Integrated Support Network and Information, Guidance and Advice: Issues affecting veterans and their families

Forces in Mind Trust

Manchester Business School

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Final Report

Contents

Original Thinking Applied

Original Thinking Applied

List of tables

Original Thinking Applied

1   Executive Summary

This project has been commissioned by FiMT. The research into the subject matter is being carried out by Manchester Business School who have been asked to conduct a study to gain a detailed understanding of:

- the process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families
- the understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families
- the problems and barriers with regards to current provision and any impact that this might have on successful transition
- the provision of insights into what might constitute an ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers

To answer the research questions, a systematic research approach has been devised. The research implementation has been carried out from an explorative perspective. This research approach concentrates on the collection of preliminary information from which problems can be defined in relation to research targets' perception of reality.

To provide an in-depth consideration of the research questions, the research process has been divided into a number of phases: service provider interviews, service user interviews, a service user survey and service user focus groups.

The results of the research process were facilitated by the collection and analysis of a large amount of data. These results suggested that the provision of IAG in the UK is of a good standard. However, the focus of the research is about improvement to the system of IAG provision, within a demanding environment and in consideration of challenging economic times. Consequently, the research looks to find insights into areas of systemic weakness and potential improvement insights.

Some of the results related discussions were pertinent to two of the research questions: *the understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families;* and *problems and barriers with regards to current provision and any impact that this might have on successful transition*

One element of the interviews and focus group discussions identified discrepancies between actual services available and the perception of services available, to some service users and potential service users. This led to discussion about a lack of awareness of IAG related services, and suggestions for awareness improvement.

There were also elements of concern in relation to apparent inconsistency across, and even within, services with regards to transition and sharing of information. Discussion offered thoughts on best practice across all services that would enable consistency of support and information for military personnel as they leave the service.

One strand of the research recommendations was directly linked to the initial research

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question, t*he process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families*

Concerns were expressed about the nature of some IAG related caseworkers. It is recommended that there should be a core of IAG related caseworkers that are paid employees, with a possible mix of volunteers with relevant specialist skills. Caseworkers should be a mix of civilian employees with specific skills, and former military, who will be better placed to understand the impact of armed service on users. This mix of former military and non-military enables an innovative atmosphere and ensures better mix of prior experience. Appointment of senior ranks to caseworker roles may or may not be problematic for some users, but may be an issue for more junior and younger service leavers. All caseworkers should be trained to carry out the caseworker post.

There were concerns about the structure of IAG provision, and it is suggested that this provision needs to be restructured prior to service personnel departure from their military service. For many, under the current structure of provision, access to transition IAG is limited. Perhaps, they might not access to the full two-year period of resettlement, or they do not have support from their commanding officer or other managers within their military units, and consequently are not provided with the time to attend transition related programmes. To address this issue, transition advice/life skills training and programmes of understanding of community-wide standard non-military stakeholder routes into many aspects of wellbeing and support should be mandatory. The process needs to begin at the start of a military career; needs to be ongoing throughout a military career; should be standardised and consistent regardless of rank or service or unit; and needs to be signed off as a required CO target.

Another area of concern was the structure of the IAG ecosystem. There were suggestions for system rationalisation from all parts of the research process. The Scottish system offers a competent example of how this might be achieved, with need-focussed pillars. We recommend a similar approach to be adopted in England, Wales and Northern Ireland. This will enable improved networks at the level of service providers and a more cohesive ecosystem. Suggested hubs include: money matters, employment, housing, physical health, mental health matters, personal development, family matters and other welfare[1]

Ecosystem connectivity with organisations that are not part of military charity provision was raised as an area of concern. These are specialist providers of support with relevant expertise often beyond the scope of the transition support system. These might be aligned with the hubs detailed in the previous paragraph, and should also be included in the referral process provided by an IAG central point of contact. They are likely to include state provision such as NHS and Universal Jobmatch and non-military charities such as Citizens Advice Bureau and the Samaritans.

A second strand of the research recommendations was directly linked to the initial research question, *the provision of insights into what might constitute an ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers*.

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[1] Other welfare includes all support not previously covered, such as benevolence, fundraising for other charities, lobbying and networking.

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There was a perception that a number of the larger charities were too competitive and more focused on their own self-interest than the service user. This perception may be misplaced but the perception or the actuality should be addressed.

After consideration of all parts of the research process, a central point of contact is recommended. This would be a mixed-media solution to IAG provision. It would include a range of contact mechanisms that people can contact directly, or that charities can refer users to. The system would be proactive in referral and making productive contact not signposting. The central point of contact should be delivered by a neutral organisation, not a charity operating within the sector, utilising: telephone, social media, text, email, web chat, information repository; face-to-face and drop in centres important for those not able to comfortable with phone or web; and a call centre service focused on IAG service delivery and not driven by call numbers. This central point of contact would in conjunction and in collaboration with the contact centres offered by the larger transition related charities. A central point of contact is NOT a single point of contact. It is a very different communication mechanism.

One 'ideal' that was suggested on numerous occasions during service user interviews and focus groups was the veterans' card. It was also suggested that such cards could be issued using service number/adjusted service number. If possible, this should link to JPA[2] and also to CMS[3]. The card will carry the details of the central point of contact. It should be issued on the day of service termination.

A final area of concern that was much discussed was awareness of the IAG ecosystem. It is recommended that it should be promoted in more innovative ways to raise its profile to recent transitionees that have fallen through the ecosystem information net, and elderly service leavers that are unaware of support service availability.

Given the nature of the recommendations made in this report, it is suggested that a coordinating body to govern the provision of military IAG is established. This may be provided by an organisation such as Cobseo. The purpose of this is to ensure uniformity and dependability in delivery of IAG and support across the sector, and to provide some form of approval/accreditation of providers to ensure quality of delivery.

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[2] Joint Personnel Administration - the intranet-based personnel administration system used by the British Armed Forces

[3] Case Management System – a database system for the coordination of applications for financial assistance from military charities. Applications via this process are recorded using a Form A, with the support of a case worker.

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2   Background to the study

2.1   Context

Recent work commissioned by The Forces in Mind Trust (FiMT)[4], the Transition Mapping Study, has shown that service leavers may experience difficulties in navigating support available through various government and independent support agencies. This can, in those most vulnerable, result in a range of problems such as poor mental health, substance and alcohol abuse, family breakdown and difficulties entering meaningful employment. There is a wide range of support available to those in need, from the state and also military and non-military charities. However, whilst this support works for many, anecdotally there are some that still do not access or receive the support required.

The purpose of this study is to begin to understand, primarily for those that have had a need to access support, ways in which the current ecosystem does and does not work, with regards to the delivery of Information, Advice and Guidance (IAG).

The focus of this study was on IAG support available to military personnel undergoing transition. For the purpose of this study, transition was defined as:
> *'the period of reintegration into civilian life from the Armed Forces.'*
> (Transition Mapping Study, FiMT)

In the context of this study, transition is taken to start with the point in service at which service personnel start their resettlement process and then continues for the remainder of their lives. A service leaver is someone who has served time in the military – for the purpose of this study the length of this service may be as short as one day.

2.2   Information, advice and guidance (IAG): a definition

For the purpose of this study, the following definition of IAG is used:

Information, advice and guidance (IAG) is the provision that helps inform service users (or their families) to make effective decisions and choices so that they know where to go to access the appropriate end service for their needs. The information that may be sought can take the form of:
- Money matters
- Employment
- Housing
- Physical health
- Mental health matters
- Personal development
- Family matters
- Other welfare[5].

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[4] Forces in Mind Trust is a charity established to promote the successful transition of armed forces personnel by acting as a credible, independent and influential authority on transition, awarding grants and commissioning research.

[5] Other welfare includes all support not previously covered, such as benevolence, fundraising for other charities, lobbying and networking.

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For the purpose of this work, any service provider that provides information to the service user, refers them to another organisation for information, or enables users access to knowledge that they would not have otherwise known, is deemed to offer IAG. This is different to the final provision of the support required, for example the funding and issue of a prosthetic limb.

A glossary of terms is included at the end of this report.

2.3   Brief for this study

FiMT commissioned Manchester Business School to conduct a study to understand, in greater depth:
- the process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families
- the understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families
- the problems and barriers with regards to current provision and any impact that this might have on successful transition
- what might constitute an ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers.

A range of data collection methods were used for the study. These were qualitative and exploratory in nature, and included:
- Desk research to identify service providers offering IAG to service leavers
- Qualitative interviews with service providers
- Observation of a small sample of service providers
- On-line questionnaire with service users
- Interviews with service users
- Focus groups with service users
- Focus groups with service providers
- Focus groups with those that have used IAG services and are also involved in the provision of IAG

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3   Methodology

3.1   Research aims

The aim of the study is to understand:
- the ecosystem of the post-transition support environment
- user understanding of support mechanisms available
- actual support mechanisms available
- delivery mechanisms in use
- desired delivery mechanisms from the perspective of user groups
- potential achievable delivery mechanisms
- gaps in understanding of the provision of support gaps in provision of support

A mixed method approach was adopted for the study, to enable both a breadth and depth of understanding, from the perspective of all stakeholder groups (providers and users). This method included the following research strands:
- Desk research
- Semi-structured service provider interviews
- Online service user survey from a qualitative perspective
- Semi-structured service user interviews
- Service user focus groups
- Provider focus groups
- Observation of IAG provision at two call centres

3.2   Research approach

Research is often classified as exploratory, descriptive or causal. Exploratory research focuses on the gathering of preliminary information from which problems can be defined, descriptive research describes factors such as market size or consumer behaviour, whilst causal research tests cause and effect relationships. The natures of the research aims for this study do not point toward statistical rigour but instead lend themselves to exploratory examination. With this end in mind, the selected exploratory approach of interviews and observation looked to gain a 360° overview of the ecosystem from perspectives of providers and users.

It could be argued that an ideal approach to developing a framework of analysis might be to develop an unbiased and representative sample of service leavers who would complete an informed survey of questions to examine the aims of the study, in line with a positivist approach. However, given the nature of the audience, the sourcing of an unbiased representative sample would be difficult to find for the following reasons:
- The nature of the potential target audience is such that a significant proportion may be unlikely to want to participate in such research. When they leave the military, they may want to distance themselves from it.
- Reportedly, some military personnel have had limited education options (Up to 50% of Army recruits have literacy and numeracy skills below Entry Level 3, equivalent to the standard expected of primary school leavers at age 11. The comparable figures for the Navy and Royal Air Force are much lower,

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representing only one to three per cent of their recruits[6]) and lack in confidence when leaving the military.

- An assumption is made that a greater number of commissioned officers would be more likely to complete questionnaires given the proactive nature of their military careers.

Table 1 shows the research phases of this study.

Table 1: Research phases

Phase	Research type	Research outcome
1	Service provider interviews	The service provider interviews are used to provide an understanding of the current IAG provision.
2	Service user questionnaire	Provide service user insights into services available (MoD and external provision) and the process for delivery of IAG; problems and barriers with regards to current provision and any impact that these might have on successful transition; and insights into what might constitute an ideal state of delivery for IAG.
3	Service user interviews	Provide more detailed service user insights into services available (MoD and external provision) and the process for delivery of IAG; problems and barriers with regards to current provision and any impact that this might have on successful transition; and insights into what might constitute an ideal state of delivery for IAG.
4	Service user focus groups	Service user focus groups are used to explore a number of themes that were derived from the results of the service user surveys and interviews. These are: • Transition IAG provided prior to leaving, what was good, what was bad etc • Transition IAG provided on leaving • Transition IAG provided for veterans • The ideal time to start the provision of IAG • The nature of the mechanisms of IAG provision e.g. single point of contact • The nature of IAG advisors: o Military or civilian • Access to IAG – how do people find out about it • The issue of veteran identity cards.

3.3   Data collection

3.3.1   Desk research

Initially, desk-based research was conducted to develop a provisional stakeholder map of the support services available, taking into account both government and external

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[6] The Transition Mapping Study: Understanding the transition process for Service personnel returning to civilian life, FiMT, 2013

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agencies. The purpose was to enable an understanding of the network of provision available to those in transition. Organisations included in the desk research included:

- Military charities
- MoD transition support services.

3.3.2 Service providers

3.3.2.1 Interviews

Following the desk research, qualitative semi-structured interviews were conducted with a sample of service providers. Semi-structured interviews were selected as they provided sufficient structure to be able to guide the discussion in a focussed fashion, whilst allowing the flexibility to probe further into points raised in individual interviews. The discussion points for the interviews were developed in collaboration with FiMT to ensure that they were fully aligned with the objectives for the study, and are detailed in appendix 1. Interviews were conducted with senior personnel including Chief Executives, Chairmen, Directors for Welfare, etc. Interviewees were contacted by telephone to ascertain the nature of the support provided by the charity, to confirm provision of IAG, and to invite them to participate in the study. The purpose of the interviews was to understand:

- The service offered to service leavers
- Access and delivery mechanisms of the service
- Referral routes in to the service
- Referrals made by the service
- User numbers and profile of user types

Service provider interviews were focused on organisations offering charity support solely to the military community, and in particular service leavers. It was felt that although state-run organisations and non-military charities provide invaluable support to the veteran community, these should not be included as they are available to all and so accessibility through standard non-military stakeholder routes is much more visible.

3.3.2.2 Focus groups

Two of the focus groups conducted as part of the study included those working in service provider organisations. Many had also received IAG following resettlement. The aim of the focus groups was to gain a more thorough understanding of the process of IAG service delivery from those on the front-line.

3.3.2.3 Observations

Call centres for two major service providers were visited, and observation of staff conducted. This facilitated a greater understanding of the process of service provision. As part of this group, a number of case workers and service providers were also interviewed, to gain an understanding of the process of delivery of IAG.

3.3.3 Service users

Exploratory research was conducted with users and potential users of military charity IAG. Data collection methods used were:

- Online survey
- One-to-one interviews
- Focus groups

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These are discussed in greater depth in the following sections.

3.3.3.1   Service User survey
In collaboration with FiMT, and drawing upon some of the information obtained from the service provider interviews, a largely quantitative user survey was developed, and distributed online using Qualtrics. IAG service users were accessed via the networks and social media activities of IAG providers included in the service provider interviews, and all responses were anonymous, unless participants decided to share contact details. The aim of the survey was to understand, from the perspective of the user:
- Requirements for information advice and guidance
- Knowledge of support available
- Routes in to the service
- Referral experiences
- Mechanisms for the delivery of support
- Preferred mechanisms for the delivery of support
- Expectations of the support received
- Experiences of the support received

3.3.3.2 Service user interviews
Following the service user survey, one-to-one semi-structured interviews were conducted with 46 service users. An interview guide is shown in appendix 2. As with the service provider interviews, the mechanism of semi-structured interviews was selected as the most appropriate method due to the flexibility afforded with regards to probing further when required. Again, the themes for the interviews were developed in collaboration with FiMT and, based upon findings from the survey. The purpose of the interviews was to gain a more detailed understanding of:
- Experiences of the current IAG network
- The referral process
- The support itself
- What worked well for users
- What did not work well for users
- The ideal state of play for IAG support from the perspective of users.

Amongst interviewees the range of service and ranks are described in tables 2 and 3.

Table 2: Interview participants' service and general rank (on leaving)

	OR	OF	Total
Army	18	16	**34**
Royal Navy	2	5	**7**
RAF	0	5	**5**

Table 3: Interview participants, specific ranks (on leaving) **(full descriptions of each rank are detailed in appendix 3)**

OR - 1	OR - 2	OR - 3	OR - 4	OR - 5	OR - 6	OR - 7	OR - 8	OR - 9
0	3	0	5	5	1	0	2	2

OF - 1	OF - 2	OF - 3	OF - 4	OF - 5	OF - 6	OF - 7	OF - 8	OF - 9
0	4	8	10	3	0	0	0	0

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The interview participants have served between 5 and 35 years in the armed forces (figure 1), and almost one third have served over thirty years, with good representation across the board, with the exception of early service leavers, of which there are none. In terms of the time elapsed following resettlement, more than half have left military service within the last 4 years (figure 2). However, again, representation is across the board.

Figure 1: Time served amongst interview participants
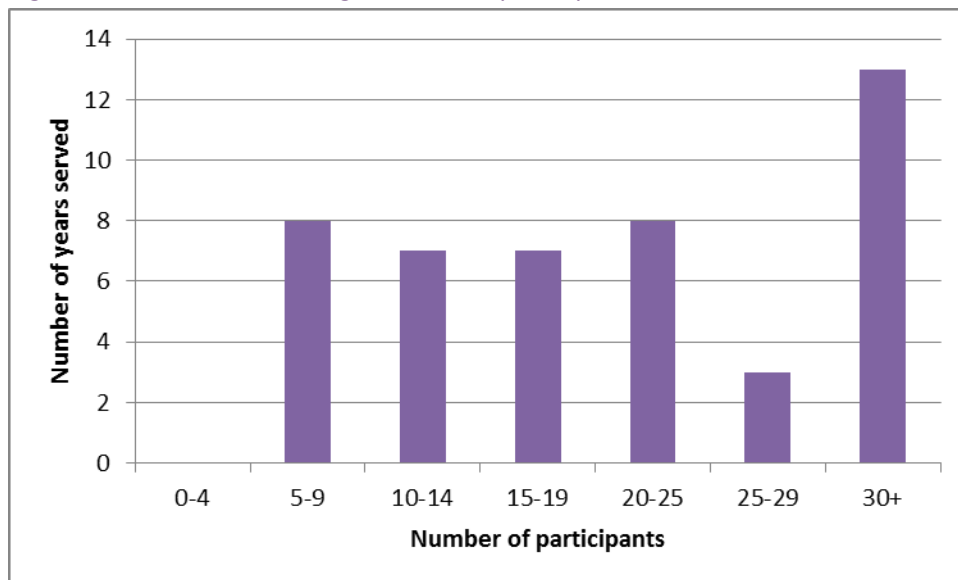
Figure 2: Time elapsed following resettlement amongst interviewees
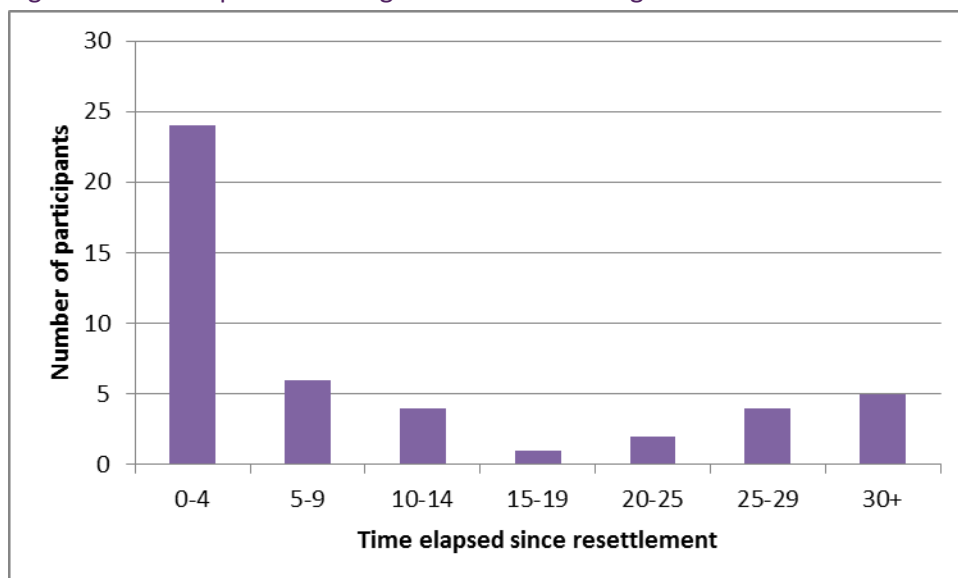
3.3.3.3 Service user focus groups
Six service user focus groups were conducted, at various locations in the UK:
- Two in Scotland
- One in London

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- One in Manchester
- One in Cardiff
- One in Northern Ireland.

