

Understanding the needs of veterans facing (or at risk of) homelessness

Prepared for the Armed Forces
Covenant Fund Trust

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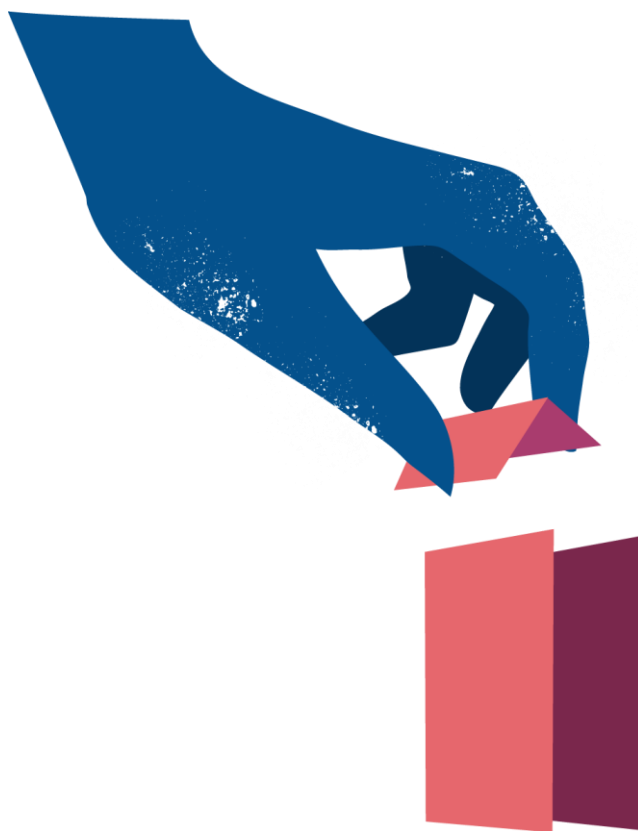


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Executive summary

Context and methodology

On behalf of the Office for Veterans' Affairs ("the OVA"), the Armed Forces Covenant Fund Trust ("the Trust") is delivering the Reducing Veteran Homelessness Programme (the "Programme"). The Programme has awarded major grants to reduce veteran homelessness and provide sustainable supported housing for veterans across the UK. Commissioned by the Trust, Alma Economics is currently carrying out a 3-year evaluation of the Programme, which commenced in November 2023 and is due to continue until November 2026.

Since that work has been commissioned, additional funding for the Programme has become available to both extend the overall duration of Programme activities and to fund new projects in 2025/26. In advance of the additional funding being allocated, Alma Economics conducted an independent piece of consultative research on behalf of the Trust to understand the current unmet and insufficiently met needs of veterans facing (or at risk of) homelessness in the UK.

The purpose of this research was to understand:

- i) the unmet or insufficiently met needs for ending veteran homelessness,
- ii) how these needs vary according to geographic location,
- iii) how these needs vary according to different types of support needs and veteran groups,
- iv) the barriers to accessing and delivering support, and
- v) the support provision available to veterans in Northern Ireland.

This research will contribute to shaping the Trust's priorities for allocating further Programme funding in line with the Government's ambition to reduce veteran homelessness and rough sleeping.

This research was conducted as a mixed-methods study, comprising a desk-based review, a survey and follow-up qualitative fieldwork. All research activities were developed and delivered over January and February 2025. We engaged with stakeholders across the UK who had experience working with veterans facing (or at risk of) homelessness. This included stakeholders from organisations that work specifically with veterans and organisations that provide support to wider populations of people facing (or at risk of) homelessness. Stakeholders included a mixture of organisations that had been awarded grants under the Reducing Veteran Homelessness Programme and organisations that had not.

Key findings

These findings are structured according to the key research questions for this study and aim to inform priorities for future funding to end veteran homelessness. They draw on evidence from the survey of stakeholders who support veterans (n=27) and from qualitative fieldwork with a subset of survey respondents (n=6). Please note that, given the scope of this research, this should not be considered a representative sample of support organisations and should not be treated as reflective of the sector overall.

What are the priority unmet and insufficiently met support needs in the sector?

Among survey respondents, the most commonly reported priority areas were **access to housing** (70%) and **complex or multiple support needs** (67%). Other priority areas of unmet and insufficiently met needs included **access to mental health and wellbeing services** (37%) and **support to retain accommodation** (33%).

Focus group and interview participants highlighted that **support for veterans with complex or multiple support needs was typically insufficient because it required wraparound support that is not typically available**. This required multi-agency working, a clearly defined support pathway, and time and resource to engage veterans to use the support. Participants highlighted that more funding was required to sufficiently meet the needs of veterans with complex or multiple support needs.

Focus group and interview participants felt **veterans with specific characteristics and circumstances had fewer housing opportunities available to them**. For example, veterans with pets or veterans with criminal convictions may be excluded from specific accommodation settings.

What are the main barriers to accessing support?

Among survey respondents, the most commonly reported barrier to accessing support was the **availability of appropriate support options** (63%), followed by the **level of support required by veterans being too complex and/or acute** (52%).

Proximity to services

Survey respondents were asked to **consider to what extent they felt the right services were in place in their area to meet the needs of veterans facing (or at risk of) homelessness**. The most common support areas that survey respondents felt were insufficiently met by services in their area included:

- Access to housing (63%) and support to retain accommodation (52%).
- Support for veterans with complex or multiple support needs (63%).
- Support for alcohol misuse (59%) and drug misuse (56%).

Focus group and interview participants emphasised that **proximity to services is particularly important to supporting veterans with complex or multiple support needs** because access to specialised support can vary by location.

Capacity of services

Survey respondents were asked to **consider to what extent they felt the services in their area had the capacity to support veterans facing (or at risk of) homelessness**. The most common areas of unmet and insufficient support due to services lacking capacity included:

- Access to housing (63%).
- Support for veterans with complex or multiple support needs (57%).
- Support for drug and alcohol misuse (both 57%).

Focus group and interview participants reported that **support pathways for veterans with clear goals and timelines were key to ensuring specific services had capacity** to accept new referrals. This would enable veterans to transition to different services as part of an established support plan.

Joint working between services

Survey respondents were asked to consider **to what extent they felt services in their area had sufficient networks in place to meet the needs of veterans facing (or at risk of) homelessness**. The most common areas of unmet or insufficient support due to services having insufficient networks in place included:

- Support for veterans with complex or multiple support needs (57%).
- Support to reduce the probability of (re)offending (52%).
- Access to housing (48%).
- Access to physical health support (48%).

Focus group and interview participants felt that support organisations were not sufficiently connected with mainstream support services, which **limited opportunities for veterans to move through different services as part of a pathway of support**. They attributed this to a lack of strategic direction to ensure joined-up working between veteran organisations and statutory housing services.

