the veteran population, to identify needs of the intended beneficiaries (veterans) of the service, and to assess the extent of similar service provision elsewhere in the UK. The review was conducted by searching electronic databases (Medline, Google Scholar, Zetoc) and grey literature sources for statistics, research and reports around resettlement, mental health, homelessness and unemployment in those who have left the British Armed Forces. A hand search of references from relevant articles, reports and websites was also conducted; a table listing the sources identified and a brief description of the findings of each is shown in Appendix A. The information is supplemented by the knowledge and experiences of the project advisory group where appropriate.

b.) *Monitoring data and document analysis:* Anonymised data on veterans referred to the service were requested from the Service Provider to explore the background of the veterans accessing the service, to provide context to their support needs, and to inform understanding of the outcomes of veterans on leaving the housing service. Findings within internal evaluation reports relating to employment and accommodation outcomes were analysed to support the understanding of the impact of the housing service and of the veterans' journeys through the scheme.

c.) *Questionnaire survey:* All veterans at the service were invited to complete two short questionnaires with closed questions to assess their satisfaction with the service provision and to gain a quantitative measure of their quality of life. One of these questionnaires was compiled by the evaluator and tailored to the project objectives relating to veteran satisfaction with the services and outcomes (Appendix B). The second questionnaire was a quality of life measure and was compiled of relevant elements from existing standardised measures based on the Capabilities Approach. The ICECAP-A (Al-Janabi & Coast, 2010) measure was included in full (Appendix C). This questionnaire aims to assess general wellbeing beyond health-specific parameters and measures five attributes qualitatively evaluated to be important to adult wellbeing: attachment, stability, achievement, enjoyment and autonomy. A brief description of each of these attributes is shown in Box 2. Common factors underlie a person's capability to have these attributes, including close relationships with family, stable employment, healthy finances and good health. Ratings range from 1 to 4; a rating of 4 indicates that the respondent is capable of having that attribute at all times, whereas a rating of 1 indicates that they can have that attribute none of the time. Relevant items¹ from the Measuring Capabilities Study questionnaire (Lorgelly et al., 2008) were also included where they applied to this particular target group (veterans) to complement the ICECAP-A and to explore quality of life in relation to health and meaningful activities (Appendix D). These questions are designed to align with Nussbaum's Ten Capabilities (life, bodily health, bodily integrity, senses imagination and thought, emotions, practical reason, affiliation, other species, play, and control over one's environment)(Lorgelly et al., 2008).

d.) *Individual interviews:* Face to face semi-structured interviews with open-ended questions were conducted to gain more in-depth information from the veterans, including those using the floating support. Interviews were designed to last about 45-60 minutes each. These interviews focussed on previous difficulties related to housing and employment, how well their support needs were met by the service, the challenges that they had faced and their future aspirations. Meetings took place at Roland Elcock House during veterans'

¹ For example, items regarding home status and employment were not included in the questionnaire as this information was already known and/or the topics were explored during the interviews.

engagement with the housing service and for up to six months after leaving (as far as was permissible within the evaluation period); veterans who had left up to six months prior to the start of the evaluation and who were still contactable were invited to participate retrospectively.

Other key stakeholders including referrers, service providers and support workers were also invited to participate in interviews in order to collate a record of the service's progress and profile, gain their perspectives on the service's impact, and identify perceived barriers to providing the intended service and impact on intended beneficiaries. Referrers and service providers were invited to provide feedback via telephone for their convenience. An invitation to provide feedback was sent to referring organisations and support agencies identified from contacts made available from the Service Provider.

Box 2. Description of the five attributes in the ICECAP-A Capability Wellbeing Measure (Al-Janabi, Flynn & Coast, 2012)

- The **Stability** attribute relates to a desire for continuity and conversely with uncertainty and feeling threatened. It is therefore associated with unemployment, poor health, relationships and finances.
- The **Attachment** attribute covers relationships, mainly the presence of a partner, family or friends, and is dependent upon the ability to rely upon these relationships for support.
- **Autonomy** is influenced by independence but also privacy and identity and is associated with health, employment and home ownership.
- The **Achievement** attribute is related to opportunities to attain life goals but is also dependent upon recognition and appreciation from others.
- **Enjoyment** of activities is based upon availability of family, friends, pets, leisure activities and countryside and is inevitably associated with finances and health.

Data Analysis

Quantitative data (e.g. numbers of and characteristics of veterans accessing the housing service) are presented in the *Results* section as descriptive statistics. Qualitative data obtained from the individual interviews were subject to thematic analysis, a technique focusing on understanding and interpreting participants' experiences (Braun and Clarke, 2006). Due to confidentiality issues it was not possible to check the factual accuracy of information provided during the interviews although where appropriate statements are balanced with insights from the Service Provider regarding specific events and incidents. However, this qualitative approach sought to explore the veterans' views and their interpretations of their experiences and to understand how these related to their personal journeys towards finding housing and employment. The results are presented and discussed in this context. The primary themes explored through this analysis were objectively identified by the formulation procedure with the additional theme of unintended effects not otherwise

foreseen (if any arose). The data were analysed by the researcher without the use of computer-based data analysis software due to the relatively small number of respondents.

Ethical issues

The University of Wolverhampton and its employees are bound by its Data Protection Policy and Equality and Diversity policies, and the working practices and confidentiality requirements of all participating agencies were fully respected. The University of Wolverhampton is committed to upholding ethical conduct in research and the evaluation adhered to the University's Ethical Guidelines for working with human participants. Formal ethical approval was not sought for this study as it was part of a service evaluation exercise. There was no significant risk of harm expected from taking part in this evaluation and it was anticipated that the benefits of being able to actively contribute and speak about their experiences would empower respondents, thereby having potential benefit. However, given the focus on sensitive topics surrounding wellbeing, health and homelessness, full attention was given to the inclusion of measures to maintain autonomy, privacy and respect of participants; to reduce risk of harm; to maximise the integrity of the evaluation; and to identify conflicts of interest.

Veterans were asked to give informed consent before taking part in the face to face interviews. Consent was considered only after veterans were given full and transparent information about the evaluation's aims and methods and after the evaluator was satisfied the information had been understood and deliberated. Veterans were never coerced into giving information and had the opportunity to refuse to take part in interviews or to answer specific questions if they wished. Refusal to take part was respected and participants could withdraw their consent at any time during the data collection period, and they were assured that this would not reflect their tenancies or support in any way. Information about the evaluation was offered to participants by way of a presentation to current residents before interviews took place to allow them time to consider, to ask questions and to seek support if needed. Confidentiality of all participants was assured and maintained throughout the evaluation through anonymised data. Demographic data of previous and current residents was anonymised by the Service Provider prior to sharing with the evaluation team. All interviews were audio recorded to facilitate accuracy of data transcription by the evaluator, after which they were deleted. Transcripts of interviews were kept securely alongside all other hard copies of data, which were anonymised and linked to personal information through standard ID coding methods. Information provided by key stakeholders by telephone was not recorded but was treated in the same way in relation to confidentiality. Data will be held securely by the University of Wolverhampton for up to 10 years from collection in accordance with the Data Protection Act, after which it will be destroyed. No data were or will be shared with the University's partners or with third parties.

As the sample involved Armed Forces veterans who may be considered vulnerable due to possible health conditions and lack of social support, several further ethical issues were anticipated including sensitivity around the topic of the veteran's experiences. The evaluator has experience working with vulnerable populations and the wording of the interview questions was designed with care and respect to the potential emotive nature of the inquiry to reduce risk of distress. In order to safeguard both veteran and the evaluator, interviews took place in the communal area of Roland Elcock House. This area is visible from the staff office but conversations could not be overheard, avoiding feelings of coercion to talk about

the service in a particular way. In the event of distress, interviews were to be paused or ceased if necessary and a specified pathway was proposed to enable the participant to seek timely support if needed.

Evaluator and Project Advisory Group Information

Dr Angela Clifford led and had overall management responsibility for the *evaluation* of the Veterans Housing Service. Dr Clifford is a post-doctoral researcher and Chartered Psychologist working in the Faculty of Education, Health and Wellbeing at the University of Wolverhampton. She has experience of designing and conducting evaluations in a range of settings and has particular research experience and interests in mental health. The evaluator has had no input into the design or running of the Veterans Housing Service, has not otherwise worked with the Service Provider or funder, and has no conflicts of interest to declare.

A project advisory group was established to offer perspective to the evaluation from both within and outside of academia and to offer advice on theoretical, methodological and ethical matters. The project advisory group acted as a reviewing body of interim and final reports and were asked to provide commentary. The group consisted of experts in mental health, qualitative research and evaluation methodology as well as lay members with a background in the military. The members of the advisory group have had no prior involvement in any lobbying, commissioning or funding activity related to the evaluation and no members have any conflicts of interest to declare.

Results

This section reports the main findings of the evaluation of the Wolverhampton Veterans Housing Project. The findings are presented according to key data collection methods and qualitative data are used to supplement key statistics where appropriate to avoid duplication through the report and where additional meaning could be gained. As well as the main findings, this section includes three case studies of individual veterans' stories to illustrate some of the key themes identified, such as their military background, factors contributing to their homelessness, the support they received and their perception of how their tenancy and/or floating support impacted upon their future. Names have been removed from the case studies as well as other qualitative data to protect the anonymity of the veterans. Finally a risk assessment is included which presents risks to the achievement of desired outcomes for veterans that were identified through the evaluation findings.

In total, anonymised data from 34 veterans were made available by the Service Provider for analysis though there was some information that was not known about some individual veterans as indicated in the sections below (this may have been due to veterans not wanting to disclose the information to the Service Provider). A total of seven veterans consented to participate in the interviews and questionnaires, comprising six residents and one veteran accessing floating support. One current resident was considered by the Service Provider as unsuitable for interview given their personal circumstances and so was not invited to participate, and one veteran who had accessed the service previously was contacted but chose not to take part. In total six stakeholders (referrers and service providers) gave feedback relevant to the evaluation and two key members of the housing service's project team were also interviewed, including a support worker and a service manager.

It is understood that a veteran took his own life after approximately six weeks of residing at the housing service. The circumstances surrounding this incident are likely to be complicated and it was beyond the scope of this evaluation to investigate the contributing factors to this outcome. It was therefore considered to be inappropriate to comment on its implications in the context of this report and official investigations should be consulted regarding relevant safeguarding issues and support provision for future service beneficiaries deemed to be at risk of similar outcomes. This particular veteran is therefore included in the description of those accessing the service and related safeguarding issues are considered more generally in the risk assessment, but the details of this individual case are not discussed further in relation to the effectiveness of the housing service.

Housing service pilot progress

A total of 34 veterans accessed the service from its opening in Autumn 2013 until it closed at the end of its pilot term in March 2016. Thirty-one veterans resided at the service and two of these went on to receive floating support after the end of their tenancies. Three veterans accessed floating support only and did not reside at the service. Three veterans resided at the service during its opening 11 months, and then eight veterans entered the housing service in September 2014. From then, the service had an average of 10 occupied flats each calendar month, ranging from eight to 13 flats occupied at any one time (there were no waiting lists reported). The length of individual tenancies ranged from less than one month

up to over 18 months, with an average stay of around 7.5 months (4 unknown). Twelve veterans resided at the service for less than six months (the expected minimum term). Those who had particularly short tenancies mostly moved on to their own accommodation or moved back with their family and several were in voluntary roles if not employed. The reason behind such short tenancies was therefore likely to be due to mostly successful immediate outcomes (possibly for those with less intense needs) rather than to veterans withdrawing while still in a position of high need. In terms of staffing at the Housing Service, at any one time there was a maximum of two support coordinators, two part time support workers and a part time manager. During the last 3 months of the service there was one manager and one support worker (both part time).

Data were collected towards the end of the pilot scheme when it was known that there would be no further funding to continue the service and so there was a high level of uncertainty around provision of support moving forward (though there was transparency with veterans from the start of their tenancies regarding the uncertainty of provision beyond the specified date). Following the end of the funding in March 2016, Stonham continued to provide accommodation to the small number of remaining residents until they were able to find their own housing and RBL provided drop-in support based at Roland Elcock House one day per week. During the last few months of the service being open, there was a lot of political and media coverage of the service as well as campaigning for ongoing provision. The views and circumstances reported here may therefore not fully reflect those of veterans who resided at the service towards the earlier part of the pilot.

Description of Veterans Accessing the Veterans Housing Service

The following description is of the 34 veterans who accessed the Veterans Housing Service either as a resident or through floating support. This information aims to provide understanding of the backgrounds and support needs of the service beneficiaries. Where relevant the information is supplemented by qualitative data gathered through the face to face interviews (note. these additional insights do not necessarily represent all veterans who resided at the service, only those who participated in the evaluation).

Veteran demographics

The age of the veterans ranged from 23 to 63 years with a median age of 35 years (four unknown), and all were male. Twenty-six veterans were listed as White British with a further two listed as Black, four as Fijian and one as mixed Caribbean (one unknown). Twenty-three veterans reported being single while 10 reported being separated or divorced. Only one veteran was married (receiving floating support only). Seven veterans were from the Wolverhampton area prior to their tenancies, while 20 were from the wider West Midlands area or neighbouring county (within approximately 30 miles from Wolverhampton). Two veterans originated from areas over 100 miles from Wolverhampton where there had been no available provision of support (five unknown).

The veterans' military history

Reported age at the start of military service among the veterans ranged from 14 to 34 years, with a median age of 19 years. Twenty-eight veterans had served in the regular army, with three listed as having served in the navy (three unknown). Twenty-one veterans left the military as a Private, Guardsman or Gunner. One reached Second Lieutenant, three reached Lance Corporal, one reached Sergeant, and one reached Lieutenant Colonel. One veteran left the military without rank due to not completing initial training (six unknown). Time in service ranged from one month to 11 years, with nine veterans being ESLs and 18 serving their minimum term or more (7 unknown).

Veterans were listed as leaving the Armed Forces for a variety of reasons: five veterans came to the end of their term and 11 left due to personal or family reasons. Five veterans left due to medical reasons, injury or fitness, and three left due to mental health reasons. Five veterans were discharged as 'services no long required' and one was classed as unfit for army service (four unknown). Regardless of the official reason, interviewed veterans mostly indicated that they had left the military reluctantly and that the transition was sudden with little preparation. Even those who appeared to have left of their own choice still reported negativity around this decision and often placed responsibility for it on other people or surrounding events. For example, one veteran described the outcome of his struggle with balancing difficult family circumstances with his military role:

"I loved my job. But my mind was everywhere and the army felt it was better for me just to sign on the dotted line and go my own way rather than stay, I was just going AWOL. I was getting slapped around for it which was putting me in a worse state. I suppose I just had to go"

Another veteran explained that working in the military had led to the breakdown of his marriage and that he had ended his service to return home. However, he considered that his partner had left him with no choice:

"It all fell apart and I couldn't stay there with her there, the way she was, she forced me out the house, the area. She hounded me until I left"

Some veterans described that they had even tried to return to the army and the disappointment at being unsuccessful:

"I'm still adjusting because I thought I was going back in the army. Even though I'm an ex-soldier, I've never been on tour but I still have that mindset"

"I've tried to get back in six times but because of my mental state I've been refused"

Contributors to veterans' risk of homelessness

Veterans had a variety of primary reasons for their risk of homelessness and most had experienced difficulties with previous housing. The most commonly cited reason for being at risk of homelessness was leaving the family home due to a relationship breakdown ($n=8$). A

further six veterans had been living in untenable accommodation such as staying with friends or in hostels that were not suitable for their support needs.

