

# Age UK Joining Forces

## Final Evaluation Report



Dr Rachel Arnold, Dr Jessica Francombe-  
Webb, and Dr Zoe Anchors  
(Department for Health, University of Bath)

# Contents

<a href="#"><u>Programme Background</u></a>	3
<a href="#"><u>Evaluation Aims and Research Questions</u></a>	4
<a href="#"><u>Evaluation Design and Methodology</u></a>	5
<a href="#"><u>Work Package 1</u></a>	5
<a href="#"><u>Work Package 2</u></a>	6
<a href="#"><u>Research Ethics and Data Protection</u></a>	9
<a href="#"><u>Report Findings</u></a>	10
<a href="#"><u>Participants and Demographics</u></a>	10
<a href="#"><u>Joining Forces Information</u></a>	13
<a href="#"><u>Research Question 1</u></a>	15
<a href="#"><u>The Person-Centred Approach and Support Provided</u></a>	15
<a href="#"><u>The Role of The Project Worker</u></a>	19
<a href="#"><u>Shared Armed Forces Experiences</u></a>	20
<a href="#"><u>Working with Multiplicity</u></a>	24
<a href="#"><u>Limitations of the Person-Centred Approach</u></a>	30
<a href="#"><u>Research Question 2</u></a>	31
<a href="#"><u>The Nature of The Questions Asked</u></a>	34
<a href="#"><u>Technology Related Problems</u></a>	35
<a href="#"><u>Changes to Interpersonal Relations</u></a>	37
<a href="#"><u>Research Question 3</u></a>	40
<a href="#"><u>Life Satisfaction, Mental Health, and Well-Being</u></a>	41
<a href="#"><u>Quality of Life and Health Satisfaction</u></a>	48
<a href="#"><u>Increased Opportunities for Leisure, Recreational and Social Activities</u></a>	50
<a href="#"><u>Research Question 4</u></a>	54
<a href="#"><u>Web-Hub</u></a>	54
<a href="#"><u>Call in Time</u></a>	57
<a href="#"><u>Loneliness, Health and Wellbeing</u></a>	58
<a href="#"><u>Meaningful Relationships from Shared Background</u></a>	60
<a href="#"><u>One on One Versus Group Conversations</u></a>	62
<a href="#"><u>Challenges for Call in Time</u></a>	63
<a href="#"><u>Conclusions</u></a>	64
<a href="#"><u>Recommendations</u></a>	68

## PROGRAMME BACKGROUND

The Joining Forces Programme was designed to increase the wellbeing and quality of life of older veterans in England. The programme was funded by the Armed Forces Covenant Fund Trust using Libor funds. The programme, run in partnership between Age UK and SSAFA, The Armed Forces charity, began in 2017 and ran for three years until April 2020. Drs Rachel Arnold, Jessica Francombe-Webb and Zoe Anchors were commissioned to conduct an external evaluation of the programme in September 2017. This document provides detail on both the programme and the evaluation findings.

The Joining Forces Programme featured three main elements of delivery. Firstly, 12 local projects (11 local areas and 1 consortium) were recruited to deliver person-centred conversations with older veterans (sometimes supported by a bespoke digital tool called STEPS) and act as a link between the various services available to older veterans in their local area. Secondly, Age UK planned to develop a veteran-specific web-hub featuring tailored content. Finally, Age UK set out to support older veterans through the telephone befriending service 'Call in Time', and through the trial of a 'veteran to veteran' model<sup>1</sup>.

The Age UK Project Manager was Catherine Walker and the local Age UK partners involved in Joining Forces were:

Age UK Cheshire East

Age UK Gloucestershire

Age UK Herefordshire & Worcestershire

Age UK Lancashire

Age UK Leicester, Shire & Rutland

Age UK North Yorkshire & Darlington

---

<sup>1</sup> There have been some significant changes to the delivery as the programme has progressed, specifically elements one and two. As part of this report, we will report on these alterations to the delivery in more detail, for now though it is worth noting that the STEPS tool did not run for the project duration and the development of a veteran-specific web-hub was impacted by organisational digital strategy, meaning it operated in an adapted way.

Age UK Nottingham & Nottinghamshire

Age UK Portsmouth

The Tyne and Wear Consortium

(including Age UK Gateshead (Lead), Age UK Sunderland, North Tyneside, and Age UK Northumberland)

Age UK West Cumbria

Age UK Wirral

Age UK Wolverhampton

## EVALUATION AIMS AND RESEARCH QUESTIONS

The Joining Forces Programme was committed to increasing wellbeing and quality of life for older veterans and understanding the impact and effectiveness of person-centred approaches. Underpinned by this, the evaluation was guided by four research questions:

1

- How successful or not, and for what reasons, has the person-centred approach been at valuing the views of older veterans to help identify individual needs and support?

2

- How successful or not, and for what reasons, is the STEPS tool at aiding the delivery of a person-centred approach?

3

- What difference or not, and for whom and what reasons, has the support delivered to older veterans made to them?

4

- And how does the veteran web-hub and access to Call in Time, add value or not, to the support that was available to older veterans?

In order to achieve this aim and respond to the research questions a methodology comprised of quantitative and qualitative methods was agreed with Age UK and implemented.

## EVALUATION DESIGN AND METHODOLOGY

The evaluation of Age UK's Joining Forces Programme involved a blended methodology that combined a validated quantitative design alongside proven qualitative approaches—such as interviews and focus groups—in order to respond to the four research questions outlined. Like the Joining Forces Programme, the evaluation itself was guided by collaboration and co-generation of information and knowledge.

Community-based and person-led approaches are being increasingly recognised for their health and wellbeing benefits, sustainability, and ability to build capacity for practice and policy. A key feature of these approaches is that different stakeholder voices are heard, shared and these approaches allow for the assessment of what influence and impact is being had across a range of contexts. In addition, each of the research questions points towards organisational learning and recommendations for 'action' and 'change'—for Age UK and other relevant service providers. Reflective of this, the evaluation has incorporated some action research principles in order to ensure that a cycle of reflection has been built into the three year evaluation to capture (in addition to the research questions) how and why things change, or do not, what can be learnt in relation to the evolution of delivery and what the implications are for the Joining Forces Programme and other relevant services, provision, and policy. As outlined below, this reflection and action was a specific focus of work package one.

The Programme's evaluation was organised around two work packages. The below work packages indicate where and how each of the research questions (RQs) that comprise the evaluation have been addressed.

### WORK PACKAGE 1

#### **Programme Development and Action Research Phase**

**4 months (November 2017-February 2018) at the start to refine the protocol**

The first work package was informed by an action research approach<sup>2</sup>, whereby the research team worked in collaboration with a sample of the local Age UKs and SSAFA branch partnerships to initially examine and evaluate the person-centred approach proposed, STEPS tool, and the support provided. For a full review of this work package, please refer to the separate Age UK Joining Forces Action Research Report (University of Bath, 2018)<sup>3</sup>, since the remainder of this report will focus on Work Package 2 and its findings.

## WORK PACKAGE 2

### Programme Evaluation & Data Collection Phase

#### From End of WP1 (March 2018) until January 2020

WP1, informed as it was by action research principles, ensured that an initial plan of action was designed and developed in consultation with a sample of the local Age UK partners. This meant that although the methodology implemented was consistent across the partnerships (to allow for rigorous evaluation), it was also applicable to the context and local nuances of each partnership<sup>3</sup>. The agreed methodology for WP2 included quantitative and qualitative measures that are outlined below.

---

## QUANTITATIVE

The sample for the quantitative survey was older veterans involved in the Joining Forces Programme across 10 of the 11 partnerships and 1 consortium. To be included in the surveys, and indeed be eligible to receive support from the Programme, older veterans had to be born before the 1<sup>st</sup> of January 1950 (as required by the funder) and have served in the

---

<sup>2</sup> Action research is being increasingly used in healthcare settings in order to ensure that solutions are generated to practical problems and practitioners are empowered to make changes. These benefits are also widely applicable to this programme. Although hard to define, Meyer (2000, p. 178; *BMJ*) notes that “[m]ost definitions of action research incorporate three important elements: its participatory character; its democratic impulse; and its simultaneous contribution to social science and social change”. These principles underpinned the partnership working within WP1.

<sup>3</sup> Access to this Action Research Report is available on request.

Armed Forces (which also could include the National Service). Each local Age UK recruited older veterans at their point of entry in the Joining Forces Programme and the veteran was asked to complete two questionnaires (1) a baseline questionnaire before they began the programme (n = 362) and (2) a post questionnaire 12 weeks after accessing the programme (n = 316)<sup>4</sup>. The baseline questionnaire, which took approximately 10 to 15 minutes to complete, included the following measures<sup>5</sup>:

- Demographic information
- Well-being
- Quality of life
- Health satisfaction
- Perceptions of how much views are valued and needs are met
- Components of the person-centred approach (e.g., feeling listened to, being treated with dignity and compassion, treated as an individual, respected, accessing personal information, feeling in control of decisions, coordinated care, having a voice)
- Perceptions of support (finances, health, physical activity, care, security, community).

The 12 week follow-up questionnaire included the additional measures:

- Usage of the STEPS tool
- Usage of the veteran web-hub
- Usage of Call in Time
- Received, and satisfaction with, support from the programme
- Suggested improvements for the programme.

To analyse the quantitative data, a range of t-tests, correlations, and linear regressions were adopted.

---

<sup>4</sup> It is important to note that this evaluation did not have a control group. Having a control group would allow us to be sure about whether the Joining Forces project was responsible for *causing* changes reported. Therefore, the evaluation can only talk about changes being *associated* with the project, because it may well be that the participants would have changed regardless. Whilst it was initially proposed that the evaluation would adopt a waiting list control design, the action research consultation with Age UK revealed concerns; therefore, this approach was not adopted in the evaluation.

<sup>5</sup> The items for the measures were taken from pre-validated questionnaires, previous Age UK projects, and items created specifically for this evaluation based on the findings of WP1. A copy of the questionnaires is available on request.

---

## QUALITATIVE

To be included in the qualitative components of WP2, the same criterion applied as for the quantitative recruitment. The following qualitative methods were used to explore research questions 1-4:

**Semi-structured interviews, observations, and focus groups with older veterans:** A sample of participants (older veterans) were recruited from the partnerships and 22 interviews, two paired depth interviews<sup>6</sup>, four focus groups (with the number of participants ranging from 3 to 7 per group) and three observations (two observing person-led guided conversations between the Project worker and veteran and one observing a Call in Time group conversation) were conducted. The interviews and focus groups incorporated semi-structured questions and vignettes in order to understand the lived experiences of older veterans including their:

- interests, hobbies, perceived wellbeing and quality of life; as well as their individual needs (RQ1);
- what support they require; what support they desire; whether the Programme had delivered adequate support (RQ3),
- the success, or not, of the person-centred approach (RQ1), and
- the added value of Call in Time to the support that was available to older veterans (RQ4).

**Interviews, focus groups and observation with Project workers:** A sample of Project workers were recruited from eight partnerships and one interview, five paired depth interviews, and one focus group (with six participants) were conducted. This qualitative research incorporated semi-structured questions in order to understand their experience with delivering the Joining Forces Programme. In particular, their perceived successes, and

---

<sup>6</sup> A paired depth interview involves one researcher **interviewing** two people together about how the **pair** perceives the same event or phenomenon.



limitations (and solutions) of the Programme, the key needs of the older veteran, and the benefits of the person-centred approach were discussed (RQ1 and RQ3).

Within the sample of paired depth interviews, two of these interviews involved Project Workers who had been using the STEPS bespoke digital tool to facilitate the person-led guided conversations. This group discussed their experiences and the opportunities and challenges with STEPS that presented themselves (RQ2). Also, within the sample of paired depth interviews, one interview recruited specific Call in Time Project Workers. This interview discussed the format and logistics of both one on one and group calls, the benefits of Call in Time for veterans, and its challenges (RQ4).

The data collected from all the qualitative research was firstly transcribed. The transcribed data was then read and re-read several times and, in addition, the recordings were listened to several times to ensure the accuracy of the transcription. A full thematic analysis<sup>7</sup> of all data was then conducted. It is noted that pseudonyms are used in this report, rather than the participant's real names.

## RESEARCH ETHICS AND DATA PROTECTION

This Programme evaluation was reviewed and approved by colleagues at the University of Bath (e.g., academics, department ethics officer), the study protocol has received approval from the Research Ethics Approval Committee for Health (REACH) and decisions on the programme have been made in relation to Age UK's Safeguarding Procedure also. All participants involved were fully informed about the purpose, methods, what their participation entailed, any potential risks, and their right to withdraw from the programme at any point. All participant information remains confidential and is stored appropriately, with participant anonymity respected by not providing any identifiable information in any outputs. All participants were invited to participate in the research voluntarily, free from any coercion,

---

<sup>7</sup> Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

incentives, or rewards. Furthermore, sufficient informed consent was sought from all participants in accordance with guidelines from the Data Protection Act.

## REPORT FINDINGS

### PARTICIPANTS AND DEMOGRAPHICS

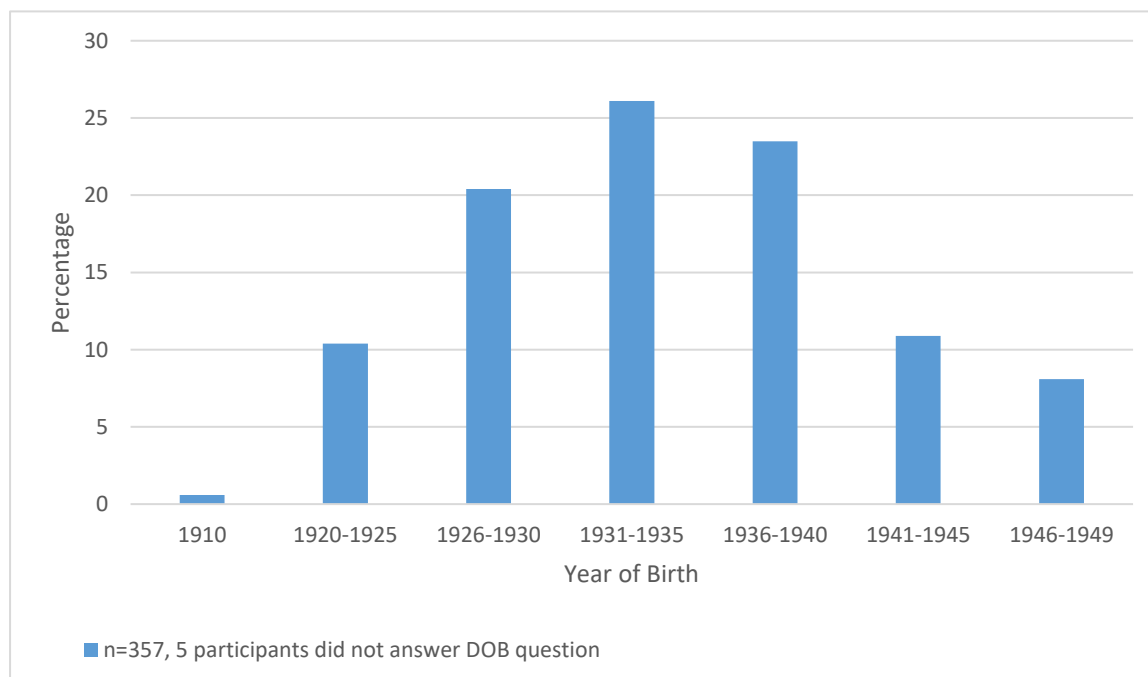
362 older veterans participated in the baseline questionnaires and 316 of these veterans also participated in the 12-week follow-up questionnaires. 22 individual interviews, two paired depth interviews, four focus groups and three observations were conducted with older veterans and one interview, five paired depth interviews and one focus group have been conducted with Project Workers.

The following table shows the numbers of older veterans that participated in the questionnaire component of the evaluation (at baseline and at the 12 week follow-up) affiliated to each local Age UK:

Name of Local Age UK	Baseline N = 362	12 week Follow-up N = 316
Age UK Cheshire East	11	8
Age UK Gloucestershire	15	12
Age UK Herefordshire and Worcestershire	0	0
Age UK Lancashire	118	109
Age UK Leicester Shire and Rutland	37	37
Age UK North Yorkshire and Darlington	17	15
Age UK Nottingham and Nottinghamshire	57	43
Age UK Portsmouth	31	27
Age UK Tyne and Wear Consortium	34	30
Age UK West Cumbria	6	6
Age UK Wirral	27	24
Age UK Wolverhampton	9	5

Note that an additional 14 veterans were excluded from the evaluation as their date of births were outside of the Joining Forces eligibility.