Recommendations for future funding priorities

1. **Priority should be given to increasing support for veterans with acute, complex or multiple support needs.** This was identified as the second most important area where veterans' needs are not being sufficiently met (after housing provision). Stakeholders described the provision of support for higher needs as the ultimate key to successfully progressing towards independent living for the majority of their veterans. This was primarily considered to involve a package of individually tailored wraparound services which veterans could progressively engage with. In particular, support for mental health and substance misuse services were described as "must have" elements within the core package of support for veterans with acute, complex or multiple support needs. Importantly, it was noted that robust and consistent funding was essential to deliver the scale of support needed.
2. **Priority should be given to promoting a needs-based approach to support provision.** This approach should be applied at both the referral process and throughout support delivery. For example, at the referral stage, this means assessing referrals on a case-by-case basis rather than imposing 'blanket' exclusion policies which risk excluding certain groups of veterans, such as those with pets, criminal convictions, or acute substance misuse needs. While this could pose a greater challenge for providers of shared accommodation settings who need to consider the welfare of their existing residents, a needs-based approach is essential to maintain a pathway for all veterans facing (or at risk of) homelessness. Moreover, this approach was considered important throughout support delivery to generate better engagement with the support process and to ensure that veterans are not prematurely released from services when they most need support.
3. **Priority should be given to addressing bottlenecks across the lifecycle of support provision.** Stakeholders described challenges throughout support delivery, broadly encompassing three stages: i) initial referral, ii) active support delivery, and iii) move-on. For example, common challenges at the referral stage included veterans' needs being too complex and/or acute for their service or veterans not feeling comfortable disclosing all information about themselves. Once veterans were engaged with a service, barriers more commonly related to sustaining engagement and ensuring that they received the appropriate support tailored to their individual needs. Finally, stakeholders discussed barriers to securing long-term accommodation at the move-on stage, including the location being too distant from relatives or stigmatisation around veterans being risky tenants. Identifying and resolving challenges faced across all three stages is essential to achieving sustainable throughput and avoiding bottlenecks in the referral pathway.
4. **Priority should be given to partnership working.** Partnerships were described as key to overcoming capacity constraints faced by support organisations. Where organisations are resource-limited and unable to scale their support provision, for example, to deliver specialised support or increase their housing stock, strong links with external organisations ensure that veterans are able to receive the level and type of support they need to progress towards independent living. This includes partnerships between veteran-specific and mainstream support providers, as well as with statutory services and local authorities. Though this goes beyond the scope of this research, stakeholders described often needing to spend time and money advocating for their veterans, and consequently, it was considered particularly important that local authorities develop clear strategies which galvanise both statutory and third-sector stakeholders towards a partnership approach and ensures that the Armed Forces Covenant is upheld.

Context and methodology

On behalf of the Office for Veterans' Affairs ("the OVA"), the Armed Forces Covenant Fund Trust ("the Trust") is delivering the Reducing Veteran Homelessness Programme (the "Programme"). The Programme has awarded major grants to reduce veteran homelessness and provide sustainable supported housing for veterans across the UK. The programme consists of two key components: (i) Op FORTITUDE, a centralised referral pathway system for veterans facing or at risk of homelessness, designed to help them access stable housing and comprehensive support services, and (ii) grant-funded projects which aim to increase housing capacity, provide specialised support (e.g. therapeutic services), and foster community integration for veterans. Commissioned by the Trust, Alma Economics is currently carrying out a 3-year evaluation of the Programme, which commenced in November 2023 and is due to continue until November 2026.

Since that work has been commissioned, additional funding for the Programme has become available to both extend the overall duration of Programme activities and to fund new projects in 2025/26. In advance of the additional funding being allocated, Alma Economics conducted an independent piece of consultative research on behalf of the Trust to understand the current unmet and insufficiently met needs of veterans facing (or at risk of) homelessness in the UK.

The purpose of this research was to understand:

- i) the unmet or insufficiently met needs for ending veteran homelessness,
- ii) how these needs vary according to geographic location
- iii) how these needs vary according to different types of support needs and veteran groups,
- iv) the barriers to accessing and delivering support, and
- v) the support provision available to veterans in Northern Ireland.

This research will contribute to shaping the Trust's priorities for allocating further Programme funding in line with the Government's ambition to reduce veteran homelessness and rough sleeping.

Methodology

This research was conducted as a mixed-methods study comprising a desk-based review, a survey and follow-up qualitative fieldwork. All research activities were developed and delivered over January and February 2025.

Desk-based review

We began by conducting an in-depth review of the evidence to identify existing insights on the unmet and insufficiently met needs of veterans facing (or at risk of) homelessness in the UK. This included a focus on the Programme's ongoing evaluation findings in order to inform suggestions for future improvements and to ensure that the direction of future funding supports the Programme to achieve its long-term goal of reducing veteran homelessness.

We also conducted a separate review of evidence to understand the availability of support for veterans in Northern Ireland. This included reviewing resources on the social housing application and points system from the Northern Ireland Housing Executive (NIHE), relevant housing legislation, wider literature on veterans housing provision in Northern Ireland and a wide-ranging review of support organisations operating in Northern Ireland.

The insights collated as part of the desk-based review were used as a basis to shape the subsequent survey and qualitative fieldwork.

Survey

We developed a survey structured according to the research questions for this study and insights from the desk-based review, ensuring that the questions addressed each research question clearly and in detail.

The survey was distributed to stakeholders across the UK who had experience working with veterans facing (or at risk of) homelessness. This included stakeholders from organisations that work specifically with veterans as well as organisations that provide support to wider populations of people facing (or at risk of) homelessness. Stakeholders included a mixture of organisations that had been awarded grants under the Reducing Veteran Homelessness Programme and organisations that had not. Given the variety of expertise amongst the stakeholders consulted, the research was presented as an independent project focused on mapping the current state of unmet and insufficiently met needs of veterans facing (or at risk of) homelessness across the UK.

The survey received 27 complete responses. Of these, 18 responses were from stakeholders in organisations currently receiving Reducing Veterans Homelessness Programme grant funding, 7 were from other organisations that provide support to veterans, and 2 were from government bodies.

The survey included a mixture of open- and closed-ended questions to understand: i) priority areas of unmet and insufficiently met need, ii) how service provision varies for veterans with different support needs, iii) geographic patterns of unmet or insufficiently met support needs, iv) ideas to address barriers to accessing support, and v) understanding services for veterans facing (or at risk of) homelessness in Northern Ireland.

Qualitative fieldwork

All survey respondents were invited to take part in follow-up qualitative fieldwork. The survey provided a basis for these discussions, with participants encouraged to provide nuanced, detailed perspectives according to key quantitative insights which emerged from the survey findings.

We engaged five stakeholders to take part in a focus group and one further stakeholder who took part in an individual depth interview. All research encounters took place online, with the focus group lasting 90 minutes and the interview lasting 45 minutes. All research encounters were recorded and transcribed, and notes were analysed thematically to identify key themes according to the research questions.

Key findings

This chapter presents key findings from the primary fieldwork for this study. We aimed to i) identify the priority areas of support for veterans that are currently unmet or insufficiently met, ii) understand the barriers to accessing and delivering support, and iii) identify ideas to address barriers to support.

These findings draw on evidence from the survey of stakeholders who support veterans and from qualitative fieldwork with a subset of survey respondents. Please note that, given the scope of this research, this should not be considered a representative sample of support organisations and should not be treated as reflective of the sector overall. Quotations from the qualitative fieldwork have not been attributed to individual participants to ensure they are not identified as taking part in this research.

Priority areas of support for veterans

Key findings: The most commonly reported priority areas of support for veterans were access to housing (70%) and complex or multiple support needs (67%). Focus group and interview participants noted that some veterans required complex, multi-agency support and more funding was required to provide this level of support for veterans.

The purpose of this section is to identify the priority areas of support for veterans facing (or at risk of) homelessness. It sets out an overview of what survey respondents considered to be the most important areas of support that have not been sufficiently met. This is followed by more detailed insights into the most commonly reported priority areas of support, to understand what unmet and insufficient support looks like for services that support veterans.