Three veterans had been at risk of homelessness primarily due to physical and/or mental health needs sometimes as a result of injury but also sometimes as a result of substance abuse. During the face to face interviews it became apparent that many of the veterans had been users of illegal drugs at some time. Alcohol dependency and the impact of the drinking culture within the Armed Forces were also frequently highlighted in the interviews and, given the presence of difficulties with alcohol for many of the residents (see description of major support needs below), it is likely that it also contributed to the situations of more veterans than indicated, for example:

“You’re encouraged to drink [in the military], you have a hard day and your buddies take you out to cheer you up. But you don’t just have one drink or get a bit drunk, you get smashed. Even your superiors encourage it to let off some steam, and they do it themselves! And if you can’t pay your bill, they open a tab for you, so it’s all there for the taking. It’s the military way. But then it’s hard to stop when you come out as it’s all you know”

Another explained:

“We had a bar in the attic so even though you were skint you could still have a tab, so you could drink next week’s wages”

Five veterans were listed as being at risk of homelessness simply due to lack of funds after leaving the military and/or due to having rent arrears at previous properties but again this seemed to be a wider problem than the statistics suggest. For example, only one veteran was reported to have savings, thirty-one of the veterans claimed state welfare, and nineteen had rent arrears during their tenancy at Roland Elcock House. During the interviews, veterans unanimously reported having difficulties managing money following their pay arrangements while in the military. All described how their money would build up while they were working then all get spent while they were on leave, and one even explained that the military would support him if he overspent so he did not have to deal with the consequences. Another veteran described deeper issues contributing to difficulties managing his money after he was discharged from the army:

“If anything people were throwing things at me. When I was in the military they had their own contract for mobile phones so as long as I could prove I was in the military I didn’t need a credit check. I was offered a loan with no interest on top. But obviously when you come out the army, you tell them you’ve not long come out but to anyone else that doesn’t mean anything. All they want to know is have you got a credit file, is it a good credit file? At first I couldn’t even get a bank account, no credit card, nothing”

Three veterans had been evicted from other housing for reasons unknown. A further four veterans had been recently released from the prison service and had no other housing option.

Referral to the Veterans Housing Service and support provision

Time since leaving the military to accessing the Veterans Housing Service ranged from one month to 40 years, with a median of nine years. Six veterans had left the military 20 years or more previously. The Royal British Legion were a major referrer to the service, referring 10 of the veterans. Five veterans were referred by P3 hostel and five were self-referred. Other referrers included Veterans Contact Point, SPACES, Veterans Aid, a military family support group, the prison service and the Salvation Army.

The major support needs at the start of veterans' involvement with the housing service were with housing ($n=30$), finances ($n=30$), meaningful use of time ($n=25$), physical ($n=27$) and mental health ($n=16$), employment ($n=18$) and substance misuse ($n=17$). Other needs included offending behaviour ($n=5$), diversity, clothing, food and legal matters ($n=1$ each). Eight veterans had a physical disability while 28 had a mental health issue (mainly depression and/or PTSD). Twenty-one veterans had a dependence upon either drugs or alcohol. Sixteen veterans had prior convictions, for example for vehicle theft, drugs or domestic violence, and fourteen had problems with anti-social behaviour. At least one veteran experienced domestic abuse prior to moving to Roland Elcock House. During interviews with the stakeholders, veterans were described as having very similar needs to other homeless client groups but had unique social needs:

"I think a lot of ex-veterans would want to be in a place where they can talk to an ex-veteran who has been through some of the same life histories"

"What some of the guys do have that the other guys don't have is comradeship and also a lot of the guys have a lot of respect that a lot in other services don't have because of what they've experienced in the army, and because of what they've been through, so I suppose that's different"

Support offered by the Service Provider included going to appointments with the veterans, helping them with a plan to pay their rent, contacting support agencies, making sure they attend meetings, checking on their welfare, filling out forms, offering help with finding and moving into accommodation, signposting, finding and obtaining funding for trips and activities, and inviting agencies in to talk about work and training programmes. A variety of external agencies were also involved with providing support to the veterans (e.g. Royal British Legion, SSAFA, Recovery Near You, Aquarius, Spaces, Combat Stress, Poppy Factory, mental health and drug support teams, the probation service, a local counsellor, home office). Nineteen of the veterans were involved with two or more agencies to work through their support needs.

Employment and Accommodation outcomes

Veterans finding sustainable employment and accommodation were key outcomes for the housing service and therefore a benchmark of success. Veterans were not followed up long-term by the Service Provider unless they chose to maintain contact and as none of the veterans interviewed moved into their own accommodation or employment during the evaluation period it was not possible to collect detailed information on their individual outcomes or ongoing circumstances. Limited data were therefore available on how sustainable any outcomes were long-term but statistics regarding employment and accommodation during and immediately after engagement with the service are presented below, according to information made available by the Service Provider.

Employment

Of those who had been residents of Roland Elcock House at any time, five had been in education or training and three were involved in voluntary work during their tenancies. Of those who had moved out of the service at the time of the data collection ($n=20$), two veterans had found paid employment, six were involved in voluntary work and seven were unemployed (five unknown). Of those who had accessed floating support at any time, two veterans were employed while engaged with the housing service. Of the four who had left the service at the time of data collection, two were in paid employment and one was unemployed (one unknown). At least two veterans were known to still be in employment (security industry) around 12 months after the end of their tenancies, while at least one had left due to being unsatisfied with the type of work (domestic services). Some veterans residing at the service during the evaluation period reported that they had actively sought employment while others reported that they had not yet attempted to find work or were going through assessments for state welfare. Reported barriers faced by the veterans in securing employment are discussed in a later section (*Qualitative views of veterans accessing the housing service*).

Housing

Of the 20 residents who had moved on from Roland Elcock House at the time of data collection, four veterans had moved into privately rented accommodation while three had moved into local authority housing. Five veterans moved to live with a partner, family or friend, three of whom had become homeless due to a prior relationship breakdown. One veteran did not have permission to remain in the UK and it was thought that he would therefore soon have to return to his home country. Two were incarcerated (had previously been through ex-offenders service), one chose to live on the streets (had been referred from prison service), and one was moved into a hospital/mental health facility (three unknown). One veteran had abandoned his tenancy due to anti-social behaviour but his housing destination was not known (had been referred from prison service). Of those who were still residing at the service during the evaluation period, two had a firm plan for where they would live once they had left (one had been offered a privately rented flat, one was moving back with a partner).

Veterans' quality of life

Seven quality of life questionnaires were returned from veterans and the results are presented below. It is important to consider that these findings may not reflect the views of all those who resided at the Housing Service prior to the evaluation period but rather offer a snapshot of the perceived capabilities around health, wellbeing and engagement with meaningful activities among a sample of the veterans.

Figure 1 shows the range of responses to the section of the quality of life questionnaire containing items from the **Measuring Capabilities Study questionnaire**. In general, the veterans reported that they agreed or strongly agreed with the statements presented relating to expression of views, autonomy of decision making and respect for others and nature, indicating a generally high level of capability for these attributes. Two veterans did not agree with statements around being able to influence their local area and being free to express themselves creatively, indicating a moderate to low level of capability for these attributes for those veterans.

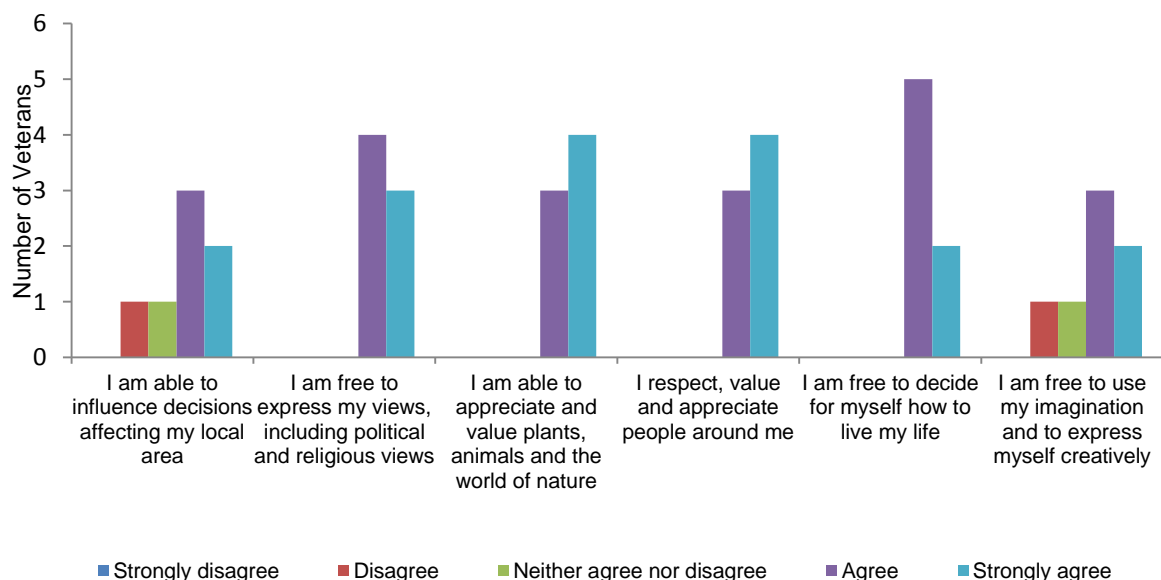


Figure 1. Ratings of quality of life according to items from the Measuring Capabilities Study questionnaire

All respondents reported that their health limited their daily activities compared to most people of their age. Four veterans reported being able to enjoy their recreational activities “some of the time” over the past 4 weeks; three reported being able to enjoy recreational activities “hardly ever” or “never” over the past 4 weeks. Three felt that they were able to meet socially with friends, relatives or work colleagues while four did not. Three found it difficult to enjoy the love, care and support of their family and friends while the other four found it neither easy nor difficult. Six of the veterans reported having lost sleep “most of the time” or “always” over worry; one reported losing sleep “some of the time”.

Regarding the veteran’s quantitative ratings of their overall quality of life (rated out of 100), ratings ranged from 0 (no quality of life) to 55 (moderately good quality of life). Five veterans rated their quality of life as 40 (somewhat bad) or below.

Figure 2 shows the range of responses from the part of the quality of life questionnaire which consisted of items from the **ICECAP-A survey**. Responses to this section of the questionnaire were mixed with some veterans reporting low or moderately low levels of capability for each attribute (score 1 or 2), others reporting moderately high levels of capability (score 3) and one veteran reporting a high level of capability (score 4) for one attribute only (attachment). Veterans’ total scores (of a total of 20) varied widely from 6 to 15 and were fairly polarised, with veterans indicating either very low capability or moderate to high capability for all attributes. Four of the attributes (stability, attachment, achievement and enjoyment) were completely absent for one veteran and somewhat absent for at least three more.

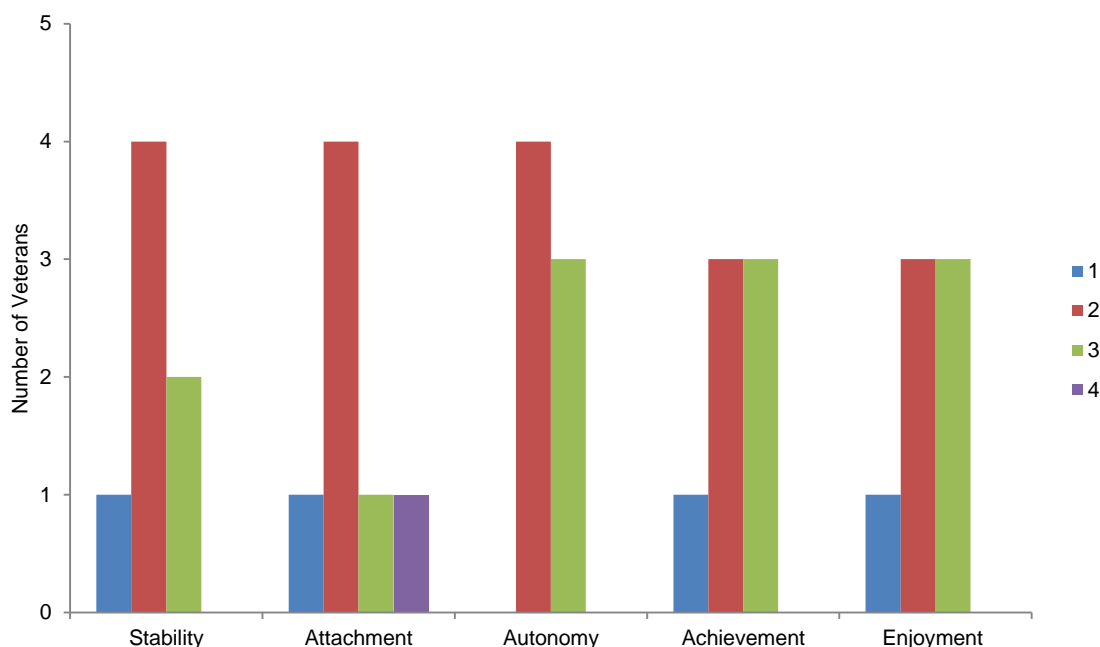


Figure 2. Ratings of quality of life according to items forming part of the ICECAP-A questionnaire. Note. A score of 4 indicates the most positive rating for that statement while a score of 1 indicates the least positive rating.

As none of the veterans who returned questionnaires entered the service during or very shortly prior to the evaluation period, it was not possible to take a baseline measure to assess change in quality of life over the course of veterans’ tenancies for those who completed questionnaires. Therefore, questions pertaining to whether the housing service had affected how they would rate their quality of life over time were asked during the face to face interviews. Veterans suggested that their quality of life had generally changed little if at all since moving to Roland Elcock House (average length of stay among this group at the time of data collection was 11 months). However, some important points were raised as to

why they felt that their quality of life had not been affected and these are discussed in the section below (*Qualitative views of veterans accessing the housing service*) due to strong overlap with other themes identified in this data.

General satisfaction with the service support and accommodation

This section presents the feedback from residents in relation to their general satisfaction with the physical and support environment based upon the questionnaire responses. The data are supplemented by qualitative data from the interviews where meaningful to the understanding of residents' responses to the questionnaire. Figure 3 shows the results from the first set of questions. Overall, residents were fairly to very satisfied with the overall service, the standard of accommodation, the management, the referral process, comfort and safety, and the support received from external agencies.