All attendees were volunteer participants who had chosen for one reason or another to attend the session taking place close to their residence, work place or place of location on a given day. The profile of each focus group is described in table 4. There were 34 participants from across all three services (for further details of focus group participants see appendix 4). Of these, 9 were commissioned officers and 25 other ranks (for full descriptions of ranks, please see appendix 3). Three focus groups included employees of IAG providers, three did not. As service leavers themselves, all were also either users or potential users of IAG.

Table 4: Construction of focus groups

Focus group	Belfast	Cardiff	Edinburgh	Inverness	London	Manchester
No. of participants	5	5	8	6	6	4
OR	4	5	8	6		2
OF	1				6	2
Relationship to IAG	IAG managers and potential users of IAG	IAG centre staff and potential users of IAG	Users and potential users of IAG	1 centre staff 5 users of IAG	Users and potential users of IAG	Users and potential users of IAG

The aim of the focus groups was to explore, in greater depth, the issues arising from previous data collection techniques. These included:
- What has worked well in people's experience
- What has not worked so well in people's experience
- Ideal state of delivery for IAG
  - Ideal access routes
  - Mechanisms for referral
  - Delivery mechanisms for IAG
  - Access to IAG – raising awareness
- Veterans card

A comprehensive discussion guide for the focus groups is in appendix 5.

3.4   Data analysis

After consideration of the research questions and the research aims, the research design phase was planned to ensure that each of the research outcomes would map onto the various aims. A thematic data analysis was conducted following the themes highlighted in the project aims:
- the process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families
- the understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families
- the problems and barriers with regards to current provision and any impact that

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       this might have on successful transition
- what might constitute an ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers

The research process is described in table 5.

Table 5: Research process

Research question	Aim of the study	Results	Source
The process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations	the ecosystem of the post-transition support environment understanding of support mechanisms available; delivery mechanisms in use	Structure of support provision Structure of the ecosystem Regional nuances Referral Follow up	Service provider interviews
The understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families	the ecosystem of the post-transition support environment actual support mechanisms available delivery mechanisms in use	Need for information, advice and guidance (IAG) Knowledge of IAG provision Service provision Delivery mechanisms Referral Follow up	Service user surveys Service user interviews Focus groups
The problems and barriers with regards to current provision and any impact that this might have on successful transition	gaps in understanding of the provision of support; gaps in provision of support	Inter-organisational relationships within the network Expectations of support Outcomes of support Satisfaction with support	Service user surveys Service user interviews Focus groups
The provision of insights into what might constitute an ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers	desired delivery mechanisms from the perspective of user groups potential achievable delivery mechanisms	Improvements to the support mechanism Point of contact Mechanism for delivery of IAG Veteran's card	Service user surveys Service user interviews Focus groups

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Survey results were analysed by the following factors, and discussed separately in instances where there was a notable difference from the overall trend:
- Age
- Location (region)
- Time since leaving military service
- Type of IAG need (Money matters, family matters, physical health, mental health, housing, employment, personal development and other welfare)
- Military service served in.

For the purpose of this study, when analysing user survey results according to armed service type, reservists were analysed as a combined group, due to the number of respondents.

For the study, an online, largely quantitative survey was distributed as widely as possible throughout the UK, using the network of military veteran charities and support agencies. Reponses are split geographically with 63% of respondents (296) living in England, 24% in Scotland (115), 5 % in Northern Ireland (23), 3% in Wales (12) and the remaining 5% (24) located worldwide**.** All services are represented by survey respondents, as were all ranks. The gender split of survey respondents is considered to be representative of the military overall, with 87% of respondents (407) male, and the remaining 13% (63) female. With regards to age, survey respondents tended to be aged 45 and above (63%, or 297 respondents in total), with a notable proportion aged between 45 and 54 (31 % or 147 respondents) and 55 and 64 (21% or 98 respondents) (figure 3). All respondents had completed more than 1 year of armed service, with 77% serving in excess of 8 years (figure 4). Full details of survey respondents can be found in appendix 6.

Figure 3: Age of survey respondents
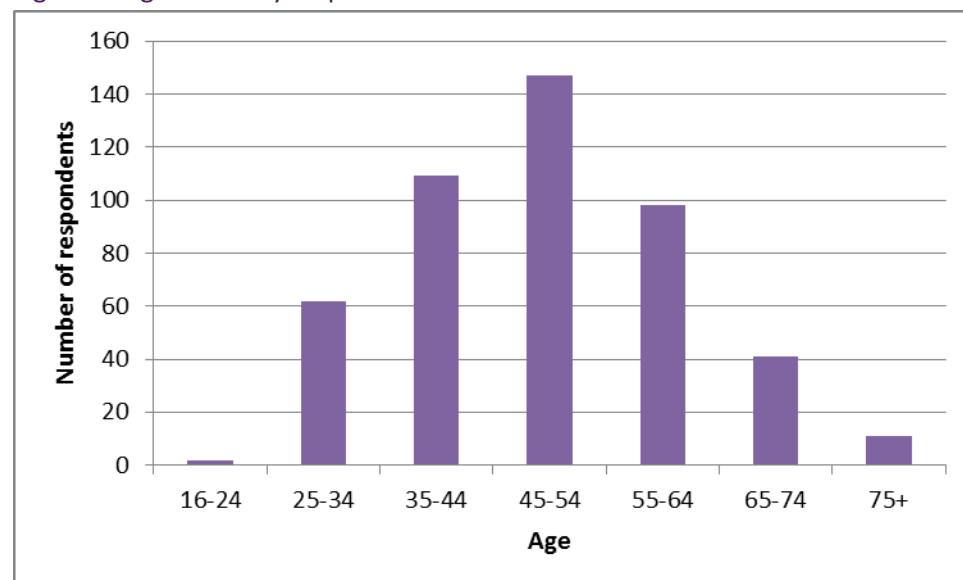
Figure 4: Duration of armed service
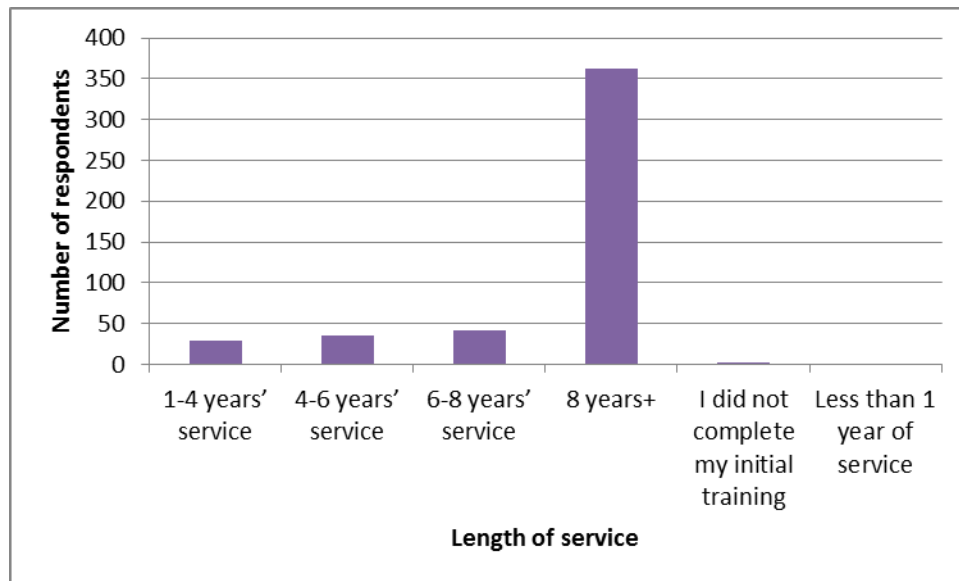
In terms of the time elapsed following transition, all periods were represented by survey respondents. However, almost one third of survey respondents (147 out of 470) had undergone resettlement within the last 2 years (figure 5). Further details are shown in appendix 6.

Figure 5: Time elapsed following resettlement

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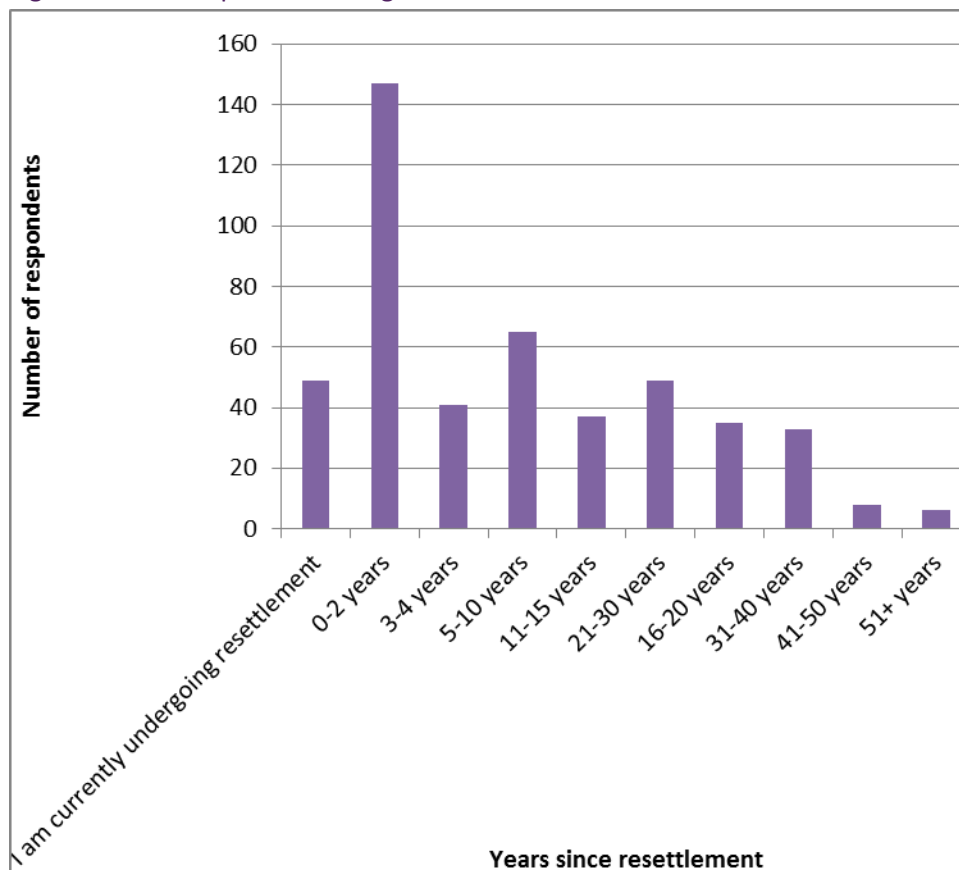
A number of survey respondents left the military either because they had reached the natural end of their service (44%, or 206 respondents), or through PVR (32% or 152 respondents) (figure 6). Of those that responded to the survey, 13% (61 respondents) were registered disabled. Of those that were disabled, all forms of disability were noted (appendix 6).

Figure 6: Reason for leaving armed service amongst survey respondents
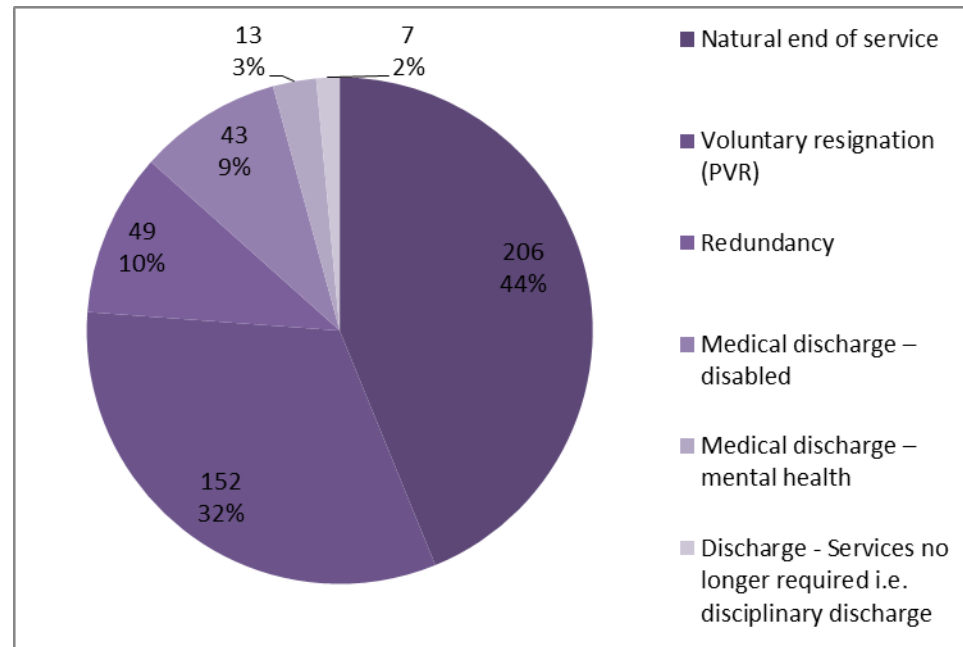
3.5   Limitations

Service user survey participants were self-selected, and so although it is recognised that results are not likely to be representative of the service leavers community overall, it is also emphasised that such results will provide valuable insights into the transition process. As a consequence, it should be noted that results of the study do provide a deeper understanding of the IAG ecosystem from the perspective of those that have needed to use it, and, perhaps most importantly, for whom it may not have worked as well as might be hoped.

Service user interview participants were self-nominated as part of the survey process, and so again it is recognised that those that volunteered to take part in interviews are likely to be those that had a story that they wanted to share, either positive or negative. Again, however, it should be noted that, in the context of exploratory research, such stories provide highly valuable anecdotal information. Medical discharge, redundancy and discharge also featured often as reasons for leaving military service amongst survey respondents. However, it should be recognised that this group of service leavers may be those in most need of IAG, and so therefore more likely to have been in contact with IAG providers.

The majority of the focus groups were arranged with the support of service providers within the sector. This had some influence on the type of people that took part in the individual groups. As with other methods, it is acknowledged that participants are likely to be those with a personal interest in the work either due to positive or negative

experiences. However, given the exploratory nature of the study, this does not compromise the validity of the results presented.

Many of the views expressed as part of this study, particularly in the cases of interviews and focus groups are anecdotal points, and not necessarily a reflection on the performance of service providers. Instead, they are a reflection of the perceptions of such organisations held by some service leavers.

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4   Results

4.1   The process and deployment of IAG delivered by state, registered and non-registered charity organisations to ex-service personnel and their families

This section is compiled using results from service provider interviews only, as it is an attempt to understand the process and deployment of IAG from the perspective of those delivering the service.

4.1.1   Structure of support provision

Desk research revealed that the provision of support for service leavers is extensive and wide-ranging. This study identified some 150 individual charities providing IAG support in some form. However, anecdotal evidence from charities interviewed as part of this study suggests that there might be as many of military 2,000 charities in operation offering support to veterans. For the purpose of this report, support will be categorised into a number of key areas, according to the need addressed:

- Money matters
- Employment
- Housing
- Physical health
- Mental health matters
- Personal development
- Family matters and
- Other welfare[7]

Service provider organisations are split across the categories as indicated in table 6.

Table 6: Military charities according to category

Category*	Number of charities in the study offering this as a service	Percentage of total service providers identified
Money matters	33	24
Employment	12	9
Housing	17	13
Physical health matters	18	13
Mental health matters	9	7
Personal development	9	7
Family matters	7	5
Other welfare	30	27
Total	**135**	

*Please note, this is the core focus of the charity, organisations may provide a range of additional support

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[7] Other welfare includes all support not previously covered, such as benevolence, fundraising for other charities, lobbying and networking.

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The desk research conducted for this study highlighted that provision of IAG support is provided by both large national charities and small local charities. There are a small number of large well-known charities, which play a major role in the sector, and a large number of small charities, which, reportedly have limited influence within the overall sector.

4.1.2   Structure of the ecosystem

From discussions with service providers it appears that the delivery mechanism which enables users to access service providers varies. The research suggests that access is gained either through SSAFA or TRBL caseworkers, or directly through telephone, e-mail or website registration. However, regardless of this it was generally noted across the sector that a comprehensive system of access points is important.

> *"the fewer doors that you have, the greater chance you have of someone walking past them all."*
>
> *Poppyscotland*

In terms of the range of services offered, support offered varies from general to highly niche. Not surprisingly, smaller charities tend to offer a smaller range of services, or more niche services whilst large players offer a comprehensive range of services[8].