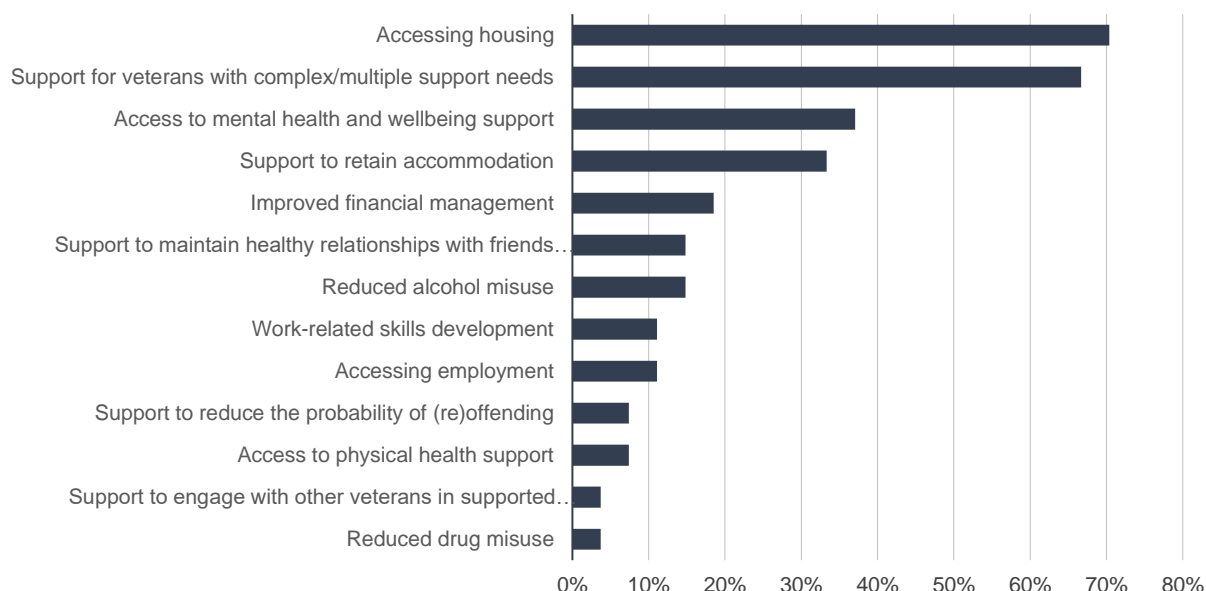
The survey included questions that asked respondents to share their views on support for veterans according to 14 predetermined 'support areas'. These support areas encompassed issues such as health, housing, work and social connections. They were based on key areas of interest that were identified in the desk-based review.

Among survey respondents, **the support areas that were most commonly reported as being important areas of unmet need** related to housing and supporting veterans with high support needs:

- **70% of respondents felt access to housing was a priority area**, with 33% reporting that support to retain accommodation was also an important area of unmet or insufficient need.
- **67% of respondents felt that support for veterans with complex or multiple support needs was not being sufficiently met**, with 37% reporting access to mental health and wellbeing was a priority.

Other support areas that were reported by smaller proportions of respondents as important areas of unmet or insufficient need included financial management (19%), support to maintain healthy relationships with friends and family (15%), support with alcohol misuse (15%), accessing employment and work-related skills development (both 11%).

Figure 1. What are the most important areas where veterans' needs have not been sufficiently met? (27 responses)



As noted in Figure 1, respondents noted that support for veterans with **complex or multiple support needs** was an important area where veterans' needs had not been sufficiently met. This was also reflected by focus group and interview participants, who provided more detail on what complex or multiple support needs typically included among the veterans they supported and how support was insufficient.

Participants reported that veterans who required high levels of support provision typically had complex or multiple support needs relating to mental health and experiences of trauma that required specialised clinical support. Participants emphasised that wraparound support was necessary for veterans with complex or multiple support needs because it covered a range of priorities such as housing, mental health, trauma, employability and living independently. One participant described wraparound support as being a multi-stage process for veterans to engage in when they felt comfortable doing so. They reported that veterans could progressively increase their engagement in support, starting with group-based activities such as fishing or trips away and then building up to support with independent living, such as employment support, and then therapeutic, addiction and psychological services.

Participants also noted that veterans who had **experience with the criminal justice system**, including specific offences such as domestic abuse or child sexual abuse and exploitation, required higher provision of support. One participant highlighted that these veterans may need additional support to transition from prison or require more complex risk management processes to be in place within accommodation settings. Other participants noted that veterans who had been convicted of specific offences such as arson may have fewer housing options available to them because specific services would not accept them.

"The challenge ... for all of us...is how do we provide not just a roof over veterans' heads... but provide an intricate web of support services that are needed at different levels at different times for veterans to get them to the best place that they can be"

Participants attributed the insufficiency of support for people with complex or multiple support needs to the lack of funding and time needed to deliver wraparound support. One participant noted that high-level provision required higher levels of staff provision than lower level support, as individual staff members needed to be sufficiently experienced and qualified to provide complex support. Other participants highlighted that their services for people with complex or multiple support needs required high levels of



funding because they provided long-term support (for example, one year) and were underpinned by therapeutic support, which was crucial to ensuring veterans could sustain a place in accommodation.

“Therapeutic, psychological and addiction services should be part of core delivery. The third sector is again and again and again expected to achieve results without this being the case. These are thought of as additional extras and nice to haves. They are not nice to haves; they are must haves to get the results that are required to move people through into independence. It comes down to funding. Not only having funding in place... but continued funding.”

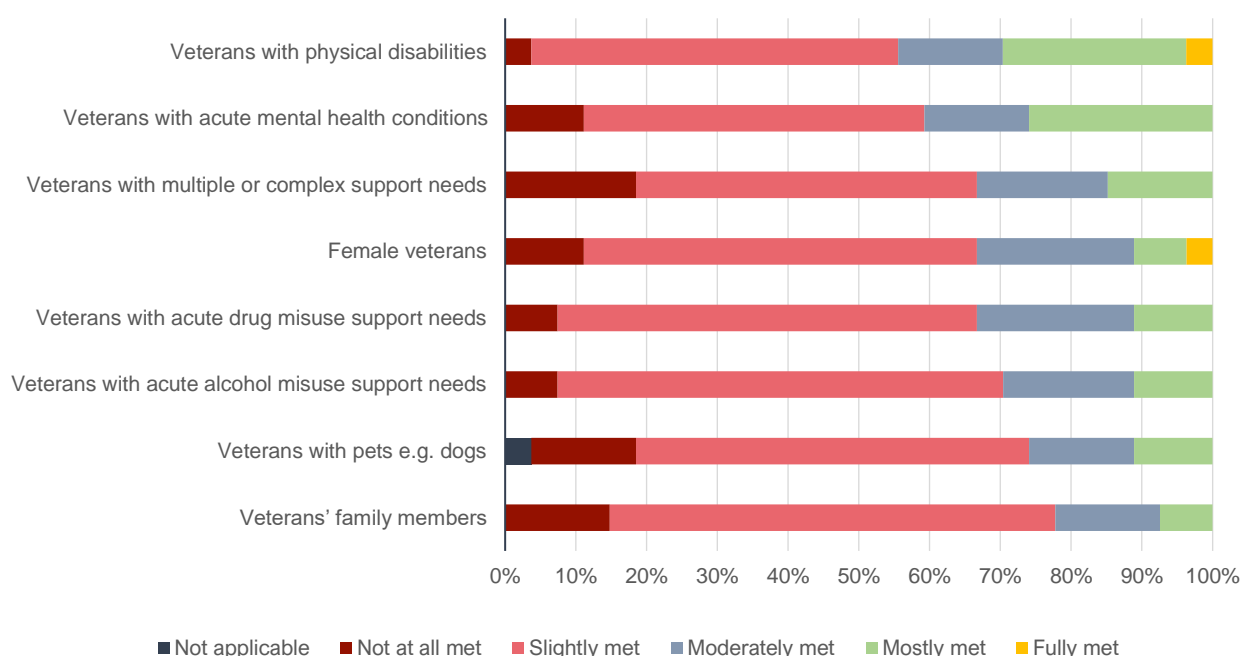
Unmet or insufficiently met support for specific veteran groups