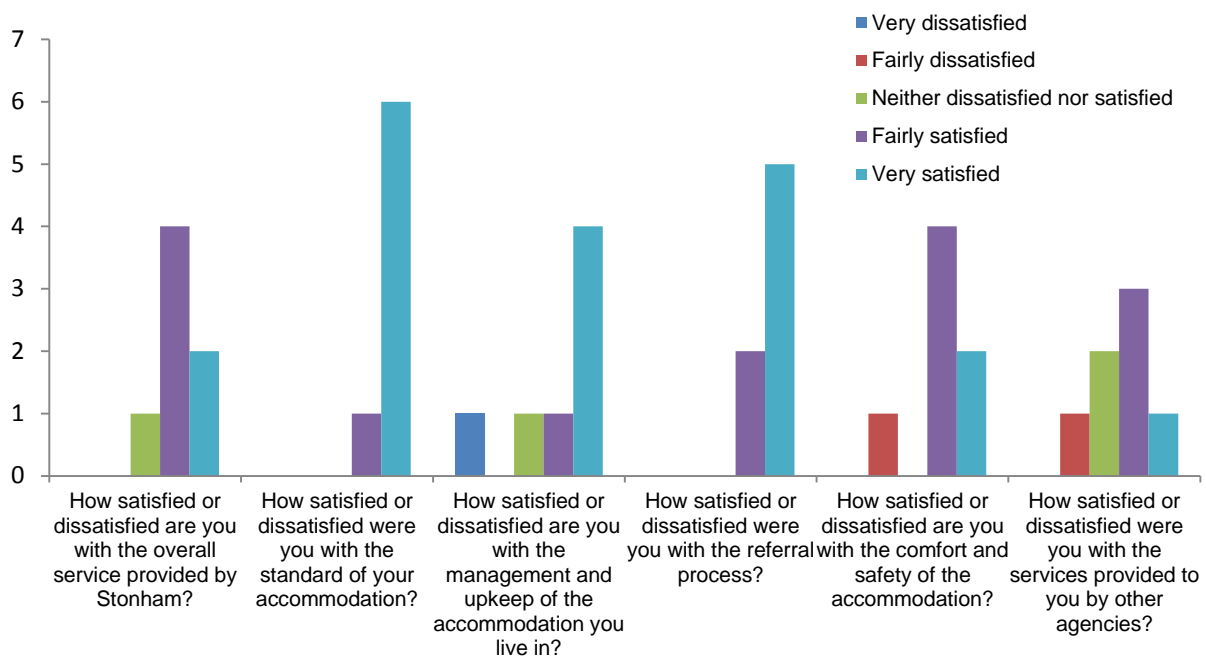


Figure 3. Responses from the first set of questions regarding veterans' general satisfaction with the service and accommodation

Individual dissatisfaction was indicated around issues of staffing, comfort and safety, and support received from other agencies. In the interviews, veterans expanded on these views, for example:

"The staff and management have no understanding of my background and we aren't focussed on. Nothing ever gets done and sometimes no one is even here. I'm still waiting for [things I've asked for], it's been months"

"[the communal area] is just plain. It's a nice place to live but it's a bit sterile. It's not homely; it's too formal like a waiting room. [I] can't even put a feature wall with colour. It drags me down, it's depressing"

"No one ever gets back to you. You keep calling and they say they'll do this or that and you don't hear from them again. When you're doing that with two or three different places it gets to you, you wonder why you bother"

One veteran spoke of his dissatisfaction with the contact with support staff during his time at the service:

“I’ve been here a long time and only two out of 10 people have helped me. I didn’t even know who they were at first. They never spoke or did anything for you”

On the other hand, other comments about the accommodation and management were positive. Residents were able to personalise their homes and be involved in planning and changing the service to make it more homely. Following a makeover of the building, the service won a decent home challenge and was presented with a plaque from the Local Authority for the work. Residents involved in this had previously spoken positively on record (independent to the evaluation) about improvements in the physical environment.

One veteran described how he had been physically assaulted by another resident but he felt that the management had handled the situation quickly and appropriately by evicting the resident immediately. Other veterans also referred to the incident but stated that the efficient actions of management, the presence of security cameras and the ability to lock the door to their flats made them feel safe in the building.

Other positive comments showed appreciation for the opportunities that were offered by the accommodation:

“It’s lovely and fresh, you’ve got the garden out there, computer there, used to have a telly there. Some of these lads have been on the streets with a roll mat. Here you’ve got a room, shower, bath, when the sun’s shining I can open my doors, birds are singing, I can make a cup of tea and put the radio on. I’m relaxed, it’s good, and it’s how it should be”

“I think for veterans you can’t get much better than this. You’ve done your time you know the lingo, we’re a different species. You need places like this to give you a kick up the backside and telling that you’ve done your duty; you do deserve the help and feel better about yourself. That’s what they’ve done here”

“This place has been a lifeline. It’s taken the pressure off, I have somewhere nice to live and I can speak to the staff if I need anything. I just need to work on myself but at least here I can do that”

Five veterans said that they found contact with the staff about right while two considered it to be too little, which was cited as being due to the absence of full time staff. Opinion was spread over all possible answers (from very good to very poor) regarding how well Stonham kept residents informed about their services and decisions, with some suggesting that they had found the notice boards a particularly useful source of information and others feeling that the staff could have done more to let them know about support on offer.

Six veterans felt that the accommodation provided fairly or very good value for money; the other veteran thought it was very poor value for money (no reason was given for this viewpoint). While four veterans considered that the service had been fairly or very useful to their progression towards finding work, the others did not agree or disagree. Discussion of the factors influencing the impact on veterans’ progression is presented in the next section.

Qualitative views of Veterans accessing the housing service

A total of 7 veterans participated in the face to face interviews. A number of subthemes emerged from qualitative analysis of the interview data associated with four core themes. The first two core themes were associated with the service itself, namely living in the accommodation (*'Housing'*) and receipt of the tailored support, either from the housing service or from an external partner organisation (*'Tailored Support'*). The other two core themes were associated with the veterans: firstly, the veterans' difficulties as associated with the main reasons for being at the housing service (*'Veteran Profile'*) and secondly, the veterans' difficulties as associated with deeper psychological traits (*'Veteran Psychology'*). The grouping of these themes is done in context to establishing the barriers and facilitators to the housing service's impact on key employment and accommodation outcomes as well as general quality of life. The analysis is presented below under these four headings alongside anonymised supportive quotes from the veterans.

Housing

A "safe haven"

All veterans suggested a key benefit of the service was that it simply gave them a roof over their head so that they did not have to live on the street. In addition, some veterans described the accommodation as less chaotic than living in a hostel and away from drugs and criminal behaviour (e.g. theft) that they felt they were not used to as ex-Armed Forces personnel:

"You can take the banter, the laughs, the swearing, but a lot are young kids, come in high on drugs, I'm used to coming in from the ranges or doing my duties or whatever, not listening to a load of lads acting like 6 years olds, they've got nothing better to do than get high and drunk and smash things up"

"Here you can have your own space. If I'm having trouble with memories or whatever I can be on my own and cook my dinner while on my own, watch television and be on my own. I couldn't do that in a hostel, it's too noisy and everyone's in your face"

Most of the veterans described coming from a disadvantaged background, such as being in the care system, and this had led to poor influences in their past such as gang culture and unstable relationships. Some veterans went further to describe the accommodation as a "safe haven" from such poor influences, thus improving their quality of life:

"It's been really good because since I've been here I've been out of the area where I was and I've not been smoking cannabis and I've been getting better"

"When I grew up in foster care I got involved with gangs and stuff, I'd rather avoid them areas so I don't go back to bad habits. Being here keeps me away from all that"

"Being here has really helped. If I'd gone through [a hostel] I might have my own flat but I'd be on drugs"

By giving veterans this personal space the service appears to be keeping them from a cycle of negative behaviours and allowing them to make positive choices that could benefit their future health and employability long-term.

A practical challenge that was identified from the interviews regarding the accommodation itself was the balance between working and being able to manage their income to cover the portion of their rent previously covered by Housing Benefit. Several veterans suggested that this left them with a dilemma as to whether to find employment or accommodation first, and as such slowing their progress through the service:

“I’m not working yet because I want to move into my own flat first. Once I get a job I won’t be able to afford it here so I’ll be out and then I’ll be back to square one”

Veterans only

The veterans described the benefits of living alongside other veterans. They appreciated that they were with likeminded people and didn’t have to watch how they spoke or behaved or hide their experiences:

“If you’re living with people who are in the same position and come from the same background, all we do outside is talk about the military, when I was in the hostel there was no one to talk to, it’s hard to talk to somebody who hasn’t been there. But here they can interact, I’ve fired this rifle, drove this vehicle, been here, been there, it does help. When you’re on a downer you come down here and talk to the lads, it’s like you’re back there again. It perks you up”

“If I’m talking to someone from RBL for example and another veteran comes in I don’t mind if they hear what I’m saying, as they understand anyway. But if they were a civvy I wouldn’t want to talk in front of them in case they judged me”

Veterans explained that they wanted to live at the service because they had good relationships with others there, and those accessing floating support also enjoyed spending time socially with the residents. This cohesion helped veterans feel relaxed and safe, and gave them some familiarity in which to express themselves. However, this comfort of being with other veterans is also potentially challenging to the service’s aims of moving clients forward, away from the Armed Forces lifestyle and closer towards living in the general community. In addition, it was not a unanimous opinion and was in contrast to some other views raised in the interviews about the social benefits of the specialised accommodation. Some veterans focussed upon conflicts with fellow veterans:

“They are all looking out for themselves. Everyone always asks for things but when you ask they say no. Everyone’s got their own attitudes, they’re not as friendly as they make out to be”

“When you’ve got somewhere like this you’re always in competition with each other all the time. Best regiment and stuff, mocking each other. When you’re with people who haven’t served they don’t know how to do that so you don’t do it and you get on a bit better”

Isolation

Some veterans felt that the location of the accommodation in Wolverhampton made them feel isolated regardless of their veteran neighbours, especially those who were not from the immediate area and so were living away from their friends or family. Some veterans explained that they sometimes did not speak to people for several days. For example:

“I feel isolated here. My family live in the area but it might as well be a million miles away some days as they don’t really visit and I can’t afford to keep going there. It can be pretty lonely and isolating here”

“Moving to Wolverhampton and moving here and not knowing anything or anybody has made life very lonely and that has made me drink more. If I go out here I get lost before I get into town. If this place was near where I’m from it’d be great, I’d be a lot happier...I don’t know what’s going on in the city, so I don’t know where to go to do this or that”

One veteran spoke of feeling hidden away from the community:

“It’s a bit out of the way and you can’t tell anyone [in the local area] who you are as we aren’t supposed to advertise the place. So you don’t get to really speak to people and they are suspicious of us. They assume we are criminals”

In addition, there had been some practical difficulties around security arrangements and declaring of visitors which made seeing, for example, their children difficult at short notice, especially at weekends when the office is unstaffed as requests for overnight visitors could be made up to Friday evening. Though it is understood that requests were never refused, rules around child visits were understandably in place to align with appropriate safeguarding and child protection policies. Nevertheless, this added to the veterans’ feelings of isolation:

“It has affected me and my child’s relationship, because they are not allowed to sleep over [at short notice]...my child is really important to me and I’m afraid I’ll lose contact if they aren’t able to visit me more”

The isolation experienced by the veterans was reported to have had a negative impact on their quality of life and the potential loss of relationships puts veterans at increased risk of poor outcomes and re-entering the cycle of homelessness in which they are trying to get out of. In addition, this isolation within the local area may encourage the perception that they are not part of the community, a topic that is discussed more in a later section.

Tailored Support

Mismatched expectations

Some veterans felt that the support offered had been extremely beneficial in their lives and in their journey through the service. However, they also indicated a reliance upon the support service and often, rightly or wrongly, expected more support than was given. They struggled with having to do things or find information for themselves and suggested that most of the support they had received had been from external agencies:

“I’ve not really had any support regarding my drinking from these people, it’s all been from the drink and drugs people in Wolverhampton. My doctor found it for me, the only support I’ve got from these people is getting to the GP about my drinking”

“I got support but through my partner...she works in drug and alcohol support so she proper sorted me out, put me in touch with the right people. She’s done a good job. They didn’t help at all here”

Others perceived that due to practicalities they did not receive all of the help they needed but were more positive about the role the service had played, for example:

“They’ve done as much as they can because you’re free to use the phone to make appointments, they’ve even said they’ll come with me to appointments, but unfortunately the last two appointments I’ve had fell on days when the staff aren’t in...I can’t knock the support I’ve had....you’ve got to remember they’re busy, they’ve got a job to do themselves”

“They’ve done everything they can in their powers to the best they can. They don’t speak like a soldier so there’s only so much they can do”

“I didn’t get help with my PTSD. I needed support in my ESA appointment but [support worker’s] car broke down so I had to go myself. I was in such a state”

There was clearly a mismatch in expectations, with the service aiming to promote veterans’ independence but the veterans feeling that they had been left to it and thinking that more should be done for them. This view was not exclusive to the housing service but extended to external partners. For example, when talking about accessing adventure breaks through the Royal British Legion, one veteran said:

“I still feel like I’ve got to do all the work. I’ve had many a bloke or lady from RBL sat there asking if I need any help but sometimes I feel like, if you’re here to help us, tell us what kind of help we can have....I’ve had to do my homework and ask other people. It’s not something you’d think to ask about”

Another described an experience when trying to access information from another service:

“I’ve had the RBL say to me they’ll call citizens advice, they rung up, I’ll get back to you, they never did. I had to go up there myself to find out where I stand and which way to go”

Another veteran expressed frustration with how a mental health service failed to meet his needs, asking to conduct appointments over the telephone when he struggled to use the telephone to communicate. This reliance on the service and its external partners may slow their progress through the scheme as there is no mutual focus on independence.

Being let down

Veterans spoke about their perceptions of being let down repeatedly by services closing or by not getting what they felt they needed. For example, one veteran talked about being offered places on training schemes but then finding that the opportunities had gone:

“A guy from the council came about apprenticeships and that, I tried to go for one and it never works out. Got awarded a place on a course for a security licence but it got shut down”

Another veteran with physical health issues described being offered a job trial for 6 months, but when he showed up for work the manager had left the post and nobody knew about the offer. These incidences seemed to hit the veterans hard, with the aforementioned veteran saying:

“I just walked straight back out. That put me on a downer. I thought I’m going out of my way here to try and work even when I know at the moment it’s probably not possible and I just feel like I’ve been kicked in the teeth. And from that day I’ve just not bothered again”

There was some feeling around having given it all by serving in the military and receiving no appreciation in return which was made worse by failures when they had been promised something, and this seemed to inhibit their willingness to keep trying in the face of disappointment.

Waiting and meaningful use of time

Veterans repeatedly referred to “waiting”, whether it be for services and clinical appointments or for decisions to be made. In some cases veterans reported having been waiting months for information. For example:

“The wellbeing service it has taken me a while to get to see. I thought I was going to see somebody from the clinical side of things and when I got there she took details off me and she said we’d have to hold a meeting....I’m on the backburner with them at the moment, I’m waiting to hear from them”

“I’m just waiting to go back to Combat Stress, I was meant to go last September for a 14 days stabilisation programme but because of what happened I couldn’t go. They are fully booked at the moment; they are waiting for a date to come through for me to see a psychiatric nurse”

Although usually accepted by veterans as being due to services being in high demand, waiting for information or appointments was constantly a source of frustration. Veterans reported that they struggled to cope with waiting and that it led to them feeling demotivated:

“It just makes you feel like they don’t care, they keep you hanging. I can’t wait forever”

Another veteran described being on the “backburner” for a potential psychiatric appointment and feeling unsettled waiting for a decision to come through as they were otherwise “in the dark”. It also appeared that while waiting to access services other (sometimes perceived) barriers came up that could prevent veterans attending appointments, such as a health problem, relationship breakdown, court order from a criminal conviction or other change in circumstances. It is a concern that, as well as generally delaying the veterans’ move through the housing service, this waiting may halt any momentum gained after attending initial

appointments, leading them to be at risk of disengaging or their tenancy running out before they have successfully achieved their goals.