Interviews with service providers revealed a number of themes. The services provided by each are summarised in table 7*. The table is ordered according to number of services offered, from most to least. A more extensive table of services provided is shown in appendix 7**.** This is ordered alphabetically and details:

- Type of user
- Number of users per year

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[8] According to the Office of the Scottish Charity Regulator (OSCR) a large charity has a gross annual income of £250,00 or more, a small charity less than £250,000 and a very small charity a gross annual income of less than £1,000 (oscr.org.uk)

Table 7: Summary of IAG provision by provider

Name of charity	Physical health matters	Employment	Personal development	Housing	Mental health matters	Money Matters	Family matters	Other welfare	TOTAL NUMBER OF IAG CATEGORIES
Poppyscotland	X	X	X	X	X	X			6
The TRBL	X	X	X	X	X	X			6
Live at Ease		X	X	X		X			4
Scottish Service leavers Residences		X	X	X	X				4
Greenwich Hospital	X			X		X		Grant giving to other charities - pensions and grants to naval charities	4
RAF Benevolent Fund	X			X		X		Grant giving to other charities	4
Officers Association		X	X			X		Networking	4
Officers Association Scotland		X	X			X		Networking	4
Church of England Soldiers, Sailors and Airmen's Housing Association (CESSAHA)				X		X		Networking	3
CTP		X	X					Transition	3
Help for Heroes	X			X		X			3
Houses for heroes	X			X	X				3
RAFA				X		X		Respite Networking	3
SSAFA				X		X		Welfare caseworkers	3

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Name of charity	Physical health matters	Employment	Personal development	Housing	Mental health matters	Money Matters	Family matters	Other welfare	TOTAL NUMBER OF IAG CATEGORIES
White Ensign		X	X			X			3
British Korean Veterans Association						X		Networking	2
Burma Star Veterans					X	X			2
King Edward VII's Hospital Sister Agnes	X							Private healthcare	2
Merchant Navy Association						X		Lobbying, Networking Wellbeing	2
Merchant Navy Welfare Board						X		Fundraising	2
Not Forgotten Association						X		Networking	2
Queen Alexandra Hospital Home	X				X				2
RAF Widows Association			X				x		2
TRBL Scotland						X		Networking	2
Royal Naval Association					X			Networking	2
Veterans UK (Service Personnel Veterans Association)						X		Referral agency	2
Skill Force Development	X	X							2
Special Boat Services Association						X		Advocacy	2
Surf Action	X				X				2
The Warrior Programme		X			X				2
Victory Services Club	X							Networking Respite	2

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Name of charity	Physical health matters	Employment	Personal development	Housing	Mental health matters	Money Matters	Family matters	Other welfare	TOTAL NUMBER OF IAG CATEGORIES
Army Benevolent Fund						X			1
Army Dependents Trust						X			1
Association of Jewish Ex-Service Men and Women						X			1
BLESMA	X								1
Blind Veterans Association	X								1
Broughton House			X						1
Combat Stress					X				1
Erskine House			X						1
Forces Children's Trust							x		1
Gardening Leave					X				1
HCPT 507 Group Joint Services	X								1
Lord Leycester Hospital			x						1
Mutual support	X								1
Parachute regiment Afghanistan Trust						X			1
Projects to support refugees from Burma						X			1
Queen Alexandra's Royal Army Nursing Corps Association (QARANC)								Networking	1
Queens Dragoon Guards Benevolent Fund						X			1
RAF Ex-POW Association								Networking	1
Rhodesian Army Association Museum Trust								Networking	1

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Name of charity	Physical health matters	Employment	Personal development	Housing	Mental health matters	Money Matters	Family matters	Other welfare	TOTAL NUMBER OF IAG CATEGORIES
Row2Row Recovery	X								1
Royal Alfred Seafarers Society				X					1
Royal Artillery Association						X			1
TRBL Industries		X							1
TRBL Poppy Factory		X							1
Royal Caledonian Education Trust							x		1
Royal Commonwealth Ex-Services League						X			1
Royal Fleet Auxiliary Association						X			1
Royal Naval Benevolent Trust						X			1
Royal Navy and Royal Marines Children's Fund							x		1
Royal Navy and Royal Marines Widows Association							x	Lobbying	1
Royal Star and Garter Homes				X					1
Sailors Children's Society							x		1
South Atlantic Medal Association								Networking	1
Spirit of Normandy Trust						X			1
The Coldstream Guards regimental Lieutenant-Colonel's Fund						X			1

Original Thinking Applied

Name of charity	Physical health matters	Employment	Personal development	Housing	Mental health matters	Money Matters	Family matters	Other welfare	TOTAL NUMBER OF IAG CATEGORIES
Veterans Scotland								Referral agency	1
Walking with the Wounded	X								1
War Widows Association of GB							x		1
Wings for Warriors	X								1
Women's Royal Naval Benevolent Trust						X			1
TOTAL	18	12	9	18	9	33	7		

*Please note that the information contained in this table is taken from conversations with representatives from the respective organisations, and may not be exhaustive.

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There have been numerous start-up charities in the last 10 years. Some of these have addressed a need, some have duplicated what was already available, and some have offered a service for which there was no need. This makes for a complex ecosystem, presenting difficulties for service providers looking to refer. Often service providers refer service users to those organisations that they already know have a proven track record of delivery.

Given the scale of support available, interviews with service providers have indicated that it appears that a relatively small number of routes into the system are used, with TRBL and SSAFA playing a key role as hubs for a number of organisations via the caseworker system, whilst also providing support services. Veterans UK also operate a caseworker system, acting as a referral organisation into the network of military charities. The study indicates that there is a clear path for those larger, well networked charities. However, often the smaller charities find that they are not part of the inner network, and do not receive referrals in the same way. Appendix 8 illustrates this, albeit in a simplified form.

In regards to the provision of mental health support there is some concern that this can be disparate and disjointed. It is perceived by respondents that there is, at times, poor communication between some providers, and the nature of client referrals may be confused and limited. There is also a view that the mental health aspect IAG support provision should be regulated or accredited in some way, as there is a concern that "anybody" can establish a mental health charity and offer mental health IAG which may lead to inadequate or inappropriate support, and in some cases may cause more harm than good.

4.1.3   Regional nuances

Interviews with service providers highlighted some differences regionally in the way in which provision of IAG is structured. This section discusses the regional nuances of provision.

4.1.3.1 England and Wales
The research suggests that the ecosystem within England and Wales is extensive, with many operators, ranging from very small to large charities. There appears to be a wealth of provision, which, whilst comprehensive, can also be complex. Key operators appear to be TRBL, SSAFA, Combat Stress and Help for Heroes.

4.1.3.2 Northern Ireland
Provision for service leavers in Northern Ireland appears to be less extensive than across the rest of the UK. The Armed Forces Covenant does not operate well in Northern Ireland due to Section 75 of the Equality Act which legislates against positive discrimination.

Interviews with service providers in Northern Ireland highlighted that the Veterans Forum has been established to identify how service leavers are able to access services. This includes a Veterans Support Committee, which has representation from all charities. Support provided via the Veterans Forum includes a handbook for gatekeepers to the ecosystem, such as doctors, solicitors, etc. In addition, interviewees noted that

informally, the Army Rumours Service operates as a forum for service leavers, but tends not to be accessed by elderly ex-military personnel.

Anonymity is a significant issue amongst the veteran community in Northern Ireland, as some ex-service personnel are not comfortable revealing their military career. Reportedly, veterans tend to live in communities, as it is considered less risky. This adds a further layer of complexity to IAG provision in Northern Ireland.

4.1.3.3 Scotland
The structure of service provision seems to be different in Scotland to the rest of the UK. There seems to be more interconnection between service providers, and organised 'pillars' which serve to enhance the network and communication between providers, and to maximise opportunities for signposting. Pillars are coordinated by Veterans Scotland for the member charities, and each pillar has a lead charity/representative that organises coordination of support within pillar charities. The pillars are:
- Housing
- Health and wellbeing
- Comradeship and remembrance
- Employment and support

The Scottish network appears also to be better linked into state-run, non-military agencies such as social services, Citizens Advice Bureau and local authorities. For example, Poppyscotland has established the Armed Service Advice Project (ASAP), which is located in 10 Citizens Advice Bureaus across Scotland. Veterans Scotland has been established as the hub for the coordinated activity, working to partner with such agencies, lobby government for support and develop support networks. The caseworker system (see glossary) operates in Scotland as it does around the rest of the UK.

A number of drop-in centres have been established across Scotland. These include:
- Helpline Heroes (located in Glasgow, funded by Glasgow Council and SSAFA)
- Armed Service Advice Project (ASAP) (10 regional support officers in Citizens Advice Centres across Scotland)
- Mark Wright Project[9]
- Veterans First Point [10]

ASAP was established in Citizens Advice Bureaus because it was felt that these are often the default place that people, military or non-military, will visit when they need IAG.

However, the Scottish ecosystem, if it is considered in a discrete fashion, provides services for fewer people and is comprised of fewer charities, mainly located in and around Edinburgh, thereby making for a simpler environment within which to implement a network such as the pillar structure.

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[9] The Mark Wright Project was established in July 2009, with its Drop-In Centre opening November 2009. It is based in Dalkeith, Midlothian providing support service to ex-Service personnel and their families across Edinburgh, Lothians, Borders and Fife. The Mark Wright Project Drop-In centre's mission is to deliver co-ordinated, holistic and person–centred counselling, providing hands-on support and advice to ex-Service men and women, and their families helping them in addressing the physical, psychological and emotional wounds of war.

[10] Veterans First Point (V1P) has been developed by veterans for veterans and is staffed by veterans. Funded by the Scottish Government and NHS Lothian, it aims to provide a one-stop shop for veterans and their families living in Lothian. The core of the operation is a team of peer support workers (PSWs) who act as the listening ear to whatever needs service leavers may have.

4.1.4   User profiles

Interviews with service providers suggest that, for many charities, there is no typical user, although, unsurprisingly, given that they represent a large proportion of the military footprint, there tends to be a higher proportion of lower rank Army service leavers. However, some charities, particularly those offering financial assistance either in the form of one-off payments or annuities, find that they have a greater proportion of elderly users, especially those that do not qualify for a military pension as they served under national service.

4.1.4.1 Demographics
The research with support providers suggests that whilst there does orot tend to be a typical user overall in terms of age, there are trends in the type of support offered and the length of time elapsed since leaving service or age. Interviews indicated that recent service leavers tend to utilise a range of service providers such as those providing information and advice rather than charitable support (e.g. CTP, the Officers Association etc.); employment advisors (CTP, the Officers Association, the White Ensign Association etc.) and disability service providers (Blesma, Help for Heroes and Walking with the Wounded). In comparison, the study also suggests that those who have been retired from the armed forces for many years tend to utilise services such as supported housing or care home provision (Broughton House, Erskine House and Greenwich Hospital), and financial support.

4.1.4.2 Extent of provision
The number of personnel supported annually across the service provision varies greatly from one provider to another, which again serves to demonstrate the differences in size of the various supporting organisations.

The duration of intervention varies greatly across the ecosystem, and within organisations dependent on the nature of service provision. Provision such as supported housing is ongoing, others such as employment related IAG may be provided on a one off or ad-hoc basis.

4.1.4.3 Time elapsed since active service
 Interviews with service providers suggests that the time elapsed between leaving service and needing support is variable, and often relates to the nature of service provision. For example, it was noted that comradeship is not always a concern for many immediate service leavers but becomes desirable a number of years after leaving the services. Another consideration relates to elderly service users. Due to the nature of support required, such as supported living facilities and financial support to top-up pension income, there is often a significant time lapse between leaving service and needing support.

4.1.5   Access and referral

The research with service providers suggests that those charities that are actively involved in the network have established a clear referral route into their organisation, with numerous users entering the system via SSAFA or TRBL. The research highlights that, for many charities, the caseworker model works well. Those charities providing benevolent funds in particular appear to make extensive use of the caseworker facility provided by both of these organisations, and also of Case Management System (CMS).

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The research shows that Regimental Associations also play an important role in Army cases.

The study shows that some organisations seem to refer out quite comprehensively but others are not completely aware of the ecosystem provision, or consider themselves to be excluded from the network. In addition, some service providers tend to be the last link along an ecosystem pathway (e.g. retirement home provision) so ongoing referral is not considered to be necessary within the immediate ecosystem, although ongoing referral to state provision such as the NHS might be pertinent.

Interviews with service providers have highlighted that generally referral is personalised, both in terms of the user and their needs, and also in respect of the person making the referral. It is most common for service users either to be given a named contact, or for their contact details to be passed to another relevant charity for follow-up, with their consent.

4.1.6 Follow up

Interviews with service providers suggest that follow-up of service users does not always occur. In some cases this relates to the nature of the referring organisation believing it not to be part of its offer, whilst in other cases organisations do not seem to have the resources for an effective follow up mechanism. In cases where follow-up does occur, this is deliberately often light-touch, as service providers are conscious to discourage user dependency on the service wherever possible, and instead encourage personal independence amongst service users.

4.2 Understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families

This section is compiled using results from the service user survey, service user interviews and focus groups, as it is an attempt to understand the process and deployment of IAG from the perspective of those accessing the service, using information from the user survey, interviews and focus groups.

As highlighted in the methodology, service user survey results were analysed by:
- Age
- Location
- Nature of IAG need (Money matters, family matters, physical health, mental health, housing, employment, personal development and other welfare)
- Service (Army, Royal Navy, RAF, Royal Marine, Reservist)
- Time elapsed since leaving military service

Notable trends according to any of the above are discussed specifically in this report. In cases where any of the above factors were deemed not to have an impact on findings, the results are displayed from the total data set only.

A thematic analysis was used to analyse the results from service user interviews and focus groups.

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4.2.1   Need for information, advice and guidance (IAG)

4.2.1.1 User Survey

Amongst the 470 survey respondents, 51% (240) indicated that they had a need for IAG at some point following resettlement.

Of those survey respondents that had had a need for IAG (240), the nature of this need varied, although there was some bias towards employment (55%), training (40%) and health (32%) (table 8).

Table 8: Nature of IAG required*

Answer		Response	%
Employment		132	55%
Training		96	40%
Health		77	32%
Financial hardship		65	27%
Housing		58	24%
Mental health		58	24%
Disability		50	21%
Other – please specify**		24	10%
Prefer not to say		10	4%
Friendship		5	2%
Substance dependency		3	1%
Total		578	

*Some respondents required more than 1 type of IAG
**See appendix 9 for list

Overall, the survey results suggest that those respondents that needed IAG (240) were proactive with regards to seeking IAG. Of those with a need for IAG, 87% (208 respondents) responded that they were proactive in seeking support. Amongst the remaining 30 (13%) (those that were not proactive), a number of reasons were cited (table 9); for example, the most common issue cited was not knowing where to go for support (40, or 51% of respondents that did not seek support).

Table 9: Reasons for not proactively seeking support when needed

Answer		Response	%
I did not know where to go for support		40	51%
I didn't want to have to ask for help		22	28%
Other (please specify)*		14	18%
I knew where to access support but didn't do anything about it		2	3%
Total		78	

*Please see appendix 10

Research with service users that did proactively seek support suggests that the need for IAG support tends to occur early in transition, with more than half (58%, 75

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respondents) of those respondents that had proactively sought support doing so within 1 year of leaving armed service (table 10).

Table 10: Time elapsed between leaving armed service and seeking IAG support

Answer		Response	%
0-6 months		75	58%
6 months to 1 year		12	9%
1-2 years		12	9%
2-3 years		4	3%
3-4 years		4	3%
4-5 years		3	2%
6-10 years		6	5%
11-15 years		5	4%
16-25 years		4	3%
26-35 years		1	1%
36-45 years		1	1%
46-55 years		0	0%
56-65 years		1	1%
65+ years		1	1%
Total		129	

4.2.1.2 Interviews

On initial analysis of the interview data, out of a total of 46 interviews 25, or 54%, of interviewees suggested that they had a need for IAG, which correlates with the figures in the survey. However, on further examination, an additional number of interviewees had utilised the CTP or Officer's Association but suggested that they had no need for IAG. This suggests that in fact a greater number have a need for, and access, IAG, but do not necessarily consider this support as IAG.

Interview results showed that of the 46 interviewees, 24 were able to find an organisation that provided relevant IAG. However, this suggests that the remaining interviewees (22 interviewees) were unable to find relevant IAG.

Interview participants discussed that the IAG element was often initially provided by telephone, with next stage of the process often carried out in a face-to-face situation.

4.2.2 Understanding of IAG provision

4.2.2.1 User Survey

Amongst survey respondents that had a need for IAG and responded that they proactively sought support, three quarters (155 respondents) indicated that they knew where to look for support, whilst the remaining quarter did not know where to source IAG (52 respondents).

However, of those that took part in the study, knowledge of IAG support available seemed to vary according to the service in which respondents had served. For example, 88% (23) of Royal Navy respondents, 85% (28) of RAF respondents, 83% (15) of Reservist respondents and 71% (105) of Army respondents indicated that they knew where to

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access support, compared to 60% (6) of Royal Marine respondents. Overall the survey suggests that age has little impact on knowledge of support available. The exception to this was the 65-74 age group, which appeared to have less knowledge of IAG support, with 40% (6) of respondents indicating that they did not know where to go, and the 55-64 age group, which seemed to have a greater understanding of the sector, with 84% (37) indicating that they knew where to go.

Amongst those respondents that have not required support, knowledge of where to access support appears to be relatively low, with only just over two thirds (69% or 156 responses) indicating that they would know where to go.

Amongst survey respondents, knowledge appears particularly low amongst those living in Scotland, compared to other regions. For example, 61% (34) of respondents indicated that they do not know where to go should they have a need for IAG in the future. Age also appears to have an impact on knowledge of where to go amongst those that have not had a need for support, with 77% of the 55-64 (37 respondents) and 78 % (18 respondents) of the 65-74 age groups indicating that they knew where to go, compared to 56% (28) of those in the 35-44 age group. Overall, service served in does not seem to have an impact, with the exception of respondents from the Royal Marines demonstrating greater understanding, with 90% (9 respondents) indicating that they know where to go, and Reservists showing less understanding, with only 48% (11 respondents) indicating that they know where to go.

Amongst those that have not had a need for support, there appears to be a preference for an online referral mechanism, with 52% (108) of respondents indicating this (figure 7). Respondents noted that a telephone-based single point of contact may not be the most appropriate approach with support from only 24% (50) of respondents.

"One means of contact is too narrow and will potentially prevent some of those most in need from accessing the assistance that they require. There is not a right and wrong answer but there should be several access points to support."
Survey respondent

Figure 7: Preferences for delivery of information detailing where to go for support
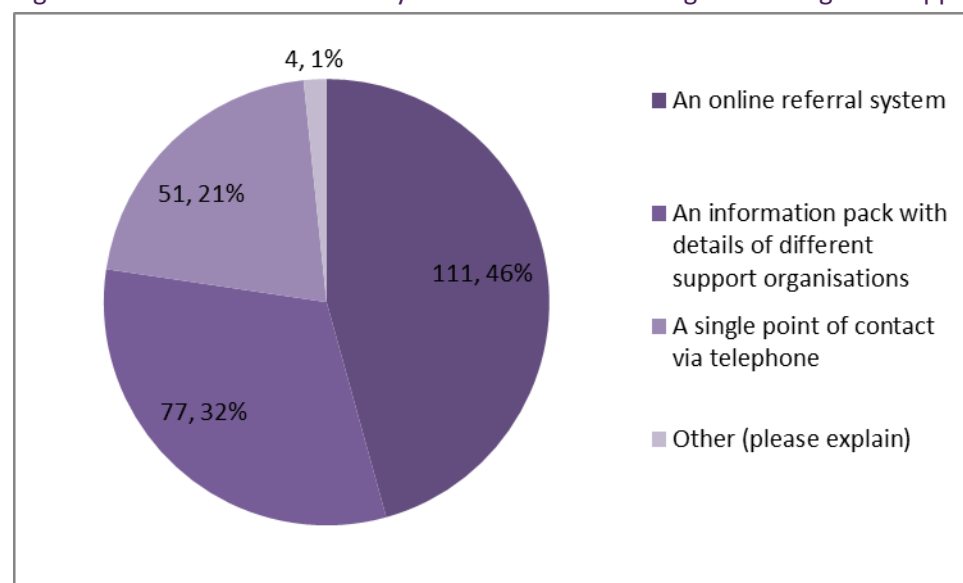
*Please note some respondents provide more than one answer

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4.2.3   Service provision

4.2.3.1 User Survey

The overall experience of survey participants indicates that access into the system is successful. Those that proactively sought support noted that they were able to access this from the organisation that they contacted first, with 47% (61 respondents) receiving all of the support required, and 33% (42 respondents) receiving some support and referral for additional support. However, 13% (16) of survey respondents indicated that in their view they received either insufficient support and no referral (6 respondents), or no referral and no support (10 respondents) (figure 8).