Key findings: Survey participants identified specific veteran groups they felt had unmet or insufficiently met support needs, including veterans with pets and accessing support close to family members. Focus group and interview participants felt that these veterans had fewer housing options available to them, for example if specific properties were not close to family members or tenancy conditions did not allow pets.

This section focuses on support for veterans facing (or at risk of) homelessness across specific groups and how access to support can vary. Survey respondents were asked to consider **to what extent services met the needs of specific veterans according to their demographic characteristics or circumstances**. Respondents recorded this on a scale of 1 ('not at all met') to 5 ('fully met').

As shown in Figure 2, across the veteran groups, high proportions of respondents reported that support needs were only slightly met or not met at all. A majority of respondents felt that the support needs of veterans' family members (78%) and veterans with pets (70%) were only slightly met or not met at all. This ranged from 56% for veterans with physical disabilities to 78% for veterans' family members. We used these findings as prompts for discussion during the qualitative fieldwork to understand in more detail how support was not sufficiently met for specific groups. The findings presented below are based on what focus group and interview participants found most relevant to discuss.

Figure 2. To what extent do you feel services that support veterans facing (or at risk of) homelessness meet the needs of different types of veterans? (27 responses)





Participants felt there was a gap in housing support for **veterans with pets** because there were not enough housing providers willing to accept pets. They attributed this to housing providers having outdated or negative attitudes toward pets, believing they would damage properties or disturb other residents within an accommodation setting. This creates fewer housing options for veterans with pets, both for emergency accommodation and moving into longer-term accommodation.

Participants felt this was an important issue because veterans who are homeless or at risk of homelessness can develop strong bonds with their pets. However, in the face of continued stigma towards veterans who have experienced homelessness or are claiming benefits and negative attitudes towards pet ownership from landlords, organisations found it increasingly difficult to find suitable accommodation support for veterans with pets. One participant outlined that their capacity to address this challenge was limited because their housing provision included a combination of private landlords, social housing providers and their own housing stock. This meant they could only offer veterans with pets their own properties, where they allowed pets, or properties where the landlord would accept pets.

When prompted to discuss unmet or insufficiently met needs among **veterans with families**, discussion among participants focused on the availability of support for veterans to maintain relationships with their families rather than support for veterans and their families as a whole. Participants highlighted that for these veterans, being able to maintain access to their families was a priority when accessing support. They felt it was particularly important for services to account for this because veterans' priorities for where they lived were often determined by where their families were located.

Barriers to accessing support

Key findings: The most commonly reported barriers to veterans accessing support related to the availability of appropriate support options and the time and resource that can be needed to implement support. Focus group and interview participants felt that veterans with complex or multiple support needs, in particular, were experiencing barriers to accessing support.

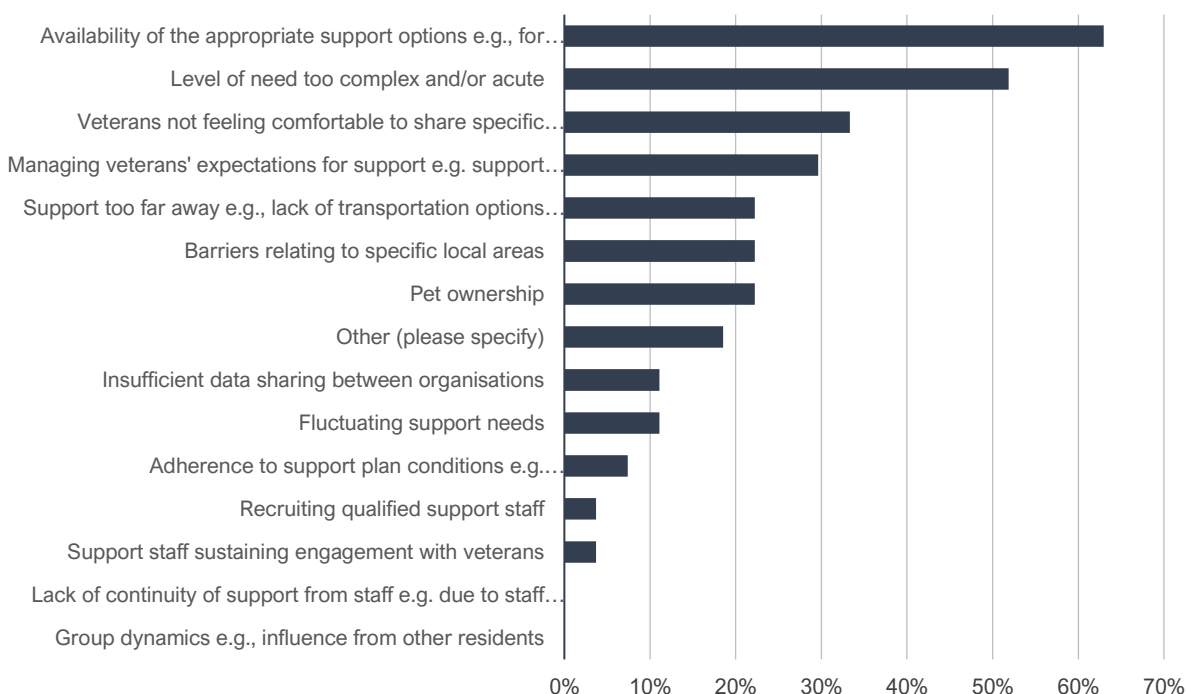
The purpose of this section is to understand the barriers to veterans accessing support, building on the understanding of the priority support areas and different veteran groups identified in the previous sections. It explores the barriers from the perspective of support organisations and according to: i) proximity to services, ii) capacity of services, and iii) joint working between services.

Survey respondents were asked to **identify what they considered to be the main barriers to accessing support among veterans facing (or at risk of) homelessness**.

- The most commonly reported barrier to accessing services was the 'availability of appropriate support options' (63%), followed by 'level of support need being too complex and/or acute' (52%). Building on respondents' perceptions that support for veterans with complex or multiple support needs was a priority area of support, these findings indicate that there is a lack of support available specifically for veterans with complex and multiple support needs.
- Respondents also identified 'veterans not feeling comfortable to disclose information about themselves' (33%) and 'managing veterans' expectations' (30%) as barriers to accessing services. These barriers are distinct from the availability of specialised services noted above, but demonstrate the time and resources needed to successfully implement support for veterans.
- A smaller proportion of respondents noted that 'barriers relating to specific local areas', 'support services being too far away for veterans to access' and 'pet ownership' were also important barriers (all 22%). These findings indicate that access to support was influenced by place-based factors, such as the availability of specific services or services with specific eligibility criteria, according to where veterans are based.