Of course, the purpose of the housing service is to allow veterans the time to work through their difficulties, taking into account normal waiting times for different support. However, there was also no clear indication of how they were using the time available to them while waiting. While talking about their other activities, veterans often struggled to indicate what they had been doing day-to-day and generally indicated that they had left behind many of their interests, for example:

“Nine months ago I found myself homeless so I sold a lot of my fishing gear and football boots. So I haven’t really got many social hobbies apart from having mates round for a beer”

Instead they focussed upon activities they would like to do or areas of development they would like to work on, such as day trips to museums and doing volunteer work. Two veterans talked about “boredom” from a lack of social interaction and through not being able to do voluntary work for fear of losing disability benefits and/or paid work due to physical health issues. Another admitted to feeling lost after leaving the rigidity of the military. For example:

“What depresses me and really gets on my nerves is not having anything to do. When I’m not sleeping due to my illness or I’ve got side effects from the medication, I’m just bored because I’ve got nothing to do”

“[In the military] everything’s controlled from the time you get up, do this at this time, do that at this time, now you have all the freedom in the world and there are too many choices. You end up doing nothing. I end up making up my room like I used to in the army, no one’s going to come round checking but my bed’s flat as anything and everything is ordered. I don’t know what else to do”

Veterans indicated that a lack of day-to-day meaningful activities impacted negatively on their quality of life. On the other hand, the Service Provider did arrange a number of activities for residents. It is understood that as part of the Covenant Fund awarded to Stonham, aimed at encouraging group activities, 15 of the veterans benefitted from events including attending a Christmas meal, a Remembrance Day trip, and a model making meet-and-greet. Six veterans also took part in a fundraising sponsored walk to raise money for communal cooking facilities, while two veterans volunteered at a local event coordinated by SSAFA.

Staff expertise

Although veterans appreciated the support being offered to them by the service, they believed that in reality a lack of experience among the service’s staff led to certain problems, such as difficulty dealing with challenging behaviour and responding to their specific needs:

“I feel they appreciate us but they don’t understand us. I think at least one member of staff should be from military background in a place like this. The staff are scared to talk to some people in here because of how they are. If there was someone from the

military I could go in there and they would understand. I've been in there before and they throw their arms around you² and that but you're not on the same wavelength"

"It's got to be done by the right people. You can't really have squeamish girls with no life experience dealing with soldiers with complex issues. I've actually seen people lock themselves in the office when guys with PTSD kick off; they shouldn't be in the job, in this environment. It should be run by ex-soldiers I think"

This likely related to an incident in which staff responded according to safety procedures in response to a resident being intoxicated and potentially violent, but it is understood that the matter was resolved without further intervention. However it appears that, rightly or wrongly and perhaps due to preconceptions, the veterans saw this response as an inability to manage the situation. On the other hand, one veteran felt that it was not essential for staff to have in depth understanding of his background:

"When you're somewhere like this you're out of the services. Old service shouldn't come into the equation other than you're entitled to it because you were in the services. But going over your career, it's not helpful"

Although veterans suggested that conflicts were usually dealt with seriously and resolved quickly by the office staff, they also experienced some challenges with security staff who they considered were not familiar with the Armed Forces lifestyle:

"They hear noise and they just call the police, even if it's just raised voices and they've done nothing wrong. They don't check what's happening. There's a big problem of communication with security"

It was also reported however that some residents had been aggressive and abusive towards the security team and that this had often been resolved without police involvement and without jeopardising the veterans' reintegration. Other veterans suggested that the service consisting of only a small number of staff (and working office hours only) made it difficult to access the amount of support that they needed at the time they needed it.

Dependency

Some veterans were open about their concerns around moving on from the service and indicated that they had come to depend on it, for example:

"I can't see myself moving from here at all, that's the problem. It's like jumping out of the frying pan into a pool of yoghurt and it's all nice, it's hard to see past this now"

"These have helped me put things into a process, I can't do that anymore and they have done it for me. My progress will dwindle away when I'm no longer here"

"I've gotten comfortable, I've got my own flat, friends, the flat is cheap, we get food brought in for us sometimes, it's nice. I won't get this anywhere else"

² Given Stonham's professional boundaries policy this is likely to be a turn of phrase but indicates a feeling of personal support being offered by the staff.

It is possible that the comfort that the housing service affords hinders veterans' motivation to move on and progress through into work, believing that they cannot afford to stay once they have found employment. These views also indicate little onward planning at least in the minds of the veterans.

Debt

One major hurdle that was identified by veterans in moving forward with their lives was the amount of money that they owed to various sources such as for previous rent arrears or to their children. For example:

"My debts are still there and that's stopping me moving forward. If I was offered a council flat now I'd take it, but I know I couldn't run it because I just wouldn't have the money to do it with what I have to pay out. I'm making the minimum payments now but if the money stops I couldn't pay anything"

"The only downfall about this place is they haven't helped me with my debt. I know they can't pay it off but they haven't signposted me to certain people...if I'd have had help with my money before now I'd be in a much better position"

Veterans expressed concern over how they would be able to clear the debt that they owed. Generally this debt had built up prior to moving to Roland Elcock House but some veterans also reported having current rent arrears. This put them in a perceived spiral of not being able to move out as they couldn't afford higher rent seen in private lettings as well as pay off the money they owed. Three veterans were signposted by the Service Provider to external agencies for financial support who made contributions to, and in some cases cleared, rent arrears.

Veteran Profile

The following subthemes relate to the veterans' profile as ex-Armed Forces, including their label as a veteran, their health, and employability following discharge.

Always military

All veterans expressed that they considered themselves to be different to civilians and struggled to move on from their learning and lifestyle in the military. For example one veteran described adjusting to not having to be up at a set time or having everything in its place before leaving his home:

"It's just trying to get that out of my system and it does have an effect on my life. It slows things down. If I want to do things with my kid it's got to be 1pm instead of 10am because I've got to go through that routine that I'm used to"

Veterans often did not understand the way things are done and struggled with following procedures and working with people who had not experienced military life. Veterans

consistently described an 'us and them' attitude towards civilians that was considered to be reciprocal:

"They look at you like you're an outsider"

"Between civilians and soldiers there's this enmity, a squaddie will say "I'll never be a civvy"

"People say we're anxious and abrupt but we're not, we're just different, we have direction and when you leave the army you lose that and everyone becomes the enemy"

"It's like being with brothers...it's different to civilian life, we have our own banter, we laugh at things they think are sickly"

This persistent view of themselves as veterans and their military mindedness, though understandable, may further slow transition into civilian life by placing ongoing barriers between veterans and civilians, health services and other professional support agencies.

Health

The veterans who accessed the housing service did so due to complex reasons and many had physical or mental health concerns including substance misuse and dependency from before their tenancy that are likely to take some time to address. However, there were several cases of veterans putting off engaging in work or other activities because of their health. For example one veteran cited transient symptoms of a medical condition as a barrier to gaining employment. Others explained:

"I've got the forms in my flat now for volunteer work but until I've been into rehab there's not much point doing it, they wouldn't want me there"

"I'm still recovering from treatment; my body just isn't up to [working]. That's [a] reason I wouldn't work away at the moment"

Another volunteer expressed difficulties engaging in other activities such as volunteering, as they worried that their disability welfare payments would cease if they were considered fit to work. Whether these concerns are genuine or perceived, it is understandable that for some veterans the very reason they are accessing the service is going to hinder their progress with or without clinical intervention and this will be reflected in the statistics regarding the key outcomes.

Employability

Some veterans expressed concerns over their ability to gain employment as they struggled with certain activities and key skills that would make them attractive to future employers:

"For me it's formatting my CV and writing the right stuff on there. Other than that it's just knowing how to talk to people because I've been locked away for so long except

for who lives here, I can't keep eye contact, I suppose that's why I struggle in interviews. I speak with my link worker but that's more like a chat"

Others described their concerns about unfulfilling roles after the fast-paced lifestyle in the military:

"I was infantry, I was specialised weapons, my job description was to kill if needed. It's all I've known. I don't know how to do anything else"

"I like to be outside, I'm used to that kind of work. I couldn't do a desk job but what else is there?"

Veterans reported that they had not received support with general employability skills or sufficient career advice. It is important to note that the veterans interviewed were not 'work shy' and were keen to get involved in activities, such as suggesting a cleaning rota for communal areas. However, they seemed to have most difficulties with the idea of structured, formal and sustained employment. This is in contrast to the idea that veterans benefit from structure due to their experience within the military but may reflect their attitudes to the nature of the work and to working alongside a civilian workforce.

Veteran Psychology

The following subthemes relate to the veterans' broader psychological traits that are not necessarily due to their experiences in the Armed Forces but may be complicated by their time in military service.

Lack of direction

When asked about their short- and long-term employment goals, several of the veterans indicated having grand and diverse goals with little clear planning for the immediate future. For example, one veteran described wanting to get into a range of different jobs:

"I'd like to do diamond buying and selling, it takes a gemmology course. And that's three grand or something, that's the cheapest course. Then you have to have 5 C levels or above then buying and selling classic quad, then it's the capital to set up a dealership and trading licences. Then I would like to own my own pub as well, then that's getting my licences and getting the funding for premises and that."

Another veteran wanted to get into driving but this was not an option due to alcohol dependency. No veteran reported having a realistic, structured short term goal and as such they seemed to have no clear plan that took their situations into account to work towards during their stay. This may be in part related to their desire to be back in the military and a difficulty seeing a future without it. While it is unlikely that veterans will be able to actively work towards a plan from their first day at the housing service due to their other issues, not having one may act as a barrier to filling their time with activities that might have meaning for their future. This lack of direction also became apparent when discussing their lives generally and these feelings led to a great deal of anxiety, for example:

“I don’t know whether I’m coming or going at the moment. I feel like I’m at a crossroads and I just don’t know where I’ll end up...and that keeps me awake at night to be honest”

“If you give me a direction of something to do, build a shed, I’ll build a shed. But then I get confused what to do next, I get anxious”

On the other hand, some veterans described how accessing the Veterans Housing Service had helped them back on course with their lives, for example:

“They’ve given me so much help, a framework, a foundation to work with. It’s given me a direction for how to turn my life around”

“They’ve helped me think about the future, about what I’d like to do, what I’d like to be. I feel more positive about things as I can see a road ahead”

“I’ve been more comfortable in myself to talk, know what I want to do and what direction I want to go in. I’ve found myself”

Lack of self-worth

The level of dependency on the service that was identified previously was in sharp contrast to another theme identified around a lack of self worth and belief that they were deserving of support:

“I just kept taking off. I’m quite ashamed looking back, I have mates who have done tours. I didn’t do anything valuable”

“Sometimes I think I should just feel lucky as I’m still here, some aren’t as fortunate as me. There are those out there who lost limbs. They should get the help, not me”

One veteran talked about how his mental health issues were difficult to deal with due to being “invisible”, and he explained that his embarrassment had led him to self-harm which had then held him back from moving forward with his recovery. Others described being too proud to ask for or to accept help from others and explained the awkwardness they experienced when contacting different agencies, for example:

“Ex-soldiers don’t like being a burden, so we don’t ask for help. It’s almost like we don’t know how to ask”

“They’ve offered me some support for it but I’m on a one-man mission, I do my own thing. I don’t like to take help unless I really need it, I’d rather do it myself”

Other veterans however felt that the service and support workers had helped to boost their sense of self-worth through their understanding and giving their time to listen. For example:

“It’s been good to have someone there to tell you that you do deserve the support, that you’ve done your time and you deserve to get something back. I’ve really needed that. It helps a lot”

“When you get down and need someone to tell all your nasties to, they are there. They don’t judge you. They make you feel like a human being, like you mean something”

Another veteran praised the supportive environment:

“I’m making decisions myself and focussing on what’s right for me. When you’re told you’re worthless and that and in here I can capture people’s attention. I can sit there and say two or three sentences, make people laugh, have their attention, get something back, I know I’m not an idiot. I know I’m not useless”

These views were sometimes coupled with beliefs that people outside of the service had low opinions of veterans and so the emotional support received by someone who was present at the housing service was particularly valued.

Case Study 1 – Aaron*

Aaron enlisted in the British Army when he was 16. For him the military was a lifestyle choice and an opportunity to improve his future:

“The military was the best thing that happened in my life. The type of person I am...it was a direction, otherwise I would have ended up in prison”

Aaron served for over 10 years and was promoted to Lance Corporal, but following a serious physical injury he was medically discharged. Being offered little resettlement support, he felt that he had lost everything he knew and that his needs were largely ignored by the military. Aaron struggled to fit in to civilian life, experiencing ongoing mental and physical disability and going through a difficult divorce that left him estranged from his children. His first job after leaving the military was working with young people in a role he was familiar with, but the job ended when the service was shut down. With a lack of confidence and self-esteem, he took small jobs for a while before working in security but struggled to maintain stable employment. Aaron became homeless, sleeping on the street or in a car when friends could not help, and he struggled to turn things around for himself:

“I was living off pensions, I was just dragging the breadline...I was in my own world where I didn’t want anyone to enter and I was surviving day to day. It was a very dark place...Being an ex-soldier you don’t want to ask anybody for help”

He eventually obtained social housing through the local authority and was referred to the Veterans Housing Service for floating support 28 years after leaving the military, now in his 50s, when two strangers helped him off the street. Aaron described how he struggled to talk to people on the telephone and got confused about how things worked in civilian life. His support worker helped him to sort out his welfare payments to which he was entitled and provided other practical support with getting things done to help his everyday life. Aaron explained that the Veterans Housing Scheme had offered him direction:

“They’ve given me tools to say, don’t get so erratic, come to us and we will assist you and that means a lot to someone like me. Without it I’m too volatile. People don’t like volatile, direct people because they think they’re out to cause trouble but I’m not, I just want things in context so I understand. I don’t need the big words, these have helped me on that...putting that into a process, I can’t do that anymore, they’ve done that for me”

After two years of receiving floating support, Aaron was concerned about his future and admitted that he was dependent on the service. He had little confidence about his ability to cope and his ongoing health concerns held him back from seeking employment.

**Name changed for anonymity*

Case Study 2 – Craig*

Craig had been a young cadet and at 18 years of age he enlisted, attracted by the idea of gaining a 'family', travelling the world and receiving regular pay. Craig spent several years in the Army before being called up to the Reserves, and he decided to leave to see more of his children. Craig was offered an electrician course as part of his resettlement but it didn't interest him like his job as a soldier did so didn't pursue it. Instead he worked in construction and was made redundant after just a year. The pressure of being unemployed and trying to take care of his family became too much and he started to experience symptoms of PTSD. He felt that although his issues came in part from his childhood in the care system, he believed that his military experience had exacerbated his symptoms and severely impacted his ability to lead a normal life:

"There are just so many scenarios that I've witnessed, that I've been in... I was at my brother's last year, I went out with him. A firework came out of nowhere, I dropped behind a car...I couldn't even go in the supermarket at one point because I'd have a panic attack"

Craig became homeless when his marriage ended and his tenancy with a private landlord fell through. He stayed with various friends but eventually found he had no one to turn to. Six years after leaving the army, now in his mid-30s, estranged from his children and on probation, he was referred to the Veteran's Housing Service. Craig sought general support for his anxiety but was referred to Combat Stress for a more specialised programme. He also attended an occupational therapy centre and spoke of his enjoyment meeting other veterans like himself:

"I just take it all in when I'm there, I love going there. Some of the people that you meet, different walks of life, different services, different wars, just like here. It's good when it's just veterans. You can't talk to civvies the same, it's a hell of a lot different, and they don't like how we speak so you can't mix"

The housing service provided support in finding services within the area and Craig found the local council to be very helpful in sorting out his benefit entitlement. Craig felt that his mental health had gotten in the way of finding employment, but he was keen to get a job so that he could pay for and see his children. Although Craig was not working, he was volunteering at a local charity shop which he enjoyed and took pride in. He also filled his time with activities that had been recommended to help him manage his anxiety. Craig was proud of his military history and was keen to represent his regiment:

"I had the honour of being invited to be standard bearer, I was trained up, did a service last year, I had the honour of bearing my regimental standard as well where I'm from. It's good, I'm doing my part to help people like myself"

Craig had only been at Roland Elcock House for three months but hoped to move into social housing in one of the two villages covered by his standard. Having not attended when offered a place on a previous programme for his anxiety, he was still waiting for another place to become available before he could move forward.