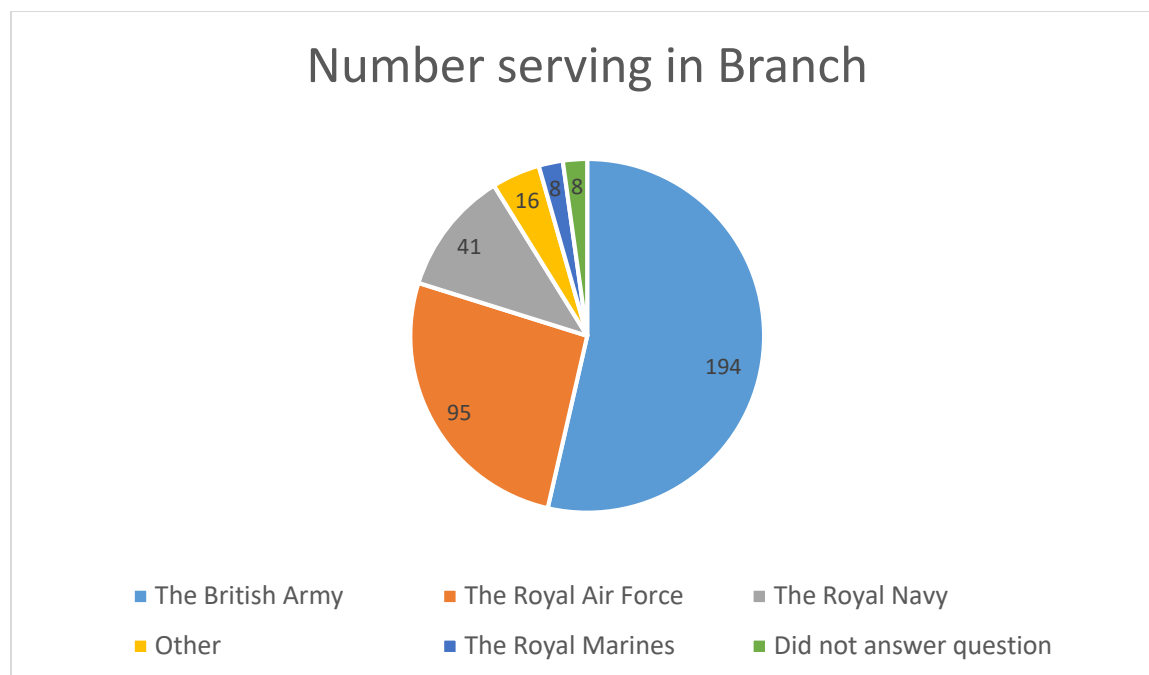
The older veterans' years of birth ranged from 1919 to 1949 and as can be seen from the graph below, year of birth was normally distributed across this timespan. Over half of the sample is 85 years old or above and the majority (70%) of veterans were born between the years 1926 and 1940.



In terms of further demographic characteristics:

- 317 (87.6%) of the older veterans participating in the evaluation were male, 42 (11.6%) were female, and 1 individual (0.3%) preferred not to say what their gender was. Two (0.6%) participants did not complete this question relating to gender.
- Older veterans' length of service in the Armed Forces ranged from two months to 36 years (mean duration = 5.61 years).
- 185 older veterans (51.1%) reported having served in the National Service. 154 older veterans (42.5%) reported that they had not served in the National Service, and 23 older veterans (6.4%) did not complete this question.

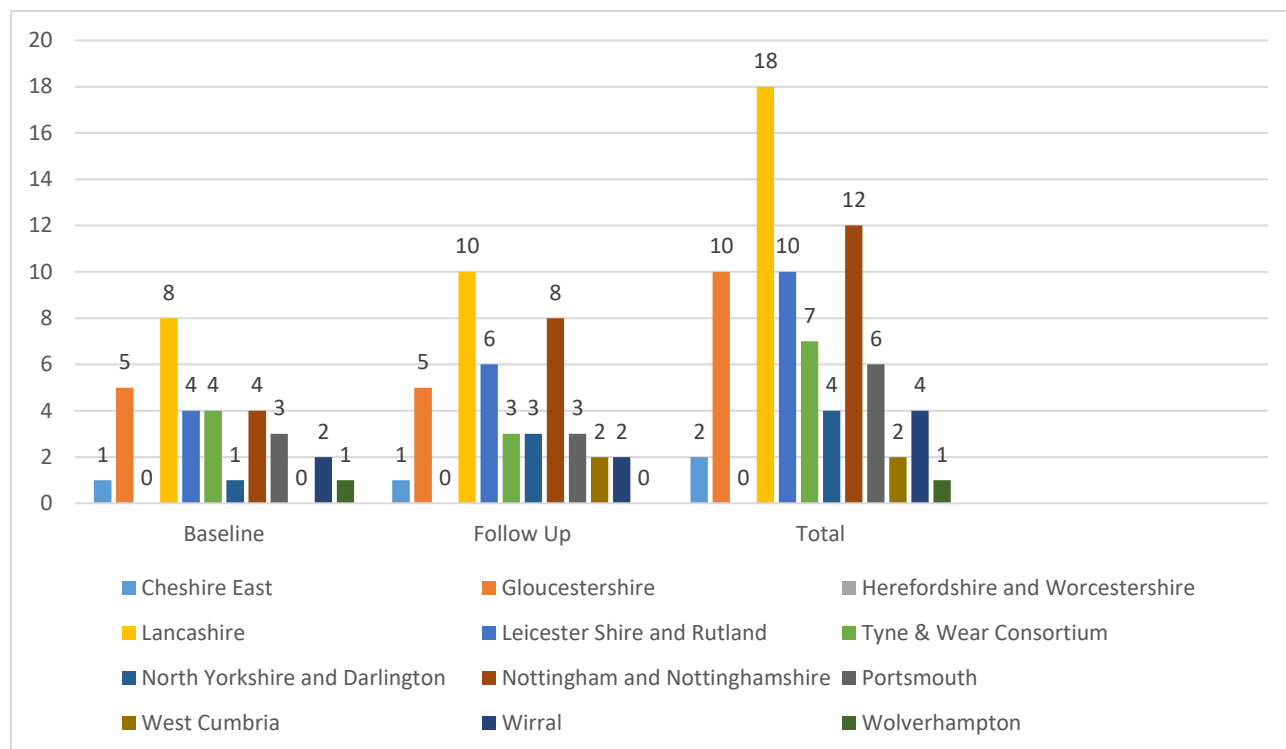
The following graph illustrates which branch of the Armed Forces the older veterans participating in the evaluation had served in:



Those older veterans reporting “Other” to the above, detailed the Wrens, the Merchant Navy, the Reservists, and the Land Army.

180 (49.7%) of the older veterans reported having used or accessed Age UK services before the Programme commenced, whereas 177 (48.9%) had not, and 5 (1.4%) did not answer the question. 33 older veterans (9.1%) reported that they had previously used or were currently using SSAFA services, whereas 309 (85.4%) had/were not, and 20 (5.5%) did not answer the question. Interestingly, the follow-up questionnaire indicated that only a total of ten additional veterans reported that they had previously used or were currently using SSAFA services (43; 13.6%), whereas 259 (82.0%) had/were not, and 14 (4.4%) did not answer the question.

Broken down by location (including baseline and follow up responses together, n = 76), numbers from each location that had used SSAFA are as follows:



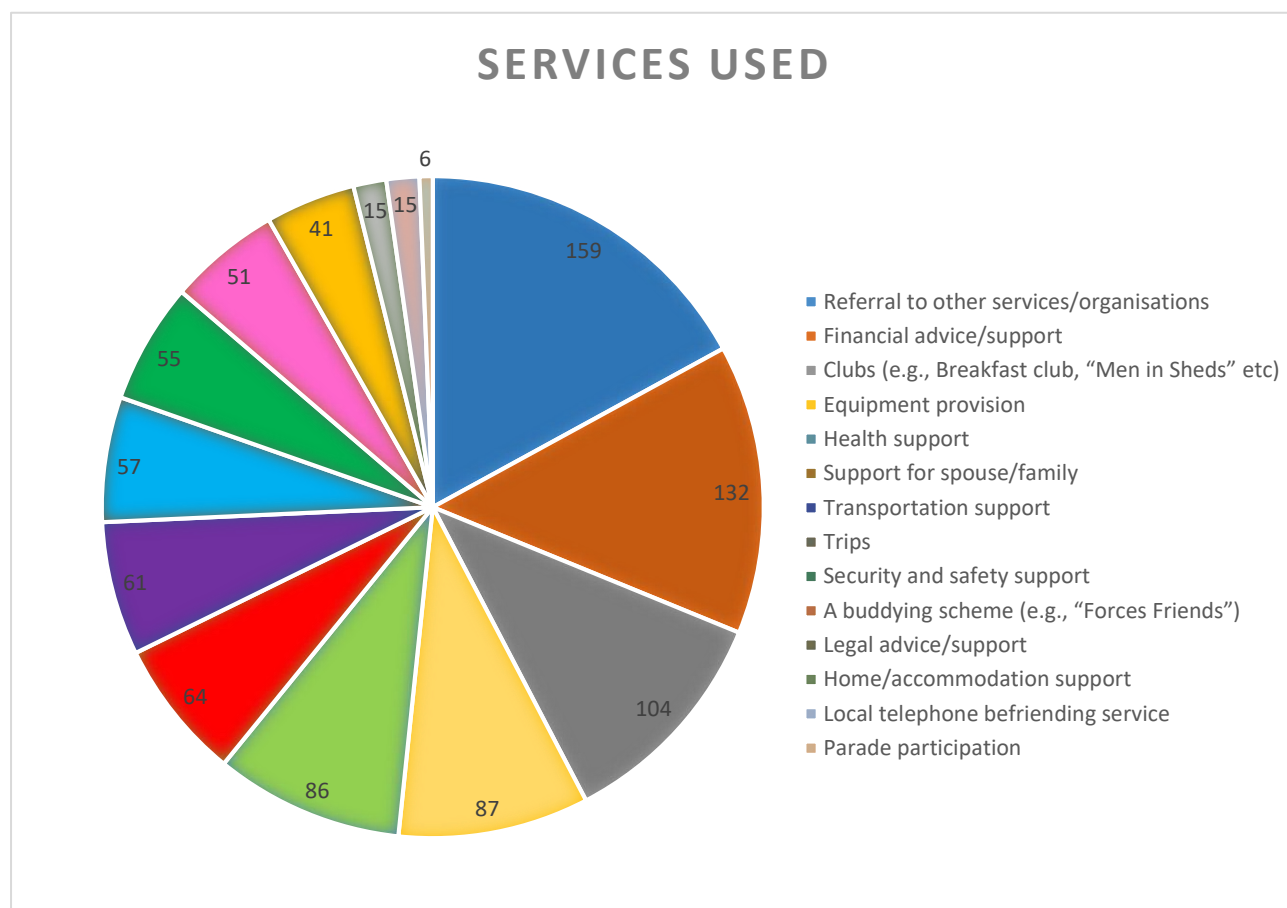
## JOINING FORCES INFORMATION (FROM FOLLOW-UP QUESTIONNAIRE)

Older veterans engaging with Joining Forces had initially heard about the programme via various sources. 17 participants did not complete this question. These included:

Source	No of Older veterans
Through another Age UK service	114
Word of mouth	42
A flyer	32
By a medical service (e.g., GP, flu clinic)	21
A launch event	18
Self-referral	15
Attendance at a local Age UK shop	12
Through another military club/activity/organisation that they were involved in. Examples of these included Admiral Nurses and the Navy Club.	12
Through another non-military club/activity/organisation that they were involved in. Examples of these included Fleetwood Town FC and the Alzheimer's Society.	9
A radio/newspaper/TV advert. Examples of these included the Northern Echo, Aden Vets, and The Radio Times.	7
Other. Examples included A Social Worker and The Local Council.	12
SSAFA, the Armed Forces charity	5
Through social media	0

213 (67.4%) of older veterans felt, as reported within the follow-up questionnaire, that the Joining Forces Programme had completely matched their desire for involvement and support. Comparatively, 70 (22.2%) felt that Joining Forces has somewhat matched their desire but more support would have been welcomed, and 10 (3.2%) felt that it did not match their desire and they wanted much more support. 23 (7.3%) older veterans did not answer this question.

Older veterans involved with Joining Forces engaged with a variety of services and received various forms of support. The below graph details the most-least used services as reported by the older veterans. It is noted that older veterans could select more than one service:



Twelve of the older veterans responded "other" to this question. Example other responses included: cookery support (e.g., teaching a veteran how to make an omelette), safety fire checks for the home, and general advice.

## RESEARCH QUESTION 1: HOW SUCCESSFUL OR NOT, AND FOR WHAT REASONS, HAS THE PERSON-CENTRED APPROACH BEEN AT VALUING THE VIEWS OF OLDER VETERANS TO HELP IDENTIFY INDIVIDUAL NEEDS AND SUPPORT?

---

### THE PERSON-CENTRED APPROACH AND SUPPORT PROVIDED

The person-centred approach, like person-centred care, is underpinned by values of mutual respect and understanding and involves listening to individual experiences and appreciating their right to self-determination<sup>8,9</sup>. Whilst Joining Forces is a person-centred project, the way Age UK have approached it is through guided conversations. This is a person-centred approach to supporting older veterans. It is a longer conversation, which helps to identify and fully understand the wants and needs of an older person, by looking into all the different areas and elements of their lives. The Age UK Project Workers who are responsible for the Joining Forces case work reported some distinctive features and benefits of the person-centred approach. One Project Worker, for instance, talked at great length about the 'I'm here, I'm listening' approach that underpinned their conversations with the older veterans:

*It's a move away from the healthcare model which is that one size fits all, which it doesn't, so having a person-centred approach is a more tailored approach so if*

---

<sup>8</sup> McCormack, B., Dewing, J., McCance, T., (May 31, 2011) "Developing Person-Centred Care: Addressing Contextual Challenges Through Practice Development" *OJIN: The Online Journal of Issues in Nursing* Vol. 16, No. 2, Manuscript 3.

<sup>9</sup> McCormack, B., Dewing, J., Breslin, L., Tobin, C., Manning, M., Coyne-Nevin, A., Kennedy, K., & Peelo-Kilroe, L. (2010). *The Implementation of a Model of Person-Centred Practice in Older Person Settings. Final Report*, Office of the Nursing Services Director, Health Services Executive, Dublin, Ireland

*somebody isn't comfortable going to a veterans coffee morning and a one-to-one befriending at home is the best option and it then, they feel listened to and valued and that we are hearing their needs and meeting their needs specific to them. I think it has almost an immediate effect when you go around to them because you are listening, literally just sitting and listening, you might have to go around again to deliver what you wanted to deliver which is what support is available but you have to listen . . . I think that can lift somebody a little bit and help them to feel valued. I think it is particularly important with older people where they may have been working, doing a job they enjoyed, being part of a team and then they've retired, and getting out an about and then they can't and the feel a burden and not useful, not important, not recognised and I think when someone goes around and is able to say 'I'm here, I'm listening'..... We've got quite a lot of freedom with this project so if somebody would like to go somewhere but they daren't go on their own then basically for the first one we can do what we call hand-holding, we can pick them up and take them to the first, whether it is one of our groups or a community one, and take them there for the first one.....The benefits are them feeling valued again and not following health care and a lot of them have lots of health care appointments and someone is telling them what to do. In this role someone is telling them they have the choice and make sure they're informed choices.*

Similarly, another Project Worker used the analogy of 'digging down the layers' as at the heart of this approach:

*When you go and see someone there are lots of underlying issues so you might think that you are going because they're lonely, they haven't got family, some people do have family but they are working and they don't see them as often as they should, and there are all underlying things like the benefit checks, finances, you know, they are probably not claiming as much as they could. Things like, they might need some adaptations to their home, things like that. So when we go out it's about digging down the layers through the conversations we have, to establish the support needed . . . And with a lot of older people, and to be honest I have done it myself, they might be feeling really not great, but you ask them 'how are you?' and they say 'I'm feeling fine'. If I hear the word 'fine', I know what that means, it means you are not fine, you're not ok. But they won't admit that they need help. They won't admit that 'I feel really sad' or 'upset'. If someone asks them it's just 'oh I'm fine'.*

The Project Workers who were part of the focus groups and interviews were in agreement that by engaging in conversation, listening and asking questions based on what was heard and observed, they were able to bring to the fore issues and needs that required support. In a focus group conversation one Project Worker reflected:



*I think that is the thing as part of the guided conversation. You meet these people and they come across as only having one issue, so they may come to you wanting help with such a thing and then when you go to them, actually go to their home, you have a guided conversation and you find out it is a lot more complicated and there is a lot of things that are in the background that are a concern for them but they only highlight one thing. But that's the good thing about the guided conversation, it brings everything to the fore.*

Turning from qualitative to quantitative data, the table below indicates the mean values of each of the person-centred approach questions asked at baseline and 12 weeks later. This indicates that, overall, older veterans felt there was a positive change in their receipt of a person-centred approach across the 12 week period when Joining Forces was delivered. Note that the scale ran from 1 (Fully Disagree) to 5 (Fully Agree). All of the questions show a significant increase (\*\*\*)  $p < .001$  over time.