Figure 8: Ability of first point of contact to provide IAG support
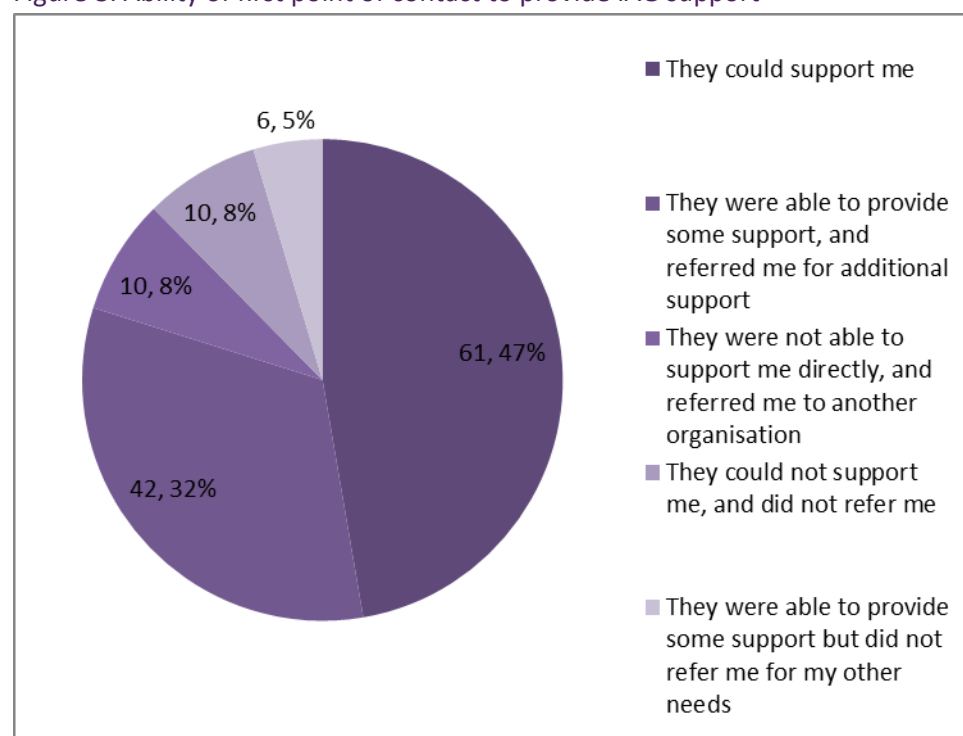
The survey results suggest that ability of the first point of contact to provide support may be affected by the type of armed service in which the respondent served. For example, amongst the 13 Reservist respondents that had accessed IAG, 15% 2 respondents)were able to get the support needed from their first contact, a further 15% (2 respondents) provided with some support but not referred for other needs, whilst 23% (3 respondents) were not supported and not referred. Respondents from the Royal Navy and the RAF however, reported a much higher incidence of support at first contact with 68% of Royal Navy respondents (13 respondents) and 73% of RAF respondents (16) indicating this to be the case. Full details of these figures can be found in appendix 11.

4.2.3.2 Service user interviews

The trend from the user survey seems to be confirmed by the user interviews, with a number of the interview participants suggesting that they received the required support, although some did not. Positive responses tended to be from more recent service

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leavers, rather than those that had left a number of years ago. Interview respondents prefer the delivery of services to be facilitated by case workers and delivered in a structured and time constrained manner (often the support was not provided at the time when it was needed). The timing of the provision of secondary support appears to be dependent on the individual's situation.

In terms of what worked well, responses varied in line with a number of IAG factors, which were:

- those pertinent to initial IAG provision
- those relating to IAG support organisations
- those relating to personal support

Some research participants were satisfied with the initial generic briefings, at the start of the transition process; with the support of CTP officers; and with the content and usability of the leaving pack (when it was retained and scrutinised). A number of organisations were cited for their support. The large, well-networked organisations were all praised for aspects including:

- Being proactive in its relationship with transitionees
- Both SSAFA and TRBL were praised for their websites
- Enquiry desk personnel.

Another area of the IAG environment that interviewees noted works well is the support and problem solving facilitated by volunteers with military backgrounds. Again, as previously mentioned, face-to-face interactions were generally favoured as a mode of secondary contact.

4.2.4   Delivery mechanisms

4.2.4.1 User Survey

With regards to the actual delivery of IAG support, user survey respondents have experienced a broad spectrum of mechanisms. However, face-to-face delivery, either on-going, for a one-off delivery of advice, or as a mechanism for referral, tends to feature most (with a combined total of 65%) (table 11).

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Table 11: Delivery mechanisms for support

Answer		Response	%
On-going face-to-face advice		27	26%
One-off face-to-face advice		24	23%
On-going advice over the telephone		22	21%
Online		17	16%
Face-to-face referral to appropriate agencies able to address my need(s)		17	16%
Allocation of a mentor or caseworker		15	14%
Other (please specify)		13	12%
One-off advice over the telephone		12	11%
Telephone referral to appropriate agencies able to address my need(s)		6	6%
Social media (for example, Facebook, Twitter, LinkedIn, forum)		5	5%
Total		158	

4.2.5   Referral

4.2.5.1 User Survey

Amongst participants, 41% were referred because their first contact could provide only some of the support required (33%) or because they were not the appropriate organisation to provide the required support (8%) (figure 8).

Of the respondents that were referred, a notable majority were referred to other military agencies for support (74% of respondents) (table 12), suggesting the value of these organisations. 'Other' included a range of organisations, such as RAFA, welfare services, Housing for Heroes, and Ulster Defence Regiment (UDR) and Royal Irish Aftercare Service. Non-military organisations that users were referred to were noted by survey respondents to include:

- Local council
- NHS
- Government department
- Citizens Advice Bureau
- Recruitment agency

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Table 12: Referral destinations for those accessing IAG

Answer		Response	%
Non-military organisation (please specify)		13	26%
Other (please specify)		13	26%
TRBL		7	14%
CTP		3	6%
SSAFA		3	6%
Veterans UK		3	6%
Officers Association		3	6%
Combat Stress		2	4%
RFEA		2	4%
Your dedicated service benevolent fund		1	2%
Help for Heroes		0	0%
Your regiment association		0	0%
Total		50	

Of those survey respondents that were referred to another organisation, experiences of the referral process varied (table 13). Over half (56%) of the 50 respondents that had accessed IAG and been referred indicated that they had not been directly referred to a named contact, but had been given details such as a name and a website or telephone number, and left to make contact independently. Eighteen respondents (36%) indicated that they received either a personal introduction (2 respondents), or their details were passed to a contact in an IAG provider who then contacted them (16 respondents). This study has shown that service providers also strongly value personal referrals.

Table 13: Method of referral

Answer		Response	%
My details were passed to someone and I was contacted by them		16	32%
I was given a website address		11	22%
I was given a telephone number and a name of someone to call		10	20%
I was given a telephone number but no name		7	14%
Other (please explain)		4	8%
I was personally introduced to someone		2	4%
I was given an email address		0	0%
Total		50	

4.2.5.2 Service user interviews

Interviewees' experiences of the referral process varied. Some referrals took place within two weeks although others took longer. Participants noted that they did not usually continue working with the initial (referring) organisation unless a schedule of treatment required ongoing contact

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4.2.6   Follow up

4.2.6.1 Survey

Of the 105 survey respondents that were referred, almost half (44%, 46 respondents) indicated that they did not receive follow-up from their initial contact (figure 9). The results from the survey suggest that neither region nor advice sought appear to affect this.

Figure 9: Follow-up of service users
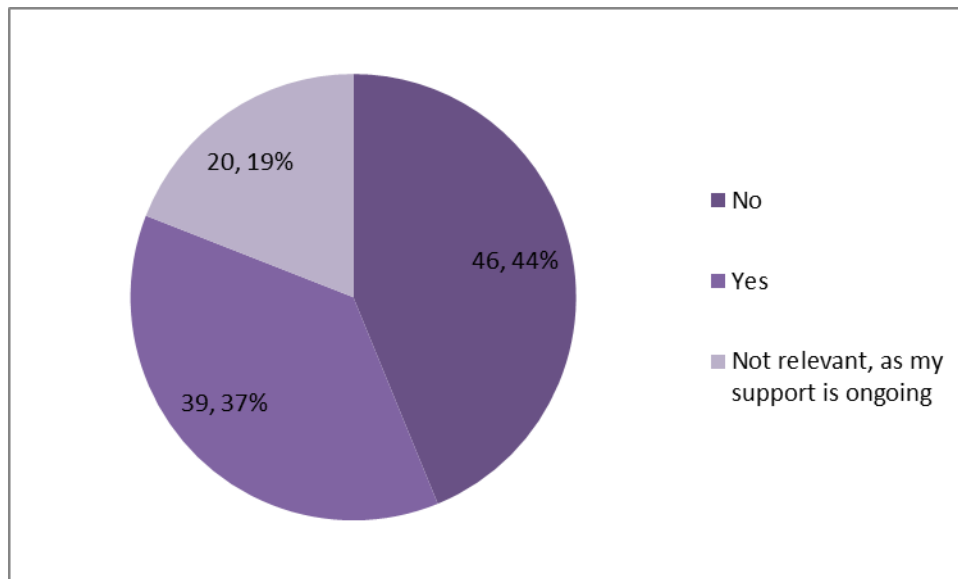
However, survey research does suggest that service users may appreciate follow-up, with almost half of respondents (45%, 38 respondents from a total of 85) (table 38) indicating that they would have liked a follow-up compared to 37% receiving a follow-up when they accessed IAG services (table 37). The results of the survey suggest that age may impact on attitudes to follow-up. For example, those aged 25-44 showed a preference for follow-up (58% (7) of those respondents aged 25-34, and 59% (10) of respondents aged 35-44). This was most notable amongst the 65-74 age group, with 86% (6) of respondents indicating that they did not want a follow-up. The type of advice sought also appears to have an impact on whether respondents require a follow-up. For example, 67% of those that sought advice for mental health issues (10 out of 15 respondents), 64% of respondents that sought advice for disability (7 out of 12 respondents) and 57% of those that sought advice for health matters (12 out of 21 respondents) indicated that they would have liked a follow-up.

Of the survey respondents that received a follow-up, this tended to be conducted by the final service provider rather than the referring organisation (the initial point-of-contact), and in fact, providers of service were involved in 85% of cases (figure 10).

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Figure 10: Source of follow-up
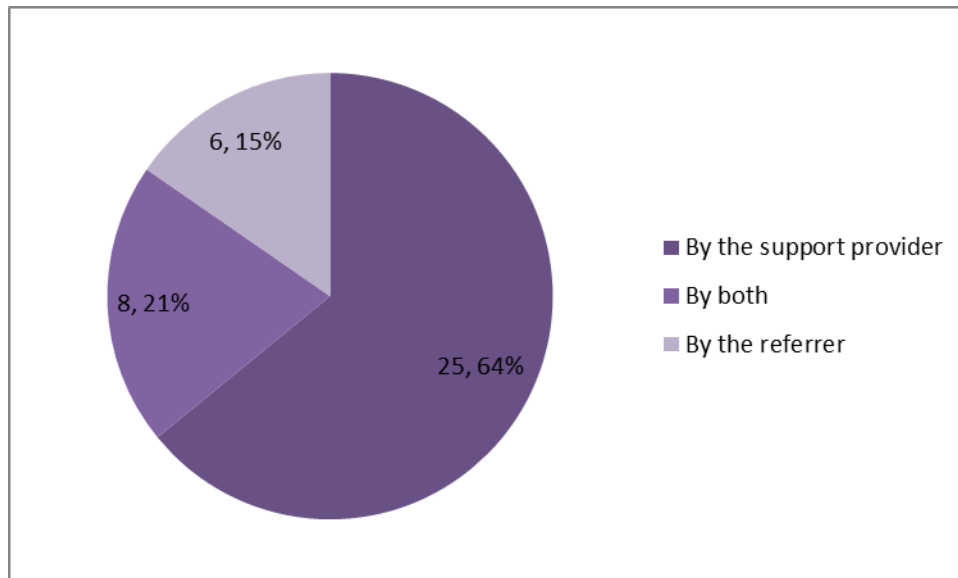
4.2.6.2 Service user interviews

As with the service user respondents, a number of interview participants expressed a desire for a follow up provision of IAG to take place on a face-to-face basis. It was suggested that face-to-face provision enables trust to be established in the IAG process and subsequent service provision. For some people, the first step of contact during their IAG experience is difficult, especially for those who are not used to making telephone calls for support or help. Interviewees shared that the idea of making contact with strange organisations in relation to IAG was an intimidating thought. Consequently, some potential users of IAG services indicated that they would like follow-on (referral) contact, at least, to be made by call back by the IAG or service provider.

4.3 Problems and barriers with regards to current provision and any impact that this might have on successful transition

This section considers the problems and barriers with current provision from the perspectives of both service providers and service users.

4.3.1 Inter-organisational relationships within the network

4.3.1.1 Service provider interviews

From the perspective of service providers interviewed as part of this study, the network as it stands works well in some respects, and less well in others. A number of charities noted concerns about the overly competitive nature of some players in the industry, which they believe hinders optimum performance in the ecosystem as a whole. There is reportedly some antagonism, overt or otherwise, between some of the larger charities and some of the smaller charities:

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- Representatives of some larger charities have expressed views that suggest that some smaller charities are poor in terms of service provision.
- Representatives of some smaller charities suggest that larger charities behave in an overbearing manner, and do not refer clients or potential clients to them.
- Some smaller charities do not seem to be aware of the current ecosystem, and are often not aware of some of the key players operating in that ecosystem.

4.3.1.2 Service user interviews

A number of elements that did not work well were also highlighted by interview participants. It was suggested that there is a lack of awareness of IAG in relation to organisations such as army related welfare services and regimental associations. A number of interviewees noted that some referral bodies lack knowledge about organisations such as Poppyscotland and SSAFA. However, the provision was often praised after contact was made. There was also a view that communication with IAG providers can be inconsistent.

4.3.1.3 Focus groups

A number of additional points relating to IAG were raised during the focus groups with both service providers and users. These include the view amongst service providers that the number of charities has an adverse effect on funding, whilst some service users shared their view that charities are focussed on 'empire building' and spend too much on wages. From a personal perspective, users also discussed the issue of trust, and feelings of being let down by the military, and that finding help can take time.

The relationship between civilian organisations and IAG provision was also discussed. There was a view that civilian support services often don't understand military service leavers, and indeed were sometimes dismissive of soldiers.

These are anecdotal opinions and not necessarily a reflection on the performance of service providers or the ecosystem. However, they are a reflection of the perceptions of such organisations held by some service leavers. These views may indicate a lack of awareness of the nature and spectrum of IAG available amongst service users.

4.3.2   Expectations of support

4.3.2.1 User Survey

Amongst those survey participants that received support, expectations of that support varied, but respondents tended to want a short interaction, with 36% (38 respondents) of the 105 survey respondents that received IAG indicating that they had expected a one-off interaction, and 47% (49 respondents) looking for an outcome that would reduce the likelihood of future problems (table 14).

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Table 14: Expectations of support from those accessing IAG

Answer*		Response	%
To provide me with the specific support that I requested in a one-off interaction		38	36%
To work with me to devise an outcome best suited to my needs to reduce my likelihood of future problems		49	47%
To provide a long term supported solution to my needs		19	18%
To provide a case-worker or mentor to support me during my time of need		17	16%
To follow-up and maintain an ongoing relationship with me		20	19%
Other (please specify)		4	4%

*Respondents were able to provide more than one answer

The survey suggests that the type of advice sought appears to have an impact on the expectations of support provided. Those respondents that sought housing advice followed the overall trend (table 14), but for others this was not the case. For example, 59% of those seeking support for mental health issues wanted service providers to work with them to devise an outcome to suit their needs and reduce the need for future support, and only 14% wanted advice in a one-off interaction. Amongst this group there was a greater emphasis on long-term support, with 41% wanting a long-term supported solution and 32% wanting follow-up and an ongoing relationship.

Those respondents seeking disability related IAG followed a similar trend with 65% indicating a preference for an outcome designed to reduce the need for future interaction. However, although there was notable support for working together to devise an outcome to suit the needs of the respondent regardless of IAG support needed, those that sought disability advice indicated that they wanted the support of a case-worker (35% of respondents seeking disability related IAG).

4.3.2.2 Service user interviews
It was suggested, in interviewees, that mental health provision does not necessarily align with the expectations of service users, with delivery reportedly taking the form of a short-term interaction, requiring re-referral should problems reoccur.

> "There is no follow up from Combat Stress. When my partner had a relapse of his symptoms Combat Stress wanted to reassess. This took 3 months – much too long. If my partner had problems again he would need reassessing again. We would need to go via the 24 hour helpline, which feels as though it is manned by people reading from scripts."
> Partner of veteran suffering from PTSD

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4.3.3   Outcomes of support

4.3.3.1 User Survey

Overall respondents in the user survey indicated that the outcomes of their support were satisfactory either quickly and efficiently (50% of 105 respondents receiving IAG) or taking some time (30% of 105 respondents) (figure 11).

Figure 11: Outcome of support
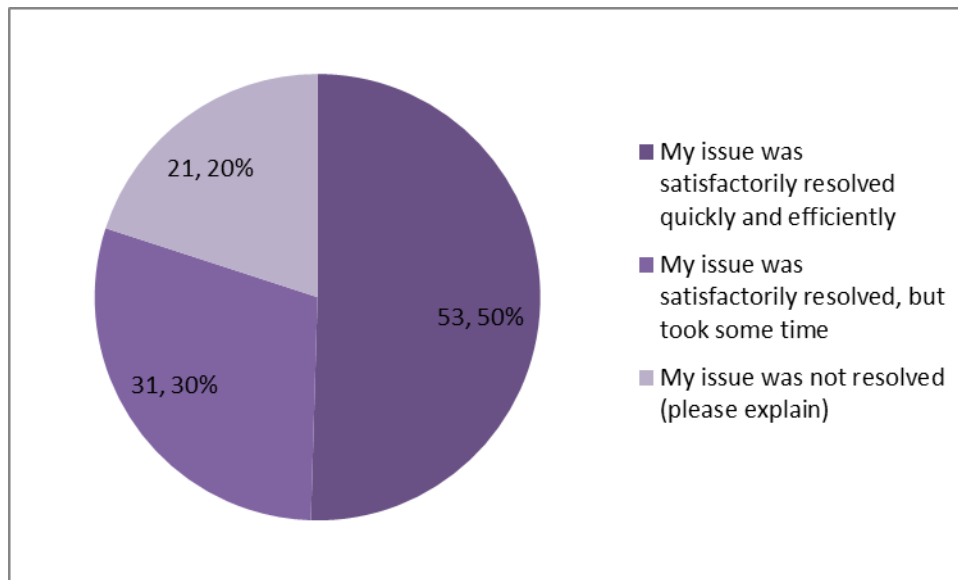
However, although overall a number people have a satisfactory outcome from support, age appears to have some impact. For example, amongst respondents aged 35-44, 46% (11 out of 24 respondents) indicated that their issue was not resolved. Insufficient time for transition due to redundancy and short notice deployment were noted issues.