**Name changed for anonymity*

Case Study 3 – Sean*

At the age of 15 years Sean joined the infantry, hoping for a better life. He ended his service after conflict with his commanding officer led to him being given a dishonourable discharge with no resettlement support. He felt bitter about the situation as he hadn't wanted to leave and believed he had been unfairly treated:

"I had been in the military for 10 years, I even got to the rank of Sergeant. I was even a weapon instructor. I'd get a group, train them up, get them passed out and start all over again. I enjoyed it. But they didn't want me to go [on tour] and they found a reason to kick me out. I never heard from them again"

After his discharge he moved to work with family in the steel industry but was made redundant when the company closed down. He moved between short term jobs until gaining employment with the prison service for 11 years. Sean had previously developed a drinking habit which had grown during his time in the military, and he was dismissed from his job when he stopped showing up for work after drinking all day. He described how it was easy to become dependent on alcohol in the military:

"It's a done thing. You would walk around with a high velocity rifle and a bottle of vodka in your pocket. I think it starts off as social but then develops into habitual. It starts off as social and develops into a need. But the thing is, it's not checked. As long as you turn up for duty, they're not bothered"

Sean had ongoing difficulties with alcoholism and he could no longer afford his tenancy with a private landlord so he became street homeless for six months. He was referred to the Veterans Housing Service by Veterans Aid to get him stable housing while he waited for a place on a residential rehabilitation programme for his alcohol dependency. Sean had also developed depression and an eating disorder and he had thoughts of self-harm. He was receiving medical attention for several complications of these conditions. The housing service supported him with getting to appointments with his GP and other health services but Sean felt that there was not much else they could do until his drinking was under control. He was not working and although he was interested in voluntary work he felt he would not be welcome until he had attended rehab. Sean wasn't happy in Wolverhampton as he was not from the West Midlands and he struggled to engage with the local area:

"Moving to Wolverhampton and not knowing anything or anybody has made life very lonely. It has affected my drinking, it's making me drink more"

Sean was still awaiting a place on a rehabilitation programme after 6 months at the housing service and had made no plans for where he would live after it had finished.

**Name changed for anonymity*

Perspectives of key stakeholders

A total of eight stakeholders from 7 organisations (including the Service Provider) participated in the interviews. A number of subthemes emerged from qualitative analysis of the interview data associated with four core themes. Some of the themes were related to those explored in the interviews with the veterans themselves; the first was associated with issues around accessing the support offered by external agencies while residing at the housing service ('*Access to support*') and the second theme was associated with stakeholders' views of the challenges faced in helping veterans into suitable employment ('*Employment*'). The third theme was associated with challenges faced in referring veterans to the housing service's accommodation and/or its floating support ('*Referral to service*'). The fourth theme was associated with the concept of specialised support for veterans compared to generalised services ('*Specialised support*'). The grouping of these themes is done in context to improve understanding of the factors underlying the impact of the housing service and the challenges faced in supporting veterans into employment and accommodation from the perspective of service providers and referrers. The analysis is presented below under these four headings alongside anonymised supportive quotes from the respondents.

Access to support

Stability

Respondents reported some fundamental advantages of veterans living at Roland Elcock House as compared to less stable accommodation for facilitating engagement with external support agencies. For example one respondent felt that it simply made veterans more contactable:

"It gives them a stable address, it means we know where to contact them and we have some confidence that they will still be there next week or next month. If they are sofa surfing or in hostels it's so easy to lose track of them, this is much better"

Others highlighted the potential of the support staff at the housing service in particular in acting as a bridge between external agencies and the veterans:

"One advantage of the service from our perspective is that it could really help having the staff there. So, say if a service user doesn't show up or gets confused about the information we are providing to them, the worker can perhaps work with them face to face to make it clear. We don't have time to do that but having someone who knows how they think, how they process, that must help"

"I think if [the staff] can build a rapport with the veterans and then introduce them to us, it's almost like a recommendation. They might trust us more and that might just help the transition to our service"

"There's a continuity there. Rather than seeing a new face every time they have an appointment they can see someone they know. It's reassuring for them"

Respondents also described the “chaos” that can be seen in hostels and the negative influence of that environment on veterans especially those with mental health or substance misuse issues. Respondents overall felt that Roland Elcock House was a better place for veterans to be while they worked through their issues and offered an opportunity to make greater impact compared to other options such as hostels or social housing that offered limited or no specialised support services.

Waiting lists

Services for veterans, as for all vulnerable groups, are in high demand and respondents cited a lack of funding and waiting lists as key barriers to veterans accessing the support that they need, leading to frustration and potential disengagement. Respondents noted that the long waits for services sometimes increased veterans’ risk of developing further issues, making their support needs more complicated. Some raised the concern that some individuals may even become ineligible for specific programs due to having more intense needs and this meant that the process could need to start over from the beginning. For example:

“It is difficult with changes in the economic climate, it’s always a battle. It means that sometimes we aren’t able to provide the support we would like to or promise and it’s difficult to manage the impact of that on the service users. They lose faith in us, in everybody”

“Unfortunately it’s not uncommon for people to go onto waiting lists for detox programs or whatever it is they are trying to get. Then they can be waiting a long time and sometimes they don’t even show up on the day. Or sometimes they relapse in another area of their lives and so have to wait until that’s sorted. The longer they have to wait the more difficult it can be”

Although these comments were not specific to those veterans residing at Roland Elcock House, respondents felt that challenges experienced by external organisations involved in veterans’ health, wellbeing and development could impact upon their outcomes by slowing veterans’ progress of working through their issues and towards finding employment. This could thus be an ongoing challenge for the housing service in improving rates of veterans moving successfully on to their own sustainable accommodation by the end of their tenancies.

Reluctant engagement

Respondents described the difficulties they found when engaging veterans in their or others’ support services for a range of reasons including pride, poor understanding of the support that was being offered, lack of veterans’ own insight into their support needs, and the need for support from a variety of services. For example:

“Even though they are homeless or alcohol dependent or whatever, they still don’t always realise what help they need so it can take a lot to convince them to go somewhere or to speak to someone”

“Sometimes they want you to do everything for them, like a one-stop-shop. That’s what they are used to in the military, if they have an issue they can go and get it all sorted there and then. But we can’t do that, we can only offer what we offer and we have to refer people to other teams. And that’s where they fall through the cracks”

Another suggested that veterans were particularly guarded and that this made it difficult to accurately assess their support needs and to make appropriate referrals:

“It takes a while for you to get to know them, to build up that rapport, to build up that relationship for them to even let you in and work out what they need and then tell them they really do need help”

Again, these comments were directed at veterans in general. However, respondents considered that such reluctance to engage could reduce the effectiveness of the interventions aimed at improving individual veteran outcomes. Several respondents felt that it would be desirable to have a member of staff visit the veterans but that it was unlikely to be a practically or financially viable solution for any one organisation. One respondent also raised a possible contradiction of having exclusively on-site support:

“They are very comfortable within the building so it’s easier to have everything run onsite, anything offsite you would have to coach and encourage them to attend. But there’s a balance to be found so that they don’t become dependent on having everything there for them. It’s not real life”

Employment

Managing rent

A major issue raised by the respondents was around managing the full cost of rent for a flat at Roland Elcock House and it was considered to be too substantial for veterans to manage from their own income. Some respondents felt that there was a risk that veterans would see no value in working all if they perceived that they had to pay more for the same accommodation because Housing Benefit no longer covered the bulk of the costs. Others had concerns over the implications of not being able to afford the rent and the challenges posed to finding long-term housing. For example:

“It’s a great idea but if one of them wants to get a job it’s putting them into rent arrears. It discourages them from looking for work”

“If they have to pay [the full rent] it will be harder to save for a deposit for their own place. The risk is they get stuck there because they can’t afford to move on”

“Even if they find work, they are still living on the breadline. Their situation never changes. So their tenancy ends and they could end up back on the street. You need to change people’s financial situation to see positive outcomes”

There was also a concern that veterans did not have the opportunity to learn to budget more effectively since, employed or not, they did not have much money remaining after paying

their rent and other living expenses. Since this was a particular difficulty for veterans, it was considered to be a major support need.

Employability in the job market

Unsurprisingly, respondents spoke about the extent of the job market in general and the difficulty finding employment with hours and salary that benefitted workers who had previously been receiving state welfare. However, some respondents felt that there was a lack of employment or training options that specifically accommodated veterans with complex needs and/or little work history outside of the military. For example, few training opportunities in the immediate local area where veterans could reach and employers willing to overlook gaps in work history were highlighted. For example:

“Is there a perfect job for a veteran? That’s the important question. Often they need a certain structure, they need employers who can talk to them in the right way, they need a level of stimulation. Employers often don’t understand their needs so jobs don’t always work out long-term”

Conversely, it was also thought by some respondents that veterans underestimated their abilities where there were mental or physical health issues, where jobs were wildly different to their role in the military, or where extensive work experience or qualifications were emphasised as prerequisites. The skills and experiences of veterans were highly appreciated and considered to be important for employers, such as leadership skills, time keeping and problem solving:

“They don’t even give a lot of jobs a chance, they just say they can’t do it, that they don’t have the skill set for it. Often they do, it’s just that they don’t realise it”

“The veterans who struggle are often those who haven’t had any other job before going into the military, they haven’t had to go through the application process. So they don’t know how to articulate their skills, their competencies, how to break down the qualities they can bring”

Readiness for work

As well as struggles over their employability, most respondents felt that emotional factors meant that some veterans were not ready to begin employment. In some cases the presence of mental health issues that would contribute to poor attendance, for example, would need to be addressed in order for a veteran to move forward into work. Other respondents raised issues of low confidence, difficulty accepting the civilian environment and a fixation with their previous role:

“Some veterans really don’t like to step out of their comfort zone. The problem is their comfort zone has gone so nothing will seem right. They don’t embrace the change, they fight it”

“They lack confidence. They worry about how other people will react to them, they worry they won’t be able to do things. They worry about how they will even get to the place of work. Some ex-military guys are so dependent that they don’t know what to do if there’s uncertainty and it leads to anxiety”

In spite of these barriers, respondents were positive about the potential for veterans from the housing service to succeed in finding employment where appropriate support was offered in the form of, for example, coaching, learning transferable skills and job matching by suitable agents. The Service Provider reported that they had applied for funding from the Covenant Fund for four veterans to attend a ready for work resilience programme run by RBL. Two veterans successfully completed the course and reported finding it empowering.

Referral to service

For those respondents who had referred veterans to the housing service, there was overall satisfaction with how quickly they had been able to move veterans into accommodation with respondents reporting an efficient process. Some respondents suggested that veterans needed encouragement to accept the accommodation being offered due to pride, as discussed previously. Some other general issues were raised as discussed below.

Eligibility

The Veterans Housing Service was designed to accommodate veterans considered to be low risk to others. However, respondents highlighted some difficulties determining suitability for the housing service. Respondents considered the circumstances leading veterans to homelessness as precursors to unpredictability with referrals from prisons to be particularly high risk often due to violent behaviour. For example:

“They might seem like low risk but the training they’ve had might affect how accepting they are of violence or their views on different ethnicities comes into it and that’s not acceptable. And then there’s the PTSD, the alcohol, so they might be presenting as low risk with no history of violence or aggression but certain factors might suggest that they are higher risk than they appear”

“We worry about referring people who aren’t very low risk as we don’t know if they’ll be accepted. Their assessment of risk might be different to ours, it’s not a straightforward decision, we don’t want to refer and them be turned away”

Although the service had refused very few veterans overall based upon their assessed risk, there was a concern around the effectiveness of the current process of background checks:

“It’s difficult because if they’re from out of area, how do you do an effective background check? I think we have been taking more high risk people than we probably should have and that’s not our fault, they may have told us a few lies or we’ve not been able to check or maybe they’ve got more complex while they’ve been living with us due to the substances they’re using or their mental health”

Two instances of serious violence were reported; one towards another veteran and one towards a member of security staff. In these cases, the individuals had been asked to move on from the service and so are listed as unfavourable outcomes. Considering the reported difficulties in assessing individuals for suitability for the housing service, some challenging behaviours and conflicts between residents are likely to occur and be reflected in the key outcome statistics.

Familiarity

Some respondents admitted that their decision to refer was affected by their knowledge and understanding of the service's ability to provide stable support long-term. For example:

"To be honest there were times when we felt that if the service was going to close then we would be better off finding alternative solutions for some clients. We didn't want to send them somewhere for them to end up back on the street"

"When the service first opened we perhaps looked for routes we had used before as we didn't know how it would work with [the service]. Over time we saw that it was working quite well so considered it more. Even though it sounded like a great solution, it's easy to stick to what you know, to stick to familiar processes"

These themes are common with pilot programmes but have the impact of reducing referral rates despite high need among beneficiaries.

Specialised services

Respondents unanimously felt that veterans responded better to support offered by agencies that were specialised for ex-military personnel compared to more generalised services. Veterans were often proud to come under the banner of ex-military and identified with the agencies, appreciating the value placed on their time in service. Respondents from veteran-specific organisations explained that they offered veterans a sense of familiarity on a number of levels:

"Even if they haven't engaged in resettlement, they have often heard of us and they know we are associated with the military"

"Veterans come here and they see others like themselves. They are dressed alike, they look alike, they talk alike. They feel at home here, they feel safe. It's what they are looking for"

They therefore saw the Veterans Housing Service and its network of collaborations with veteran charities and other organisations as attractive by providing a combined package of support that had credibility with its intended beneficiaries. However, stakeholders also acknowledged that this created a barrier for some veterans in accessing support vital to their reintegration to civilian life. The Service Provider described how one previous resident, despite the support given to arrange appointments, had chosen to return to being street

homeless in part due to unwillingness to work with external agencies such as mental health and drugs teams. Another respondent described:

“As an organisation specifically set up to help veterans we find that they really want to engage with us, but if we suggest a referral to a more general service they go cold, they aren’t interested”

Some respondents raised the concern that this dependency on specialised support put more pressure on their service and that it could impact on their ability to meet the growing demand for support. Another spoke enthusiastically about the positive impact specialised services could have for veterans but also considered the importance of veterans’ engagement with certain generalised services long-term:

“Veterans don’t always realise that generalised services are often more than capable of supporting people from all walks of life and they become dependent on the ex-services label. They need to learn not to turn the help away, it’s important for their reintegration, for starting to think less like a soldier and more like a civilian”

From the perspective of the Service Provider, the ex-military label meant that residents generally took pride in the building itself and the community within it. It was suggested that they felt more comfortable there than in more chaotic environments such as hostels and really appreciated the opportunity offered by the service. Although there was sometimes conflict between residents, there was also a sense of comradeship. Some previous residents had even returned to offer food and support or to work alongside the current residents, such as giving cooking lessons. These comments imply both advantages and challenges posed by the specialised setting of the Veterans Housing Service.

Risk Assessment

This section aims to present a balanced assessment of the added risks involved in providing specialised support and housing to British Armed Forces veterans in the manner done so by the Service Provider during the 3-year pilot. This is not intended to be a comprehensive risk assessment and usual project management risks should also be considered as normal (e.g. fire safety), though some overlap may appear. However, risks identified specifically through the data collection for this evaluation are presented here and possible mediating actions are taken into account in making recommendations for future service provision as detailed in the following section (*Conclusions and Recommendations*). Risks are presented in Table 1 below, in no particular order, with associated assessment of probability and impact with brief rationale behind each rating.