- Other barriers included 'insufficient data sharing between organisations' (11%), fluctuating support needs among individual veterans' (11%) 'adhering to support plan conditions' (7%), 'recruiting qualified staff' (4%) and 'support staff sustaining engagement with veterans' (4%).

Figure 3. What do you consider to be the main barriers to veterans accessing support through services that support veterans facing (or at risk of) homelessness? (27 responses)



This broad understanding of perceived barriers to accessing services aligned with the gaps in support for veterans with complex or multiple support needs outlined in the section above. It also indicated the importance of understanding the impact that place-based factors have on access to services. This is explored in more detail below, drawing on further insights from the survey and the qualitative fieldwork.

Proximity to services

Key findings: A majority of survey participants felt that services in their area did not meet or insufficiently met the needs of veterans with access to housing and support to retain accommodation. They emphasised that proximity to services is particularly important to supporting veterans with complex or multiple support needs because access to specialised support can vary by location.

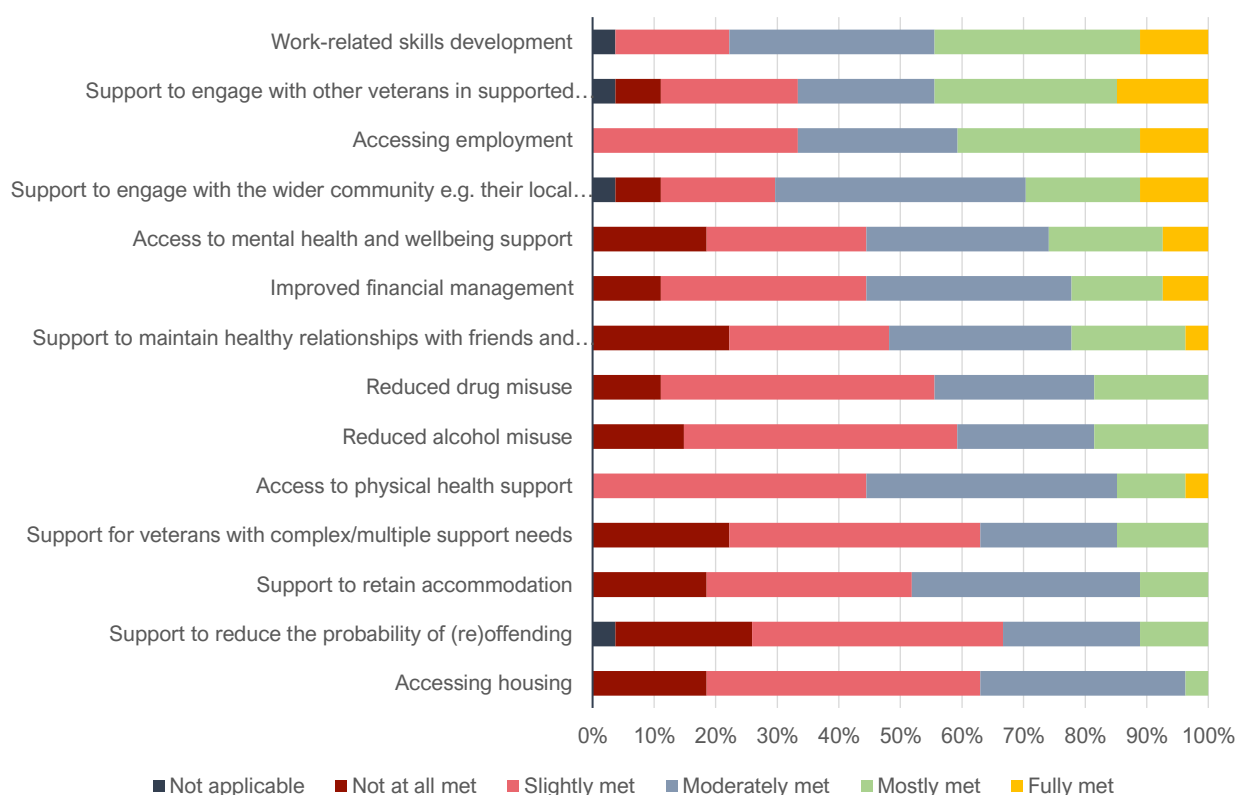
Survey respondents were asked to consider **to what extent they felt the right services were in place in their area to meet the needs of veterans facing (or at risk of) homelessness**. Respondents were asked to record this against the 14 predetermined support areas outlined in the 'Priority areas for support' section. Respondents recorded this on a scale of 1 ('not at all met') to 5 ('fully met').

- A majority of respondents felt that the services that were in place in their areas did not meet or only slightly met veterans' support needs to access housing (63%) or retain accommodation (52%).
- A majority of participants also felt that the services that were in place in their areas did not meet or only slightly met the needs of veterans with complex or multiple support needs (63%), support for alcohol misuse (59%) and drug misuse (56%).

- Smaller proportions of respondents felt that the services that were in place in their areas did not meet or only slightly met the needs of veterans to maintain healthy relationships with friends and family (48%) and mental health and wellbeing support (44%).
- These findings indicate that veterans' proximity to services may impact on their experiences of accessing specific services, particularly specific types of housing support and support associated with complex or multiple support needs.

The survey findings were used as a basis to discuss proximity to services in more detail in the qualitative fieldwork.

Figure 4. To what extent do you feel the right services are in place in your area to support veterans facing (or at risk of) homelessness in each of the following support areas?



Focus group and interview participants emphasised that location is crucial to understanding barriers to accessing support because proximity to services is a key part of veterans' support plans. One participant noted this relates to all dimensions of support for veterans, ranging from 'basic' statutory services such as a GP and dentist, to more specialised psychiatric and therapeutic support. Another participant felt there was a lack of specialist support for veterans with complex or multiple support needs in specific areas because services were not commissioned according to where there was evidence of specific need.

"To get the most value for money, the services must be set up to meet the presenting need."

One survey respondent acknowledged that urban areas tended to have more accommodation options for veterans. However, they highlighted that these options were not necessarily suitable or safe for veterans due to issues with the quality and condition of the accommodation, as well as wider anti-social behaviour in the surrounding area. This view aligns with focus group participants who highlighted that the environment around accommodation impacted veterans' ongoing support. Participants noted that veterans with post-traumatic stress disorder (PTSD) often needed quiet, peaceful accommodation, but this could be compromised if the setting is a large communal building or located in a noisy urban area.