> *"Less than half completed due to husband's short notice deployment, unsure of next steps on his return."*

> *"As a redundee, I was not preparing to get out and thus had made little preparation."*

In contrast, respondents aged 65-74 indicated a higher level of satisfaction, with all indicating that support was satisfactorily resolved with quickly and efficiently (56%, 5 out of 9 respondents) or within some time (44%, 4 out of 9 respondents).

Location appears to have some impact. Respondents from Scotland indicated a much higher incidence of issues being resolved quickly and efficiently (70%, 16 out of 23 respondents) and of outcomes being better than envisaged (43%, 10 out of 23 respondents), and a much lower incidence of issues not being resolved (4%, 1 out of 23 respondents), or outcomes not as they would have liked (1%, 4 out of 23 respondents) than the overall trend.

4.3.3.2 Service user interviews

Interview participants suggested that some did receive the required support. However, some did not. There were more positive responses from recent service leavers than those that had left a number of years ago. Nevertheless, not all recent IAG experiences

have been positive. In relation to IAG, there were a number of claims that service related documents were incorrect or that documents were misplaced. There was also a view that the provision of military related services ceased quickly after transition.

4.3.4 Satisfaction with support

4.3.4.1 User Survey

The survey research showed that overall service users that accessed IAG support were satisfied with the support provided, with 40% noting that support was as expected, and 41% (42 out of105 respondents) noting that support was better than expected (table 15).

This was particularly notable amongst respondents from Scotland, with 61% (14 out of 23 respondents) indicating that support was better than expected. Overall, as the age of respondents increased, so did the percentage of respondents indicating that support exceeded their expectations, rising from 44% of respondents (7 out of 16 respondents) aged 25-34 to 56% of respondents aged 65-74 (5 out of 9 respondents). The only notable difference was amongst respondents aged 35-44, with only 17% (4 of 24 respondents) indicating that support had exceeded expectations, and 38% (9 respondents) indicating that support had not met expectations.

Table 15: Did the support provided meet expectations

Answer		Response	%
The support was better than I expected		43	41%
The support that I was provided was as expected		42	40%
The support was not as good as I expected		20	19%
Total		105	

The user survey suggests that satisfaction with support varies somewhat according to IAG sought. Those seeking IAG related to financial assistance and disability are more likely to experience support that exceeds expectations, with 68% (13 of 19 respondents) and 65% of respondents (13 out of 20 respondents) reporting this to be the case.

Overall the user survey suggests that levels of satisfaction with the outcomes of IAG support are good, with 44% (46 out of 105 respondents) indicating that the outcome was as they wanted, and 25% (26 out of 105 respondents) that it was better than envisaged (table 16).

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Table 16: Satisfaction with the outcomes of support

Answer		Response	%
Yes, the outcome was exactly as I would have liked.		46	44%
The outcome was better than I would have liked or envisaged.		26	25%
The outcome was not as I would have liked.		15	14%
The outcome was as I would have liked, but I would have liked further ongoing support, which was not offered.		12	11%
Other (please explain)		6	6%
Total		**105**	

Type of IAG advice sought appears to have some impact on satisfaction with the outcome. Survey respondents seeking IAG related to financial assistance and housing reported greater levels of satisfaction than the overall trend shown in table 16, with 42% (8 out of 19 respondents) and 45% (9 out of 20 respondents) indicating that the outcome was better than they would have liked. In comparison, those seeking IAG support for mental health and general health issues had a larger proportion of respondents that experienced outcomes exactly as they would have liked (45% or 10 out of 2 respondents and 42% or 13 out of 31 respondents respectively). To compare, fewer respondents experienced an outcome better than expected (13% of those seeking health related IAG and 14% of those seeking mental health IAG).

The 35-44 age group also noted a higher level of dissatisfaction with the outcomes of support than the overall trend, with 29% (7 out of 24 respondents) indicating that the outcome was not as they would have liked.

The user survey research suggests that, in general, the current mechanism is successful in supporting users to access the support that they require. 76% of the 105 respondents that received IAG indicated that the support provided was right for their needs at the time. However, on deeper analysis, the survey results suggest a difference according to the age of respondents. For example, 100% of those aged 25-34 (16 respondents) and those aged 65-74 (9 respondents) indicated that this was the case. However, amongst those aged 35-44, only 54% (13 out of 24 respondents) felt that this was the case. Regionally there appears to be little difference, and results do not appear to differ according to IAG sought.

The user survey suggests that in the case of many respondents (82% or 86 out of 105 respondents), the support provided was deemed sufficient or better (table 17). However, when analysed by region, the survey results suggest that there may be some regional variation with regards to success of support provided. Respondents from Scotland reported a much higher rate of support being very successful and better than expected (43% or 10 out of 23 respondents) and a notably lower rate of support being less successful than hoped (4% of respondents). In contrast, respondents from Northern Ireland reported a higher rate of support that was less successful than hoped (29% or 2 out of 7 respondents). The nature of advice sought also appears to affect the success of the support provided. For example, respondents that had sought IAG for financial

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assistance and housing were more likely to report that support was better than expected (53% or 10 out of 19 respondents and 40% or 8 out of 20 respondents respectively), whilst those that sought IAG for disability were more likely to report that support was not successful in addressing their needs (15% or 3 out of 20 respondents).

Table 17: Success of support provided

Answer		Response	%
The support was successful		35	33%
The support was very successful, and better than expected		30	29%
The support was sufficient		21	20%
The support was less successful than I would have hoped		13	12%
The support was not successful in addressing my needs		6	6%
Total		**105**	

However, satisfaction with the overall support mechanism is variable amongst those participants that received IAG support (figure 12). The survey suggests that there is little variation by region or age.

Figure 12: Overall satisfaction with the support mechanism
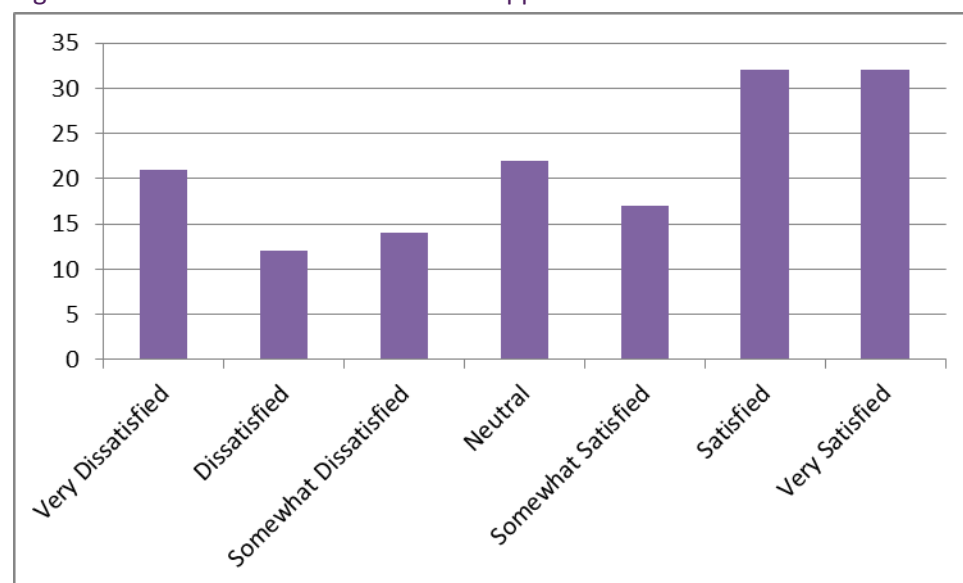
4.3.4.2 Service user interviews

Interview participants discussed the process when support was required. In this case the IAG element was often initially provided by telephone. The next stage of the process was often carried out in a face-to-face situation. This certainly seemed to be the process in many of the cases with successful outcomes.

4.4 An ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers

This section is compiled using results from the service user survey, service user interviews and focus groups. Due to the exploratory nature of the study, not all areas are addressed by every data collection methods, as the very exploratory issues such as ideal state of delivery did not lend themselves to the more constrained survey approach. Therefore, some sub-sections draw purely on the data collected by interviews and focus groups.

4.4.1 Improvements to the support mechanism

4.4.1.1 User Survey

Of the respondents that had had a need for IAG support (whether or not they accessed the system), the research showed that improvements to the support mechanism focus on making referral service more joined up (41% of respondents), and providing a clearer pathway of support (41% of respondents) (table 18). There was limited support for a single point of contact or an online referral system.

Table 18: Improvements to the support mechanism

Answer		Response	%
A clearer pathway of support, from start to finish		76	41%
A more joined up referral service, with better referrals from one organisation to another		75	41%
Nothing		48	26%
An assigned mentor		39	21%
A single point of contact via the telephone		34	18%
An online referral system		31	17%
Other (please specify)		12	7%
Total		315	

4.4.1.2 Service user interviews

A number of respondents felt that there is insufficient resource allocated to the provision of IAG, and that as a result the nature of IAG support varies greatly. However, it was also felt that some service leavers do not understand the nature of the period of support after retirement from the military. Some interview respondents suggested that IAG users should be asked what they think of the IAG process on a regular basis. Finally, it was suggested that the mechanism of IAG delivery should make better use of modern technology.

4.4.1.3 Focus groups

Focus group respondents highlighted a number of issues that did not go well with the IAG input of participant's transition / veteran support process. These included support

provision relating to transition in general, provision of IAG in relation to housing and the lack of IAG provision to people that are medically discharged and to families and children.

Views were expressed that *"The standards of output from unit /battalion education officers are variable".* And that *"No support is provided for families and children".*

There was a perception that once a person is not combat fit then the army will lose interest and that there will be no resettlement provision for those medically discharged. Furthermore focus group members felt support should be equal for everyone regardless of whether they have been in the military or have been a reserve.

There were also a number of views that felt that the provision of IAG was poorly communicated and managed. There were views that people who left with a lump sum would not be provided with IAG support; and that there was no support for amputees. According to service providers some of these views were out of kilter with reality. Consequently, it might be argued that there is an issue relating to the communication of IAG provision. Supportive comments relating to communication issues were as follows:

- *"people tend to find out about charity support available through word of mouth from people that have also left the military";*

- *"Communication can be poor";* and

- *"Apparently when you leave, you a get a pack/envelope with info about where to look for a job".*

However, there is awareness amongst more recent service leavers, suggesting that current communication of IAG support is better than in the past. Moreover, although it was suggested that online support might be a better option (or at least an additional option) of IAG provision, there did seem to be a lack of awareness that such an option existed in some instances.

Some participants suggested that the level of IAG support was a postcode lottery, and that consistency of provision would be appreciated. It was also suggested that IAG support should be focused on where people want to settle, not where people have served. So, when someone is leaving, they could tell their IAG providers where they want to live, and then be given information that is relevant and particular to that area.

The final two areas relating to a level of satisfaction in IAG provision suggested: that discharge papers can sometimes contain the wrong information; and that although some IAG providers claim that they will ensure that callers are called back by the IAG provider or the referral organisation, this is often not the case.

4.4.2   Point of contact

4.4.2.1 Service provider interviews

The service providers interviewed offered different views of the ideal mechanism that might be used by service users to access the IAG ecosystem. Options include a combination of one or more of the following:
- single point of contact, telephone

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- single point of contact, website
- individual access to each supporting agency
- social media
- case worker appointment
- e-mail

The idea of a single-point-of-contact/one-stop-shop for delivery of IAG was largely unsupported by the charities interviewed. It is felt that creating a register of charities will be problematic with regards to defining which organisations to include, and something that needs to be governed by the Charities Commission. In addition, delivery of the contact point was felt to be a potential issue by participants, as it was considered that it runs the risk of being too impersonal. Concerns were expressed around the need for highly trained operators due to the complexity of many of the cases likely to be presented.

There was a suggestion by service providers that participated in the study that the first point of contact for service leavers should be the welfare state, not military charities, and that service leavers should not be singled out as different. It was felt that service leavers are as much a part of the welfare state as non-service leavers, and that the state has many organisations that are expert at delivering services to those in need.

4.4.2.2 Service user interviews

Amongst service user interviewees, there was a variety of views relating to a single point of contact. The over-riding feeling was that the single point of contact would only work if the right type of people, qualified, empathetic and perhaps formerly in the military, were operating the single point of contact centre. Some, although a minority, thought that the single point of contact was a good idea. Others thought that there should be a single point of contact for each service. There was a view that a single point of contact was unnecessary as this function is already carried out by both SSAFA and TRBL.

The interviews with service users posed the concept of a central point of contact as the most practical way forward. Playing a coordinating role, the central point of contact would act as a focus for IAG contact, but would not preclude the use of other support organisations being contacted directly by service leavers. Organisations within the IAG ecosystem should then be able to either forward enquiries to the central point of contact, or facilitate contact with service providers accordingly. It was also suggested that the central point of contact should be managed directly by the MoD rather than an external agency, to ensure a non-partisan approach. It was highlighted that the central point of contact should have a focus on referral, not signposting.

The central point of contact should offer a number of modes of interaction, including:
- Telephone
- E-mail
- Website,
- Web chat
- Popular forms of social media
- Face-to-face and drop in centres

4.4.2.3 Focus groups

Focus group participants did not totally disregard the concept of a single point of contact, and noted a number of merits; convenience, an easy contact point and perhaps

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a memorable telephone number. However, a number of participants also felt that the single point of contact was an impractical idea in terms of communicating the nature of IAG to all service leavers that might be looking for support.

They cited a number of disadvantages and comments relating the single point of contact concept.

- *"Single point of contact won't work. Too simplistic".*
- *"Transitionees and service leavers need various ways of contact. Email, phone, text, social media, manned walk in centres".*
- *"Would take a lot of courage for people to phone a helpline. Soldiers have a lot of pride and wouldn't want to call for help. It's a cultural thing".*
- *"Face-to-face support is (often) important to be able to build up the trust. What people speak about is very personal"*
- *"People are in a bubble in the military and they have to learn how to do it (military transition) when they leave. This should all be given as part of the resettlement process. An individual to phone and meet. Should be regional/city linked - people shouldn't have to travel".*
- *There should be many ways into the system (regimental associations, TRBL, SSAFA etc.)"*

Although, overall focus group participants were not in favour of a single point of contact, some felt that a variation of the concept, such as the previously discussed central point of contact, would be a viable option for IAG provision. This is dependent on the nature of staffing the service, in terms of background, experience and expertise. Generally, it was felt that central point of contact staff should, as a body, have a significant former military presence, be provided with adequate training and be empathetic in nature.

In addition given the nature of higher levels of redundancy, it was suggested that the provision of IAG support and its distribution (modes of contact) now needed to expand. It was also suggested that the veteran's agency needed more resources, and that more staff should be recruited to support service leavers and their families.

4.4.3   Mechanism for delivery of IAG

4.4.3.1 Service provider interviews

Service providers interviewed indicated that in their view more could be done to support people whilst they were still in armed service, which may then serve to lessen the problems that some suffer after leaving. It was suggested that people needed to be educated for their transition throughout their military career. Maintaining contact with service leavers for a period following the end of their service was also suggested.

There was a suggestion by service providers that there needs to be some work to ensure that the ecosystem operates as a true network, and that Cobseo might represent a potential solution for the development of this.

The concept of a comprehensive database of service users was explored. It was noted by service providers that there is no unique identifier in the CMS system, resulting in a user potentially being on the system numerous times resulting in a lack of joined-up support. Service provider interviewees suggested that a shared database would facilitate them in

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accessing and sharing information about individual users, and enable them to build a comprehensive picture of individual cases.

4.4.3.2 User Survey

Face-to-face delivery of support features highly amongst survey respondents' preferred mechanism for delivery of support, with 78% of the 105 respondents indicating a preference for a face-to-face delivery (either on-going (32%, face-to-face referral (25%) or one-off (21%)) (table 19). The survey suggests that preferred mechanism for support is affected by age. For example, respondents aged 25-34 indicated a strong preference for on-going face-to-face advice (56% of respondents) and online (44% of respondents). In contrast, respondents aged 65-74 were opposed to online delivery, with no support for this mechanism. This age group favour a face-to-face interaction, with 33% favouring on-going face-to-face advice and 33% favouring face-to-face referral.

Table 19: Preferred mechanism for support

Answer*		Response	%
On-going face-to-face advice		34	32%
Face-to-face referral to appropriate agencies able to address my need(s)		26	25%
Online		24	23%
One-off face-to-face advice		22	21%
On-going advice over the telephone		18	17%
Allocation of a mentor or caseworker		18	17%
Telephone referral to appropriate agencies able to address my need(s)		10	10%
One-off advice over the telephone		7	7%
Social media (for example, Facebook, Twitter, LinkedIn, forum)		6	6%
Other (please specify)		5	5%
Total		**170**	

*Respondents were able to select more than one answer

4.4.3.3 Service user interviews

Some service user interviewees discussed that IAG provision should start when military personnel were still in service. A number of respondents felt that better life skills development would provide for more understanding of many issues such as housing and job hunting, and thus reduce the need for IAG at a later stage. It was also suggested that "it was okay for more senior ranks but young recruits knew little about life when joining and when leaving the military". Such notions influenced people's views of what IAG/life skills should be delivered and when. Common responses suggested that IAG/life skills support should be provided throughout the military career or starting at a period starting 6 months before leaving.

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In line with survey respondents, there was support for face-to-face interaction for the delivery of IAG. Interview respondents preferred the delivery of services to be facilitated by case workers, and suggested that IAG delivery should be structured,

The majority of interviewees preferred first contact from service providers to be by telephone. However, some preferred the opportunity to make contact by e-mail or social media. On further examination, interviewees suggested that a platform of contact methods would be best suited to the effective provision of IAG, including e-mail, face-to-face, social media, telephone, web based contact points.

Interview respondents suggested a number of improvements to the system. These improvements fell into a number of categories:
- Improved signposting to IAG
- Improved IAG provision while in-service
- Improved mode of IAG communications
- Improved IAG performance

To improve sign posting, it was suggested, by some respondents, that more government funding should be invested in IAG.