<b><i>When thinking about the support you have received over the past 3 months, please indicate how much you agree/disagree with the following statements:</i></b>	<b>No Responding to Question at both time points</b>	<b>Baseline Mean</b>	<b>12 week follow-up mean</b>
My feelings were considered***	290	3.52	4.02
The activities in my everyday life were taken into account***	284	3.44	3.89
I received enough information***	288	3.45	3.93
My everyday habits were considered***	285	3.49	3.88
I was able to assume full responsibility***	288	3.49	3.91
My cultural/traditional background was considered***	278	3.41	3.81
I participated in decision making***	284	3.61	4.02
My fears and concerns were taken into account***	283	3.52	3.92
I felt free to ask any questions***	290	3.72	4.18
Someone helped me identify the support that I need***	285	3.54	4.00
I was treated with dignity and compassion***	289	3.86	4.19
I was provided with information about services***	285	3.63	4.07
I was given time/support to identify appropriate solutions***	285	3.50	3.96
Overall person-centred approach***	N/A	3.55	3.97
<b>Other questions</b>			
My needs were identified***	285	3.53	4.03
My views were valued***	289	3.58	4.03

In statistical analysis, a significance value does not tell us about the importance of an effect. Therefore, we can also measure an effect size, which is an objective and standardized measure of the magnitude of observed effects. As a guide, values of:

- 0.2 = a small effect,

- 0.5 = a medium effect, and
- 0.8 = large effect.

The effect size of the person-centred approach change was 0.62 (medium effect). Changes in needs being identified and views being valued also demonstrated a medium effect (0.52 and 0.50 respectively).

Additionally, the following table indicates the mean values for each of support questions at baseline and 12 weeks later. This indicates that for all questions there was a significant positive change in older veterans' perceived receipt of support across the 12 week period when Joining Forces was delivered. Note that the scale ran from 1 (Never) to 4 (Very often) and those questions with a \* ( $p < 0.05$ ), \*\* ( $p < 0.01$ ) or \*\*\* ( $p < 0.001$ ) indicate a significant difference (increase) over time.

<i>Over the past 3 months, how often has someone...</i>	No responding to Question at both time points	Baseline Mean	12 week follow-up mean
Provided you with some transportation*	297	2.21	2.33
Pitched in to help you do something that you needed to get done***	297	2.33	2.54
Helped you with shopping**	295	2.42	2.58
Been right there with you (physically) in a stressful situation**	290	2.15	2.31
Listened to you talk about your feelings***	298	2.05	2.37
Expressed interest and concern in your well-being***	299	2.42	2.75
Suggested some action you should take in order to deal with a problem***	296	2.04	2.32
Given you information that made a situation easier to understand***	294	1.98	2.37
Told you what they did in a situation that was similar to the one you were experiencing***	283	1.63	1.93
Helped with housing or modifications to your home (e.g., security)***	288	1.85	2.15
Provided you with needed equipment***	294	1.95	2.21
Given domestic support (e.g., cleaning)***	294	2.30	2.54
Referred you to other relevant services***	300	1.94	2.37

A significant positive correlation was also found between changes in a person-centred approach and changes in the perceptions of views being valued ( $r = .79$ ,  $p < .001$ ), needs being identified ( $r = .77$ ,  $p < .001$ ), and support perceived ( $r = .50$ ,  $p < .001$ ). This, therefore, suggests that those who experienced the biggest changes in the person-centred approach (e.g., having

their feelings considered and being treated with dignity and compassion) also had the biggest changes in feeling that their views were valued, needs identified, and that they perceived social support. This finding offers one reason why a person-centred approach may be effective; that is, it can help to better value older veterans' views, identify their needs, and enhance their perceptions of support. It is also worth noting that this was also supported in a regression analysis, suggesting that changes in the perceptions of views being valued, needs being identified, and support perceived significantly predicted changes in a person-centred approach ( $R = .86$ ,  $R^2 = .74$ ,  $p < .001$ ).

The qualitative interviews with older veterans provide some further indication as to why these positive changes in the person-centred approach and support may have been experienced. We have separated this out into three themes: the role of the Project Worker, shared Armed Forces experiences, and working with multiplicity. A fourth theme emerged from the qualitative analysis in relation to this research question relating the limitations of the person-centred approach.

---

## THE ROLE OF THE PROJECT WORKER

On many occasions when discussing the strengths of the Programme, the older veterans reflected on the relationships that had developed between them and their Project Workers. Offering care, listening, and showing an interest were identified as important for the veterans' sense of inclusion, not just in this programme but also more generally as valued citizens:

**Arthur:** *Well the main thing is my health and the input from other people*

**Interviewer:** *You didn't have that?*

**Arthur:** *I didn't have that input until Age UK came, that has come and I am enjoying it. I love it.*

Within a focus group Martin, Tom, and Bernie also discussed the interpersonal relationships that were valued by the older veterans. They found the 'personal touch'

incredibly valuable not only in making them feel welcome and respected but also ensuring the success of the activities:

**Martin:** *So these people do a brilliant job . . . It all boils down to the person who runs it - and the person we have is absolutely brilliant – if you don't have that person you don't expand . . .*

**Bernie:** *It comes down to the personalities that are running it – maybe they have got the right intentions – they are not used to dealing with ordinary people - the majority haven't got that personal touch with people who need things*

**Martin:** *I quite agree there*

**Tom:** *These new people who come along, they are more interested in what people are doing.*

The difference between Age UK Project Workers' approach and that of other services the veterans had encountered was marked. Phillip's comment epitomises this:

*Help is there and guidance, whereas from the state, it is there and can be obtained or advice given. It is given . . . yeah so, the state will help, but they haven't got the time to give the love and the likes that these people [at Age UK] do.*

The older veterans were clearly aware of the funding constraints of programmes such as Joining Forces and used interviews and focus groups to voice their concerns about what would happen when the current funding ended. Not only does this highlight the precarity of jobs within the third sector and funding opportunities, it also reveals how “valuable” these relationships are to participants:

**Grant:** *I would also like you to mention to keep these two nice fellas here . . . I think we should fight to keep them. They do everything for us . . . You go to the town hall and they are very brash with you - Age UK are more homely . . . That's why I would like to keep them, we don't realize how valuable they are to us.*

**Leo:** *So are they going like?*

**Grant:** *No but they have a certain time to run.*

---

## SHARED ARMED FORCES EXPERIENCES

A shared sense of understanding and even history between the Project Worker and older veteran was also identified by many as facilitating the success of the person-centred approach. For example, the qualitative research with both Project Workers and older veterans revealed that when the Project Worker had also accrued Armed Forces experience this could be beneficial, although not essential, in helping them to rapidly identify veterans and build a clear rapport. Two Project Workers, who shared the Joining Forces Programme role in one Age UK office, identified many veterans in supermarkets, leisure centres, care and retirement homes. They felt that their strong Armed Forces background has been a clear advantage:

*[We] are from two different eras of the forces and we still exchange stories so when we meet people older or younger than ourselves we can have a like discussion and it tends to go onto their needs . . . And what we have found is with the military, it's like a moth around a lightbulb moment because a veteran will come up to see if his cap badge is up on the display and if that person is looking at the display and we go up and say 'Have you served?' We then get a relaxed open conversation from there and they will tell us what their needs are and if we can help.*

This rapport, as suggested above, enables the Project Workers to action the person-centred approach which in turn leads on to a clear understanding of the veteran's needs:

*We go into a home with listening to what they got up to as a veteran then 9 times out of 10 they will want to talk about that and then we engage back that we served in the same Cap badge or whatever, it really relaxes that interview and that conversation and I think that is a good feather in our cap. We can relate more or less straight away to what they are saying. So that is how we start - and later we ask do you have family, do you have many visits, do you have financial support, your carpet looks a bit threadbare and then they open a little bit better you know?*

There are several success stories as a result of identifying needs, which largely have been related to providing military-related support. For example, Project Workers stated that they had supported applications to receive over 100 cap badges at the time of interview. One particularly emotive and successful example includes an instance where a RAF veteran was identified in a care home and the Project Workers organised an emotional presentation for him and his family:

*As a result of going to a care home, we spoke to an individual living there with dementia - we usually get the family there as well - it just transpired through a conversation that he was out in the Canal Zone and got a medal from the queen and he was back in the room knowing he was speaking to another veteran. His wife was in bits saying I have never seen him like this for a long time and it turns out he was entitled to a medal. We applied through the medal office and it came through the major who is part of the Armed Forces Covenant in [Name of City], we got the British legion up, he was a RAF veteran, all the flags and banners and we did an official presentation to him. He got up and did a speech to everyone who attended. It was crystal clear. I'm not here to put people to tears but the daughter, the granddaughter were all crying because they had their dad back and that made a nice long-lasting memory for the family. He didn't benefit from it financially, but those things you can't buy. It was very tearful day for the family, he was a very proud person that day.*

Similarly, another Project worker commented on their past Armed Forces experience and existing links with the Royal British Legion as a key reason for them taking up a volunteer role with Age UK's Joining Forces Programme in the first place:

*Well I found the scheme through the Royal British Legion, because I am chairman of the branch down here and I thought 'that's one thing I'd like to do', because I did 22 years in the Army myself. So after going through the paperwork, doing a couple of courses, I got to meet the veterans and ever since then we just got on like two older brothers and have a good time.*

Evidence of the importance of the Armed Forces background of the Project Worker has also been found in interviews with older veterans. After observing a one on one conversation between a Project worker and veteran Terry their previous background in the Armed Forces clearly assisted them in building empathy with Terry:

**Terry:** *You know they [Joining Forces worker] have polished her bleeding boots...they have been there. You're in the same street. I'm ex-forces, I am not a civilian, I will never be a civilian.*

Similarly, this Armed Forces background and Armed Forces language is evident in the person-centred nature of veteran coffee or lunch group mornings organised as a result of the Joining Forces Programme. James, a veteran who suffers from dementia, considers his regular veterans club meeting as a lifeline enabled by the fact that he is meeting other veterans:

**James:** *When you have a group of men and they have been in the army and you walk in and they say 'another one' and that's it.*

James's daughter, who is his primary carer emphasized how important these weekly meetings with other veterans are for her father:

**Interviewer:** *How have they (the veteran's meetings) changed things for your dad?*

**James's daughter:** *So, he is up on the crack of dawn on a Wednesday - he is always clock watching, he really enjoys it and the trips – last week we had a tea dance, that was really good.*

Similarly, several veterans appreciate the compatibility of other veterans' Armed Forces background in their get togethers:

**Terry:** *I was immediately accepted here - there is so much banter, there is no alpha male. We are all seen as the same. I am still the only one of colour but that does not matter here. We all have the same backgrounds, I am one of the younger ones, but I can talk about a place where they had to go - I went there much later but we can still talk about that place.*

**Henry:** *I love our weekly meetings, we have grown to be a very close group and can talk to each other - you can't talk to civvies like that they - they don't have the same understanding. They get me up in the morning, otherwise I can be stuck at home. I go to the Wednesday meeting as well.*

In a focus group, four veterans with differing Armed Forces backgrounds discuss why they enjoy their bi-monthly lunch club with other veterans and again the commonality of their Armed Forces backgrounds make these meetings very worthwhile:

**Evie:** *It's meeting lots of people, you hear their stories.*

**Angela:** *You know what they are talking about.*

**Trevor:** *Yes, the banter and the camaraderie really is knocked about.*

**Angus:** *Its comradeship really isn't it?*

**Henry:** *Yes – and It doesn't matter their background, whether its RAF or Navy, you never leave, you are always there, you always have a common thing to talk about.*

This sense of comradeship was even compared to a stronger connection of a 'family' in one focus group with older veterans:

**Harry:** *We all have the same background if you like, we are all open, we all talk amongst each other, we may not always agree with each other.*

**Benjamin:** *Yes, servicemen stick together don't they now?*

**Harry:** *Yes, yes, it's a little family.*

**Benjamin:** *If they meet you anywhere and they notice that [points at pin on lapel] – they are like what is that and they like to talk to you . . . and before you know it, what regiment are you in?*

---

## WORKING WITH MULTIPLICITY

Beyond a shared Armed Forces history, there were many other moments within the qualitative data where the multiple needs of the veterans were identified. In fact, Project Workers reflected on the necessity to remain broad in scope when engaging older veterans, facilitating conversations around a number of different issues from: *“health, accommodation, finances, social isolation or not, transport, all sorts”*.

The qualitative interviews with older veterans provide evidence as to why this approach has been successful in identifying and responding to their needs: from designing, signposting and delivering support to avoid social isolation and loneliness, to providing information about financial support and services that respond to housing needs. The experiences of the older veterans on the programme provide in-depth evidence of how the programme has generated life-changing outcomes in these areas.

### ***Avoiding Social Isolation***

In an interview with Roger who served in the Royal Navy for 24 years, he talked about the risk of becoming isolated and depressed as being everyday concerns. For him, the person-centred approach that had been utilised led to a number of significant impacts, especially related to his sense of connectedness and wellbeing. Within this extract Roger reflects on when he first became aware of the Joining Forces Programme and the impact from there:

*They were having an opening, an introduction, which I went along to and found out all the bits and bobs about it. Then it came to the fact that I couldn't sleep at night, I still can't, but I had a big fear of not waking up in the morning and nobody discovering me for weeks, you know. Because I had always lived with people so then I was a bit, still down and out, but then [they] sort of gave me a big shaking up to sort myself out and well they got me this place. That was another one of Age UK's . . . doing and that's how its progressed since . . . My main need was bringing back to life and starting to learn to live again, starting to learn to live on my own which you know, is a thing that meant starting from scratch.*



Throughout the interviews and focus groups with older veterans there are many examples where Joining Forces activities, such as breakfast and lunch clubs, were identified as vital opportunities for social interaction. This exchange with a Navy veteran epitomises the importance of signposting Joining Forces events such as Veteran's Cafes for those living in social isolation on the basis of the "human companionship, human contact" they offer:

*Part of the problem is in 2002 I lost my wife, so I've been surviving on my own . . . my grandson saw signs for here and put me in his car, brought me down here, and the point was that this was somewhere to come and meet people, converse with them, laugh and joke with them . . . contact with other human beings, is absolutely essential, otherwise depression and the spiral downwards from depression, if you are not very careful.*

Within another focus group, the older veterans discussed the sense of companionship offered from Joining Forces social activities. As analysed above, the shared Armed Forces backgrounds here provided the 'same language' that enhanced these social opportunities further:

**Patrick:** *Just coming out and meeting likeminded people.*

**Felix:** *Companionship.*

**Interviewer:** *So the companionship for you, and Felix, you said meeting likeminded people.*

**Felix:** *Yes.*

**Patrick:** *Whether it is just going to come up against . . . coming out, meeting people, having a coffee. We all speak the same language, going back quite a while in the services, that is right.*

**Felix:** *That's what it is all about basically.*

Additionally, Grant reiterates the sense of 'escape' that regular meetings with other older veterans offer:

*We have a wonderful time on a Wednesday, nice to see people and good company . . . When we all meet up it takes your mind off other things.*

Whilst the older veterans talked openly about their enjoyment of social activities, there were, understandably, limits to their willingness to disclose some of their more sensitive needs. In this respect, the qualitative data suggests that the person-centred approach actually

elicits information that may not otherwise have been discussed. As this comment from one participant reveals:

*They won't force it upon you but they will offer it to you. But no, I think they're terrific at their job as well, nice personalities. So you are talking and telling them things that you didn't think you'd tell them anyway.*

Looking across the qualitative data, the needs identified as a result of these conversations have tended to focus on claiming for attendance allowance, getting additional funding or adaptations around the house (rails fitted), moving house, finding out about social activities including day trips, holidays, coffee mornings, leisure opportunities and so on. In order to respond to RQ 1 we will now analyse in-depth the way the person-centred approach enabled Age UK Project Workers to identify and respond to the financial and housing needs of older veterans engaged as part of Joining Forces. The remaining impacts of the programme will be explored later in the report (RQ3).