Capacity to deliver services

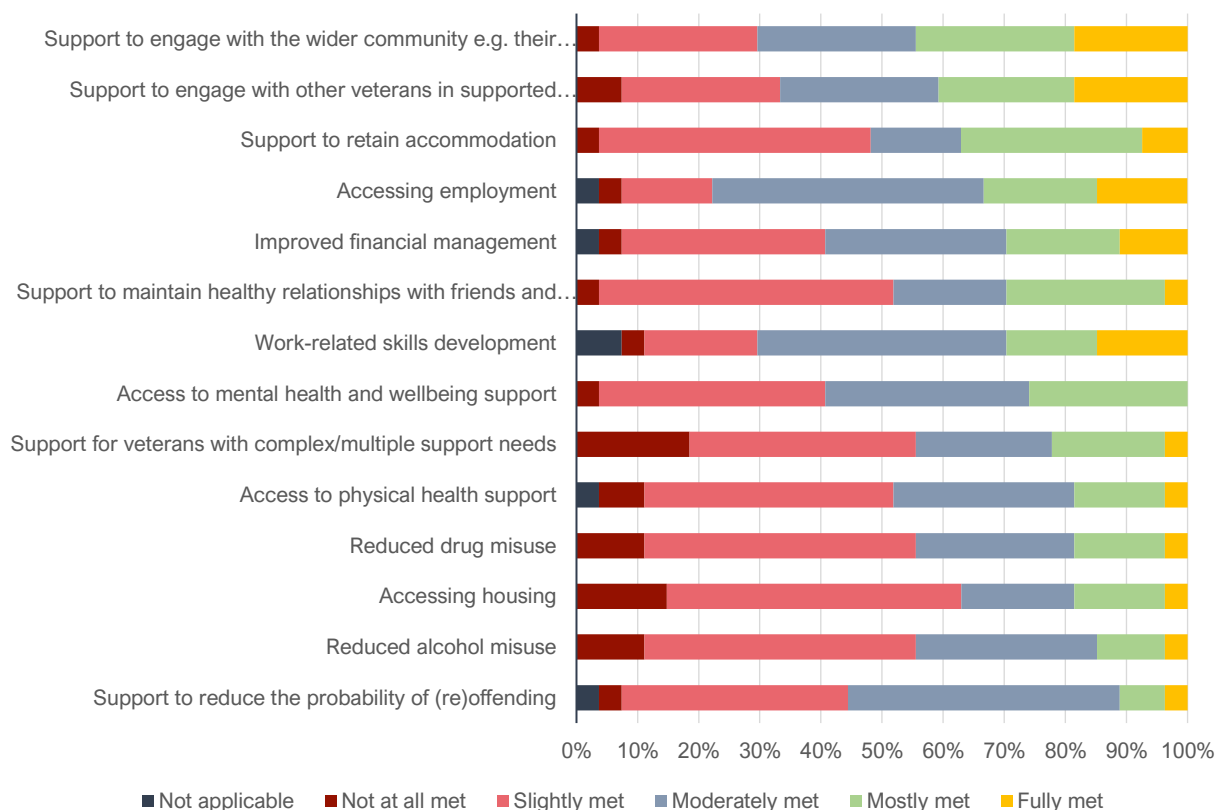
Key findings: Survey respondents indicated that the capacity of services was insufficient to meet veterans' support needs in relation to access to housing and support for those with complex or multiple needs. Focus group and interview participants highlighted that clearly defined support pathways were key for services to maintain capacity.

Survey respondents were asked to consider **to what extent they felt the services in their area had the capacity to support veterans facing (or at risk of) homelessness**. Respondents were asked to record this against the 14 predetermined support areas outlined in the 'Priority areas for support' section. Respondents recorded this on a scale of 1 ('not at all met') to 5 ('fully met').

- A majority of respondents reported that services in their area did not have the capacity to sufficiently meet the needs of veterans with access to housing (63%), veterans with complex or multiple support needs (57%) and support with drug and alcohol misuse (both 57%).
- Smaller proportions of respondents felt that services in their area did not have the capacity to sufficiently meet the needs of veterans with maintaining relationships with friends and family (52%), support to retain accommodation (48%) and to access physical health support (48%).
- These findings indicate that the level of service provision for veterans was not sufficient in the priority areas identified by respondents on issues such as housing support and supporting veterans with complex or multiple support needs, as well as issues relating to longer-term support, such as physical health and social connections.

These findings were used in the qualitative fieldwork as a basis to explore pathways of support for veterans and how services work with other organisations.

Figure 5. To what extent do the services in your area have the capacity to support veterans facing (or at risk of) homelessness in each of the following support areas? (27 responses)





Among interview and focus group participants, capacity of services was a priority for establishing sustainable support to ensure that veterans had access to appropriate support according to their needs. One participant felt that the capacity of support organisations to provide support was influenced by the degree of 'throughput' between services. They highlighted the importance of pathways of support based on a series of time-limited services, which supported veterans with specific goals before they moved on to another service. They highlighted that supporting veterans to move through a pathway of support services was essential to ensuring these services could maintain their capacity.

This participant felt that this approach was essential to ensuring support organisations had capacity to provide services because it transferred veterans to mainstream services, such as statutory housing support and health and social care services, in the long term, following initial tailored support. They noted that this approach would enable organisations to focus on supporting individuals for whom longer-term specialised veteran-specific support is more appropriate than transitioning to mainstream services.

Other participants noted that it was a challenge to implement sustainable, long-term support because funding initiatives, such as capital investment initiatives for new build accommodation and property refurbishments, only covered the housing element and did not fund the accompanying wraparound support. They felt this presented a barrier to veterans retaining a tenancy and ultimately moving on to independent living because it lacked accompanying support such as therapeutic support or support with employment and mental health and wellbeing.

Joint working between services

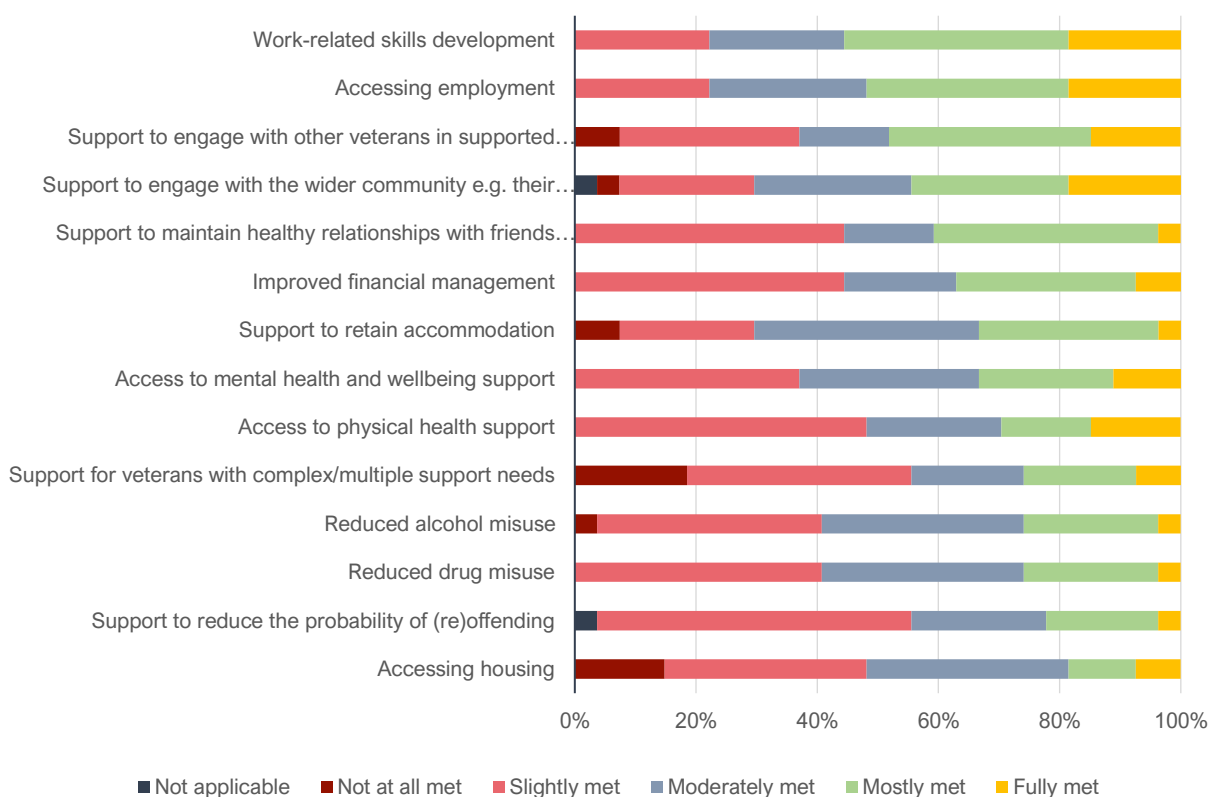
Key findings: Focusing specifically on joint working between services, the most common areas of unmet or insufficient support included insufficient networks in place to (i) support veterans with complex or multiple support needs, (ii) reduce the probability of (re)offending, (iii) provide access to housing and (iv) access to physical health support. Focus group and interview participants felt that support organisations were not sufficiently connected with mainstream support services, which limited opportunities for veterans to move through different services as part of a pathway of support.