In addition, interviewees suggested that communication of IAG could be improved by more face-to-face communications; more case worker provision; more empathy demonstrated by some support providers and for support providers to demonstrate an understanding of service to country.

4.4.3.4 Focus groups

The focus group participants expressed a number of views relating to the delivery of IAG. Some felt that delivery should take place only by telephone; some preferred the opportunity to make contact by e-mail or social media. However most participants suggested that a platform of mixed contact modes would be best suited to an effective provision of IAG. As with interviewees, this platform included e-mail, face-to-face, social media, telephone and web based contact points.

After initial contact, some participants believed that the second contact should be made by a service provider calling the transitionee. This should take place either through contact made by a case worker or another informed person who had knowledge of IAG, was empathetic and would be proactive in ensuring that the IAG user received the necessary support. This method of second contact was preferred, as a number of participants suggested that vulnerable transitionees and service leavers could be apprehensive about making a second call or contact after having raised the courage to make first contact.

There were also a number of voices that suggested that a contact point should be manned by someone who had been in the military and had retrained, so that they no longer think and talk like an RSM (Regimental Sergeant Major). They should, however, utilise their military related knowledge and know how the IAG system works.

The issue of accessing IAG provided some answers but also posed some uncertainty amongst focus group participants. On the one hand they felt that information points such as doctors' surgeries, newspaper advertisements, veteran cards, regimental associations and television should be utilised to heighten the profile of IAG and the entitlement to IAG. On the other hand numerous participants understood that many

marketing methods such as television and newspaper advertising could prove to be expensive and perhaps not so cost effective in raising awareness.

It was suggested by focus group participants that the delivery of IAG performance could be improved in a number of ways. Some focus group members believed that the ecosystem needs to provide more comprehensive support, as the links between ecosystem members are not always appreciated. Consequently, there was a view that there needs to be a closer relationship, or perhaps a promotion of the existing relationships, across ecosystem members. Effectively, the system should appear to be more integrated.

There was a view that an information pack should be provided for all service leavers. However, when it was pointed out that this was already the case, there were claims that these packs were not distributed or that they were thrown away soon after distribution. This brought into discussion the problems of embedding an awareness of IAG among all service leavers. It was suggested that this might be achieved through more on-line support for service leavers; the use of 'LinkedIn' to enable service leavers to connect; and improved information processing from the Records Office, which some transitionees claimed took a longer time than they expected.

The focus groups raised a number of suggestions about the timing of IAG. In most cases participants thought that IAG should be provided throughout the military career of serving personnel, perhaps with two or three days a year set aside for this activity. Some participants felt that there should be longer periods of time focusing on transition during the final year of people's military careers. Others suggested that people leaving the armed forces should be transferred to a transition unit for the final part of their service. It was also suggested by a number of attendees that unit commanders do not always release transitionees to take part in transition programme. However, it could be argued that the establishment of transition units, certainly for an extended period, would be difficult to organise and expensive during periods of austerity. Nevertheless, there was concern that a number of service leavers were unable to access their transition period entitlement before they left the services. Consequently, it was also proposed that a transitionee's unit should be legally obliged to ensure that the designated transition time allowance is provided. Furthermore it was suggested that a wider series of transition workshops (than currently available), which enable a platform of efficient IAG prior to departure from the military.

As previously mentioned, there was a view that many recruits had very limited understanding of life skills, and that if there was more emphasis on continuing service life skills development, there would be less need of IAG during the career transition phase. Personal development sessions might include topics such as: bank account management; house acquisition and mortgage sourcing. It was felt that these would enable life skills development for the time of future transition enabling informed transition.

Finally, it was also suggested that when on medical leave and before being discharged, there is a long period when support could be offered. This period or the final 12 months of service could be used to really set people up with information and advice relevant to when they leave.

4.4.4   Veteran's card

4.4.4.1 Service user interviews

A popular point mentioned by a number of interviewees was a veteran's card. There were a number of reasons why this proved to be popular. The majority of interview respondents felt that a veterans' card would enhance the sense of being a veteran. It would ensure 'a sense of identity' to counter the sense of loss that many former military personnel feel when terminating their military connection by handing in their service card on their last day of military employment. However, for the purposes related to this study, an effectively designed veterans' card was felt to be an item that owners would retain. Consequently, such a card could include details of the key contact points relating to transition and veteran support (perhaps a contact telephone number, a website and an e-mail address).

4.4.4.2 Focus groups

The veterans card was almost unanimously favoured across the focus group participants. Most people felt that it would provide a "sense of belonging" for people, leaving the military, who had relinquished their military ID card. As with interviewees, it was felt that the significance of such a card would ensure that people did not throw it away but would retain it. This would therefore provide a mechanism to advertise IAG contact points to be retained by transitionees and veterans. Conversely, a minority of participants argued that veterans should not be entitled to special treatment, and therefore should not be granted veterans cards and the potential ensuing privileges that these cards provide.

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5   Conclusions

Deriving conclusions from the research is carried out with reference to all parts of the research. The research attempts to take a balanced view, and appreciate both positive and negative views expressed during the research process. It also looks to understand the improvements to the IAG provision over recent years.

5.1   The process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families

Overall the ecosystem is comprehensive, with adequate breadth of support available in all areas. However, some of the smaller, less widely-known charities reported a culture of competition when trying to engage with some of the larger charities. Consequently, can lead to an less efficient network. It was suggested that work needs to be done to encourage greater cohesion within the network.

First points of contact into the ecosystem appear, predominantly, to be the CTP; SSAFA, the Officers Association and the TRBL.

5.2   The understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families

The support mechanism works well for those that are proactive and know where to go to access support. Most respondents only had to go through one or two steps to access the support that they required. However, for some people the support network appears not to work efficiently, with some taking in excess of 10 steps to reach the appropriate support. Some that proactively sought support were able to access this from the organisation that they contacted initially, or received some support and referral for additional support. However, 13% of survey respondents either received insufficient support and no referral, or no referral and no support.

Overall the veteran community is proactive when it comes to accessing IAG support. However, there is also a lack of awareness of IAG, both with regards to entitlement and also support available. However, knowing how to enter the ecosystem can be difficult, and some do not know where to go to access IAG, and can result in them taking the decision not to seek support. Those that have made the decision to look for IAG also, in some cases, do not know where to go to access support. The community is also proud, and numerous service leavers do not like to have to ask for support.

Amongst those that proactively sought IAG support, telephone contact was the most frequently used route into the network. Age appears to have an impact of method of first contact, with respondents aged 45-54 indicating a higher propensity to make contact online, compared to the 55-64 and 65-74 age groups, which show a greater use of telephone and face-to-face. Face-to-face provision at drop in centres was a popular mode of first contact especially for non-commissioned ranks. Amongst those that have not had a need for support, an online referral mechanism was the preferred route in. It

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was noted, that a single point of contact, in its strictest interpretation, may not be the most appropriate approach.

Overall, service users that accessed IAG support were satisfied with the system and also with the outcomes of the support. This was particularly notable amongst respondents from Scotland. Overall, as the age of respondents increased, so did the percentage of respondents indicating that the type of IAG being sought exceeded their expectations. However, satisfaction with support varies according to IAG sought, with those seeking IAG related to financial assistance and disability are more likely to experience support that exceeds expectations. Location appears to have some impact, and survey respondents from Scotland indicated a much higher incidence of issues being resolved quickly and efficiently, and of outcomes being better than envisaged. Those seeking IAG related to financial assistance and housing also reported greater levels of satisfaction.

5.3   Problems and barriers with regards to current provision and any impact that this might have on successful transition

Experiences of the referral process varied, with some not directly referred to a named contact, but just given details such as a website or telephone number, and left to make contact. Only one third received either a personal referral, or were contacted by the organisation. However, interview participants expressed a desire for a second provision of IAG to take place on a face-to-face basis. This view suggested that face-to-face provision enabled trust to be established in the IAG process and subsequent service provision. For a number of people, the first step of contact was difficult especially those who were not used to making telephone calls for support or help generally. The idea of making contact with strange organisations in relation to IAG was an intimidating thought. Consequently, some potential users of IAG services would like second contact, at least, to be made by call back from an IAG or service provider.

Amongst those that have **not** had a need for support, knowledge of IAG is particularly low amongst those resident in Scotland. Age also appears to have an impact on knowledge of where to go amongst those that have not had a need for support, with older service leavers having a greater understanding of the system than younger service leavers. Reservists have limited knowledge where to go.

The type of advice sought appears to have an impact on expectations of support provided. Those that sought housing advice primarily wanted the provider to work with them to produce a long-term solution. Those seeking support for mental health issues wanted service providers to work with them to devise an outcome to suit their needs and reduce the need for future support, and very few wanted advice in a one-off interaction. Those seeking health related IAG followed a similar trend with some indicating a preference for an outcome designed to reduce the need for future interaction. In comparison those seeking disability advice indicated that they wanted the support of a case-worker.

Although the performance of service providers is beyond the scope of this report, poor performance reflects back on to IAG provision. The nature of the referral process may also be questioned at this point. Consequently, a more informed and joined up ecosystem is likely to produce better results and overall impact. To this end, an

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organisation such as Cobseo might develop its services to offer a form of accreditation to support organisations operating within the ecosystem.

5.4 An ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers

Face-to-face delivery of support appears to be the preferred mechanism for delivery of support. However, the study suggests that the preferred mechanism for support is affected by age, with younger respondents showing a strong preference for on-going face-to-face and online delivery of advice, whilst, in contrast, older participants did not show a preference for online delivery. Face-to-face provision enables trust to be established in the IAG process and subsequent service provision. For a number of people, the first step of contact was difficult especially those who were not used to making telephone calls for support or help generally. The idea of making contact with strange organisations in relation to IAG was an intimidating thought. Consequently, some potential users of IAG services would like second contact, at least, to be made by call back from an IAG or service provider.

5.5 Further work

As is highlighted, much of the detail of this report is anecdotal opinion, expressed by those that have experience of the provision, either limited or extensive. Much of this is positive, but the research has highlighted negative perceptions of the sector, and apparent gaps in knowledge at times on the part of service users. It could, therefore, be posed that either that part of the IAG network is not projecting the positive aspects of the IAG system accurately, or that some areas of IAG and subsequent support provision need to be improved. This presents an opportunity for further work, to fully examine provision of support via the network, and to evaluate the impact of provision on service users.

The study has identified the extent of IAG provided by those organisations included in the research. However, this is not a fully exhaustive list, and so only gives a sense of the support that might be available. Further, quantitative work is recommended to fully understand the extent of support available. Whilst this study identifies the IAG accessed by respondents, it is an exploratory study, and so only examines a small percentage of the total community of service leavers. As such, further work is recommended to fully understand the extent of IAG requirements in this group. This data should be mapped against data collected on the sector, to identify any gaps in support provision.

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6   Recommendations

6.1   The process and deployment of Information, Advice and Guidance (IAG) delivered by state, registered and non-registered charity organisations to ex-service personnel and their families

IAG related caseworkers should, generally, be paid, with a possible mix of volunteers with relevant specialist skills. Caseworkers should be a mix of civilians of non-military background with specific skills, and former military, who will be better placed to understand the impact of armed service on users. This mix of former military and non-military enables an innovative atmosphere and ensures better mix of prior experience. Appointment of senior ranks to caseworker roles may or may not be problematic for some users, but may be an issue for more junior and younger service leavers. All caseworkers should be trained to carry out the caseworker post.

IAG provision needs to be restructured. The current structure of provision means that, for some, transition support and advice is limited, as they either do not have the full two-year period of resettlement, or they do not have support from their commanding officer or perhaps other unit leaders to take time to attend programmes. To address this, transition advice/life skills training and understanding of community-wide standard non-military stakeholder routes into many aspects of wellbeing and support:

- Needs to begin at the start of a military career;
- Needs to be ongoing throughout a military career;
- Should be standardised and consistent regardless of rank or service or unit;
- Needs to be signed off as a required CO target.

The structure of ecosystem requires some rationalisation. The Scottish system offers a good example of how this might be achieved, with need-focussed pillars. We recommend a similar approach to be adopted in England, Wales and Northern Ireland. This will enable improved networks at the level of service providers and a more cohesive ecosystem. Suggested hubs include:

- Money matters;
- Employment;
- Housing;
- Physical health;
- Mental health matters;
- Personal development; and
- Other welfare

The ecosystem also needs to become better connected with organisations that are not part of military charity provision. These are specialist providers of support with relevant expertise. These might be aligned with the hubs detailed above, and should also be included in the referral process provided by the central point of contact. They are likely to include:

- State provision such as NHS and Universal Jobmatch;
- Non-military charities such as Citizens Advice Bureau and the Samaritans.

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6.2 The understanding of services available (MoD and external provision) and the process for delivery of IAG from the perspective of ex-personnel and their families

By gaining an understanding of services available, some discrepancies between actual services available and the perception of services available by some service users and potential service users were identified. This led to discussion about the awareness of IAG related services, and suggestions for awareness improvement, as described in section 6.4. Improved communication of the IAG support available to those undergoing resettlement and those in transition is recommended. This should begin during the military career.

6.3 Problems and barriers with regards to current provision and any impact that this might have on successful transition

There appears to be inconsistency across, and even within, services with regards to transition and sharing of information. We recommend work is conducted to identify best practice across all armed services, and to use this to inform the delivery of IAG and enable consistency of support and information for military personnel as they leave the service.

6.4 An ideal state of delivery for IAG (an integrated support network) from the perspective of both users/recipients and providers

Across all elements of the research there was some frustration at the perceived competitive nature of the larger charities. These charities are perceived to be focused more on their own self-interest than on those of the end user. This perception may be misplaced. However, users of the IAG support network desire a simple easy to use IAG system which is supported by an independent body focused on the provision of a neutral form of IAG rather than a number of charities focused on an assortment of transition services including IAG provision. We recommend that an independent body, such as Cobseo or Veterans UK is used as a coordinating function for the sector. The Scottish Veterans model is an example of this in practice.

A central point of contact (a mixed-media approach including a range of contact mechanisms, that people can contact directly, or that charities can refer users to, although charities may refer users directly to required services) where referral not signposting is made, is recommended. This should be inbound (users and charities can call in) and outbound (it will refer out to relevant charities). The central point of contact should be delivered by a neutral organisation, not a charity operating within the sector. The response given to service leavers contacting the service should be to provide and named contact AND pass the users' details (with their permission) to the named contact, along with an agreed call-back period.
- Telephone, social media, text, email, web chat, information repository.
- Face-to-face and drop in centres important for those not able to comfortable with phone or web.

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- Needs to be more than a call centre (service focused and not driven by call numbers).

It should be noted that a central point of contact is NOT a single point of contact. It is a very different communication mechanism as it is a facilitating activity, and does not preclude service providers and users contacting organisations directly.

We recommend the issue of a veterans card using service number/adjusted service number. If possible, this should link to JPA and also to CMS. The card will carry the details of the central point of contact. It should be swapped with the military ID card upon leaving service, and should carry a photograph, date of issue and signature. The card could allow users access to limited provisions, such as transition support on military sites. Research suggests that a benefit of the card may be that it can be used for possible veteran discounts in retail environment. However, this is not the core purpose of the card, nor should it be a concern for card issuers.

The ecosystem needs to be promoted in a more innovative ways in order to reach out to recent transitionees that have fallen through the ecosystem information net and older service leavers that are unaware of support service availability. Promotional mechanisms may include features in national newspapers, perhaps press releases delivered through news magazine programmes on radio and television and awareness drives through the IAG infrastructure.

Some form of coordinating body to govern the provision of military IAG is recommended. This may be provided by an organisation such as Cobseo. The purpose of this is to ensure consistency in delivery of IAG and support across the sector, and to provide some form of approval/accreditation of providers to ensure quality of delivery.

7   Glossary

ASAP (Armed Service Advice Project)
10 regional support officers in Citizens Advice Centres across Scotland, run by Poppyscotland.

Caseworker system
The caseworker system is offered by a small number of the large military charities, such as TRBL, SSAFA and Veterans UK. Service users and potential service users are allocated a case worker, who will meet with them face-to-face to understand their needs, and to assist them in accessing the relevant support. This support may come from the charity that they are aligned with, or via referral into another charity. Case workers are often (but not always) volunteers, and may or may not have a military background.

CMS (Case Management System)
The electronic database used by a number of military charities, to record service user applications for support. Each record is initiated by a Form A.

Cobseo – The Confederation of Service Charities
A single point of contact for interaction with Government, including local government and the Devolved Administrations; the Royal Household; the Private Sector; and other members of the Armed Forces Community.

Ecosystem
A network of organisations. In the case of this study, the ecosystem refers to the network of military support charities.

Forces in Mind Trust (FiMT)
Forces in Mind Trust is a charity established to promote the successful transition of armed forces personnel by acting as a credible, independent and influential authority on transition, awarding grants and commissioning research.

Joint Personnel Administration (JPA)
The intranet-based personnel administration system used by the British Armed Forces

OF (Officer ranks)
Those serving in the military that are Commissioned Officers.

OR (Other ranks)
Those serving in the military that are not Commissioned Officers. OR includes Non Commissioned Officers (NCOs).

Mark Wright Project
The Mark Wright Project was established in July 2009, with its Drop-In Centre opening November 2009. It is based in Dalkeith, Midlothian providing support service to ex-Service personnel and their families across Edinburgh, Lothians, Borders and Fife. The Mark Wright Project Drop-In centre's mission is to deliver co-ordinated, holistic and person–centred counselling, providing hands-on support and advice to ex-Service men and women, and their families helping them in addressing the physical, psychological and emotional wounds of war.

Original Thinking Applied

NCO (Non Commissioned Officer)

A military officer that has not been commissioned, but instead has achieved their position by promotion through the ranks. NCO includes Corporal, Sergeant, Warrant Officer, and Petty Officer.

Poppyscotland

The leading charity in Scotland supporting ex-servicemen and women and their families.

PVR

Premature voluntary release from military service.

RAFA – Royal Air Forces Association

A membership organisation and registered charity that provides welfare support to the RAF Family.

Referral

The process conducted by a charity in the ecosystem when they pass a user to another organisation that might be able to provide assistance. Referral will involve sharing of contact details of a named person.

Resettlement

Resettlement is the period starting when a service person decides to leave the military and formal notifies the military of this, and ending two years after the end of active service.

RFEA - The Forces Employment Charity

Provide job finding services for Service Leavers.

Signposting

The process conducted by a charity in the ecosystem whereby they tell a service user about another charity that might be able to provide assistance.

SSAFA

Provides practical support and assistance to servicemen and women, service leavers, and their families, every day of the year.

Transition

Transition is the term used to describe the journey towards civilian life for military personnel. The duration of transition varies from one person to another, but it is advised that preparation should be continuous throughout a person's military career. Transition may continue throughout a person's post-military life.

TRBL – The Royal British Legion

Helps the whole Armed Forces community through welfare, comradeship and representation as well as being the Nation's custodian of Remembrance.