Key:

Probability:

Low – possible in a minority of veterans or circumstances

Medium – likely among some veterans or circumstances

High – likely among many veterans or circumstances

Impact:

Low – manageable under current process to maintain positive outcomes for veterans

Medium – may require some significant changes to current process to maintain positive outcomes for veterans

High – may lead to inability to provide for veterans leading to negative outcomes

Table 1. Project specific risks identified during the course of the evaluation

Risk	Probability	Impact
Aggressive behaviour or violent response to stressful events or others	Medium – high rate of PTSD in veteran population and acceptance of violence due to military culture	High – risk of injury to self or other; may result in eviction
Lack of external agency support services due to loss of funding	Medium – third sector organisations under increased financial pressure	Medium to High – veterans unable to access support services needed for successful resettlement
Veterans failing to pay rent	Medium to High – high rate of debt and low incomes; known difficulties managing finances	Medium – loss of income to project to provide amenities and support
Support workers not available for important or critical events	Medium – small workforce not available outside of office hours	Medium – veterans miss individual appointments leading to slowed progress
Damage to building rendering parts or all of it unusable	Low – new building meeting up to date regulations	High – could lead to displacement of veterans and loss of continuity of support

Poor management of veterans' health	High – significant physical and mental health concerns among veteran population	High – could interrupt resettlement through repeated admissions to acute care services
Lack of management understanding of veteran needs	Medium – veterans show some overlap with other social housing clients but with some unique needs	Low to Medium – poor provision of services required by veterans to maximise outcomes
Individuals become no longer entitled to certain state welfare	Low to Medium – benefits system continuously being reviewed and individuals reassessed	High – veterans cannot afford rent and other expenses including repaying debt
Lack of experienced support workers in job market and high turnover of staff	Medium – veterans show some overlap with other social housing clients but with some unique needs	Medium - main point of contact for veterans; unable to offer suitable support and referral to external agencies
Loss of external opportunities including employment, training and treatment programmes	Medium – private and third sector organisations under increased financial pressure	Medium – veterans struggle to find work and cannot afford to move into private housing
Inflow of high risk/high need veterans	Medium – difficulty in assessing risk of potential residents; veteran population with complex needs	High – unable to provide suitable support; return to inappropriate destinations e.g. incarceration
Prevalence of substance abuse	High – high rate of substance abuse amongst veteran population	Low to Medium – disruptive influence with potential to lead to criminality and violence; need for additional referral to support services

Conclusions and Recommendations

The following section aims to summarise the key findings of the evaluation, to make balanced overall conclusions as to the effectiveness of the Veterans Housing Service pilot and to provide carefully considered recommendations that might be of use to future providers of the service or similar schemes. It should be stressed that the views contributing to the conclusions in this report are based upon relatively small numbers of respondents and other residents and staff may have had different experiences. A balanced interpretation of the findings presented is therefore required in order to consider the impact and effectiveness of the Veterans Housing Service pilot. However, despite sometimes very unique experiences, feedback from veterans, external agencies and the Service Provider with regards to the effectiveness of the housing service was relatively consistent with each other and with previous findings related to nationwide housing provision (Jones et al., 2014). Through triangulation of the data some strong themes emerged that may have significant implications for the provision of such a service in future.

Despite ongoing efforts by the British Armed Forces to engage its personnel in long-term resettlement, there continues to be a proportion of the veteran population who experience serious ongoing difficulties with finding work and housing due to a range of different and interacting social, medical, emotional and practical factors. Although this report is not intended as an assessment of resettlement provision within the military, multiple sources surveyed for the evaluation suggested that the Armed Forces could do more to prepare its personnel for civilian life. On balance, the majority of veterans do appear to settle successfully, although ESLs and those who experience medical or dishonourable discharge may benefit from additional support that is currently difficult to access. Importantly, however, veterans who required support from the housing service had often left the military many years previously and in some cases had appeared to transition successfully immediately after discharge, indicating a delayed or ongoing need among a minority of veterans that external agencies might be better placed to address. In addition, veterans had a sustained identity as 'military' rather than as civilians that acted as a barrier to moving forward and so a dependency upon the military for ongoing support might be counterproductive. Data from previous studies suggest that current specialised housing provision is not adequate to cover demand (Jones et al., 2014) especially within the West Midlands where the service is based. The context evaluation therefore indicates that there is a clear and definite need among the vulnerable veteran population for residential and specialised support services within the community to reduce risk of street and informal homelessness.

Over the 30 months that the Veterans Housing Service was open it provided tenancies to 31 veterans. The service provided support to beneficiaries mostly from Wolverhampton, the wider West Midlands region and neighbouring counties, though the service also filled a gap in provision for two veterans from further afield. On average, tenancies lasted just over 7 months but a large proportion extended to 1 year or more, meaning that the service assisted individual residents with housing needs for a significant length of time where needed. It would not be appropriate to make direct comparisons with other housing services in terms of the number of tenancies provided due to differences in scale. However, crude estimates suggest that the accommodation was used to just over half of its capacity during the pilot term; there was therefore potential to offer housing and support to more veterans than was done so, especially in the first 12 months of opening. Floating support was not heavily

utilised and a very small number of residents continued to use the service after the end of their tenancies. This may reflect lower (or different) support needs among veterans who had housing already that were met by other veteran organisations, especially as the service was generally not a first point of contact and was not designed to offer specialist support itself (but rather to signpost). No waiting list was reported and although few issues around referral were raised by external agencies, attitudes towards new compared to tried-and-tested routes of referral and concerns around eligibility may have contributed to some accommodation remaining empty during the pilot. Should these and other issues be overcome, there is potential for the Veterans Housing Service to have greater impact in future than would be estimated by the reach seen here.

The Veterans Housing Service provided housing and support to its intended population of veterans who were experiencing difficulties reintegrating into civilian life that left them at risk of homelessness. The profiles of residents and the contributors to their homelessness were generally as could be expected based upon the literature and the experiences of other providers (e.g. Jones et al., 2014), and veterans showed several similarities in relation to their backgrounds and journey from the military to their current housing situation. For example, veterans were mostly single with a high rate of relationship breakdown, had generally started their military career at a young age and had given many years of service despite slow career progression, and had a physical and/or mental health difficulty. There was also a high rate of substance abuse and anti-social/criminal behaviour among the veterans, but the low rate of terminated tenancies and refusal of individuals considered to be high risk suggests that the service is generally able to provide for the level of challenging behaviour seen in the target beneficiaries. On the other hand, there were fewer early or recent service leavers than could be expected with many having left the military many years prior to accessing the service, though the service filled a gap in provision for this group. While the majority of veterans were of White British ethnicity, there was some demand for support from other ethnic groups and this did not appear to be a barrier to successful outcomes from the housing service. Some groups were however not represented during the pilot, such as women and those with physical disabilities (e.g. loss of mobility, sight or auditory loss), possibly due to those individuals accessing support elsewhere. How well the service is able to support and provide security to individuals from these groups who might access the service in the future is therefore yet to be evidenced.

Employment was low among veterans currently residing at the Veterans Housing Service as well as those who had already left at the time of the evaluation, and this could be at least partially explained by several reasons. For example, the cost of rent appeared to discourage veterans from finding employment as they perceived that they would have increased costs for the same housing due to the loss of other sources of income (e.g. Housing Benefit). Also, veterans struggled to find work that satisfied their perceived needs, felt that they lacked core employability skills, and/or were not ready to work due to health issues. The outcomes are also dependent upon organisations offering training or employment to the veterans remaining sustainable, which it became clear was not always the case. Some success was seen in finding veterans more independent housing, though with a number returning to live with family (after previous disputes which contributed to their original homelessness) there is a concern that their status remains unstable especially in the absence of employment. If domestic issues had been addressed then this could be a positive outcome, but with little long-term follow up with previous residents it is difficult to know for sure or to use their

experiences to inform future support strategies. Some contextual issues were highlighted that may have had a direct effect on the number of unfavourable outcomes. For example, it was noted that prison referrals did particularly poorly, either abandoning their tenancy or going back into prison, and these individuals probably require a higher level of intervention. The high level of physical and mental health needs among veterans also contributed to apparently negative outcomes where these needs took them to inpatient care, even though this would be the appropriate destination for them at that time. The low success rate is perhaps therefore in proportion with the higher than expected needs of the veterans entering the service.

Veterans reported relatively low to moderate quality of life on the survey measures based upon the Capabilities Approach, which was unsurprising considering the measures' dependence upon finances, employment, health and social support. Veterans experienced high levels of anxiety around their situation and futures, leading to a loss of sleep and poorer health outcomes. Quality of life was initially reported not to have been affected by the service despite surveyed veterans being approximately halfway through their tenancies on average, although some benefits were described such as getting veterans away from negative environments and improving self-esteem. An impact of the service for some veterans was a feeling of isolation from family and difficulties maintaining relationships especially for those who were not from Wolverhampton itself, with the distance perceived to be too great given the expense of travel and in some cases lack of mutual effort on the part of their families. Some veterans additionally struggled to feel part of the community and to engage with local amenities. Although the service had arranged and funded a number of day trips, this did not address a lack of day-to-day meaningful activities and residents were sometimes left with an enormous amount of free time that they found difficult to fill while waiting for treatment or opportunities. Veterans felt a limited sense of recognition or achievement, perceiving the civilian community to lack appreciation for their time in service. Ratings of quality of life while residing at the service were at such a low level that they should be addressed given the impacts on veteran outcomes.

In general, veterans were satisfied with the accommodation provided by the Service Provider. Veterans appreciated the opportunity that had been provided to them for a comfortable, secure and supportive environment with suitable amenities in which to pursue their goals and this was reflected in the respect they had shown to the building and to staff. The accommodation was perceived to be more appropriate for the target beneficiaries than other housing such as hostels, and the potential for staff to act as intermediaries with external agencies was welcomed. Residents were particularly attracted by the 'veteran' label of the service as well as the chance to live alongside like-minded people and, while it is understandable that some conflicts would be seen, overall there were few major incidents reported and those that there had been appeared to have been managed well. Veterans considered the housing to be good value for money particularly where eligible costs were covered by Housing Benefit, though concerns were raised about the impact of the cost of rent on key outcomes. Feedback highlighted some individual issues with the part-time nature of staff and their abilities to respond to challenging behaviour, as well as arrangements for visitors at times outside of office hours. Although such factors may be the *perceptions* of veterans and/or in line with policy, it is important to understand the way that veterans interpret their experiences in order to better support their progress through the service and to address the way that they respond to staff and to civilians outside of the service. It is

therefore considered that the Veterans Housing Service has provided a model of good quality temporary housing appropriate for the target beneficiaries with some practical matters to be considered for the future.

The service was intended to be a semi-independent service and the type of support offered by the Service Provider was mostly assistance with making and keeping appointments as well as general emotional support and signposting. To its credit, the service was considered overall to be effective at linking veterans with appropriate agencies and sorting out general difficulties with, for example, benefits and applications for housing. This was in spite of some mismatched expectations between the Service Provider and veterans about how much support should be received, and some veterans did want to receive more information regarding support on offer as they often found out about certain opportunities indirectly through other veterans rather than from agencies themselves. However, it was apparent that the support offered was not sufficient to meet the needs of the veterans in achieving the key outcomes. This was mainly due to residents generally having a wider range and more complex support needs than had been anticipated, despite having the expected profile of intended beneficiaries.

As well as the common need for accommodation and support with seeking employment and managing finances, veterans had some major ongoing health issues and psychological needs that also required attention and acted as barriers to positive outcomes. For example, the veterans interviewed expressed a lack of emotional resilience and strategies to cope with unexpected change and disappointment that not only contributed to their homelessness but that also stood in the way of positively working towards their goals. Veterans residing at the housing service had negative experiences with the military and they mostly showed an external locus of control around the end of their career which they found difficult to reconcile and to move on from. Veterans reported experiencing a lack of direction after leaving the military; having lost a point of reference in their lives, a gap had been created that they had not yet been able to fill. The veterans also displayed some difficulties around readiness for change and for work. These issues need to be addressed in order to provide the foundation for long-term positive outcomes.

Other than the unexpected high need of veterans compared to the intended service to be delivered and those already discussed, the evaluation identified several facilitators and barriers to positive outcomes from the perspectives of veterans and support agencies. Veterans often believe that they would benefit from more tailored services where support staff appreciate their history (Jones et al., 2014; Johnson et al., 2008); indeed in this case, the specialised nature of the service was considered a major benefit of the service, providing a sense of community among like-minded people with similar experiences, attitudes and behaviours that veterans perceived they could not find elsewhere with civilians. However, these views also indicate a continued dependency upon the military label and a distance from the wider civilian community and support agencies that needs to be overcome in order for veterans to integrate successfully. This was highlighted in perceptions that staff did not understand their background and so could not help them, despite the team having experience working with other specialist groups such as high risk offenders, acute mental health, drug and alcohol services and ex-service personnel. Veterans reported feeling comfortable at the service, for example with affordable accommodation, privacy, friends and sometimes food donations, and they had become reluctant to find work and move on. Difficulties were reported in accessing support from external agencies due to the agencies

not understanding veterans' needs and/or through poor engagement from veterans, for example due to lack of self-esteem or circumstances arising while on waiting lists for treatment programs.

Veterans experienced persistent difficulties with clearing debt and this had multiple impacts upon residents' outcomes by leaving them unable to save for deposits for more independent housing or to spend time in meaningful activity. It is unclear if or how this could have been better addressed by the Service Provider beyond signposting to appropriate agencies, as was done during the pilot. It is perhaps one area of need that is particularly difficult to address once it has become a problem and these experiences should be used to provide early interventions to military personnel from the start of their enlistment to help promote effective management of finances that can carry through into civilian life after discharge.

The overall package provided by the Veterans Housing Service was approximately in line with other provision of semi-independent specialised housing. The lengths of tenancies offered were comparable with other providers, although the level of support offered in-house was towards the more basic end in comparison to other schemes such as the Sir Oswald Stoll Foundation (although this is a much larger organisation with capacity to support greater numbers of veterans). As well as being less formal and structured than in other schemes, the focus of support was on practical daily tasks and finding employment rather than emotional wellbeing and development. The rate of employment in veterans in the current service fell below that of, for example, the CHT project in Southwark (10% v >70%). While a direct comparison may not be useful due to differing scales of the projects, the success rate in the current project was significantly lower as to suggest that more intense support may be beneficial to the veterans in finding sustainable employment and subsequently housing. Although not in the UK, previous services for US veterans have demonstrated that a focus on training schemes rather than general and transferable employability skills produces fewer positive outcomes (e.g. Veterans Affairs Programme). The Service Provider may therefore consider accommodating some of the features of similar schemes into its service where possible and appropriate.