Survey respondents were asked to consider **to what extent they felt services in their area had sufficient networks in place to meet the needs of veterans facing (or at risk of) homelessness**. Respondents were asked to record this against the 14 predetermined support areas outlined in the 'Priority areas for support' section. Respondents recorded this on a scale of 1 ('not at all met') to 5 ('fully met').

- A majority of respondents felt that the networks that services had in place in their area did not meet or only slightly met the needs of veterans with complex or multiple support needs (57%) and with support to reduce the probability of (re)offending (52%).
- Smaller proportions of respondents felt that the networks that services had in place in their area did not meet or only slightly met the needs of veterans to access housing (48%) or to access physical health support (48%).
- These findings indicated a lack of joined-up service delivery between support organisations and specialised support providers such as therapeutic services, housing providers and health and social care services.

These findings were used as a basis to explore challenges to providing joined-up support between services in the qualitative fieldwork.

Figure 6. To what extent do you feel services in your area have sufficient networks in place to support veterans facing (or at risk of) homelessness in each of the following support areas? (27 responses)



Participants felt that support organisations were not sufficiently connected with mainstream support services, which was limiting opportunities for veterans to move through different services as part of a pathway of support. One participant outlined how a lack of join-up between services presented a challenge for veterans to access substance misuse support. They felt this lack of join up was evident where housing providers for veterans do not provide a care coordination role, such as a tenancy support worker. Another participant highlighted that veterans could experience a lack of support to maintain a tenancy if they did not have dedicated, ongoing support available to move into and sustain longer-term accommodation. They attributed gaps in this support with cuts to preventative services such as floating support workers within local authority housing and homelessness services.

Participants highlighted a lack of strategic direction to ensure joined-up working between veteran organisations and statutory housing services. They felt that the [Armed Forces Covenant](#) was not sufficient to develop and implement a strategy for delivering support for veterans at a local level because it lacked accountability. One participant noted that the Covenant is not part of the commissioning process for mainstream statutory services. They felt this created a missed opportunity for local authorities and support organisations to work together to secure funding for support for veterans because it was not a priority for commissioning services.

Improvements to support provision

The purpose of this section is to identify the areas of support that have seen improvements in meeting veterans' support needs. It also sets out what stakeholders from support organisations feel should be done to secure further improvements in removing barriers to accessing support for veterans facing (or at risk of) homelessness.

Perceived improvements in support

Key findings: Survey respondents felt the areas that had seen the most improvement were access to mental health and wellbeing support, support to access employment, support with work-related skills development and support to retain accommodation.

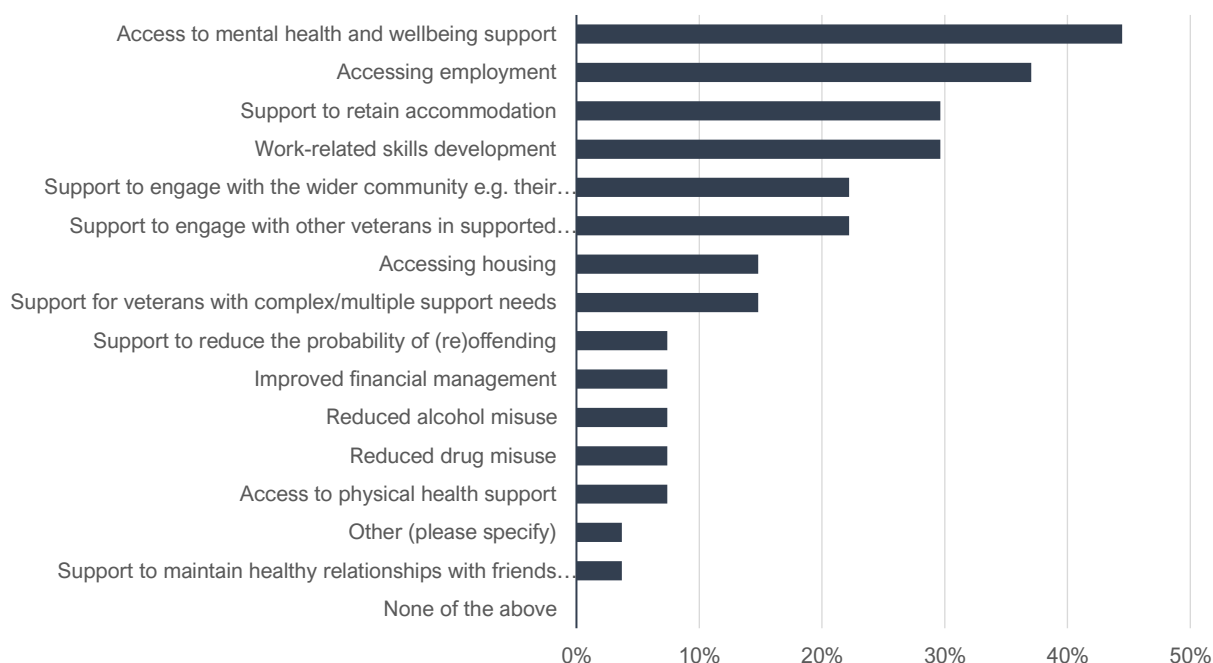
Respondents were asked to **identify areas of support for veterans that they felt had seen the most improvement**, drawing on the 14 predetermined support areas outlined in the 'Priority areas for support' section.

Among survey respondents, the support areas that were most commonly reported as seeing the most improvement were access to mental health and wellbeing support (44%), support to access employment (37%), support with work-related skills development (30%) and support to retain accommodation (30%). Smaller proportions of respondents felt that support to engage with the wider community and support to engage with other veterans (both 22%) had improved.

These findings illustrate a degree of crossover between areas that are perceived to have improved and areas that respondents also identified as priority areas of unmet or insufficiently met support, such as 'access to mental health and wellbeing support' and 'support to retain accommodation'. This indicates that support around mental health and wellbeing and retaining accommodation are ongoing priorities for supporting veterans.

There were other areas that respondents identified as having improved, which were not perceived as priority areas of unmet or insufficiently met support, included 'accessing employment' and 'work-related skills development'.

Figure 7. What area has seen the most improvements in terms of sufficiently meeting veterans' needs?