Veteran

Any person that has served at least one day in the military.

Veterans First Point

Original Thinking Applied

Veterans First Point (V1P) has been developed by veterans for veterans and is staffed by veterans. Funded by the Scottish Government and NHS Lothian, it aims to provide a one-stop shop for veterans and their families living in Lothian. The core of the operation is a team of peer support workers (PSWs) who act as the listening ear to whatever needs service leavers may have.

8 Appendices

8.1 Appendix 1: Service provider interview guide

Can you tell me about the service that you provide (can you elaborate please)?

Typically, who would come to you/who would you see?

Are the people that use your service, the same group of people that you envisage your service to be targeted at?

Do you feel that users understand this to be the service offered?

How many ex-service or retiring personnel do you work with each year?

Typically, over what time period would you work with someone?

Do you know the length of time that has elapsed since leaving armed service and the service user coming to you? Do you keep a record of this?

How do people find out about you?

How do people access your services?

Could the way in which people access your services be improved, and if so, in what way?

Do you refer service users to other services, and if so, which? Is there a pattern between the type of person that you refer, and the type of service that you refer to?

If you do not refer users, is there a reason why not?

Do other organisations refer potential service users to your service, and if so which organisations?

How do they then access these services?

Do you follow up afterwards? If so, how, and for how long?

Do you have an organisation-wide referral procedure, or is this on a case-by-case/ad hoc basis?

What would you consider to be the ideal mechanism for delivery of your ISN/IAG services, from the perspective of your organisation?

What would you consider to be the ideal mechanism for delivery of your services, from the perspective of service users?

Funding – raised through fundraising. No government support

Original Thinking Applied

Other

Mental health prioritisation

8.2   Appendix 2: Service user interview guide

Can you tell me a little more about yourself please?
> *(such as role/rank, when served, time since leaving etc)*

Have you or your family ever had a need for information, advice or guidance support?
> *(This might include, but not be limited to, financial, all aspects of physical or mental health, education and training, or housing.)*

Were you able to find an organisation that could support you? (follow yes or no track)

IF YES

How did you go about finding support?
> *(Prompt, if needed, to include military charity, non-military charity, public sector (i.e. NHS, Citizens Advice Bureau, Jobcentre Plus etc), private sector (for example, private healthcare, recruitment agency, coaching)*

Did they contact you or did you contact them?

How did you contact them (or they contact you?)

How did you contact this organisation?
> *(Prompt, if needed, telephone, face-to-face, online, referral, social media (for example, Facebook, Twitter, LinkedIn, forum)*

How would you have liked that first contact to have happened?

Was the organisation able to provide the support needed, or did they refer you to another organisation?

If you were referred, how did this take place?

Did you continue working with the original organisation?

How was support provided?

How would you have liked the support to have been provided?

Was the support provided at the time that you needed it?

Was there any follow-up to the support that you received after delivery was complete?

To what extent were you satisfied with the overall support mechanism?

What worked well?

What didn't work well?

Original Thinking Applied

What, if anything, would have improved the support system for you?

Do you have any further comments that you would like to make?

IF NO

What problems did you come across when trying to find support?

Would anything have made it easier to find support?

How would you have liked the support to have been provided?
(Prompt, if needed, telephone, face-to-face, online, referral, social media (for example, Facebook, Twitter, LinkedIn, forum)

What, if anything, would have improved the support system for you?

What issues exist for you within the current support system?

Do you have any further comments that you would like to make?

Original Thinking Applied

8.3 Appendix 3: Full description of ranks

Nato ranking system / British rank nomenclature equivalence

Nato	Army & Royal Marines	Royal Navy	RAF
OR 2	Gunner, Marine, Private,	Able Seaman	Leading Aircraftman /woman, Senior Aircraftman/woman, Senior Aircraftman
OR 3	Lance Corporal, Lance Bombardier		Lance Corporal
OR 4	Corporal, Bombardier	Leading Rating	Corporal
OR 5			Sergeant, Seargent Aircrew
OR 6	Sergeant	Petty Officer	
OR 7	Staff/Colour Sergeant	Chief Petty Officer	Chief Technician, Flight Seargent, Flight Seargent Aircrew
OR 8	Warrant Officer Class 2 (Company/Squadron Sergeant Major)	Warrant Officer 2	
OR 9	Warrant Officer Class 1 (Regimental Sergeant Major)	Warrant Officer 1	Master Aircrew, Warrant Officer
OF 1	First Lieutenant, Second Lieutenant	Mid-Shipman, Second Lieutenant	Flying Officer, Pilot Officer
OF 2	Captain	Lieutenant	Flight Lieutenant
OF 3	Major	Lieutenant-Commander	Squadron Leader
OF 4	Lieutenant Colonel	Commander	Wing Commander
OF 5	Colonel	Captain (RN)	Group Captain
OF 6	Brigadier	Commodore	Air Commodore
OF 7	Major General	Rear Admiral	Air Vice-Marshall
OF 8	Lieutenant General	Vice Admiral	Air Marshall
OF 9	General	Admiral	Air Chief Marshall

Original Thinking Applied

8.4 Appendix 4: Focus group participant details

Service of focus group participants

Service	Number	%
Army	20	58%
Royal Navy	8	24%
RAF	4	12%
Royal Marines	2	6%
Total	34	

8.5 Appendix 5: Focus group discussion guide

1. When did you last have a need for information, advice and guidance?
   a. What was this?
   b. How did you go about getting this?
2. What worked well for you with your transition, and the support process?
3. What didn't work as well?
   a. How could it have been improved?
4. What do you feel is the best delivery mechanism for information, advice and guidance?
   a. What are your thoughts on a single-point-of-contact?
   b. What are your thoughts on a central point-of-contact (a centralised hub with networks/links into a range of service providers)?
5. How would you prefer to keep the contact details for any point of contact?
6. Where and when do you feel that people should be given information on information, advice and guidance?
   a. How should this be provided?
7. How do people find out about IAG?
8. What do you think about a veterans card?
9. Do you think referral should always be to a named person?

8.6 Appendix 6: User survey participant details

Location of respondents

Answer		Response	%
England		296	63%
Scotland		115	24%
Northern Ireland		23	5%
Other		24	5%
Wales		12	3%
Total		470	100%

Original Thinking Applied

Service that survey respondents served

Answer		Response	%
Army		324	69%
RAF		69	15%
Royal Navy		51	11%
Reservist of Army		46	10%
Royal Marines		19	4%
Reservists		2	0%

Ranks of survey respondents

Rank	OR - 1	OR - 2	OR - 3	OR - 4	OR - 5	OR - 6	OR - 7	OR - 8	OR - 9
Number of respondents		64	32	55	32		20	23	10

Rank	OF - 1	OF - 2	OF - 3	OF - 4	OF - 5	OF - 6	OF - 7	OF - 8	OF - 9
Number of respondents	4	53	79	50	28	14	5		1

Gender of survey respondents

Answer		Response	%
Male		407	87%
Female		63	13%
Total		470	100%

Age of survey respondents

Answer		Response	%
16-24		2	0%
25-34		62	13%
35-44		109	23%
45-54		147	31%
55-64		98	21%
65-74		41	9%
75+		11	2%
Total		470	100%

Duration of armed service

Original Thinking Applied

Answer		Response	%
1-4 years' service		29	6%
4-6 years' service		35	7%
6-8 years' service		42	9%
8 years+		362	77%
I did not complete my initial training		2	0%
Less than 1 year of service		0	0%
Total		470	100%

Time elapsed since resettlement

Answer		Response	%
I am currently undergoing resettlement		49	10%
0-2 years		147	31%
3-4 years		41	9%
5-10 years		65	14%
11-15 years		37	8%
21-30 years		49	10%
16-20 years		35	7%
31-40 years		33	7%
41-50 years		8	2%
51+ years		6	1%
Total		470	100%

Reason for leaving armed service amongst survey respondents

Answer		Response	%
Natural end of service		206	44%
Voluntary resignation (PVR)		152	32%
Redundancy		49	10%
Medical discharge – disabled		43	9%
Medical discharge – mental health		13	3%
Discharge - Services no longer required i.e. disciplinary discharge		7	1%
Total		470	

Original Thinking Applied

Nature of disability amongst disabled respondents

Answer		Response	%
Lower limb		21	36%
Spinal cord		16	28%
Prefer not to say		12	21%
Hearing		11	19%
Upper limb		11	19%
Mental ill-health		9	16%
Head injury		4	7%
Visual impairment		2	3%
Total		86	

8.7   Appendix 7: Service Providers

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
A Soldier's Journey	Other: • Signposting • Friendly ear	No typical user	70	One off transactions?	Various	Website	Website	SSAFA TRBL	Yes/No
Army Benevolent Fund	Financial assistance	More applications from private and warrant officer class one. Tend not to be young.	Provides grants to 86 charities	Financial transaction	Often some time ago	SSAFA TRBL Regimental Association Remploy	Not applicable – financial transaction	SSAFA TRBL Other charities if relevant	No
Army Dependents Trust	Financial support	Families and dependents of people who have died in service	100 - 150 pa (but falling)	One off payments	People who were in miltary. Occasionally make payment if somebody had just left	JCCC - Notified by e-mail / telephone	Don't have to do anything. Details passed t charity form army	Yes	No not usually, done by others
Association of Jewish Ex-Service Men and Women	Financial assistance	Most WWII service leavers	100-200	Some annuity Most are a single financial transaction	40-50 years	SSAFA	Not applicable – financial transaction	SSAFA	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
BLESMA	Disabled	Limbless service leavers	4,000 pa	Variable but can be lifelong	Immediately after injury	Referral (e.g. QEII hospital), word of mouth	Blesma support, telephone, website	Yes (for various reasons)	Yes
Blind Service leavers Association	Disabled services	Any veteran that has 6/60 vision or worse. Age ranges from 24-102 although most members are in their 60's.	3,700 members 700 new members per year	Ongoing	Varies Less than 200 members are war-blind	SSAFA Headley Court Non-military organisations Self-referral Campaigns in opticians	Telephone Caseworker	Age Concern Shopmobility SSAFA	Yes
British Korean Service leavers Association	Financial assistance Alumni/networking	Elderly aged 80-90	3500 members	Not applicable – financial transaction	World War II service leavers	Not applicable	Annual memorial service	No	No
Broughton House	Welfare	Any veteran (incl Merchant Navy) in need of care	Up to 50	Ongoing form taking residence	6 months to 40 years	Referral from local authority Website Local press	Residential service	Yes, refer to better networked charities	N/A

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Burma Star Service leavers	Financial assistance Welfare	Elderly – aged 88-102	3400 members	Ongoing	67 years	SSAFA TRBL Website Telephone	Telephone	SSAFA TRBL	N/A

Church of England Soldiers, Sailors and Airmen's Housing Association (CESSAHA)	Financial assistance
	
	Welfare
	
	Other:
	        Emotional support
	        Practical support
		Elderly – over 60's	350	Ongoing	Various	Local authority referral
						
						Word of mouth
							Website
							
							Letter
							
							Visit
								Yes – provide name of organisation and a contact number	No

Combat Stress	Mental health	Service leavers across all armed forces	5,500 on books 8,500 calls to helpline	2 years+	Average 13 years	GP referrals 8% Other service orgs30% Advice centres 30% Self referral (rest)	Helpline, website, telephone	Yes	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
CTP	Other: Transition information, advice + guidance training employment support	Service leavers across all armed forces. All ranks.	15,000 in 2013 8% of those eligible for support do not use it.	Average is 8 months. Eligible for 4 years – 2 before leaving armed service, 2 after.	Difficult to assess, will return for different services	JPA TRBL Officers Association Officers Assoc Scotland Poppy Factory	Workshops Telephone Email	Yes – systematic	Yes through regional offices
Erskine House	Welfare	Elderly service leavers (age over 70) Some younger service leavers (independent living) Mainstream and supported employment	1075 (2013)	18 months (care) 15 - 40 years (cottages)	Many years, especially care	Social services Families Through publications 32 local authorities (Scotland)	Apply through social services or through charity	No	Not relevant
Excalibur Unit	Other: Fundraising								
Forces Children's Trust	Family focus	Children	85	Discrete and ongoing	N/A	Word of mouth	Children's activities	Bereavement counselling – contact on behalf of user	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Gardening Leave	Mental health services	Service leavers	110-130	Over a twelve session goal oriented course	Variable	Combat Stress GP Other charities CPN	Tailored programme on-site. Therapist.	Website, telephone	Yes
Greenwich Hospital	Welfare Other: Benevolence to other charities Sheltered housing, pensions and grants to naval charities	Charitable support to serving and retired men + women of RN + RM and dependants	Many grants to many charities	Variable e.g. includes funding of 1300 annuities	Variable	Directly for some funds, indirectly for others (eg support provided for other charities)	Numerous including website and telephone	Yes – provide contact details for other charities	Sometimes
HCPT 507 Group Joint Services	Disabled	Ex-service and families	50 pa	Maximum once per year	From 2 to 40 years	Word of mouth (mainly), newspapers, Royal Naval Assoc magazine	wwwjshhg507.com, RN days, telephone	Yes	Yes and no
Help for Heroes	Disabled, Welfare	Wounded injured and sick serving, service leavers and families	2,500 approx	Several years, support is offered for life , if required	Variable	• Through chain of command, • word of mouth, • marketing • (well known brand)	Telephone, e-mail, social media, walk in to support hubs, call centres, referral from regiments and units	Yes (43 charities)	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Houses for heroes	Welfare Disabled services Mental health services	Disabled service leavers	87 people in the last 3 years Own 614 houses	Ongoing – people can live in Houses for Heroes accommodation for the remainder of their life.	Varies, but on average will have left armed service within the last 10 years.	Personnel recovery unit ASAP SSAFA TRBL Mark Wright Project Scottish Vets Residences Regimental Associations Combat Stress Haig Housing Trust Word of mouth	Website Telephone Email	Haig Housing Trust for those wanting to live in England	Follow up those on the waiting list.
King Edward VII's Hospital Sister Agnes	Other: Private healthcare	No typical user – open to all service leavers + families	20-30	Variable	Variable	ABF RAFBF Seafarers UK BLESMA Blind Service leavers UK	Direct	Sometimes	Yes
Live at Ease	Welfare	Armed forces leavers and service leavers	1,200	13-14 weeks	Variable but often during transition period	NHS Referral Website GP Social media	Direct	Yes	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Lord Leycester Hospital	Housing	Elderly service leavers and their family. All services.	Have 8 flats	Variable	Variable	Word of mouth	Provide accommodation	No	No
Merchant Navy Assoc	Welfare Well-being Networking Lobby group	All merchant navy service leavers	Variable	Variable	Variable	2*websites word of mouth promotional events facebook electronic forums	2*websites word of mouth promotional events facebook electronic forum Telephone	Yes	Yes
Merchant Navy Welfare Board	Welfare	Maritime charity with focus on merchant navy RN/RM (20%), MN (70%), Fishermen (10%) - all ranks	2013 - 53,000 searches 35,000 (MN), 8,000 (RN), 2,000 RM, 7,5000 (Fishing)	Minutes to weeks	Not known	Advertisements in maritime press, google, socail media, through marketing process	Through search facilty on website, social media	Yes (to 149 charities)	Yes
Military Heroes Trust	All	Intermediary charities							
Mutual support	Disabled	Serving / retire and / or dependents with multiple sclerosis	Membership over 800	Lifetime support	Variable: months to 20 years+	Website, GPs, neuro surgeons welfare in service, internet, word of mouth	Online joining form, telephone	Yes	Yes, absolutely

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Not Forgotten Association	Disabled services	No typical user	10,000	Ongoing in many cases. Younger people 3-5 years.	Varies	SSAFA TRBL Combat Stress Service leavers UK Rehabilitation centres Word of mouth	Events	Occasionally	No
Officers Association	Other: Employment advice Financial assistance	Commissioned officers. Benevolence – over 40's Employment – 22-55 age group	Many	Various	Varies	CTP SSAFA Word of mouth	Website Telephone Caseworkers	Yes – go to charity on behalf of the user	Yes
Officers Association Scotland	Other: Employment Financial assistance	Predominantly army. All officer ranks, and also NCO's. Typically Major and Lieutenant Colonel. 50% are over 50. 20% are 25-40. 30% 40-50.	130 new people join per year. Working with 200 cases currently.	Approximately 1 year. Stay on contact list after users have secured employment.	Some people come well before leaving active service. Some after leaving.	Word of mouth Officers Association London Poppyscotland White Ensign CTP	Registration form on website Telephone Email Face-to-face	White Ensign CTP if eligible Poppyscotland Jobcentre Plus	Not generally

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Parachute regiment Afghanistan Trust	Welfare	All service leavers of the regiment	150 Thousands of members	?	Varies, some served in WWII.	Via membership form upon leaving armed service Appointment made for 12 months post service SSAFA TRBL		SSAFA TRBL Signpost but do not call on behalf of the user	Yes
Phoenix Forces Support	Other: Fundraising	Yorkshire regiment							
Poppyscotland	Financial Assistance Disabled services Mental health services Other: Practical support Employment support	No typical user, but higher proportion of ex-army, primarily infantry. Those leaving young and early tend to struggle the most.	Grants to 1200-1300 per year.	Varies	Varies. Average time for presentation with PTSD is 11 years.	• SSAFA • Website • CAB Scotland • Word of mouth • Social media	Face-to-face via ASAP Telephone helpline	Yes – contact organisation and charge them with contacting the user Military charities Non-military charities	

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Projects to support refugees from Burma	Welfare	Elderly Burmese service leavers who served in U armed forces during WWII - who live in Refugee camps on Thai / Burma border	Up to 700	Until they die	67 years	Word of mouth or found in refugee camps / Free Burma Rangers / Karen Refugee Committee	Through refugee camps on Thai / Burmese border	Not usually	NA
Queen Alexandra Hospital Home	Welfare Disabled services	All ranks	60 beds 4 respite	Variable	Variable	Word of mouth NHS referral Telephone Website Social media	A residential service	• Yes – help people to find organisations that will be able to assist • SSAFA • TRBL • BLESMA • Combat Stress	No
Queen Alexandra's Royal Army Nursing Corps Association (QARANC)	Comradeship, networking	All ranks	80	Variable	Various	SSAFA ABF Automatic membership for all eligible. QARANC contacts directly.	Not clear	Yes – provide contact numbers	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Queen Mary's Roehampton Trust	Other: • Fundraising	War pensioners and their widows and dependants	Not clear	Variable	Variable but generally many years	Referral	Various		
Queens Dragoon Guards Benevolent Fund	Financial assistance	No typical user	40-50	Variable – one-off payments and annuities	Variable	SSAFA TRBL	No delivery – funding transferred via SSAFA or TRBL	Yes Requests go via the fund to ABF, Help for Heroes. Combat Stress	No – do not deal directly with users
RAF Benevolent Fund	Financial assistance Welfare Disabled services Other: Grant giving to other charities	Generally non-commissioned 50% of beneficiaries are elderly	60,000	Varies.	Various	SSAFA TRBL RAFA	Helpline Website Email Social media	Signpost and empower users to follow up Combat Stress CAB SSAFA TRBL RAFA	No – this is done by the caseworker from SSAFA, TRBL or RAFA
RAF Ex-POW Association	Comradeship	WWII + other service leavers + families	Not clear	Not clear	Variable	SSAFA TRBL	Various	SSAFA TRBL	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
RAF Widows Association	Family focus Other: • Signposting • Emotional support • Practical support	RAF Widows	Not clear	2 meetings per year	Variable	Website Given a pack by RAF visiting officers	Telephone, e-mail	Yes – give name and telephone number of organisations	No
RAFA	Financial assistance Welfare	No typical user	63,000 members Don't need to be a member for support	Variable	Variable	RAFA welfare officers Referral from members	Website RAFA Caseworker Events Activities	Yes	Yes
Rhodesian Army Association Museum Trust	Comradeship	Rhodesian military service leavers	300						
Row2Row Recovery	Disabled services	All ranks	100		Recently left, or still serving	Help for Heroes Tedworth House	Direct contact		
Royal Alfred Seafarers Society	Welfare	Elderly Seafarers background	68	Ongoing - residential		• Social services • Families • NHS choice, • Seafarers magazine, • Social media, • Word of mouth	Residential	No	No