Summary and Recommendations

The findings from the evaluation of the Veterans Housing Service pilot raises some key areas of focus for informing future development of similar services providing residential, social and practical support to veterans who are homeless or at risk of homelessness through unemployment and difficulties with mental and physical health. In relation to this specific project, providers planning any future delivery of the service may wish to take into consideration the following recommendations:

- The Service Provider could develop close working connections with the British Armed Forces to promote shared learning around the experiences of veterans and the difficulties faced either on discharge or many years later, as well as to facilitate earlier and effective interventions for those who are most vulnerable after spending time in military service. In particular, earlier interventions are needed to prevent such high levels of debt among veterans and learning from the stories of those who access such a Housing Service may be useful to inform support offered prior to discharge.
- Although already offered as part of the service, ongoing floating support beyond tenancies should be encouraged as standard to enable the Service Provider to better follow up with previous residents and to use learning from individual journeys to inform future service provision. Veterans with mental health and substance misuse issues may find such support particularly useful in maintaining their outcomes from rehabilitation and stabilisation programs. It is recommended that a sustainability evaluation of future projects is conducted to assess the continuity of provision in a changing financial climate and with changing needs of potential future beneficiaries.
- There is no reason to suggest that a prerequisite of employment at the Veterans Housing Service should be direct experience of working in the military given that many of the issues seen at the service appear to have been managed effectively without this and in line with policy. However, there may be some benefits of including a proportion of individuals who are veterans themselves among the support and security team to act as a bridge between the military and civilian world; to offer informed and trusted guidance to service users; to support other staff to deal with challenging behaviour efficiently and constructively; and to contribute to evidence-based strategies to minimise risks for potential minority groups (e.g. women, disabled). Links could be developed with training providers to ensure those without direct experience of the military have an informed understanding and appreciation of the key needs and experiences of veterans to facilitate appropriate referrals and to provide meaningful interventions. Where possible, an increased or more flexible workforce to provide contingency for staff sickness or other barriers to attending appointments with veterans where promised could be included to reduce reliance on individual support workers.
- The Service Provider should be encouraged to work more holistically with veterans to help to overcome some psychological support needs, such as learning of constructive coping strategies, increasing confidence and self-esteem, and managing

expectations of the work to be done by the service and external agencies. This may involve additional training and development of support workers to deliver interventions and/or referrals to specialists, dependent on availability of local provision and level of expertise required for individual veterans.

- While provision of multidisciplinary in-house specialists to deliver health and wellbeing interventions would be ideal to maximise engagement, the scale of the service may be too small especially when not at capacity to warrant such investment and the Service Provider may wish to consider working creatively with other providers and charitable organisations to provide a higher intense service. Closer working links with, for example, community nurses and psychological practitioners could be considered to help manage health and wellbeing concerns in-house and to avoid repeat admissions to acute care. Strategies to improve engagement with external agencies, both specialised and general, are also vital to make best use of support already available.
- The Service Provider should take additional measures where appropriate to promote the service among referring agencies, the British Armed Forces and the wider community to capitalise on capacity for tenancies as well as for floating support.
- Considering the high needs and military-mindedness of veterans, the Service Provider may wish to take a more formal step-down approach towards independence rather than providing a mostly one-dimensional, semi-independent service. Similar to some NHS and private sector interventions, veterans could first be offered an agreed program of high intense support that has elements of regimen and structure to help bring back a point of reference, followed by a more managed and planned route to employment that involves carefully timed and structured interventions until they are able to self-regulate their routine and conduct activities independently. Similarly, a graduated schedule of increased rent payments over a specified time may help veterans to see more value in paid employment and to give them experience of budgeting their income in a more managed way.
- Engagement with a structured careers service with experience working with veterans should be promoted as standard for all residents to work on their transferable skills and interview techniques in addition to any specific training programs and employment searches. Work is also needed to manage veterans' expectations of potential employment and salary. A dynamic approach should be taken by support workers to find training and employment opportunities (and potential bursary funders for educational programs) that can accommodate the complex needs of veterans, and it may be necessary to include some awareness-raising among local training providers and employers.
- A need was identified for better identification and communication of support on offer from external agencies that is presented in various forms to suit the preferences of individual veterans. For example, bulletin boards, weekly meetings and individual invitations may all be used to encourage veterans to engage with a range of services. This may require a more dynamic approach to identifying less visible opportunities with partner agencies as well as using staff knowledge and experience to link

veterans with support, activities and opportunities that they may not have previously considered.

- The Service Provider may wish to direct additional efforts towards creating a more dynamic environment that integrates features from both military and civilian communities and that provides a reference point for veterans to look to, balancing dependency and veteran identity with the need to adjust to civilian life. For example, values such as team work and respect are salient features of the military but they are also shared across many other civilian workplaces and recreational groups. The service could thus focus upon such similarities to facilitate learning of civilian processes and help veterans to see a future within the civilian community. This may also help to foster a continued environment of respect and friendship between veterans while residing at the service.
- The Service Provider should consider strategies to provide and encourage regular day-to-day activities to promote meaningful use of time to maximise the impact of veterans' tenancies, especially for those waiting for treatment programs. These could include day trips, practical tasks, workshops, social events, hobbies and short term goals for veterans to work towards. The Service Provider may also wish to consider activities that can bring the veterans and the wider community together in order to help break down barriers that exist between the two populations and encourage veterans to better engage with amenities and services in the local area. An increase in the numbers of veterans involved with the service, e.g. through better advertising of floating support, might help to make such activities more sustainable. Informal support may also be useful where appropriate such as veteran and civilian volunteers to act as 'buddies' for veterans to socialise with and learn from. Although safeguarding of children is paramount, additional measures to promote social relationships with family and friends and to manage barriers to receiving visitors should also be encouraged to create positive impacts on quality of life. For example, family-friendly day rooms and social activities could be created where possible to give residents space and time to accommodate guests.

According to the pedagogic model based upon the Capabilities Approach presented in the *Methodology*, there are four mechanisms that the Veterans Housing Service could use to guide further development of its support for veterans. By considering veterans as learners of a new way of life, the mechanisms lead to the following recommendations:

- *Makes relevant connection to learners' lives.*
 - The service appreciates the beneficiaries' military background but could do more to connect veterans' new learning to their previous experiences. By finding parallels between the process of civilian life and the military veterans can maintain a point of comparison from which they can learn new behaviours and habits that can help promote their independence.
- *Creates alignment between their prior knowledge/skills and the programme's intended outcomes.*
 - In order for veterans to learn new behaviours, they need sufficient opportunities to engage in relevant activities aimed at achieving the planned

outcome. Individually tailored programs could thus be designed and delivered to enable veterans to practise what they know to develop their skills and confidence in areas that are identified as particular support needs.

- *Encourages them to create and sustain a community with professionals and/or peers to support and develop what they have learned.*
 - Veterans could be encouraged to be part of the development of support interventions to make them co-creators of their journey through the service. In addition, regular group sessions to encourage group work, discussion and associated skills could be held, giving responsibility for learning to the veterans and encouraging autonomy in learning.

- *Interests or engages learners.*
 - The service must find a variety of ways to continually interest and motivate veterans to learn and develop to promote positive outcomes and this should be deliberate and sensitive to different experiences and backgrounds.

Overall, the Veterans Housing Service has been successful at providing good quality, temporary stable accommodation and a basic level of support to give vulnerable veterans a comfortable standard of living, away from negative influences. The service offers a calmer environment than other housing options in which veterans can find direction, plan for the future and deal with the issues that stand in the way of them achieving their employment and housing goals. The challenge for the Service Provider is to offer appropriate level support to capitalise on this environment and to promote meaningful change in attitudes and behaviours to increase the chance of positive outcomes long-term. Individuals make huge emotional investments into the military during their service (Wood, 2016) and these must be addressed in order for veterans to successfully move forward with their lives as civilians. Given the need for support identified in the veteran population and the impact that can be made to individuals, it is recommended that the Veterans Housing Project is replicated within the West Midlands assuming measures are taken to effectively meet the complex underlying emotional needs and dependencies of veterans who are particularly vulnerable.

References

- Aitken, G. & Sinnema, C. (2008), *Effective Pedagogy in Social Sciences. Best Evidence Synthesis Iteration*. Wellington, New Zealand: Ministry of Education.
- Al-Janabi, H., N Flynn, T. & Coast, J. (2012). Development of a self-report measure of capability wellbeing for adults: the ICECAP-A. *Qual Life Res.* 21, pp.167-176.
- Buckman, J.E.J., Forbes, H.J., Clayton, T., Jones, M., Jones, N., Greenberg, N., et al. (2013). 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. *The European Journal of Public Health.* 23 (3), pp.410-5.
- Carpenter, M. (2009), The capabilities approach and critical social policy: lessons from the majority world? *Critical Social Policy.* 29 (3), pp.351–373.
- Community Care (2006). Military personnel: what help is available when leaving the services? Available from: <http://www.communitycare.co.uk/2006/10/11/military-personnel-what-help-is-available-when-leaving-the-services/>
- Connelly, V. (2015). Transition to Civilian Life: Information Sheet 2: The emotional pathway. Available from: http://www.army.mod.uk/documents/general/Transition_Information_Sheet_2_-_The_Emotional_Pathway.pdf
- Fear, N., Wood, D. & Wessely, S. (2009). Health and Social Outcomes and Health Service Experiences of UK Military Veterans: A summary of the evidence. King's College, London. Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf
- Forces in Mind Trust (2013). The Transition Mapping Study Understanding the transition process for Service personnel returning to civilian life. Available from <http://www.fim-trust.org/wp-content/uploads/2015/01/20130810-TMS-Report.pdf>
- Gunner, G. & Knott, H. (1997). Homeless on Civvy Street: Survey of Homelessness amongst Ex-Servicemen. Ex-Service Action Group.
- Hastings, M. (2014). Veterans and Mental Health in Contemporary Britain. *The RUSI Journal.* 159 (6), pp.34-40.
- Higate, P.R. (2000). Tough Bodies and Rough Sleeping, Embodying Homelessness Amongst ex-Servicemen. *Housing Theory and Society.* 17 (3), pp.97-108.
- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I. & Koffman, R.L. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *N Engl J Med.* 351, pp.13-22

- Iversen, A., Nikolaou, V., Greenberg, N., Unwin, C., Hull, L., Hotopf, M., Dandeker, C., Ross, J. & Wessely, S. (2005). What happens to British veterans when they leave the armed forces? *Eur J Public Health*. 15 (2), pp.175-84.
- Iversen, A.C., van Staden, L., Hacker Hughes, J.H., Browne, T., Greenberg, N., Hotopf, M., Rona, R.J., Wessely, S., Thornicroft, G. & Fear, N.T. (2010). Help-seeking and receipt of treatment among UK service personnel. *The British Journal of Psychiatry*. 197 (2), pp.149-155.
- Johnson, S., Jones, A. & Rugg, J. (2008). The experiences of Homeless Ex-Service Personnel in London. Centre for Housing Policy, University of York.
- Jones, A., Quilgars, D., O'Malley, L., Rhodes, D., Bevan, M. & Pleace, N. (2014). Meeting the Housing and Support Needs of Single Veterans in Great Britain. York: University of York.
- Lewis, L. (2012), The capabilities approach, adult community learning and mental health, *Community Development Journal* special issue on mental health. 47 (4), pp.522-537.
- Lorgelly, P.K., Lorimer, K., Fenwick, E. & Briggs, A.H. (2008). The Capability Approach: developing an instrument for evaluating public health interventions. University of Glasgow. Available from: http://www.gcph.co.uk/assets/0000/0430/Capabilities_full_report_August_08.pdf
- Macmanus, D. & Wessely, S. (2013). Veteran mental health services in the UK: are we headed in the right direction? *J Ment Health*. 22 (4), pp.301-5.
- Mares, A.S. & Rosenheck, R.A. (2004). Perceived relationship between military service and homelessness among homeless veterans with mental illness. *J Nerv Ment Dis*. 192 (10), pp.715-9.
- Milroy, W.H. (2001). Pathways to the Street for Ex-Service Personnel; An Examination of Various Routes to Homelessness for Ex-Service Personnel. [Doctoral Thesis] University of East Anglia.
- Ministry of Defence (2007). MoD resettlement package praised by independent report. Available from: <http://www.wired-gov.net/wg/wg-news-1.nsf/0/D12CF2DF29E5869A802573250020FB55?OpenDocument>
- Ministry of Defence (n.d.). Transition to civilian life. Available from: <http://www.army.mod.uk/structure/33041.aspx>
- Morin R (2011). The Difficult Transition from Military to Civilian Life. Pew Research Center. Available from: <http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>
- Murphy, D., Iversen, A. & Greenberg, N. (2008). The mental health of veterans. *J R Army Med Corps*. 154 (2), pp.136-9.
- Porat, H., Marshall, G. & Howell, W. (1997). The Career Beliefs of Homeless Veterans: Vocational Attitudes as Indicators of Employability. *Journal of Career Assessment*. 5 (1), pp.47-59.

- Randall, G. and Brown, S. (1994) *Falling Out: A Research Study of Homeless Ex-Service People*. London: Crisis.
- Riverside (n.d.). Veterans services. Available from: <https://www.riverside.org.uk/care-and-support/veterans/spaces/>.
- Royal British Legion (2014). A UK Household Survey of the Ex-Service Community. Available from <https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf>
- Royal British Legion (2016). Deployment to Employment: Exploring the veteran employment gap in the UK. Available from: <http://www.britishlegion.org.uk/media/5035/deployment-to-employment.pdf>
- Royal British Legion (n.d.). Literature review: UK veterans and homelessness. Available from: http://media.britishlegion.org.uk/Media/2283/litrev_ukvetshomelessness.pdf
- Rutherford, T. (2014). Defence Personnel Statistics. Available from: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02183#fullreport>
- Sen, A. (1999). *Development as Freedom*. Oxford: Oxford University Press.
- Sen, A. (2010). *The Idea of Justice*. London: Penguin Books.
- Shelter (2015). Housing choices for ex-forces. Available from: http://england.shelter.org.uk/get_advice/armed_forces_and_ex-services/housing_for_forces_and_ex-forces
- STOLL (n.d.). <https://www.stoll.org.uk/>
- Stufflebeam, D. (2004), CIPP Model (Context, Input, Process, Product). In Mathison, S. (Ed.), *Encyclopedia of Evaluation*, Thousand Oaks, CA: Sage Publications, pp.60-65.
- Sundin, J., Fear, N.T., Iversen, A., Rona, R.J. & Wessely, S. (2010). PTSD after deployment to Iraq: Conflicting rates, conflicting claims. *Psychological Medicine*. 40, pp.367–382.
- van Staden, L.N., Fear, N., Iversen, A., French, C., Dandeker, C. & Wessely, S. (2007). Young military veterans show similar help seeking behaviour. *BMJ*. 334 (7590), pp.382.
- Walker, S. (2010). Assessing the mental health consequences of military combat in Iraq and Afghanistan: a literature review. *Journal of Psychiatric and Mental Health Nursing*. 17, pp.790–796.
- Wood, N. (2016). The Military Human Impact Report. Available from: <https://www.yorks.ac.uk/media/content-assets/professional/documents/Military-Human-CPD-Impact-Report-Final.pdf>
- Zhang, G., Zeller, N., Griffith, R., Metcalf, D., Williams, J., Shea, C. and Misulis, K. (2011), Using the Context, Input, Process and Product Evaluation Model (CIPP) as a

Comprehensive Framework to Guide the Planning, Implementation, and Assessment of Service-learning Programs, *Journal of Higher Education Reach and Engagement*. 15 (4), pp.57-84.