### ***Responding to Financial Needs***

For many participants, the person-centred approach resulted in the older veterans' financial needs being responded to and met. For some, these initial conversations with Project Workers was the first time that they realised they were entitled to financial support as George and Margaret alluded to in their separate interviews:

**George:** *She sorted my carer's allowance, got my son carer's allowance, and got him pension credit, she does all that for him, and she got me extra carer's allowance.*

**Interviewer:** *So did you not know that you were entitled to that before?*

**George:** *No, no, I didn't know I had anything, no.*

**Margaret:** *Well [Project Worker] has helped us with money, with... you know, you don't know what to do, and what benefits you can get, she has helped us with all that . . . Things to do with the bank, and what I am not very good at, and . . . I don't know what we'd have done without her.*

**Interviewer:** *Yeah, and this help, were you aware that this help was out there before specifically for veterans?*

**Margaret:** *No, no idea, no.*

Wilbur has experienced a greater quality of life as a result of securing some additional financial support in the form of attendance allowance:

**Wilbur:** *Well the attendance allowance has allowed me to use the taxi more. Helped people get a bit of shopping in for me, all that kind of stuff. Go and see a friend now and again, that sort of thing.*

**Interviewer:** *So do you mind me asking, and this is a bit more personal, before the attendance allowance, were things a bit tougher for you?*

**Wilbur:** *Oh yes, definitely, I mean, I have got a good pension but it did considerably help. It has allowed me to save a little bit of money. Maybe for future use, I don't know what that is, maybe my daughters or something like that. Yes, it is a big advantage the attendance allowance.*

For others, they benefited from having someone to actually sit with them and identify appropriate support and then help them to complete paperwork that was otherwise daunting. Discussing attendance allowance Arthur stated:

*I've got that in, I've got my fingers crossed for it . . . Yep, I've done very well. And with [Project Worker] she's done a lot with me as well, as I say with the attendance allowance, they've all worked very hard for me.*

Shirley's experiences echo Arthur's, she explains in detail the ways that her conversations with an Age UK Project Worker made her cognizant of the financial support that she and her husband were entitled to:

**Shirley:** *talking to [Project Worker] he realised that we weren't getting what we were entitled to and we weren't being involved in the things we should be involved in. He has helped us immensely . . . So for about two and a half years we've been involved in Age UK Veterans and it is the best thing that we ever got involved in . . . in that two and a half years we've started to live again because of what Age UK Veterans have helped us with and do for us. I mean the little trips that they take us on are absolutely fantastic . . . They look after us something terrible they do really.*

**Interviewer:** *So what are your needs that they have responded to?*

**Shirley:** *How can I say this? [They've] helped us a lot financially. We were paying full rent, we were paying full poll tax before Barry got a little discount for his Alzheimer's . . . They helped me to get a blue badge, he's helped me get attendance allowance now. He got me, because I haven't got any private pensions and if I survived Barry I'd just be on my old age pension so [he] got me pension credit and he has helped get me power of attorney which we didn't know how to go about. Sort of all, how can I put it? Legal things and like I said, if we need anything he says the veterans ['Veterans UK'] might be able to help.*

### ***Responding to Housing Needs***

One of the key findings from the qualitative analysis is that the person-centred approach being fostered (through guided conversations) worked effectively to not only identify needs but also offer solutions to older veterans' other problems. Housing and living adjustments were specific areas where this became evident. Discussing the support her husband has received, Margaret outlined the substantial changes that had improved his standard of living and quality of life:

*[Project Worker] helped us with finding a better flat where it is warm and controlled, and everything really. You know, with a warden. He lived in a tower block on the 11th floor, and it wasn't very nice up there when a gentleman is on his own, and he has got a nice flat now, with a view of the park. He is only up three floors, there is a nice lift, lots of friendly people, and we had a hot pot supper and a Halloween night.*

In addition to his application for attendance allowance, Arthur identified that his needs and values had been listened to and centralised. The person-centred approach in this instance, has resulted in significant positive changes to his living arrangements and his ability to do everyday tasks like climbing the stairs and getting in and out of the bath:

**Arthur:** *I've had a lot of things since meeting [Project Worker], I've had my rails at the back done . . . I've had two hand rails put on out there and they did the bar on the stairs and I've got a seat on the bath so instead of having difficulty getting in, I can just sit down on the seat and swing my legs around.*

**Interviewer:** *And was that all from the conversations that you had with [Project Worker]?*

**Arthur:** *Yep, I've done very well.*

**Interviewer:** *In those initial conversations do you feel that your voice was being listened to and your needs were being heard?*

**Arthur:** *Yes, yes I do. For the first time I would say.*

Arthur's poignant comment that this was the first time his needs had been listened to can help to explain the success of the person-centred approach. Similarly, in response to a question about whether his individual needs were being met and respected, Artie, who served in the Army, commented that:

**Artie:** *Everything. These guys [Age UK] they do everything, they couldn't have done more . . . Look, I've always battled all my life and when I get to a situation when I am not battling it feels good. Since a member of Age UK walked into my flat and said 'look you can't live here' I have never been happier.*

**Interviewer:** *So what sort of battles did you have to overcome before?*

**Artie:** *Just everyday things, like, I've always been short of money. Even though I've made a lot of money, I've drunk it out and I've wasted money. I was a terrible person to live with. That's why my wife left me I suppose. And once I got on my own, I was on my own and I didn't really like it and I've been like that for years. And eventually it started to get to me and I didn't really like it but I've been like that for years . . . There was a club I could have gone to but coming back in the rain and it is slightly uphill and I am battling and when I have to walk up into town I was gasping for air. Whereas here, I walk on the level and the bus is on the level.*

**Interviewer:** *So in all this process of moving, do you feel like it has been done in a way that is supportive and caring? That's had your needs at the heart of it?*

**Artie:** *They couldn't have done better, no they couldn't have done better . . . couldn't have done more for me. I phone him, I say 'blah' he says 'hang on, I've got it' and he fetches it . . . [it's been] wonderful, I feel 300% better than I did.*

One thing that is clear from many of the interviews and focus groups, including this extract from Artie's interview, is that responding to older veteran's needs requires a multi-sector approach. The Project Workers were having to guide conversations that cross-cut many interrelated issues that older veterans were experiencing from housing problems leading to lack of confidence to go out and meet people, to financial constraints limiting actual and perceived ability to access services and activities. This joined up approach and partnership working, whilst operating differently across different locations, has ultimately benefited those most in need. One participant, Phillip, aptly described this as the Project Workers having their "tentacles out":

*Oh yeah, nothing is sort of pushed at you, but [they say] "Don't forget, if there is any way we can help you . . ." Whether it be for, I don't know, an allowance, to medical things, you know, they have got all the tentacles out for connections.*

There are instances within the qualitative data where participants have been referred to Royal British Legion services (e.g., for hearing tests and hearing aids, for recuperation breaks and holidays), or SSAFA veterans groups as well as other Age UK services and support networks (including Call in Time, see RQ4). Roger discusses the way that he heard about

Joining Forces through another Age UK service, showing the benefit of a co-ordinated approach:

*[S]o I got a bit more depressed than ever. Lonely being the big word until eventually I got a flat, a local flat, here and through that, I always used to use, I am slightly disabled I can't put my shoes and socks on I've always used Age UK for my feet. So on my first visit here to Age UK I was talking to the lady that does my feet there about, she asked me did I go out, I said 'no I never go out, I don't know anybody and to be honest I don't feel well enough to'. And she said to me, I know a girl who is doing something that will sort you out. Shall I ask her to come and see you? I said 'yep great stuff'. [Project Worker] came and she's got a magic tongue that woman, she came and brought me back to realization . . . The next thing that they did is they got me along to a little class, which is supposed to be an exercise class for the elderly but it ain't cause it's a nitter natter and that, and it's a very social . . . and with his [instructor] patter he drew me out a lot, I still go to that quite happily.*

---

## LIMITATIONS OF THE PERSON-CENTRED APPROACH

The focus groups with Project Workers as part of the evaluation also brought to the fore some of challenges and limitations that have impacted on the person-centred approach. Namely, the role and capacity of staff working on the Joining Forces Programme. Whilst it was up to each individual organisation to agree staff hours and budget, several local Age UKs had a 'slow start' with the recruitment of staff and therefore there were delays of up to six months for some for the onset of awareness campaigns for the Programme. As a result of the funding being for three years, many partners experienced loss of their Project Workers as many were on fixed term contracts, but when this was the case, the project was delivered by other staff deemed to have relevant experience to ensure continuity. In addition, several of the Joining Forces workers were employed part time and therefore it was sometimes difficult to maintain a person-centred approach with timely outcomes for veterans:

**Project Worker:** *The biggest barrier is having time to find out what is available. It is not instant results. Because we work part time, time is an issue.*

One local Age UK expressed that they have struggled to encourage veterans to join their Programme as they are not seen as a specialist veteran organisation. They have been

unable to build relationships with other Armed Forces organisations which generally has been identified as a strength in delivering the Joining Forces Programme:

**Project Worker:** *We have had real difficulty identifying veterans in our area - I think because we have had a lot of protected industries in our area . . . and we have really struggled to attract veterans in but we also have quite a strong presence from SSAFA as well and we have other veterans organisations in the local area that veterans - younger and older - tend to gravitate towards. We are not seen as the specialist organisation, so it has been a real challenge for us . . . . In our experience, SSAFA is very protective of the work that they are doing, and we have struggled to build any momentum with that organisation.*

As a result, much of the Joining Forces Programme has been incorporated into the standard Age UK service as this Project Worker explains:

*To be honest because the service has been delivered alongside existing services, there is no shining light that is specifically for veterans. The only difference is now that we have had a customer recently who had access to a SSAFA grant which he wouldn't be able to go for if he wasn't a veteran. It's difficult to come up with veteran specific because the job that we do we do for everyone - we don't make it a Rolls Royce service for veterans.*

The local Age UKs clearly had different approaches and attitudes in setting up the Programme. Indeed, this quote above highlights a clearly different set up and attitude to Age UK partners that have Project workers with an Armed Forces background where this aspect only seems to enhance the person-centred approach.

## RESEARCH QUESTION 2: HOW SUCCESSFUL OR NOT, AND FOR WHAT REASONS, IS THE STEPS TOOL AT AIDING THE DELIVERY OF A PERSON-CENTRED APPROACH?

STEPS is a digital application to facilitate a guided conversation. Although not designed specifically for Joining Forces, it featured as part of Joining Forces' person-centred approach. The application is compatible with iPads and these have been distributed to Local Age UK's to ensure the delivery and utilisation of the STEPS tool. At the outset all 11 partners and 1

consortium had the option to use STEPS to facilitate their conversations with older veterans and to identify their needs. However in February 2018 due to the low usage of STEPS, the Age UK Project team (in agreement with the Age UK Digital team) decided to change the approach and give additional support and advice to five of the local partners in order to understand whether this would make a difference to how the partners used STEPS. The partners applied to be part of the 'six-month programme' and submitted a short application form setting out how they would use the app and ensure that advisors within their organisation would use the app within the Joining Forces programme. The additional support and requirements were:

- Bi-weekly calls with the Digital and Services teams.
- Completed evaluations questions.
- Agreement to use the app with as many older people as possible.
- To report any issues to the Digital team as a matter of urgency.
- Offered additional training, if needed.

The advisors agreed to use the app with all Joining Forces clients, when appropriate. This commitment was not included in the original Joining Forces grant agreements. Prior to the six-month plan, key development changes were made, after feedback from the project workers these were.

- Updates to the client homepage
  - Advisors asked us to remove the list of clients' names on the homepage for GDPR reasons and replace this with a search functionality.
- Steps to function in a horizontal mode
  - Advisors asked us to make this development so they could use a keyboard with STEPS instead of tapping onto the iPad with their fingers.
- Extend the character allowance in the Notes section
  - The 500-character limitation did not give the advisors enough to write, and they found themselves having to add two notes. We extended this to 1,000 characters.
- Removal of auto-completing the first action in Charitylog (it is noted that Charitylog is a charity database software used to manage the personal information collected)



- When referring clients into STEPS, a referral action is completed that sits in Charitylog. Initially STEPS would auto complete this for the advisors to prevent additional steps, however advisors asked for this to be removed.

The qualitative comments drawn upon in this evaluation to respond to RQ2 are from Project Workers who were part of this pilot STEPS group as well as the older adults who may or may not have experienced the tool as part of their interactions with Age UK Project Workers. For a number of reasons outlined in the discussion below, the problems and challenges with the implementation of the STEPS tool remained and it was decided at the beginning of 2019, after a comprehensive internal evaluation with the Digital, Project team and with input from the local partners, to withdraw this component of the programme. The internal review was also presented to Senior Managers across the organisation and was also signed off by the funder. However, for the purposes of this report, the findings have been included.

In the follow-up questionnaire, 28 older veterans (8.9%) reported that STEPS had been used by their local Age UK with them as part of their involvement in the Joining Forces Programme over the past three months, whereas 201 (63.6%) reported that it had not, and 63 (19.9%) didn't know if it had or had not been used. 24 older veterans (7.6%) did not respond to the STEPS question.

In terms of the reasons behind the STEPS tool being effective or not at delivering a person-centred approach, those who had exposure to STEPS were asked how much it had made them feel respected, listened to, and in control. 26 older veterans answered these questions and the following table demonstrates how they responded:

Item	Not at all	Partially	Quite	Fully
Respected when being asked questions	1	1	7	17
Listened to when providing responses to questions	1	0	4	21
In control of your responses	1	0	7	18

In summary, 65% of older veterans who had exposure to STEPS felt fully respected when being asked questions by an Age UK using STEPS and in control of their responses, whereas 81% felt fully listened to when providing responses to questions. Only 1 veteran felt not at all respected, listened to, or in control of their responses when an Age UK was using

STEPS with them. A further statistical test (linear regression) was also run to see if use of STEPS predicted changes in other variables (e.g., changes in person-centred approach, well-being, and quality of life). No significant relationships were found; however, this should be interpreted with caution given that only 28 older veterans in the evaluation sample had STEPS used with them and 201 had not.

The quantitative data demonstrates the potential positive impact of the STEPS tool in delivering a person-centred approach, and for some of the Age UK Project Workers the STEPS tool offered them and their colleagues, opportunities for efficiency:

*I think, some clients are happy to use it and again you get a feeling when you go in to some people's property, do you know what I mean? You might go into some people's houses and they've already got a laptop or something and you get a different feeling from different people, so some are happy to let you use it and others aren't. I wouldn't have said I use it to answer the questions but it has helped me with less paperwork at this end. I can jot things down whilst I am there and then it saves me doing paperwork at this end. It's like anything, it's got pluses and it's got minuses, it's certainly not perfect, but it does help in other ways.*

Although STEPS was removed in early 2019, the data collected in the interim stage of the programme (July 2018) shows that for 41.1% of respondents, the STEPS tool was not used during their interactions with Age UK Project Workers (it was used with 16.9% of respondents). This is a little concerning given that the tool was, at this time, a central part of the original delivery of the Joining Forces Programme. The focus groups and interviews with Project Workers in the evaluation go some way to explain why there was reluctance to use the STEPS tool on their part. Throughout the focus groups and interviews some key limitations with this tool were highlighted. These can be thematically analysed in relation to; the nature of the questions being asked, technology-related problems, and changes to interpersonal relations.

---

## THE NATURE OF THE QUESTIONS ASKED

In terms of the questions being asked as part of the guided conversations facilitated by the STEPS tool, some of the Project Workers cautioned about the prescriptive way in which the guided conversation questions could be asked:

*As I say, I am not so sure about the guided conversation, I think that probably needs a bit more work on it to make sure it is not used in a prescriptive way . . . I have a visual in my head, so on the app there is all boxes with money, mobility. So when I say prescriptive I mean going through each one, in a list type way and then you are taking away from, a lot of that if you ask somebody 'are you getting around OK?' they'll say 'yes'. But then the actual conversation might be 'I see you are holding on to the back of the chair when you are getting around, do you have any handrails anywhere? Are you all right with getting in and out of the bath? And things' so it is kind of an organic conversation . . . so that's what I mean by prescriptive . . . using it as a list and asking and then tick-boxing whereas I think the questions should come around 'oh are your slippers comfortable?' It's those questions that take you around a conversation on mobility, let's say . . . it's about breaking down the barriers. So I think if it is not used right, it can just sound like a tick-box exercise and going through the questions and there are lots of questions on it from what I can remember as well and some of those just might not be relevant.*

Others were mindful that this guided conversation and person-centred approach was a 'fairly established method' when conducting casework and was not unique to this programme. Based on their extensive experience of working with older adults they felt that the questions acted more as a 'check list' to ensure that appropriate areas had been covered. When asked about whether the questions reflect the needs of the older veterans, they encountered this Project Worker responded:

*I personally find that they are identified through the conversation, I am sure others [in this focus group] are very experienced dealing with clients as am I, and we sort of know the areas that we want to hone in on and we can judge just through a conversation or seeing the house that some are more relevant and certain others probably aren't an issue. So we will kind of focus based on our experience and our awareness, which are the most relevant questions to be asking. It is always good to be reminded at the end 'oh I didn't even think to ask about that' so it is good to just double check at the end, the possible areas to have asked about because you might have missed on.*

---

## TECHNOLOGY-RELATED PROBLEMS

Another reason for the low use of the STEPS tool by Project Workers was reported problems with the functioning of the technology and systems. All participants in the qualitative interviews and focus groups commented on the lack of synchronisation between the STEPS tool and Charitylog. Specifically, the data could only be sent from Steps to Charitylog but could not be sent from Charitylog back to STEPS. Although the advisors were asked to always use STEPS to make the updates, they found that this wasn't always possible, and this one-way synchronisation was frustrating as they would still have to update Charitylog to make updates when they returned to the office from the visit. There was a need to have data flowing in both directions, so they had the flexibility to use STEPS as well as Charitylog interchangeably; however, this wasn't possible with the build. There were also general issues with the STEPS application not syncing with Charitylog and therefore data not transferring to the app or client data going missing. One Project Worker epitomised these concerns:

*I find it frustrating that it doesn't synchronise in any helpful way with charitylog, which is the main data-recording tool that we use here. Information and transmission is strictly one way, so if you are only using the iPad you have no access to notes that colleagues may have added around hospital after care or benefits or anything like that, because you don't know, it is not on there. So it is a limited tool for our purposes, I think, and I personally have found it a bit of a barrier.*

It was also not considered time efficient as these two extracts reveal:

*OK well STEPS has been a big issue for us, we have had lots of problems with STEPS, in fact I am still having problems now. We thought we had resolved the problem with STEPS so I resumed using it and then only last week I was so frustrated because I went to see a gentleman and I wrote the notes and I went into do something and it said notes haven't been saved and I thought 'oh annoying' and I did it again and again and again and it turned out there was something wrong with it and 7 times I did those notes, 7 times in different variations . . . any way I have informed [name of Age UK worker] and I gave screen shots to show her what we done and what saved etc so that's all done.*

*[Y]ou have means of writing notes into it, but it can take a while, if you are writing sentences, which I am inclined to do, it takes forever. If you are great with short-hand or can do it really quickly, great, I can't do that. You can create actions for either*

*yourself or the client and you can have a timeframe for something happening by. But you don't have a means of printing anything off so you can't leave anything with them at that point by way of saying, this is something for you to do. You have to tell them or write it on something else. So, there is no great benefit to STEPS in terms of an action plan for the client, I don't think.*

---

## CHANGES TO INTERPERSONAL RELATIONS

The final theme that can help explain the limited use of the STEPS tool by Project Workers was what impact, if at all, the iPad had upon the face-to-face interactions between the Project Worker and the older veteran. For instance, as expressed by one Project Worker:

*I've not found it effective myself, I don't think it adds an awful lot to the experience. I'll admit I am a little resistant to technology when it is not really necessary any way, but I do find a lot of people are intimidated by it when they don't understand what it is. But crucially, in the meetings I have had with clients, I have wanted to give them my full attention so that means eye contact, it means talking directly to them, it means not breaking that contact when you spend 30 something seconds keying something into an iPad. And I think that focus, that attention is appreciated. They feel that you are really interested and you are working on trying to develop a bond. I find the iPad a bit distracting in that sense. I do use it but mostly as a prompt to see if I have missed any questions at the end of the meeting.*

This is an interesting finding given that the older veterans felt that the success of the person-centred approach was attributable to the relationships they developed with the Project Workers (RQ1). Although the Age UK Project Workers were concerned about using the technology and the impact of this for face-to-face interactions between themselves and the older veterans, the older veterans interviewed did not all seem adverse to its utilisation. In fact, Arthur commented on the way the STEPS tool and the iPad specifically, was integrated into the conversation:

**Arthur:** iPad, what's one of those?

**Interviewer:** Like a bit of tech, like a mobile phone but bigger

**Arthur:** Oh yeah, about that big [draws shape in air], I remember that being used yeah.

**Interviewer:** *Were you surprised that it was used, did you think it was interesting, did it benefit the conversation?*

**Arthur:** *I think it was interesting and I think it did benefit it. Myself, I am not one of them for them sort of things, computerized, I am not a computer person . . .*

**Interviewer:** *No? But you didn't mind it being part of the conversation?*

**Arthur:** *I didn't mind it no because of the way it was used, it was showing me what was being put on it, so I could see what was going on so I could understand then what was going on.*

Many were often unsure about STEPS and whether the iPad had actually been used with them (often attributing this doubt to their memory problems). Irrespective of this, some participants differed from Arthur in that they did engage with and remarked favourably about using digital technologies as part of their day-to-day lives. For Artie, who has travelled extensively and uses Skype and WhatsApp, the technology was an important way of staying connected with friends and family around the world and using it was accompanied by affective reactions of excitement and happiness:

**Artie:** *I've got a computer, I've got this iPad and I've got this phone so I'm in on the scene. I don't know much about it mind . . . My brother Skyped me this morning. I was sat here watching the news and my iPad was bouncing ringing and he was talking to me before I had got it switched on.*

Similarly, although Shirley commented that the STEPS tool had not been part of her conversations with the Age UK Project Worker and her partner Barry was unsure of his ability to use the technology, she was not put off by the prospect of an iPad being used by the Project Worker. Her comments again speak to her wider use of technology and social media to stay connected:

**Interviewer:** *Sometimes as part of the conversations about your needs, have people [Project Workers] been using the iPad as part of a guided conversation?*

**Shirley:** *No.*

**Interviewer:** *How would you feel about someone using an iPad?*

**Shirley:** *I wouldn't know where to start.*

**Interviewer:** *Do you like technology?*

**Shirley:** *Oh yeah (gets out her mobile phone). I have quite a lot of friends and we keep in touch, on Facebook mainly but ringing as well.*

**Barry:** *I don't.*

**Interviewer:** *What do you think about technology Barry?*

**Barry:** *Well if you are clever enough to do it then yes, but I'm not.*

Interestingly, both Shirley and Artie said that they did ‘not know much’ about the technology or ‘where to start’ but are actively engaging with it outside of the Programme. Wilbur’s family were encouraging him to re-engage with technology given the joy it used to bring him when preparing for long walks and rambling. When asked about the potential for digital technologies to be used as part of Age UK provision, he was cautious about rapid technological change but equally open to the potential it offered and not at all “frightened” by its utilisation:

**Wilbur:** *I can’t see a reason why it would put me off . . . That is one thing that frightens me about technology, I mean the way things have changed in my lifetime. You know I used to go to bed as a kid with a candle and now I can go upstairs with a television, computer, radio, the whole blinking lot.*

**Interviewer:** *So it’s developing quickly but would that put you off?*

**Wilbur:** *Not really, not really, I might ask some more questions about what are you going to do and what is the purpose of it, so I’d ask some questions before I agreed to it. I’d make sure I investigated it thoroughly and deeply to see what they were doing.*

The qualitative data elicited from the older veterans does raise some questions about the assumed technological illiteracy of those of older age and perhaps pushes Age UK and relevant service providers to think about diversifying their forms of engagement. In fact, two Project Workers felt quite passionately that Age UK should be using digital technologies as part of their service provision and that careful integration into conversations and meetings will be helpful in the future:

*I also think that it is a good thing to introduce people to the tablet, not necessarily the STEPS tool but the iPad because we are going digital by default and for the older people, so it’s not so scary, you know digital technology, I think it is a good thing.*

*I mean I haven’t really had any problems with it. I think because now I know some people have said they think it effects the face-to-face eye-to-eye contact I do take that into consideration now. So I do talk to them and then I type it onto the STEPS afterwards, onto the iPads afterwards. They do it in hospitals now on their phones so, but I do think you should sit and have a face-to-face conversation. I think that makes them feel more relaxed and if you are caring more.*

Based on this mixture of perspectives and opinions from Project Workers and older veterans and the ambiguity around the use of STEPS it is recommended that more time and consideration is given to the design and development of the apps that are to be used in service delivery to ensure coherent integration with existing systems and user 'buy-in' from the outset. This was epitomised by one Project Worker:

*I think as presented for this project, it [STEPS tool] is not as yet fit for purpose but it has been presented as what it is without any real involvement from the local Age UKs as to what they wanted before it was set up. So I think maybe a more widespread consultation about how we work and what we would find useful as something is being developed would be a good thing, rather than saying, here is something new and shiny get on with it and see what you think.*

Finally, in a climate of austerity and funding cuts within the third sector, the cost implications of the iPads long-term were also raised. Indeed, whilst the iPads were provided free of charge in this Programme, the perceptive comments of one Project Worker point to the need to consider sustainability and equality across local Age UK's when deploying technology to innovate future service provision:

*So the iPad is quite good for older people because it is intuitive but it is also expensive and you are tied to all Apple products and that's one of the things we were saying, why is it an iPad? For charities really that is quite a considerable outlay when you could have Android tablet which would have done the same thing cheaper. I don't know if that has answered it because I haven't had a lot of experience with using, I never used STEPS, well I said never, we had a go and at that point I didn't feel comfortable with the questions so I just put it to one side and carried on talking myself. And like I say, because of all the technical [sic].*

**RESEARCH QUESTION 3: WHAT DIFFERENCE OR NOT, AND FOR WHOM AND WHAT REASONS, HAS THE SUPPORT DELIVERED TO OLDER VETERANS MADE TO THEM?<sup>4</sup>**



Joining Forces has had significant positive effects for older veterans, with the quantitative and qualitative data providing evidence of some of the key ways in which the support has positively impacted their lives. Moreover, our analysis unpicks some of the reasons for this in order to inform future provision. Some of the impacts have been outlined above and speak to these changes over time (RQ1), but the data presented here has been thematically organised around the following three themes:

- life satisfaction, mental health, and wellbeing;
- quality of life and health satisfaction; and
- increased opportunities for leisure, recreational and social activities.

Before discussing each theme individually, overall quantitative statistics found a significant positive correlation between changes in support perceived and changes in the perceptions of life satisfaction ( $r = .20, p < .001$ ), overall well-being ( $r = .27, p < .001$ ), quality of life ( $r = .15, p < .05$ ), and health satisfaction ( $r = .16, p < .01$ ). This, therefore, suggests that those who experienced the biggest changes in perceptions of support also had the biggest changes in their life and health satisfaction, overall well-being, and quality of life. This finding offers insight into the difference that support provided to older veterans has made to them. It is also worth noting that this was also supported in a regression analysis, suggesting that changes in the perceptions of support significantly predicted changes in life satisfaction ( $R = .20, R^2 = .04, p < .001$ ), overall well-being ( $R = .27, R^2 = .07, p < .001$ ), quality of life ( $R = .15, R^2 = .02, p < .05$ ), and health satisfaction ( $R = .16, R^2 = .03, p < .01$ ).

---

## LIFE SATISFACTION, MENTAL HEALTH, AND WELLBEING

The below table indicates the mean value for the life satisfaction question at baseline and 12 weeks later. 301 older veterans provided a response for the baseline and follow-up question on life satisfaction. The results demonstrate that there is a significant ( $p < .001$ ) positive increase in life satisfaction across the 12 week period when Joining Forces was delivered. Note that the scale ran from 0 (Not at all satisfied with life as a whole nowadays)

to 10 (Completely satisfied with life as a whole nowadays). The effect size of the life satisfaction change was 0.36 (small effect).

Life Satisfaction Baseline Mean	Life Satisfaction 12-week Mean
6.04	6.79

The below table indicates the mean value for the mental well-being questions at baseline and 12 weeks later. This can indicate if, overall, older veterans felt there was a positive or negative change in their mental well-being across the 12 week period when Joining Forces was delivered<sup>4</sup>. Note that the scale ran from 1 (None of the time) to 5 (All of the time). All questions indicate a significant increase ( $p < .001$ ) over time. The overall effect size of the mental well-being change was 0.36 (small effect).

Question	No responding to question at both time points	Baseline Mean	12-week Mean
I've been feeling optimistic about the future***	301	2.76	3.18
I've been feeling useful***	302	2.72	3.02
I've been feeling relaxed***	300	2.98	3.28
I've been dealing with problems well***	298	2.96	3.27
I've been thinking clearly***	302	3.25	3.45
I've been feeling close to other people***	301	3.12	3.49
I've been able to make up my own mind about things***	304	3.56	3.77
Overall mental well-being***	N/A	3.08	3.36

Linked to mental well-being, certain discussions with older veterans in the qualitative research revealed that some veterans were experiencing issues with mental health. One of these issues was related to their time in the Armed Forces and the emotional distress they feel when they recall what happened to them. A veteran named Terry, in a one on one, person-centred discussion with a Project Worker, expressed his obvious distress:

*Because what I have got 'upstairs', nobody can see it, they can't stick a plaster on me, the amount of money they are going to give me, it's not going to take it away . . . you run around Salisbury plains with exercises, doing what you do . . . and it's completely different - your mates get shot in here, there, and everywhere . . . and what people don't realize is you go out as a section of 8 blokes . . . you try and put a bloke over your shoulder with no arms and no legs . . . it's impossible . . . but that's what you do on Salisbury plains . . . there is only 8 of you, your 2 men you have only 4 men to carry one bloke . . . but we see this, the person who is done don't, they are out of it and to be*

*honest it's the ones that come back who have the scars . . . next time we go out, it's on your mind is that going to happen to me next time we go out? I can't tell you, it's horrible, I don't think anyone is frightened because of course you don't have time to be frightened. Being quite honest, the worse things get, the more exciting it is. It's not until you get to my age and when you are watching it on the television. It kicks in, like a time bomb . . .*

Terry has discussed this issue several times with his Project Worker who, having a background in working at Combat Stress, has been able to provide support to him in the form of listening and gently signposting to organisations that can offer specialist mental health support. It is clear that this has been instrumental for Terry and he feels fully supported by his Project Worker:

**Terry:** *You can talk to them [Project Worker] so easily I can talk to anyone, but I can't deal with anyone, but I feel like I have been into different places . . . They [Project Workers] are so confident in themselves in what they are doing, and they are so relaxed so it makes you feel relaxed and if you are relaxed it must be working mustn't it?*

**Interviewer:** *So, the support she (Project Worker) is trying to give you is working?*

**Terry:** *Yes, Yes . . . She doesn't try, she achieves it.*

Another veteran who has also experienced distress a result of his Armed Forces background is Henry who served in the Forces in Korea:

*Well I've had a stroke you see, I'm still getting over it now...so I was in the hospital and I did nothing else but weep and cry...so there was an officer in the army, in the Forces and he was in there as well and he said what are you crying for son? And I explained to him and I said I keep thinking about things that happened to me in the Army, in Korea. I knew what it was, I won't go into it because I'll start crying again. Anyway he said what you need to do is, you need help so and I did need help my daughter said we will go and see them at Age UK and I met (Joining Forces Project Worker) and she said come along and meet the veterans – I told her I keep breaking down all the time and I keep crying.*

As a result of several one on one meetings with Henry, he has received support at home and is now fully involved in the veterans bi-monthly clubs where he as met and made “many good friends” and in his words, “the service has done me proud”.

Outside of Armed Forces experiences, some older veterans participating in Joining Forces also reported experiencing depression. In most cases, feelings of depression were discussed as a result of loneliness, which most commonly followed the loss of a loved one. William, who was in the RAF, recently lost his wife who he had been married to for 45 years. William was very open about his grief and has suffered from depression and experienced suicidal thoughts:

*My experience was I lost my wife and I was suicidal and I was very low, then I got veterans advice and [Project Worker] – [he] helped me a lot with the paper work and partially helped me to get rid of my suicidal thoughts - I was 45 years with my wife and she spoilt me rotten. I was hopeless, I didn't know how to do nothing, I was a spoilt child, that is what I was, so since I joined the veterans and I am still attending the hospice and attending the grievance service – it's actually been a year since last Friday since my wife died. And I got help . . .*

In addition to direct help from Project workers, William also met a like-minded veteran on a trip organised by the Joining Forces Programme:

**Interviewer:** *And you mentioned earlier to me about James?*

**William:** *James literally saved my life – that the lad sat next to me*

**Interviewer:** *Can you talk about that relationship?*

**William:** *I met him on coach with the trip for the veterans . . . and from then on we paired up – he helped me with my house, my garden, my fence . . . he truly is an angel . . . he literally saved my life and I have met a few more people through [Project Worker] and he makes Sunday dinner for five of us every Sunday. I can't say enough about him.*

Clearly a combination of the support from the Project Workers and other veterans met through the programme has significantly contributed to William's mental well-being. Another veteran who has similarly benefited from the programme is Joan, who used to be in the Royal Women's Airforce. At the time of the interview, Joan had just experienced the loss of two loved ones in a short space of time when she was introduced to the Joining Forces Programme:

*I looked after mother, she was 95 when she passed, my husband had Alzheimer's and vascular dementia and had lots of other health problems and so did my mum so I was a carer really so they both passed away within 18 months so it really left [me] not*

*wanting to the know the outside world. [Project Worker] came to my house and she said to me why don't you come and meet other people who have been in the services and I thought well I'll give it a go 'cos [sic] I'm not a person that won't push myself – my husband was the outgoing one, I was always the one a little bit behind him, I was happy for him to be in the front, but once they have gone you are left on your own really. So, I joined and it has made such a difference to my life and I have met friends and it has made such a difference.*

In particular, it was the Armed Forces nature of the programme that has captured Joan's interest and motivation to restart socializing after being an isolated carer for such a long period of time:

*I have been to places like the D-day [service] and 'Up the hill' [Portsmouth hill - a war memorial site] and I have learnt a lot about the camp that I was on and that they were involved in the D-day – in the aircraft going over and taking photographs for the landing and things like that – I was there 2 years and I didn't know – it has really broadened my information and I have now got something to talk about other than just nothing!*

In summary, the extracts above provide evidence of the positive impact of the Joining Forces Programme on the wellbeing of older veterans. This is evident in terms of the support offered in response to emotional distress experienced specifically as a result of Armed Forces backgrounds and more generally symptoms of mental ill-health (e.g., depression).