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Royal Artillery Association	Financial assistance	Younger – 60% of users are under 60 years old 30% women and widows	2000	Not applicable – financial transaction	Not known	SSAFA SSAFA via CAB Directly	Not applicable – financial transaction	Not applicable – financial transaction	Not applicable – financial transaction
TRBL Industries	General welfare	No typical user	600	Variable	5+ years	MoD Social media Marketing campaigns	Direct contact	SSAFA Combat Stress	Yes
TRBL Poppy Factory	Welfare, employment	Any veteran, also reservists	150-200 pa	At least 12 months	Not sure but at least 2 years	• Website • Referral - housing orgs • Workability charity - SORTED • Work with consortia • Case worker - TRBL, SAAFA Combat Stress etc.	• SORTED • Telephone • Online registration • e-mail • facebook	Yes	Yes
TRBL Scotland	Comradeship Financial assistance	Male, non-officer 50-60+ age group Trying to attract younger member	15,000 members	Ongoing	Most have left 15-20 years prior to joining.	Poppyscotland Service leavers Scotland Website Social media	Events Local branches Website Social media	SSAFA Poppyscotland	No but are instigating this

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Royal Caledonian Education Trust	Family focus	Children of serving or ex-service Scots	Not clear	During period of children's education	Various	SSAFA Poppyscotland Word of mouth Advertise in regimental journals Website	Website Telephone Email	Yes – signpost	No
Royal Commonwealth Ex-Services League	Financial assistance	• Vets serving crown prior to independence (all ranks) • care for widows	3000+	Varied Sometimes many years due to nature of intervention	Since WW2 to present	• Website • Referrals from other charities • High Commissions • British Legions in various countries	webpage, e-mails, telephone calls	Yes	Yes, always
Royal Fleet Auxiliary Association	Financial assistance Comradeship	No typical user	640	Variable	Various	Information provided when personnel leave the Navy	Telephone Email	Yes – direct contact	Yes
Royal Naval Association	Welfare Mental health services Comradeship	All ranks	19000 members	Variable	Various	RNRMC	SSAFA CAB Naval charities	Telephone Email	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Royal Naval Benevolent Trust	Financial assistance	Serving + ex-serving men and women. Wives, husbands, partners, children Widows and widowers Separated or divorced wives and husbands	Over 3,000 per year	Not applicable – financial transaction	Various	Combat Stress	Not applicable – financial transaction	Not applicable – financial transaction	Not applicable – financial transaction
Royal Navy and Royal Marines Charity	Other: • Grants to charities								
Royal Navy and Royal Marines Children's Fund	Family focus	No typical user	500	Over the year	Various	SSAFA School Hospital Case worker	Telephone	Yes – call on behalf of the user or give contact details	Yes
Royal Navy and Royal Marines Widows Association	Family focus Other: Friendship Signpost Lobby	Widows	Less than 90	Over 1 year	N/A	Word of mouth. Information pack given to widows	Local volunteers	Yes	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Royal Star and Garter Homes	Welfare	All services, and various ages. Service delivered often linked to age and requirements.	130 beds available	Variable	Variable	Referral from hospital Direct contact	Residential service	Yes – hospitals and other charities	Yes
Sailors Children's Society	Family focus	Children	322	5-6 years	Various	SSAFA RLB Direct contact	Telephone Email	Yes – call on their behalf, complete form A	Yes
Scottish Service leavers Residences	Welfare	Mostly elderly Mainly non-commissioned but all ranks Younger residents suffer from clinical or fiscal problems	128 in care at any one time Turnover is approximately 20 per year.	70% have been resident for more than 18 months Longest resident since 2001	Various. Early service leavers up to 20 years post retirement	GP Police Families PRU	Residential service	NHS Housing agencies Employment agencies SSAFA	Only until settled – aim is to reduce contact and improve independency

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Service Personnel Service leavers Association (Service leavers UK)	Welfare Finance (operate War Pensions scheme/Armed forces Compensation Scheme)	Service leavers and families	Not known	Variable	Variable	Social media Telephone PRU	Do not deliver services, provide referrals to appropriate service deliverers	Yes	Yes
Skill Force Development	Other: Employment Disabled services	Not clear	19 instructors employed per year, 6 assessment centre employees, plus head office.	Ongoing	Not clear	CTP TRBL Civvy Street	Visit directly Employed by the service	Civvy Street Pathfinder Whisper	Not clear
South Atlantic Medal Association	Welfare Comradeship Other: Signpost Information	Falkland's service leavers	250 new members each year. Total membership over 3000	Ongoing	Since Falklands War	SSAFA TRBL	Website e-mail Telephone	Combat Stress	No
Special Boat Services Association									

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Spirit of Normandy Trust	Financial assistance Welfare	Elderly – aged 88 upwards, and families	Diminishing	Ongoing	65+ years	Media Social events Word of mouth Memorial servic SSAFA TRBL	Local branches	SSAFA TRBL	No
SSAFA	Welfare Benevolence	Those in service and service leavers and their families	45,000 cases per year	Variable	Variable	Website Word of mouth Telephone	Face-to-face Telephone	Yes	Yes when appropriate
Surf Action	Mental Health services Disabled services	All service leavers	270	Ongoing	Variable	TRBL SSAFA Combat Stress Contact directly	Telephone Face-to-face	Yes – call on behalf of the user	Yes
The Coldstream Guards regimental Lieutenant-Colonel's Fund	Financial assistance Other: 　　　Emotional support 　　　Practical support 　　　Signposting	Coldstream guards and airmen	150 applications per year 3,500 members	Variable	Variable	Word of mouth – the oldest regiment in the Army	Various	SSAFA TRBL ABF Contact on behalf of the user	

Original Thinking Applied

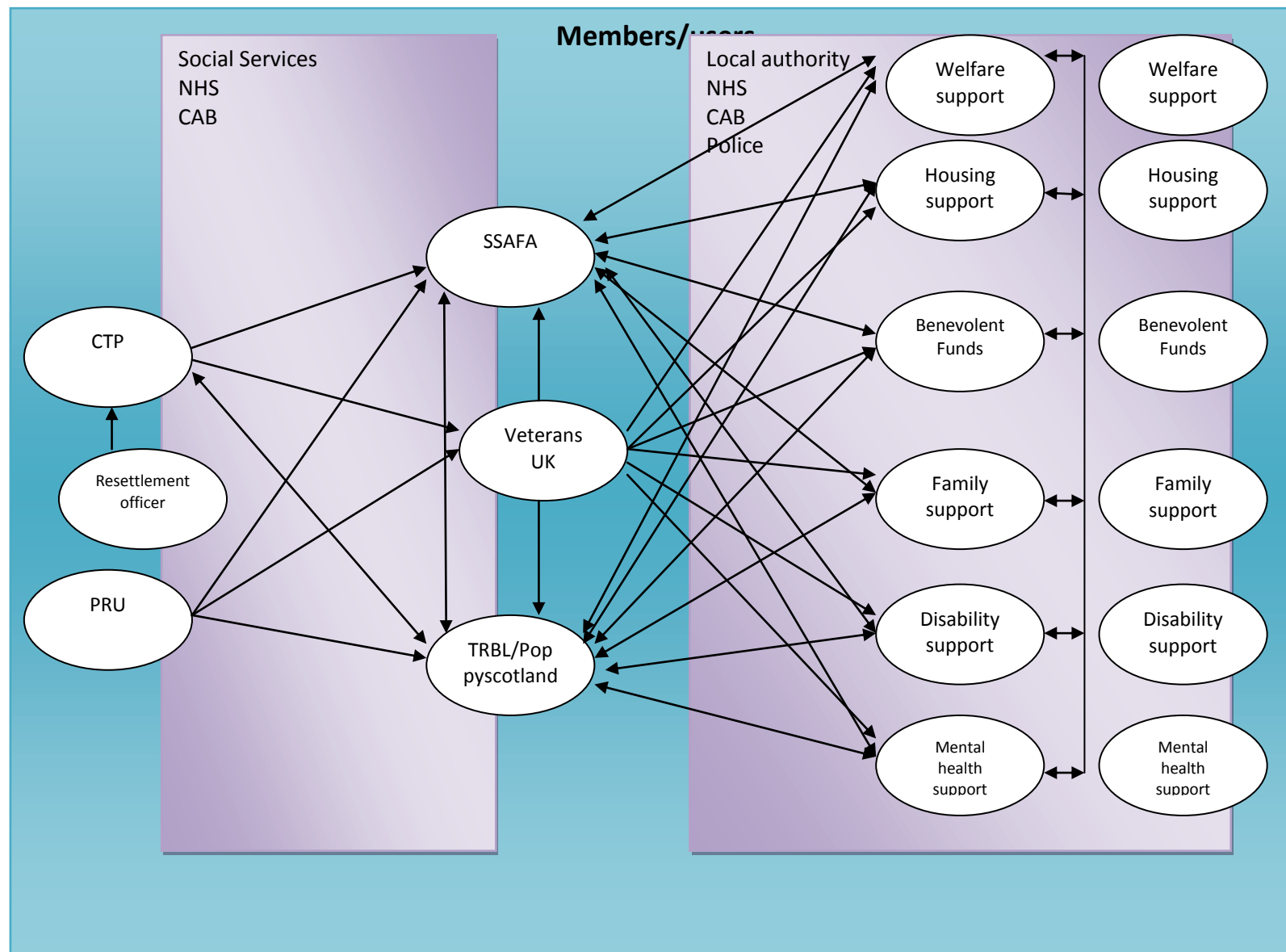| Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
The TRBL	• Welfare • information, advice and guidance	Service leavers, service leavers. Simplify the journey Support people to be self-sufficient	3,000 calls per week	Do not keep records	Varies. Used to have many 50+ but changing with more younger	• Website • Referral agencies • Internet • Social media • In-service magazines Warrior Programme	webpage, e-mails, telephone calls, through friends	Yes	Yes. Also trying to measure impact of intervention
The Warrior Programme	Mental health services Other: Training	Traditionally those aged 40-50. Now changing to 20-40 age range. Rifleman to sergeant. Some officers and NCOs.	300 plus (25 per month)	3 day residential programme 12 months mentoring and support	6 months to 2 years	Combat Stress TRBL SSAFA Training colleges Residential units	Face-to-face	Remploy TRBL Industries Poppy factory On a lesser scale, Jobcentre Plus	Yes

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Union Jack Club	Welfare, Aumni & networking	All non-commissioned serving and service leavers. Temporary membership to commissioned officers	Over 15,000 members + temporary members. 250,000 used club on drop in in basis in 2013	Many years	Not immediate will engage after a couple of years (perhaps)	Social media, internet, advertising (military mags), veteran agencies, word of mouth (44%)	Online, telephone, e-mail	Will sign post	No
Service leavers Scotland	Other: Referral agency	No typical user, but anecdotally lower ranks	Currently 2-3 enquiries per week to Service leavers Assist which is the user interface	Not relevant	Not relevant	Road shows NHS Scotland Job Centre Scotland Social media Poppyscotland Help for Heroes Seafarers UK Local authorities	Social media Website	Signpost Pass on to relevant support agency	Not generally

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Victory Services Club	Disabled services Comradeship	All ranks, all services, all ages. More lower ranks than senior officers. Tend to be retired.	22,000 serving members, 33,000 retired members.	Ongoing	Varies	Help for Heroes RAFBF Word of mouth	Residential Website Social space	SSAFA	No
Walking with the Wounded	Disabled service	NCO/ Private Young	200	As required	Various	Referral, Website Word of mouth	Telephone Website	Yes	No

War Widows Association of GB	Family focus
	Comradeship
	Other:
	     Signpost
	     Connect
		Widows	Unclear	Variable	Various	In information pack given to widows
						
						Word of mouth
							Telephone
							Website
							E-mail
								SSAFA
								
								TRBL
									Not formally. May do on an informal basis.

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up

White Ensign	Welfare
	
	Other
	     Employment advice
	     Financial planning
	     Career transition
	     Assistance and support
		Many at the end of active service.
		
		Majority at pension point.
		
		Some that left service some time previously.
			1000	Short – 2 interactions.	Many entering transition.
					
					Very short.
						CTP
						Social media
						Officers Association
						Forces Pension Society
						Navy and Marines Charity
						Naval Families Federation
						Greenwich CAB
							Mentoring
							
							Email
							
							Face-to-face
								Yes. Give contact details and encourage user ot make contact.
								
								Officers Association
								Forces Pension Society
								Navy and Marines Charity
								Naval Families Federation
								Greenwich CAB
									Yes – email.

Wings for Warriors	Disabled	Wounded, injured, sick people going through the transition process	6 pa complete 5 applications per week	18 - 24 months	All between 1 - 7 years	Referral, word of mouth, website, PRU's, PRC's	Internet, Help for Heroes, Links (Poppy Factory, Army Benevolent, PRU's, PRC's	Yes, occasionally	No

Original Thinking Applied

Name of charity	Category	Typical user	Number of personnel supported annually*	Duration of intervention	Time elapsed since active service	Route in	Delivery mechanism	Referral out	Follow-up
Women's Royal Naval Benevolent Trust	Financial assistance	Former Wrens and their families (50,000 members)	350	Variable on the nature of support	Variable	CAB SSAFA TRBL	Not applicable – financial transaction	SSAFA TRBL	Yes

Original Thinking Applied

8.8   Appendix 8: Support network

Members/users

Social Services
NHS
CAB

Local authority
NHS
CAB
Police

CTP

Resettlement officer

PRU

SSAFA

Veterans UK

TRBL/Pop pyscotland

Welfare support

Housing support

Benevolent Funds

Family support

Disability support

Mental health support

Welfare support

Housing support

Benevolent Funds

Family support

Disability support

Mental health support

8.9 Appendix 9: 'Other' types of IAG sought

- Right to remain in country
- Hearing
- Marriage guidance
- Clicked yes by accident should be NO
- Financial investment
- Financial / Mortgage
- Financial
- Mortgage and Investment advice
- Insurance services
- Your earlier question was badly phrased - I have consulted an IFA about investments.
- Tax
- Injured back on P company
- Info on pension
- Melanoma
- Psychological challenges of transition to civilian life
- Heart problems
- Relationship counselling
- ARC course Tedworth House and full range of support from Personnel Recovery Unit for 2 years
- Financial advice
- Life Insurance, legal and Pension
- Service complaint
- Medal and Pension Information

8.10 Appendix 10: Reasons for not seeking IAG when it was needed

- I was a child my father asked for assistance
- I searched online and local library and was advised by cardiac unit following heart failure
- Never really knew I was eligible for help as served less than required time
- Felt stupid
- On my contract I get no support- thanks military!
- There were financial aspects of my medical discharge that were not made apparent or clear to me at the time of my discharge
- Had no opportunity to take time away from regimental duty to access support until my day of discharge.
- I wasn't aware of the support I could get
- No one there to help
- I was never told what support there was or how to access it.

8.11 Appendix 11: Breakdown of respondents' experience of first-point-of-contact for IAG by service

Original Thinking Applied

Service	Number of respondents accessing IAG	Supported	Supported and referred	Supported and not referred	Not supported, but referred	Not supported not referred
Army	92	33 (36%)	34 (37%)	6 (7%)	11 (10%)	10 (9%)
RAF	23	16 (70%)	6 (26%)	0	0	1 (4%)
Reservist	13	2 (15%)	4 (31%)	2 (15%)	2 (15%)	3 (23%)
Royal Marines	4	2 (50%)	2 (50%)	0	0	0
Royal Navy	19	13 (68%)	5 (26%)	0	0	1 (5%)

8.12 Appendix 9: Service Providers identified but not included in this study

The following service providers were not included in service provider interviews, either because they were not able to take part, or because it was felt that they were not included in the provision of IAG.

Aden Veterans Association
Aggie Weston's
Annington Trust
Army Cadet Force Association
Army Sailing Association
Army Widows Association
Association of Wrens
ATS & WRAC Association Benevolent Fund
British Forces Foundation
British Friends of Israel War Disabled
Clifton College
Combined Services Disabled Ski Team
Disc Amenities Fund
Families Of The Brave
Fellowship of the Services
Globe And Laurel Magazine
Gulf War (90-91) Memorial Trust Appeal
Hereford And Worcester Army Cadet Force Charitable Trust
Hounds For Heroes
Imperial War Museums
Land Forces Hq Station Funds
Miss Daniell's Soldiers' Homes (SASRA)
My Daddy Is A Soldier Adventures
Northwood Officers' Mess
Royal British Legion Attendants Company
Royal Centre For Defence Medicine Patient Welfare Fund
Royal Marines Band Fund Plymouth
Sergeants Mess 1st Battalion Grenadier Guards
Shrapnel
Single Services IAG provision
Skills for Justice
Soldiers' & Airmen's Scripture Readers Association (SASRA)
SPACES (Single Persons Accommodation Centre for the Ex Services)

STUBS
Talking2minds
The Army Cadet League Battersea Branch
The Canning Foundation Support 4 Forces
The Douglas Haig Fellowship
The Friends Of Wigan's Boer War Memorial
The Invicta Foundation
The Officers' Mess Raf Boscombe Down
The Royal Wiltshire Yeomanry Benevolent Fund
The Salvation Army Social Work Trust
The Services Sound and Vision Corporation
The Veterans Fund
Tickets for Troops
Troop Aid
Union Jack Club
Veterans Council UK
Victorian Military Society
Wardroom Mess Hms Heron
Warrant Officers' & Sergeants' Mess School Of Electrical & Mechanical Engineers
Welsh Memorial In Flanders Campaign