Appendices

Appendix A. Results of the literature review (sources listed in alphabetical order)

Author, year and title	Format	Brief summary of findings
Buckman, J.E.J., Forbes, H.J., Clayton, T., Jones, M., Jones, N., Greenberg, N., et al. (2013). 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.	Journal article detailing a cross-sectional study comparing ESLs and non-ESLs to identify differentiating characteristics and to compare mental health outcomes after discharge.	Being an ESL was associated with a range of factors including younger age, being female, single, lower rank, childhood adversity and increased risk of mental health problems.
Community Care (2006). Military personnel: what help is available when leaving the services?	Web article describing the Community Housing and Therapy scheme for veterans in Southwark, London, and its outcomes.	Veterans are under 12 month tenancies with additional support based on the psychodynamic approach including written action plans and group and individual meetings. In one year 71% were employed and 79% were on a training course.
Connelly, V. (2015). Transition to Civilian Life: Information Sheet 2: The emotional pathway.	Online information sheet describing the emotional challenges of military discharge.	Civilian life is in many ways different to military life and some adjustment necessary, including challenging assumptions about civilian working environments and relationships with co-workers.
Fear, N., Wood, D. & Wessely, S. (2009). Health and Social Outcomes and Health Service Experiences of UK Military Veterans: A summary of the evidence.	Online article summarising available evidence on the health and social outcomes and experiences of veterans.	The most common mental health problems for veterans are alcohol dependency, depression and anxiety disorders. Limited evidence of increased rates of PTSD.
Forces in Mind Trust (2013). The Transition Mapping Study Understanding the transition process for Service personnel returning to civilian life.	Online report aimed at exploring the process and views of transition from the military.	“A good transition is one that enables ex-Service personnel to be sufficiently resilient to adapt successfully to civilian life, both now and in the future.” Cost of poor transition £98million in 2015. A veteran is anyone who has served for at least one day in the military. With expenses often deducted at source or subsidised veterans often struggle to manage their money effectively and the cost of items comes as a shock. Around half of army recruits have very low literacy and numeracy skills. Expectations of transition can affect success, e.g. those who view military as a job rather than lifestyle transition better; veterans can struggle to find work that matches the training and salary in the military and therefore move between jobs quickly. For ESLs a lack of transferable skills can attenuate mental health problems. 67% men in armed forces drink compared to 38% of men in the general population. Personnel often don't know what resettlement they are entitled to. Those experiencing unexpected transition are

		more likely to experience trauma relating to their discharge and therefore experience less favourable outcomes. Veterans whose last posting is where they intend to settle do better after discharge.
Gunner, G. & Knott, H. (1997). Homeless on Civvy Street: Survey of Homelessness amongst Ex-Servicemen.	Journal article exploring rates and reasons for homelessness in veterans.	22% of homeless in Britain were veterans. Very reluctant to seek help often due to stoicism.
Hastings, M. (2014). Veterans and Mental Health in Contemporary Britain.	Article exploring mental health need and provision for veterans.	Majority of veterans transition well and find employment. 40% of those with mental health problems seek assistance.
Higate, P.R. (2000). Tough Bodies and Rough Sleeping, Embodying Homelessness Amongst ex-Servicemen.	Journal article describing study investigating homelessness in veterans in relation to their physical strength.	Veterans often drawn to similar physical roles due to lack of transferable skills for white collar jobs. Reduced workplace demand for masculinised physicality, veterans drawn back to roles where valued and don't consider other roles; sometimes even try to re-enlist. Physical roles may carry higher risk of redundancy.
Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I. & Koffman, R.L. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care.	Journal article presenting a US study examining mental health outcomes of veterans.	38-45% of those who met criteria for mental health issues indicated interested in seeking help. 23-40% received professional help in previous year. Perceived difficulties in seeking help included fear of stigma, practical difficulties and lack of trust in mental health professionals.
Iversen, A., Nikolaou, V., Greenberg, N., Unwin, C., Hull, L., Hotopf, M., Dandeker, C., Ross, J. & Wessely, S. (2005). What happens to British veterans when they leave the armed forces?	Journal article presenting analysis of data from the King's Military Cohort to explore employment, social and mental health outcomes of veterans.	Most veterans transition successfully with 11.9% unemployed. Those with poor mental health while in service are more likely to leave and to be subsequently unemployed. Particular protective effect of marriage and negative effect of symptoms for ESLs. Mental health problems appear to remain static after discharge.
Iversen, A.C., van Staden, L., Hacker Hughes, J.H., Browne, T., Greenberg, N., Hotopf, M., Rona, R.J., Wessely, S., Thornicroft, G. & Fear, N.T. (2010). Help-seeking and receipt of treatment among UK service personnel.	Journal article examining mental healthcare service use in UK military.	Around 80-90% with mental health problem seek help but vast majority is informal help from, for example, spouse, family member, self-help group, websites and friends.
Macmanus, D. & Wessely, S. (2013). Veteran mental health services in the UK: are we headed in the right direction?	Editorial article discussing veteran mental health services.	Depression, anxiety and alcohol misuse disorders are most prevalent disorders in military personnel (Iversen et al., 2009; Murphy et al., 2008). Clinical complexity due to combination of early life difficulties, comorbidity and substance abuse. Responsibility for healthcare for veterans falls to NHS but often unprepared and veterans reluctant to seek help for mental health problems.
Mares, A.S. & Rosenheck, R.A. (2004). Perceived relationship between military service and homelessness	Journal article describing a US study of homeless veterans in the VA Therapeutic	31% of the homeless veterans reported that military service increased their risk for homelessness. Of these, either due to substance misuse, inadequate preparation

among homeless veterans with mental illness.	Employment Placement and Support Program.	for resettlement or loss of structured lifestyle. 14 year gap between discharge and homelessness.
Milroy, W.H. (2001). Pathways to the Street for Ex-Service Personnel; An Examination of Various Routes to Homelessness for Ex-Service Personnel.	e-thesis.	Often delay between discharge and homelessness. PTSD not major health condition among veterans.
Ministry of Defence (2007). MoD resettlement package praised by independent report.	Online news release about report of assessment of UK Armed Forces resettlement packages.	UK Armed Forces show best practice in providing good quality and effective resettlement. Service leavers have high rates (94%) of employment and most adapt well to civilian life.
Ministry of Defence (n.d.). Transition to civilian life.	Army website detailing resettlement offer for service users.	Service leavers are entitled to support with employment, education, health, housing and welfare. Limits may be placed on entitlement for ESLs or those dishonourably discharged.
Morin R (2011). The Difficult Transition from Military to Civilian Life.	Online article describing risk factors for a poor transition to civilian life.	27% veterans (US) report difficult transition, up to 44% for post-9/11. Risk factors include emotionally traumatic experience, serious injury, served in combat, mental health problems and knowing someone killed or injured. Length of time in service, age of discharge and number of times deployed not independent risk factors.
Murphy, D., Iversen, A. & Greenberg, N. (2008). The mental health of veterans.	Journal article exploring veteran mental health issues and measures to improve provision of support.	Vast majority of veterans transition well. Alcohol problems, depression and anxiety most common mental health issues, but veterans are often reluctant to engage with support services.
Porat, H., Marshall, G. & Howell, W. (1997). The Career Beliefs of Homeless Veterans: Vocational Attitudes as Indicators of Employability.	Journal article investigating career beliefs of US veterans and how these may limit employability.	Some veterans show a lack of flexibility and need for structured environments and jobs consistent with initial training. These traits may hinder their employability.
Randall, G. and Brown, S. (1994). Falling Out: A Research Study of Homeless Ex-Service People.	Book.	One quarter of homeless have been in military. Breakdowns in relationships one of the most common triggers of homelessness.
Riverside (n.d.). Veterans services.	Webpage for the Riverside Group social housing services for veterans.	SPACES offer housing support in Catterick for veterans within the first 12 months of leaving the military. Also offer signposting to other support agencies. Many of their staff are also ex-military themselves.
Royal British Legion (2014). A UK Household Survey of the Ex-Service Community.	Online report detailing survey study of the needs of veterans carried out by Compass Partnership.	Ex-service population declining in size. Veterans more likely to be unemployed, have caring responsibilities, issues with debt, long term illness and to report being depressed. 1 in 10 veterans aged 16-44 years report difficulty with resettlement, rising to 16% in those discharged in last 5 years. 1 in 5 aged 35-44 years in arrears.
Royal British Legion (2016). Deployment to	Online report describing veteran	Estimated 85% of veterans who leave after serving four years or more and who seek

Employment: Exploring the veteran employment gap in the UK.	employment rates and challenges.	paid work are employed within 6 months.
Royal British Legion (n.d.). Literature review: UK veterans and homelessness.	Online literature review exploring rates of and reasons for homelessness among UK veterans.	The proportion of veterans among London's homeless population has fallen. Homelessness mostly not caused by time in military but may have contributed to ability to cope with adverse events. Homelessness mostly caused by pre- or post- military events. London veteran homelessness population around 1,100 in 2008 (Johnson et al. 2008), down from 3-4,000 in 1997 (Gunner and Knott; Randall and Brown). Estimate 1,200 service leavers experience early homelessness. Often experience homelessness much later in life after apparently transitioning successfully, often due to financial problems, relationship breakdown or bereavement. Most vulnerable those who left prematurely or received administrative or medical discharge (Johnson et al. 2008). Dandeker – a quarter attribute primary reason for homelessness to discharge. Reasons mostly multifactorial, broadly similar to civilians but may be more complex and more likely to experience alcohol-related problems.
Rutherford, T. (2014). Defence Personnel Statistics.	Online report detailing personnel statistics.	An average of around 21,000 Regular Forces personnel left the British Armed Forces per year between 2010 and 2014, with 23,000 leaving in 2014.
STOLL (n.d.).	Website for STOLL veterans housing service.	Sir Oswald Stoll Foundation offers tenancies for 1-5 years alongside its own specialist practitioner (alongside Addaction), an employment advisor and drop in sessions with external agencies. Also arranges regular group activities and trips for residents.
Sundin, J., Fear, N.T., Iversen, A., Rona, R.J. & Wessely, S. (2010). PTSD after deployment to Iraq: Conflicting rates, conflicting claims.	Meta-analysis of PTSD rates in veterans deployed to Iraq.	Wide range in estimates of PTSD among studies. The prevalence among population and random samples representative of all the deployed forces was 2.1–11.6%.
van Staden, L.N., Fear, N., Iversen, A., French, C., Dandeker, C. & Wessely, S. (2007). Young military veterans show similar help seeking behaviour.	Letter article describing study investigating help seeking among young veterans.	Small number of those with mental health problems seek help and most prefer to use informal networks such as friends and family.
Walker, S. (2010). Assessing the mental health consequences of military combat in Iraq and Afghanistan: a literature review.	Review article of mental health among military personnel, mental healthcare provision and how can be improved.	Association between length of deployment and health outcomes. Particular risks for younger personnel who are predisposed to additional risk factors e.g. poor socioeconomic background and immaturity. Informal support can be protective against mental health issues. The focus of resettlement packages is on practical rather than emotional support.

<p>Wood, N. (2016). The Military Human Impact Report.</p>	<p>Online impact report detailing effectiveness of Continued Professional Development training for health and social care staff provided by York St John University.</p>	<p>Department of Health (2008) regard a veteran as having spent anything from 1 day in the military. Recognition of veteran as a human and of the emotional challenges, such as around bereavement, family, investment of emotion. Recognition that being in the military is an occupation and a lifestyle. Veterans see each other as “family” and invest emotionally in a way not replicated in other professions.</p>
--	--	--

Appendix B. General Satisfaction Questionnaire

We would like to ask you some questions about your thoughts about the accommodation and other services provided to you. Please answer by circling one option for each question.

- | | |
|---|--|
| 1. Taking everything into account, how satisfied or dissatisfied are you with the overall service provided by Home Group? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 2. Thinking about when you moved in, how satisfied or dissatisfied were you with the standard of your accommodation? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 3. Overall, how satisfied or dissatisfied are you with the management and upkeep of the accommodation you live in? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 4. How satisfied were you with the application process? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 5. Overall, how satisfied are you with the comfort and safety of the accommodation? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 6. Overall, how useful did you find the services were to you? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |

- | | |
|--|---|
| 7. Overall, how satisfied were you with the services provided to you by other agencies, if applicable? | Very satisfied
Fairly satisfied
Neither satisfied nor dissatisfied
Fairly dissatisfied
Very dissatisfied
No opinion |
| 8. Thinking about the contact you have had with staff, do you think it was: | Too little
About right
Too much
No opinion |
| 9. Taking into account the accommodation and the services provided, do you think that the rent for this property represents good or poor value for money? Is it: | Very good value for money
Fairly good value for money
Neither good nor poor value for money
Fairly poor value for money
Very poor value for money
No opinion |
| 10. How good or poor do you feel Home Group is at keeping you informed about their services and decisions? | Very good
Fairly good
Neither good nor poor
Fairly poor
Very poor
No opinion |

Do you have any recommendations for the accommodation or for other services that could be provided to veterans like yourself? Please write any recommendations below:

Appendix C. Quality of Life Questionnaire part I

Based upon the ICECAP-A questionnaire (Al-Janabi & Coast, 2010)

Please indicate which statements best describe your overall quality of life at the moment by circling one answer for each of the five groups below:

<p>1. Feeling settled and secure I am able to feel settled and secure in all areas of my life I am able to feel settled and secure in many areas of my life I am able to feel settled and secure in a few areas of my life I am unable to feel settled and secure in any areas of my life</p>	<p>[] [] [] []</p>
<p>2. Love, friendship and support I can have a lot of love, friendship and support I can have quite a lot of love, friendship and support I can have a little love, friendship and support I cannot have any love, friendship and support</p>	<p>[] [] [] []</p>
<p>3. Being independent I am able to be completely independent I am able to be independent in many things I am able to be independent in a few things I am unable to be at all independent</p>	<p>[] [] [] []</p>
<p>4. Achievement and progress I can achieve and progress in all aspects of my life I can achieve and progress in many aspects of my life I can achieve and progress in a few aspects of my life I cannot achieve and progress in any aspects of my life</p>	<p>[] [] [] []</p>
<p>5. Enjoyment and pleasure I can have a lot of enjoyment and pleasure I can have quite a lot of enjoyment and pleasure I can have a little enjoyment and pleasure I cannot have any enjoyment and pleasure</p>	<p>[] [] [] []</p>

Appendix D. Quality of Life Questionnaire part II

Based upon relevant items from the Measuring Capabilities Study questionnaire (Lorgelly et al., 2008)

Please indicate how strongly you agree or disagree with the following statements by circling one option for each question.

- | | |
|---|--|
| 1. I am able to influence decisions affecting my local area | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |
| 2. I am free to express my views, including political and religious views | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |
| 3. I am able to appreciate and value plants, animals and the world of nature | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |
| 4. I respect, value and appreciate people around me | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |
| 5. I am free to decide for myself how to live my life | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |
| 6. I am free to use my imagination and to express myself creatively (e.g. through art, literature, music, etc.) | Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree |

Please answer the following questions by circling one option for each question.

1. Does your health in any way limit your daily activities, compared to most people of your age? Yes
No

2. Are you able to meet socially with friends, relatives or work colleagues? Yes
No

3. At present how easy or difficult do you find it to enjoy the love, care and support of your family and friends? Very easy
Fairly easy
Neither easy nor difficult
Fairly difficult
Very difficult

4. In the past 4 weeks, how often have you lost sleep over worry? Always
Most of the time
Some of the time
Hardly ever
Never

5. In the past 4 weeks, how often have you been able to enjoy your recreational activities? Always
Most of the time
Some of the time
Hardly ever
Never

Please circle a number between 0 and 100 that describes your quality of life:

- | | |
|-----|---------------------------------|
| 100 | Perfect quality of life |
| 95 | Nearly perfect quality of life |
| 90 | |
| 85 | Very good quality of life |
| 80 | |
| 75 | |
| 70 | Good quality of life |
| 65 | |
| 60 | |
| 55 | Moderately good quality of life |
| 50 | |
| 45 | |
| 40 | Somewhat bad quality of life |
| 35 | |
| 30 | Bad quality of life |
| 25 | |
| 20 | |
| 15 | Very bad quality of life |
| 10 | |
| 5 | Extremely bad quality of life |
| 0 | No quality of life |