What is more, increases in confidence as a result of the support and services offered by the Joining Forces Programme is another significant positive outcome. An interview exchange between the interviewer, Project Worker and Arthur poignantly explores this after Arthur was discharged from hospital in a fragile 'state' and first met his Project Worker:

**Arthur:** *I am more outgoing now than I was before because at one time I used to be myself and I used to keep to myself and I didn't interact with anybody. I did have, when I worked on the market I used to have contact with other guys but once I stopped drinking that all went. I still see one or two of them, have a natter with them, but that's as far as it goes, there's no drinking and I gave up smoking because of my health, eight years this year.*

**Project Worker:** *I think basically, sorry to interrupt; I think you lost a hell of a lot of confidence didn't you?*

**Arthur:** *I did. And the confidence is back, definitely, it's definitely back*

**Interviewer:** *And what would you put that down to? Is there a specific thing?*

**Arthur:** *The help I have received, that's all I can put it down to. From Age UK and the lady that came and helped with the form. If it hadn't had been for them I wouldn't have had the confidence to do what I am doing now. Believe me, I would have been leave me I'm on my own, stay away I'm on my own. But now I can go out, I go out to a café down town everyday nearly now. I go in there, I chat to all the staff in there, in the café, I have people that come in there that I know.*

Wilbur also experienced enhanced confidence as a result of his involvement in the Joining Forces Programme, this marked a step-change in terms of how his needs have been responded to in the past:

**Interviewer:** *So have you had bad experiences in the past?*

**Wilbur:** *Umm, yes, I've had people not listen, yes. I've been saying I want this and need that and nobody's listened. Age UK have listened, initial contact and they've listened to that, to my needs, what I have needed and they've helped me. They've helped me with everything I have asked for, it's been done, in one way or another it has been done and because of that, I've got my self-confidence back again. As I say I can now talk to people and say 'if you want that, go there'.*

Roger felt like his needs related to loneliness were met as a result of his participation in Joining Forces and improved his mental well-being as a result of these needs being taken seriously:

**Roger:** *Well as I said, my biggest need was to counteract loneliness and things like that and to get support living. All things driven by Age UK.*

**Interviewer:** *And they've helped you get this support?*

**Roger:** *Yep if I have asked them or if I needed something there is always the shop I can pop into.*

For one of the Project Workers, Joining Forces was an important opportunity to help older people who may not ordinarily use Age UK and/or SSAFA services. Project workers suggested that one of the reasons for this prior non-engagement may be due to veterans' Armed Forces backgrounds and their reluctance to ask for help and admit that they weren't coping for a multitude of reasons. When asked about the older veteran's prior engagement with Age UK this Project Worker commented:

**Project Worker:** *Oh no, definitely not, definitely not [asked for Age UK's help before]. He was a quite proud person, going back to the no heating, he was one of those people that would rather put an extra jacket on than say to somebody I can't cope. But we also got him extra money through finances and all sorts of things have been done for him.*

**Interviewer:** *Do you think his reluctance to seek out help was to do with his military background?*

**Project Worker:** *Yeah definitely. I mean as I say, that was part of the military training, they didn't ask for help they just got on with it and I think we see that at the moment. They think if they are asking for help that is seen as a weakness and that is something that as part of the training they didn't have to display, because you don't show weakness to the enemy and that's how they still see it.*

In terms of the quantitative analysis related to the “for whom” part of the research question, we included the demographic variables of previous use of Age UK services, previous or current use of SSAFA services, gender, years in the Armed Forces, national service, and military branch<sup>10</sup>. There were no significant effects for one group versus the other (e.g., male/female) or for an increase in the variable (e.g. years in the military) for changes in perceptions of life satisfaction ( $p = .69$ ).

For well-being, although not a significant effect overall for the demographic variables ( $p = .12$ ), gender and serving in the National Service did show a significant effect ( $p < .05$ ). Specifically, there was a significantly larger change in well-being for females compared to males, and a significantly smaller change in well-being for those participants that had not served in the National Service compared to those who had.

For quality of life and health satisfaction (next theme), there was no significant effect overall for the demographic variables ( $p = .12$  and  $.15$  respectively); however, serving in the National service showed a significant effect ( $p < .01$  and  $< .05$  respectively). Specifically, there was a significantly smaller change in quality of life and health satisfaction for those participants that had not served in the National Service compared to those who had.

Overall, these results emphasise very little demographic differences suggesting that support provided was actually beneficial for the lives of many veterans, regardless of their demographic characteristics.

---

<sup>10</sup> Due to unequal numbers of questionnaires collected across the local Age UKs involved in Joining Forces, it is not possible to compare effects across Age UK location.

## QUALITY OF LIFE AND HEALTH SATISFACTION

The below tables indicates the mean value for the quality of life and health satisfaction at baseline and 12 weeks later. Note that the scale for the quality of life question below (first question) ran from 1 (Very poor) to 5 (Very good). The scale for health (second question) ran from 1 (Very dissatisfied) to 5 (Very satisfied). The results demonstrate that there is a significant ( $p < .001$ ) positive increase in both measures across the 12 week period.

Question	No responding to question	Baseline Mean	12-week Mean
How would you rate your quality of life?***	301	3.09	3.50
How satisfied are you with your health?***	263	2.88	3.27

The effect size of the overall quality of life change and of the overall health change both demonstrated small effects (0.43 and 0.38 respectively). The below tables indicates the mean value for the quality of life related questions at baseline and 12 weeks later. This can indicate if, overall, older veterans felt there was a positive or negative change in their quality of life across the 12 week period when Joining Forces was delivered<sup>4</sup>. The scale for the below quality of life questions ran from 1 (Not at all) to 5 (An extreme amount). Those questions marked with a \*\* ( $p < .01$ ) or \*\*\* ( $p < .001$ ) indicate a significant difference over time. The only question that does not show a significant difference over the 12 week period is the question regarding the frequency of negative feelings.

Question	No responding to question	Baseline Mean	12-week Mean
How much do you enjoy life?***	305	2.85	3.16
How well are you able to concentrate?***	306	3.01	3.20
How safe do you feel in your daily life?***	307	3.19	3.43
Do you have enough energy for daily life?***	305	2.54	2.84
Have you enough money to meet your needs?***	297	3.03	3.30
To what extent do you have the opportunity for leisure activities?***	304	2.24	2.62
How well are you able to get around?***	302	2.59	2.92
How satisfied are you with your sleep?***	303	2.78	3.15
How satisfied are you with your ability to perform daily activities?***	303	2.70	2.95



To what extent do you consider your life to be meaningful?***	300	2.80	3.08
How satisfied are you with the conditions of your living place?***	302	3.62	3.83
How often do you have negative feelings (e.g., blue mood, anxiety)? (Note this item is in opposite direction to above wording)	304	2.55	2.44

A focus group with Barry and his wife Shirley highlighted the way that different levels and layers of support have all combined to increase the couple's quality of life:

**Shirley:** *We met [Project Worker], Barry has Alzheimer's, and when he was first diagnosed, about 4 years ago, we were just left in limbo and the person that came to assess him from the hospital she said 'there's a meeting Shirley, once a month on a Monday morning to do with Age UK and also there's a meeting on a Tuesday afternoon every week' and I do that, I leave Barry every week for two hours and I get to do what I want. And that's how we met [Project Worker] and it's about two years, two and a half years ago . . . [they] got talking and Barry said to him he was ex-service and from there we got involved in going on the little trips that [Project Worker] was organising and it was brilliant. And talking to [Project Worker] he realised that we weren't getting what we were entitled to and we weren't being involved in the things we should be involved in. He has helped us immensely. So, for two and a half years, he is a great fella, a lovely man and [Project Worker] will do anything she can to help. So for about two and a half years we've been involved in Age UK Veterans and it is the best thing that we ever got involved in . . . in that two and a half year we've started to live again because of what Age UK Veterans have helped us with and do for us. I mean the little trips that they take us on are absolutely fantastic aren't they Barry? They look after us something terrible they do really.*

Furthermore, there is significant evidence from the qualitative data collection with older veterans that supports the finding that there were changes in quality of life over time. The data from the interviews reflects these positive changes in, for instance, having enough money to meet their needs, opportunities for leisure activities and satisfaction with living conditions. Some examples from the older veteran's experiences of Joining Forces have been previously outlined above (see RQ1) and speak to these changes. Herein, the positive impacts experienced as a result of provision of leisure and recreational activities will be unpacked in further detail drawing from the interview and focus group data.

---

## INCREASED OPPORTUNITY FOR LEISURE, RECREATION, AND SOCIAL ACTIVITIES

The older veterans remarked upon opportunities for leisure, recreation and social activities. In response to RQ1 we outlined the social interaction and companionship offered by these activities. Here, we analyse in more depth the nature of the activities and the support offered. Many of the local Age UK's ran breakfast/ lunch clubs and veteran's coffee mornings that were well very well received:

***Phillip:** Okay, well from the word go, a couple of years ago now, this organisation, if you like, was formed. We all, or a lot of people met in the town hall in Birkenhead, got to know everybody, and they are all still here, and invited to sort of come along and be part of the Age Concern [sic] and veterans' side of things, which we are happy to do. Not because my wife has got Alzheimer's, but she has, and it does occupy our time beautifully, and we thoroughly enjoy it completely, and it has changed our lives. . . So as far as my concerns for my wife . . . my family's concerns, if anybody wants us on a Monday, tough, we are always busy somewhere, and some days in the week. So it has changed our lives in that way. They are so friendly, they will do anything for you, and it is just absolutely amazing . . . So it has been absolutely brilliant and so helpful. There we are. I don't know what else to tell you . . . We are happier . . . not that we were unhappy. We have a better life now since that town hall meeting several years ago. We'd have found something to do . . . and we couldn't wait to get to the next one, which we do, and they are a super lot, a super . . . and they are patient, they are patient, the staff, which is not always the case in life, with older people. And they are just great people, great people.*

The social events organised by the local Age UKs served many purposes, from reducing social isolation to signposting to relevant support from other organisations. When asked what they enjoy about attending a café one morning, an older veteran responded:

*Oh, meeting people . . . Its changed our life really because its put us in touch with various organisations that's helped us fill forms in and all that kind of thing. You know and [Project Worker] is always there for you.*

Quite deliberately, these coffee mornings and social events served as extensions of the guided conversations that facilitated the person-centred approach. This Project Worker

makes this connection specifically and taken alongside the data from the older veterans this is a clear area of strength that should inform future programmes and initiatives:

*Quite often people who have been in the Forces they are quite independent, they don't want to talk to people about what their problems are and I found that for years as being part of I&A that people who have been in the forces and I have found them since I have been doing this job, been around their house for a cup of coffee and we have found it very handy when talking over a cup of coffee/tea, people tend to come out more rather than sitting in an office environment, they don't want to talk in an office. So we have found the coffee mornings very advantageous really.*

Within a focus group following a breakfast club, Patrick and Felix shared their experiences and the support that they were offered as a result of attending:

**Patrick:** *First and foremost, mornings where you can have a cup of coffee, have a meeting, have a little chat, a reminiscence, that kind of thing. Now, taken [inaudible] there, they have a speaker come every month. I hope I am not hogging it. . . . They have a speaker that comes in about once a month.*

**Felix:** *Every third... every third.*

**Patrick:** *Every third... anyway, once a month. Is that right? Once a month? Yeah, and they come, that is very interesting, and they can speak about all topics, and it gets quite crowded for that. That is very good. And what was the other one I'm going to say?*

When asked to reflect on what was so good about the breakfast club he attended, this RAF veteran identified a number of factors, including the intergenerational nature of the club he attended:

*[I]t's about being together- therefore Joining Forces for me makes sense because it says forget your rank, forget your regiment, it's about we are all servicemen we have done our time for the country . . . some restricted some voluntary but we have done our bit . . . the breakfast clubs for example you will have a guy who is serving in Afghanistan or Iraq and we got a guy who served in Korea – so from Afghanistan to Korea in a breakfast club . . . we even have current servicemen.*

There were other activities offered too, including seated exercise classes. Roger recalls how his engagement with this physical activity class led to his participation in a number of other community-based events:

**Roger:** *I live down the other end of town, and through this exercise class, I got introduced to a lot of the locals. One of them there, she's 94, she's, I wouldn't say dominant, a forceful lady . . . she is on lots of committees, what she doesn't know about this area is not worth knowing. She dragged me along to the museum and the history nights, that's two nights a week. I go into town, when the weather is nice, just to have a walk around, turns out I'm a shopper, I go for one thing and come away with half a dozen things.*

There are also groups that meet to play sports such as pool. Arthur discussed this fondly drawing connections between the people who are attending, the activity itself, and how these factors combined to increase overall life satisfaction:

**Arthur:** *[W]e play pool every Monday from 1-3pm and we have a right good laugh between all of us and it is great fun. I've already introduced one man to it, ex person I used to work with, ummm he hadn't played pool for 20 years and I said 'don't worry it will come back to you' and sure enough it has come back to him. He's enjoying it and he is an ex-serviceman, a gunner . . . I like having contact with people, I like speaking to people because you can learn from them and they can learn from you as well.*

**Interviewer:** *So do you feel like you are talking to people more now than you were before?*

**Arthur:** *Yeah a lot more, a lot more, I am more out going now than I was before because at one time I used to be myself and I used to keep to myself and I didn't interact with anybody.*

Additionally, day trips offered benefits for veterans. For example, RAF veterans Patrick, Felix, and Jane spoke about the excursions that were run as part of their local Joining Forces Programme. Within this dynamic focus group exchange they bounced ideas around and recounted the things they enjoyed (such as the autonomy):

**Patrick:** *And they do some wonderful trips. They ask you what you would like to do.*

**Felix:** *Where would you like to go?*

**Patrick:** *On the coach they will hand you a thing. "Have you enjoyed it? Was it nice? Were we on time? How did we do? And what would you like to do in the future?" And we write down, "We'd like to go to RAF . . ."*

**Jane:** *Generally you tick in the same box every time, and that's excellent.*

**Patrick:** *They will take them back, disseminate the whole thing, and then think. Next time they put on a trip of the one, almost, that we have chosen, so that's . . . then we will go on that one as well. And they have been very good trips haven't they Jane?*

**Jane:** *Yeah, excellent, well organised.*

**Patrick:** *They really have, and we've all enjoyed them very much indeed. And it is all organised for us.*

Those older veterans who were engaged as part of the Joining Forces Programme also spoke highly of the opportunities for respite and recuperation that were signposted to them by Project Workers. These ‘holidays’ were organised by groups such as The Royal British Legion, but the older veterans became aware of them as a result of their involvement in the programme. For Gary, this time away makes him feel “a lot better” for a number of reasons that he explained in an interview:

**Gary:** *Well I have had a fortnight’s rest and recuperation . . . in March. That was connected to the British Legion. So I stopped there for a fortnight which was marvellous, food was fantastic, as good as any hotel really accommodation wise. And they took you out on excursions, to . . . the docks in the afternoon and then a trip to . . . the war museum.*

**Interviewer:** *And you enjoyed that? Why do you think it was such an enjoyable experience for you?*

**Gary:** *Well it was a change, a complete change as well you see. Normally I am stuck in the house if my leg is bad I just don’t go out, you know? So umm, I felt a lot better there.*

Although all these activities were well received by the older veterans, some illness and or mobility issues did at times prevent attendance:

**Robert:** *Somehow or another [Project Worker] came on the scene and we attended the SSAFA meetings once a month, which we attended and in that period we attended every month . . . Well that is really what they do and where I go [my son] goes too, he takes me. Recently we went to the RAF place . . . But I’ve had to give it up, I’ve had enough because when I go out, it is all the preparation, dressing and things like that, and it takes me ages to do nothing.*

The evaluation has found that where possible and where funding permits, local Age UKs have attempted to overcome some of these transport and mobility barriers that prevented the older veteran from participating or attending. For instance, Gary (RAF National Service) who is partially sighted in both eyes has been able to continue to attend Veteran’s lunch clubs in his local area as a result of a community transport service that he was made aware of by his Project Worker. The impact of this service was discussed in an interview:

**Gary:** I go to the lunch club. I was a bit dubious about crossing that main road so [Project Worker] got me in touch with (struggles to remember the name of the organization)

**Project Worker:** Community Transport.

**Gary:** Community Transport, there's my memory going again, and because it's not too bad crossing minor roads but when you are trying to cross a road that's got a speed limit of like 50 miles per hour, and probably some go over that, and with my vision I was a bit dubious about crossing. Because I have, in the past, almost been knocked down three times. Twice with a bus but that was in winter that was in February, it was dark and my vision goes a bit wonky when it's dark. So twice I almost got hit by a bus and once I almost got hit by a cyclist. He was coming very fast, he's got, at 8 o'clock at night in February he's got no lights on, so I never saw him until he zoomed past me.

**Interviewer:** So those sorts of experiences made you a bit more, I guess a bit more nervous about going out on your own and doing those things. So Community Transport has helped you?

**Gary:** It's helped me, yeah.

**Interviewer:** What do they offer, in what ways has that helped you?

**Gary:** Well they pick you up and take you to lunch club and what is it, they charge 40p per mile.

## RESEARCH QUESTION 4: AND HOW DOES THE VETERAN WEB-HUB AND ACCESS TO CALL IN TIME, ADD VALUE OR NOT, TO THE SUPPORT THAT WAS AVAILABLE TO OLDER VETERANS?

---

### WEB-HUB

In November 2017, as part of the national delivery of the Joining Forces Programme, Age UK launched a new section of their website, known as the 'web-hub', which was tailored with information for older veterans and their family or carers, alongside stories from veterans and Local Age UKs taking part on the Programme. The web-hub was promoted through the Joining Forces public-facing bimonthly national e-newsletter sent via email, where articles featured in the newsletter linked directly to the Joining Forces web-hub. At the time of this report, overall statistics on the Joining Forces web-hub illustrate that it was viewed a total of 98,217

times (with 79,000 unique page views). Average time spent on the hub was 02:45 minutes.

The picture below illustrates the most popular pages visited:

Page	Unique Page Views
1. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/">www.ageuk.org.uk/information-advice/joining-forces/</a>	19,572
2. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-veterans-badge/">www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-veterans-badge/</a>	12,900
3. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/veteran-id-card/">www.ageuk.org.uk/information-advice/joining-forces/veteran-id-card/</a>	11,728
4. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-medal/">www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-medal/</a>	8,102
5. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/veterans-travel/">www.ageuk.org.uk/information-advice/joining-forces/veterans-travel/</a>	6,014
6. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/what-is-joining-forces/">www.ageuk.org.uk/information-advice/joining-forces/what-is-joining-forces/</a>	3,758
7. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/benefits-help/">www.ageuk.org.uk/information-advice/joining-forces/benefits-help/</a>	1,603
8. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/befriending-services/">www.ageuk.org.uk/information-advice/joining-forces/befriending-services/</a>	1,587
9. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/celebrating-friendship-and-support/">www.ageuk.org.uk/information-advice/joining-forces/celebrating-friendship-and-support/</a>	1,285
10. <a href="http://www.ageuk.org.uk/information-advice/joining-forces/who-are-ssafa/">www.ageuk.org.uk/information-advice/joining-forces/who-are-ssafa/</a>	1,280

In the follow-up evaluation questionnaire, older veterans were asked how often they had used the Joining Forces web-hub (with the address of the hub listed next to the question). The following table displays the results for this question. Note that 27 older veterans (8.5%) did not respond to this question.

Response	No of Older veterans	%
Never	276	87.3
Once in a while	10	3.2
Fairly often	2	0.6
Very often	1	0.3

The 13 older veterans who had used the veteran web-hub were asked how it had supported and provided value to them. The older veterans' responses included "it is a useful facility when a clear answer is required" and "it is interesting for family involvement". A further statistical test (linear regression) was ran to see if the web-hub predicted changes in other variables (e.g., changes views being valued, support perceived, well-being and quality of life). The use of the web-hub (yes/no) significantly predicted changes in perceived support ( $R = .12$ ,  $R^2 = .02$ ,  $p < .05$ ). This finding, however, should be interpreted with caution given such small numbers in the evaluation sample were using the veteran web-hub ( $n = 13$ ).

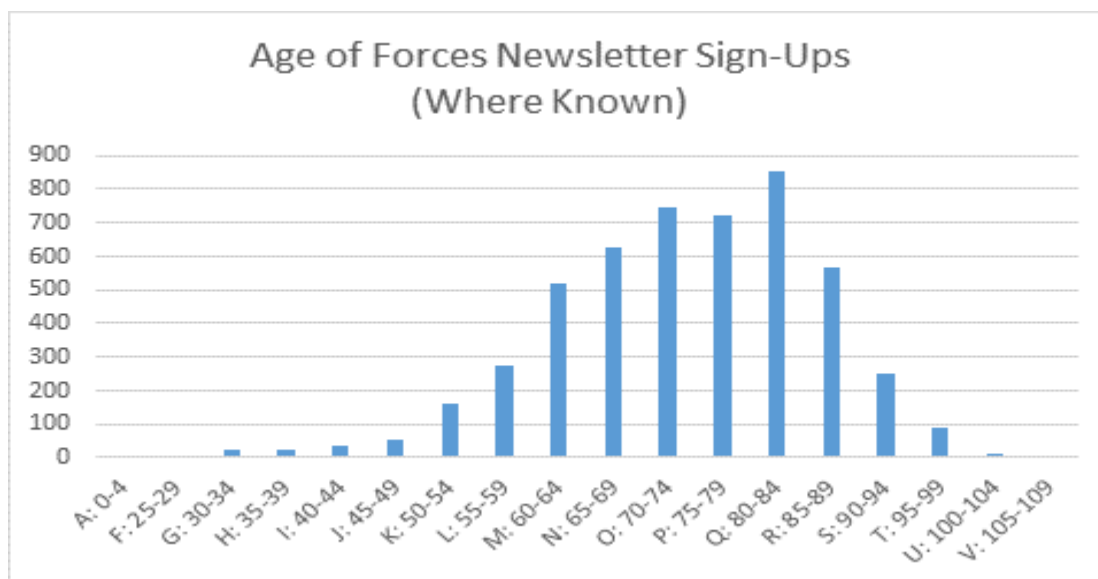
In addition to the web-hub, Age UK have distributed eleven newsletters linked to the Joining Forces Programme (figure correct at the time of this evaluation report). These newsletters provided information and advice relevant to veterans and shared stories of other

veterans across the UK. These newsletters were distributed between November 2017 and February 2020. The number of deliverable subscribers ranged from 1868 to 4338 (mean = 2911) and the open rate ranged from 36.22% to 74.84% across the nine newsletters (mean = 45.66%). Furthermore, the percentage of people “clicking through” from the newsletter links ranged from 3.70% to 58.55% (mean = 20.27%) and numbers unsubscribing ranged from 3 to 26 across the nine newsletters (mean = 11.36). With regards to the content of these newsletters, the table below illustrates the top ten links most clicked on by newsletter readers:

Name of Link	Unique Page Views from Click Throughs
Medals <a href="https://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-medal/">https://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-medal/</a>	1040
Benefits <a href="https://www.ageuk.org.uk/services/information-advice/guides-and-factsheets/money-guides/">https://www.ageuk.org.uk/services/information-advice/guides-and-factsheets/money-guides/</a>	709
Veterans Badge <a href="https://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-veterans-badge/">https://www.ageuk.org.uk/information-advice/joining-forces/apply-for-a-veterans-badge/</a>	615
Christmas Stories <a href="https://www.ageuk.org.uk/information-advice/joining-forces/christmas-stories/">https://www.ageuk.org.uk/information-advice/joining-forces/christmas-stories/</a>	378
Tax Benefits – What’s Changed <a href="https://www.ageuk.org.uk/information-advice/joining-forces/tax-benefits-whats-changed-2018/">https://www.ageuk.org.uk/information-advice/joining-forces/tax-benefits-whats-changed-2018/</a>	378
Travel <a href="https://www.ageuk.org.uk/information-advice/joining-forces/veterans-travel/?utm_source=jf-newsletter-18042017&amp;utm_medium=email&amp;utm_campaign=joiningforces-2018&amp;itv=SEED">https://www.ageuk.org.uk/information-advice/joining-forces/veterans-travel/?utm_source=jf-newsletter-18042017&amp;utm_medium=email&amp;utm_campaign=joiningforces-2018&amp;itv=SEED</a>	236
Are you making savings? <a href="http://www.ageuk.org.uk/information-advice/joining-forces/are-you-making-savings/">www.ageuk.org.uk/information-advice/joining-forces/are-you-making-savings/</a>	189
Who are SSAFA? <a href="http://www.ageuk.org.uk/information-advice/joining-forces/who-are-ssafa/">www.ageuk.org.uk/information-advice/joining-forces/who-are-ssafa/</a>	142
Age UK Page <a href="http://www.ageuk.org.uk/">www.ageuk.org.uk/</a>	142
What is Joining Forces <a href="https://www.ageuk.org.uk/information-advice/joining-forces/">https://www.ageuk.org.uk/information-advice/joining-forces/</a>	142

The below graph illustrates the age ranges of individuals signing up to the newsletters:





Furthermore, in terms of the branch of the Armed Forces the individuals signing up to the newsletters were a part of: 2707 stated British Army, 1112 stated Royal Air Force, 638 stated Royal Navy, 80 stated Royal Marines, and 399 reported “Other” (with common others including the Wrens, National Service, family members and carers of veterans, and local Age UKs and charities).

---

## CALL IN TIME

Call in Time is a telephone friendship service where a Joining Forces veteran is matched to a likeminded person who is interested in making a new friend. These weekly calls can involve a group conversation with other veterans or a one on one conversation with either another veteran or a volunteer. Although Age UK became involved with Call in Time in late 2018 with the recruitment of veterans from existing Call in Time stakeholders, the Joining Forces component grew in momentum from February 2019. At the time of this evaluation report, only a small number of veterans were using the Call in Time service.

Older veterans were asked in the follow-up questionnaire if they had used the Joining Forces “Call in Time” telephone befriending service. As expected, only 9 older veterans (2.8%) reported they had, 273 (86.4%) reported they had not, and 7 (2.2%) didn’t know if they had or had not used the service. It is noted that 27 older veterans (8.5%) did not respond to this question. Those older veterans who had used Call in Time were asked how it had supported

and provided value to them. The older veterans' responses included: "It's a listening and comforting ear", "very valuable and good to have another connection at a time I needed it" and "yes, I enjoy this service - friendly".

In order to examine further the potential added value of Call in Time, two interviews with Call in time participants, one observation of a Call in Time group call, and one focus group with the Call in Time delivery team were conducted. This qualitative research reveals clear benefits to veterans already utilising the Joining Forces Programme. Two key benefits revealed were the reduction of loneliness and improved health and wellbeing. Call in Time has allowed the veterans to form meaningful relationships facilitated by their shared Armed Forces background and this in turn allows these benefits to occur. These themes are discussed below along with a comparison of group and one on one conversations and finally challenges that can occur for Call in Time.

---

## LONELINESS, HEALTH AND WELLBEING

All of the Call in Time participants lived alone, had issues with transport and had health problems such as poor sight and mobility. Some do not have any family support as indicated in a group call conversation:

**Mary:** *Well, I haven't got any family.*

**Joan:** *Oh, what a shame.*

**Mary:** *I am the last of my surname.*

**Joan:** *Oh dear.*

**Ken:** *Oh, what a pity.*

**Mary:** *Yeah, I haven't got any next of kin, I'm not . . . not got a husband, I'm not married, haven't got no . . . I've got no children.*

Therefore, many of these veterans were isolated and a key benefit that was discussed was how the calls prevented them from feeling so lonely. Call in Time gave the participants 'something to look forward to' which they felt reduced their loneliness and improved their wellbeing:

**Richard:** *If you're living by yourself, you don't meet many people and that's the case with the people that I talk to on this . . . on the conference call, is that it's . . . it gives you something to look forward to every week.*

Ken, a 91-year-old veteran who was in the Royal Engineers, was a Call in Time participant who had both group and one and one weekly calls and he recognised that “loneliness is a killer.” He had been pleasantly surprised about how sharing information with other veterans in the group calls had been such a positive experience:

**Ken:** *Whether it's that or the group calls and before I start I think what on earth are we going to talk about for an hour - but it is surprising how quickly how time goes - we touch upon so much - I have learned a great deal from these people and I think they have learned bits and pieces from me.*

For some, Call in Time not only reduces loneliness, but could also be a lifeline to the outside world. A group facilitator discussed Sheila, a Call in Time participant who was blind and very much home bound:

*One of my ladies, Sheila, bless her, she got really upset when we didn't have it for a week, because she looks forward to it. She loved everything about it, and she said it took her 'out of her flat', because she can only go out if someone can take her out.*

While it was felt that reducing loneliness could also lead to improved health and wellbeing, there were more direct actions addressing health and wellbeing in the Call in Time calls such as active signposting and referrals by the facilitators. A group facilitator from the Call in Time delivery team discussed how this regularly occurred:

**Call in Time group facilitator:** *And we work closely with local Age UKs as well, so if we identify from a call somebody needs support from a local Age UK, we will sometimes just give them the number and refer them, but if we feel they really need support we might make the referral on their behalf, so we try and make sure they have got all the support they need from Age UK.*

**Interviewer:** *And what types of referrals might it be? There are health-type referrals, but is there anything more general or logistical that you refer onto?*

**Call in Time group facilitator:** *So, we refer onto local Age UKs and we also arrange call backs from level one and level two [Age UK National Advice Line]. So, if we spoke to a member and they were really struggling to work out their husband's care, for example,*

*we would arrange a call back from level 2 [The Advice Line] for them. So, things like that, we are trying to make sure they are getting all the right services.*

Evidence of signposting occurred in an interview with Ken who wanted an update on some equipment he had been waiting for which would greatly assist with his mobility issues:

**Ken:** *I have talked to them about a ramp which is coming from [Name of County] Welfare and also handrails in my toilet?*

**Facilitator:** *Ken, I can give you the details of the local Age UK, I can give you a call later on today.*

**Ken:** *Thankyou I will look forward to that that.*

---

## MEANINGFUL RELATIONSHIPS FROM SHARED ARMED FORCES BACKGROUND

Key to the success of Call in Time has been the development of meaningful relationships for the veterans through both the group and one on one calls. The consistent theme found that appears to cement these significant friendships is the veteran's shared Armed Forces background. Their common background facilitated the conversation and they found themselves on the same 'wavelength.' A group call facilitator referred to the benefit of the Armed Forces background in a group conversation compared to a one on one conversation with a veteran with a non-military volunteer:

*And you hear lovely chats with members and volunteers, but it is a different thing I think when they all feel they are on the same wavelength, and they feel these people [other veterans] really understand them.*

A successful match made for a one on one call between two veterans had been attributed to their 'shared experiences' of the war as discussed below by the Call in Time Delivery Manager:

*So, with the David and Simon match . . . so (the facilitator) has given lots of positive feedback about this match, and they've given positive feedback to him. He says that*

*they laugh a lot together on the calls, and he says when you listen to it, it just sounds like two old friends talking. He said when they end calls, they always say how much they have enjoyed it, and he says that they do talk about their shared experience. So, they talked about the D-day service together, and they said that they both found that emotional.*

The phone call relationship at the start was considered to be “stilted” and there were initial concerns the match would not work as they were both the “kind of men of few words”. However, their shared passion of war documentaries and discussion of friends lost in the war ‘transformed’ their relationship to a significant and meaningful friendship. The veterans themselves agree with the facilitator’s interpretation of the importance of their shared Armed Forces life:

**Ken:** *It’s like a big family . . . you can chat away to them, whether they were in the . . . in the WAF’s, or the Army, or whatever branch . . . you talk the same language, you understand.*

**Richard:** *I’ve found them (the group calls) very rewarding and very interesting, chatting to people . . . and one especially, his name is Larry . . . who was a . . . in a Bomber Command as a navigator on a Lancaster . . . and I found him a very, very interesting chap to talk to, because my own brother was killed in Bomber Command . . . so we had a lot in common, as it were.*

Often the discussion was ‘organic’ but if there was a long pause, they fell back easily to talking about Armed Forces topics. Therefore, sharing stories from war time and reminiscing about relevant times such as ‘rationing’ were both common:

**Call in Time Group Facilitator:** *I think I’ve found a lot of them they can talk about what happened in the war, not necessarily at the war time, but they want to say, “Oh, I was stationed...” Wherever they were stationed, Egypt a couple of mine were. And then they start reminiscing, and then they talk about what happened, and then . . . you know, everyone seems to join in, and then they . . . like was it last week? Then they started talking about rationing, and it was great that I . . . one of them was saying, “It was fantastic when I tasted my first banana after a lot of years.” And they were reminiscing about what you didn’t have, you didn’t get, and that was really great.*

Despite the large volume of evidence in support of the shared Armed Forces background it is worth noting that successful matches have been made between veterans and volunteers with no Armed Forces background. For example, in addition to his group call,

veteran Richard also has a weekly phone call with a non-military volunteer. Despite their very different backgrounds, he values and looks forward to their chats which largely centre around their similar interest in sport. We discuss the differences in added value of one on one calls versus the group conversations below.

---

## ONE ON ONE VERSUS GROUP CONVERSATIONS

The qualitative research revealed that group conversations were considered to be 'light-hearted' and 'fun'. As detailed above, they tended to focus more on sharing stories from the war time and participants were less likely to become emotional. From the facilitator's point of view, one on one calls can sometimes tend to focus on individual health problems. In a group situation, a health problem such as macular degeneration may be shared with the group, but the topic would then quickly move on to something else of interest. Veterans consider the one on one conversations with volunteers to be more in-depth and 'chatty' and as discussed above do not require that the volunteer to have a Armed Forces background:

**Interviewer:** *You've done this one on one and you've done a group call. How are they different and what do they bring differently for you?*

**Richard:** *Well, the one to one of course is much more chatty.*

**Interviewer:** *Okay.*

**Richard:** *And the lady in question – I think she's about 40, I think.*

**Interviewer:** *Okay.*

**Richard:** *And a very keen sportswoman and footballer and things like that! But we have jolly good conversations . . . And we've got nothing in common whatsoever!*

**Interviewer:** *Really? But it works?*

**Richard:** *But it works, because I'm a great sports lover and so is she, so we're always chatting about football, or cricket, or whatever the case may be and things like that.*

Finally, where possible a facilitator will prompt if someone is largely quiet during a group conversation. However, a group conversation is 'not for everyone' and it is clear that one on one conversations may be a better alternative for someone who is more reserved and intimidated by a larger group.

---

## CHALLENGES FOR CALL IN TIME

There are some practical issues to consider for older veterans when accessing the Call in Time service. Commonly, many of the veterans have hearing problems as was observed during the group call. Many of the veterans need assistance with their hearing aids and may rely on a carer being available for this. Similarly, due to their older age, many of the veterans take regular naps through the day, so on occasion extra effort was made to contact them to ensure they did not miss the scheduled time for the call. Even if they are available, it can be a difficult process for an older adult to dial into the conversation and if a carer is not available, entry into the conversation via telephone often cannot occur. This has since been addressed with the Call in Time system being built and updated to automatically call the older veteran at the agreed time. This new functionality of the group call therefore means that they do not need to dial in themselves. Some frustration was revealed from Call in Time participants with the conflict to desire to know more about someone but being held back because of safeguarding reasons:

**Ken:** *The only thing is - that when I am getting to know these people on the telephone, you get a desire to know more about them...as many people who have worked in Call in Time have had many jobs before where they are semi-retired from – but we are not allowed to because of the data protection action - so I overstepped the mark a bit when (group facilitator) was listening in on the calls and we were talking about googling on the net and I'm not very good at it as I don't understand all this technology so I said you only have to log in on google to (names website) and you will get the story of my life. And (group facilitator) butted in and said you overstepped the mark Ken because that is too much information.*

A final challenge is for Call in Time is to be able to reach more older veterans. Therefore, the concept was introduced in a focus group with Joining Forces veterans who were not engaging with Call in Time. Within this group, there appeared to be a sense of mistrust towards engaging with phone-based services. There is a genuine fear of 'nuisance' calls on the phone and a concern of not meeting the person face to face before a phone meeting:

**Interviewer:** *Have you heard of something called in Call in Time?*

**Group:** No.

**Interviewer:** *EXPLAINS WHAT CALL IN TIME IS. Is that something anyone here would be interested in – in addition to Joining Forces?*

**Lance:** *I think if I was disabled I would be interested, at the moment I can get about.*

**Sue:** *I don't like phone calls.*

**Terry:** *I personally would shy away from it because of all the nastiness that goes on – because we have all been explaining earlier about these people who call up and make nuisance calls and you don't know who is calling you up.*

**Sue:** *Yes, unless I know the number.*

**Interviewer:** *It is actually run by an Age UK worker who mediates the group.*

**Sue:** *Yes, but I would prefer face to face.*

**Serena:** *I get everyone's number, so I know who is calling.*

**Terry:** *If you understand what I am saying – someone rings me, and I am who the hell are you? They say it is Age UK, but I don't know if its them.*

**Lance:** *When you are in a telephone conversation versus a face to face conversation – a telephone conversation tends to dry up quicker compared to if you are talking to someone across the table.*

**Terry:** *I think it is important to have initial contact when you are talking to somebody especially if it is on a personal basis – and then later on when you know each other and then you have a telephone conversation it would probably be a bit easier.*

## CONCLUSIONS

<p><b>1</b></p>	<p>The majority of older veterans felt Joining Forces had matched their desire for involvement and support. The Programme is providing a variety of services to older veterans. In line with an overall aim of Joining Forces, to join together the different sources of support available to older veterans, the evaluation demonstrated that the two most reported services used were referral to other services/organisations and financial advice and support. Above and beyond this initial aim, the Programme has been more literally <i>joining</i> ex members of the <i>forces</i> together, with the third most reported service being clubs.</p>
<p><b>2</b></p>	<p><b>RQ3:</b> Overall, Joining Forces had many significant effects for veterans, which made a clear and tangible positive difference to their lives. Specifically, small but significant positive effects were observed in life satisfaction, mental well-being, quality of life, and health satisfaction for the older veterans participating in the evaluation over time<sup>4</sup>. Furthermore, Joining Forces has helped some veterans with</p>



	<p>their symptoms of mental ill-health. Potential reasons for these positive impacts include: support from Project Workers and the PCA, meeting like-minded and intergenerational veterans, increases in confidence and enjoyment, needs being taken seriously and met, opportunities for social interaction and companionship (thus reducing loneliness), and increased opportunity for leisure, recreational and social activities. There was also very little difference across demographic groups, suggesting that the support provided is beneficial for various veterans, regardless of their demographic characteristics.</p>
3	<p><b>RQ1:</b> Overall, the person-centred approach (PCA) adopted in this programme was successful as it significantly increased over the 12 weeks measured (demonstrating its effective implementation as perceived by the veterans themselves). Furthermore, the PCA has been successful in increasing perceptions of support, valuing views, and identifying the needs of veterans (which all significantly increased over time)<sup>4</sup>. Specifically, the PCA ensures that a “one size fits all” approach is not adopted; instead, it is more tailored based on a one-to-one interaction to meet the (often complex and not always first presented) need(s) of the veterans, value their views, and identify appropriate support and solutions. Potential reasons for the success of the PCA and positive changes include: the role, skills and experience of the Project Worker, shared Armed Forces experiences (of Project Worker and veterans themselves), and an ability to work with and respond to multiple and complex needs.</p>
4	<p>There are a large number of males participating in the evaluation (87.6%) compared to females (11.6%). This is in line with MoD statistic<sup>11</sup> that the proportion of females joining the UK Regular Forces and Future Reserves 2020 is around 12.1%, with 10.8% of UK regular forces being female at 1<sup>st</sup> October 2019 (earliest statistics online show this latter figure to be 10.1% in October 2015).</p>
5	<p>Over half of the veterans participating in the evaluation had served in the British Army (54%). There was lower representation from those who served in the Royal Marines (2.2%) and the Royal Navy (11.3%). This is partially in line with UK Defence</p>

<sup>11</sup> Ministry of Defence Statistics. Accessible at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/851974/UK\\_Armed\\_Forces\\_Biannual\\_Diversity\\_Statistics\\_-\\_1\\_October\\_2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/851974/UK_Armed_Forces_Biannual_Diversity_Statistics_-_1_October_2019.pdf)

	<p>Personnel Statistics<sup>12</sup>, which suggest that at 1<sup>st</sup> July 2019, the total strength of the full-time UK Armed Forces was just over 152,000 with 56% of personnel in the Army and the remainder equally split between the Royal Navy, Royal Marines, and the RAF.</p>
6	<p>Whilst just short of half of the older veterans in the evaluation had previously used Age UK, only a very small number (9.1%) had previously used SSAFA. Even after 12 weeks, only 13.6% had or were currently using SSAFA services. Breaking down this percentage by location reveals that SSAFA is more visible to and used by older veterans in particular parts of the country (e.g., Lancashire, Nottingham and Nottinghamshire, Gloucestershire and Leicestershire and Rutland), rather than others.</p>
7	<p>The most common way of hearing about the Joining Forces Programme was via another Age UK Service, word of mouth, a flyer, or a medical service. Social media had not been a method of engaging older veterans (who participated in the evaluation).</p>
8	<p><b>RQ2:</b> Only small numbers of older veterans in the evaluation had STEPS used with them. Therefore, if judging success on usage, it would be generally considered not successful. That said, those who did have STEPS used with them generally felt respected, listened to, and in control of their responses; therefore, suggesting that it does have some success in helping to deliver a PCA when used. There were, however, various issues that the local Age UKs raised regarding the use of STEPS which influenced its success, including the nature of the questions asked, technology related issues, and changes to interpersonal relations. That said, Project Workers recognised that it did offer an opportunity for efficiency and a useful checklist or prompt to supplement what was often already being done (based on the experience of the Project Worker).</p>
9a	<p><b>RQ4:</b> The Web-Hub is being viewed (&gt;98,000 times since its creation); however, there are no statistics to inform the evaluation of who exactly is viewing it. The 13 veterans in the evaluation who reported viewing the web-hub found it to be useful</p>

<sup>12</sup> UK Defence Statistics. Accessible at: <https://researchbriefings.files.parliament.uk/documents/CBP-7930/CBP-7930.pdf>

	<p>and suggested it added value to them by providing them with clear and timely answers and support. Furthermore, the newsletters are adding value, opened on average by 46% of recipients with 20% on average clicking through on the provided links. The topic areas covered by the web-hub and newsletter which appear to provide added value to Joining Forces include benefits, badges and medals, ID cards, travel, as well as hearing about other veterans' experiences.</p>
<p><b>9b</b></p>	<p><b>RQ4:</b> Although only in the pilot stage, Call in Time has provided clear added benefits to veterans already utilising the Joining Forces Programme. Those involved in the service feel that it has both reduced loneliness and improved health and wellbeing. These benefits have occurred as a result of the meaningful relationships that have largely developed because of the veterans shared Armed Forces background. This commonality of background plays a more facilitating role in group call conversations compared to one on one conversations. Call in Time does face certain challenges for older veterans such as problems with hearing, being able to dial into a call, conforming to safeguarding rules, and, for encouraging new veterans to use the service, a sense of mistrust towards who else is on the phone call. That said, it certainly offers added value for those not able to attend Age UK Services in person.</p>
<p><b>10</b></p>	<p>Veterans and Project Workers have both voiced concerns about the sustainability of the Joining Forces Programme at project end. Some of the project workers were disappointed that the current funding period was coming to an end, given the success of the Programme in their area. There are variable amounts of continuity planning and exit strategies in existence across the local Age UKs. Whilst some are awaiting funding outcomes, others have absorbed Joining Forces services within pre-existing services, and elsewhere it has been set up as a fee-paying service moving forwards. Many staff teams are being downsized as the project ends; therefore, it seems it is the 1:1 interaction which might be the component which is the hardest hit/not as feasible moving forwards. The local Age UKs are aware of other services that can be signposted; however, there have been expressed concerns about these not meeting the needs of the older veterans like the Joining Forces Programme has done.</p>

## RECOMMENDATIONS

- Joining Forces has made a significant positive difference to various older veterans' lives. Age UK should reflect on the various identified reasons that have enabled this to occur in Joining Forces and consider how this might be incorporated/replicated in future programme planning. For example, providing opportunities for social interaction and companionship can not only have positive effects for an individuals' loneliness and well-being, but it can also offer an important point of contact for providing further support/guidance or referral to additional services on offer. Given the minimal differences in outcomes arising across demographic groups, programmes incorporating the principles of Joining Forces (e.g., PCA) are recommended in the future to provide support for all. Indeed, rather than targeting programmes solely at particular groups, some veterans suggested the intergenerational and interservices mix comprising the Joining Forces Programme was a reason for its success.
- The PCA that drives this programme has meant that there are a diverse range of services being offered and utilised, reflective of the older veterans' needs. Sharing the learnings from this evaluation with regards to services offered can help to maintain and enhance this variety moving forwards (i.e. continued or new provisions) as well as assist in considerations around their maintenance and sustainability. Future programme planners should also consider working with target groups to design activities, services, and forms of interventions. This "bottom up" and participatory approach could ensure that discussions take place in advance about older people's opinions and perceptions (e.g., views towards technology, desire for shared Armed Forces experiences being a key engagement factor, barriers to engagement) and help the local Age UKs to be more targeted in their employment, recruitment, and provisions.
- Given the success of the PCA in the Joining Forces Programme, Age UK and SSAFA (as well as other programme planners) should consider how it can be utilised in continued or new provisions. Specific training of the Project Worker is recommended to

maximise the success of the PCA, as well as consideration of recruiting Project Workers with Armed Forces (or target group) experience. Where not feasible/appropriate, training should be provided to upskill Project Workers in contextual awareness and understanding (e.g., Armed Forces language, preferences etc). Within this training, the limitations to the PCA identified in this report should be considered and addressed (e.g., central resource of what is available provided). Furthermore, whilst the PCA helped to uncover complex needs, more research is required on the interaction of these needs and the co-ordinated and multi-sector approach that will be required to support individuals with them (e.g., Age UK's Personalised Integrated Care Programme).

- It is suggested that relevant service providers should continue to monitor who is being recruited into programmes such as Joining Forces in the future, to ensure that it is representative of a diversity of older veterans and branches of the Armed Forces. When planning the continuation of services for older veterans or new provisions, attention is needed to continue sampling more older veterans who served in the Royal Marines, Royal Navy, and women who served.
- Evidence is emerging to suggest that the Armed Forces focus of this programme is a benefit in terms of supporting older adults who may not be having their needs met prior to engagement, yet only 9.1% of questionnaire respondents reported previously using SSAFA services (and 13.6% at 12 week follow-up). There is an opportunity here to not only enhance the visibility of SSAFA and increase use of their services to older adults (particularly in certain geographical areas) but to also reflect upon how all partners can be visible in collaborative programmes such as this in the future. Linked to this, there seemed to be mixed success in Age UK/SSAFA partnerships across the local Age UKs; therefore, best practice for partnership working, including learnings which have occurred in this programme, could be reflected upon and shared moving forwards.
- Whilst the most frequent way of recruiting older veterans into the Joining Forces Programme was via another Age UK service, it is important to reflect for future provisions on who this is (and importantly who it is not) targeting and bringing into the programme to access support (i.e. is it primarily those who have already a) sought help and b) are being supported in some way)? Indeed, it will be particularly important

to identify ways to recruit the “hard to reach” older adults in future programmes, particularly when working with veterans given some of whom may be reluctant to seek help and support. Furthermore, future planning needs to take into consideration that not all veterans wish to re-engage with an Armed Forces focussed programme or have the same services (i.e. some don’t want to attend social-based provisions, some don’t want just information and advice); hence, why a person-centred approach (PCA) can be particularly effective.

- As reported, the STEPS tool is no longer being deployed. The consultation and data collected about the reasons for this highlights a number of key recommendations. They are: (1) Local Age UK’s and relevant service providers should be consulted from the outset about the design of digital tools and their usability, (2) Skills training (long-term) should accompany the ‘roll out’ of digital tools such as this to ensure competency and confidence in delivery by all users, (3) Stereotypes and assumptions about technological (in)capability should be avoided as it can create unnecessary barriers.
- Whilst the web-hub has clearly provided added value for those using it (in the form of offering information or reading about other veterans’ experiences), it is operating in an adapted way to what was originally proposed since its development was impacted by organizational strategy. Together with the aforementioned recommendation on STEPS, this raises a wider implication about the importance of organizations thoroughly considering their technological and digital readiness and sustainability at the outset of projects.
- Given the initial success of the piloting of Call in Time for older veterans, a wider dissemination (within the existing Call in Time programme) of the service should be considered. The perceived reduction of loneliness through talking with other veterans would, in particular, benefit older veterans who are isolated due to their rural location, health, and mobility problems. The comprehensive recruitment of veterans, which are more likely to be male (given the findings of this report), would also meet the need of attracting more male users to this service which is currently female dominated. The issue with veterans’ trust as a result of ‘nuisance phone calls’ needs to be addressed in any awareness campaigns for phone services (such as Call in Time)

in order to attract as many veterans as possible. Finally, it appears that group calls would be more successful where all participants are veterans, however this shared Armed Forces background would not be necessary for a one on one call.

- It is recommended that for future evaluations, a control group is adopted. Whilst it was deemed not appropriate by the local Age UKs as part of the Action Research component of the evaluation at the outset of the programme, the way the delivery turned out in many of the local Age UKs (i.e. phased recruitment), the proposed waiting list control design would have likely been feasible on reflection. Having a control group would allow the evaluation to confidently conclude whether the Joining Forces project was responsible for *causing* changes reported.
- Given the success of the Joining Forces Programme, local Age UKs are currently making or have made plans for sustaining some of its offerings. Whilst some best practice sharing has occurred at network meetings, these discussions should be continued. Furthermore, collating information on the various ways in which provisions have been continued (i.e. absorbed into existing services, fee paying, GP veteran social prescribing, SSAFA branch network referrals etc) would help those Age UKs involved in future programme provision more effectively engage with continuity planning and the early development of an exit strategy. Whilst not a face to face provision, local Age UKs should consider referrals to the Call in Time service to enable 1:1 and shared Armed Forces interactions to continue.