The survey findings were used as a basis for discussion during the qualitative fieldwork, with participants encouraged to generate ideas or identify examples of good practice for supporting veterans facing (or at risk of) homelessness. These ideas have been outlined below, alongside ideas to remove barriers to support provided by respondents to an open response question in the survey.

Recommendations to inform future service delivery for veterans facing (or at risk of) homelessness

Key findings: Stakeholders we spoke to felt that future service delivery would benefit from more strategic planning for veteran support. They felt that services should be commissioned according to support needs identified by robust evidence, mainstream and veteran-specific services should collaborate more strategically, and services should be delivered according to local strategies.

Focus group and interview participants identified **increased strategic planning** as a solution for improving support for veterans facing (or at risk of) homelessness. Their ideas built on discussions about the barriers to accessing services and drew on existing examples of good practice, as well as initiatives that were not in place in the sector.

Participants felt that **services should be commissioned on a needs-based approach**, drawing on robust evidence of the support needs of specific populations of veterans facing (or at risk of) support. One participant emphasised that services for veterans should take a more nuanced approach to eligibility criteria for their services. They felt that services which operate 'blanket' exclusion policies for specific factors, such as a history of criminal convictions or drug or alcohol use, did not align with current approaches to service provision in mainstream services and risked excluding sections of the population of veterans facing (or at risk of) homelessness from accessing support.

Participants highlighted the value of taking a needs-based approach to service provision because they felt it helped foster engagement among veterans in the support process. They reported it was necessary to work with each individual to identify specific support needs and then work to put appropriate measures in place. One participant noted that a needs-based approach can include a degree of flexibility to ensure individuals stay engaged in a service, such as having an alcohol consumption policy that allows consumption in private, rather than a complete ban and exclusion policy.

Alongside adopting a needs-based approach to service provision, participants also felt it was necessary for **mainstream and veteran-specific services to collaborate more strategically** in service provision. They felt this would help make the most of funding that is available and ensure it is used efficiently. Participants recognised the merits of both third sector and statutory services and noted there were lots of examples of good practice. However, in areas such as employment support, they felt there was a duplication of third sector and statutory services which could be better streamlined. Participants felt a coordinated approach to service provision could maximise support organisations' ability to deliver wraparound services based on their expertise and passion for working with veterans, while enabling access to specialised services that address specific support needs, such as clinical therapeutic support.

Participants also emphasised the importance of **looking to the local level for improvements to service provision**. One participant felt the best way to use available funding most efficiently was to work within local or devolved authorities to develop local strategies to support veterans facing (or at risk of) homelessness, setting clear objectives and galvanising key organisations towards a partnership approach. Another participant outlined an example to illustrate this in practice. Their organisation partnered with two social housing providers in their area, which significantly increased the range of longer term housing options they could offer veterans they were supporting. This approach ensured they could support veterans with access to appropriate housing in the local area and maintain capacity to take on new referrals into their service.

Support for veterans facing (or at risk of) homelessness in Northern Ireland

The purpose of this section is to understand the availability of support for veterans facing (or at risk of) homelessness in Northern Ireland. It sets out to explain i) the social housing allocation process for veterans in Northern Ireland, ii) the range of support organisations and what they do to support veterans in Northern Ireland and iii) the availability of support for veterans in the Republic of Ireland.

The social housing allocation process in Northern Ireland

In Northern Ireland, social housing is allocated through a points-based Housing Selection Scheme managed by the Northern Ireland Housing Executive (NIHE). The NIHE is responsible for assessing applications and nominating tenants to specific housing providers. Applications are assessed based on factors such as homelessness or risk of homelessness,¹ current living conditions, and medical requirements. Those with higher points are given priority when suitable properties become available. Applicants can specify one primary area of choice and additional areas without a preference order, but applications are assessed according to housing needs rather than local connection.²

The NIHE has a statutory duty to secure accommodation for Full Duty Applicants where it is available, under the Housing (Northern Ireland) Order 1988. Individuals are considered Full Duty Applicants if they pass four homelessness tests, including priority need based on circumstances such as vulnerability, having dependent children and being at risk of violence.³ This legislation does not make specific provision for veterans. However, the Housing Selection Scheme does award additional points for applicants other than Full Duty Applicants who have been found to be homeless in specific circumstances. This includes end of service in the Armed Forces, where no suitable, alternative accommodation is available.⁴

Service provision for veterans in Northern Ireland

Support for veterans in Northern Ireland is provided by a range of organisations, including local veteran-specific organisations, UK-wide organisations that operate in Northern Ireland and wider support organisations that have developed programmes tailored for veterans. These organisations typically provide various levels of support with mental health, trauma and wellbeing, encompassing mindfulness support to clinical support for complex mental health conditions and PTSD. Support with accessing housing tends to focus on advocacy support and support with social housing applications. One interview participant for this research highlighted there was limited supported housing for veterans in Northern Ireland and attributed this to low numbers of veterans specifically facing (or at risk of) rough sleeping in Northern Ireland.

¹ House of Commons Library: Housing options for Serving and ex-military personnel: <https://aff.org.uk/wp-content/uploads/2021/09/March-2021-Housing-options-for-serving-and-ex-military-personnel.pdf>

² Northern Ireland Housing Executive (NIHE): <https://www.nihe.gov.uk/housing-help/apply-for-a-home/the-housing-selection-scheme>

³ Housing Rights: <https://www.housingrights.org.uk/professionals/advice-and-information/homelessness-advice-professionals/responsibility-homelessness>

⁴ Northern Ireland Housing Executive (NIHE), Housing Selection Scheme rules: <https://www.nihe.gov.uk/getattachment/b997e1f4-969f-467b-9e91-03f77c1c6ae9/housing-selection-scheme-rules.pdf>

Organisation	Operates in:			
	Northern Ireland	England	Great Britain	Republic of Ireland
Third sector organisations				
Addiction NI	✓			
Andy Allen Veterans Support	✓			
Beyond the Battlefield	✓			
Brooke House Health & Wellbeing Centre	✓			
Combat Stress	✓		✓	
Forces Employment Charity	✓		✓	
Haig Housing	✓		✓	
Help for Heroes	✓		✓	
Milibern Trust	✓			
Royal British Legion	✓		✓	✓
SSAFA	✓		✓	✓
Veterans Services NI	✓			
Government run or affiliated organisations				
Defence Medical Welfare Service	✓		✓	
Op Courage		✓		
Op Fortitude	✓		✓	
Veterans Welfare Service Northern Ireland	✓			

Overarching or wraparound support

This includes support organisations that engage with veterans on a range of different support priorities, such as physical and mental health, social connections, employment support, welfare advice and access to housing. These organisations typically offer a combination of direct support provision and signposting to partner organisations.

Beyond the Battlefield offers practical help and advice to veterans on issues including support with post-traumatic stress disorder (PTSD), financial advice and housing advice. It works with a group of counsellors to assess and treat veterans with PTSD and other activities have included forming a befriending service, supporting veterans to access benefits, lobbying the government on veteran welfare and supporting veterans with access to housing. It also manages Harbour House, a veterans centre in County Down that organises group activities, respite and emergency accommodation for veterans.

Andy Allen Veterans Support provides a range of services, including counselling, respite care, complementary therapies, employability support, support groups, and advice on benefits and housing.



These services are delivered through their drop-in and training centre in Belfast, as well as via outreach projects across Northern Ireland.⁵

Veterans Services NI aims to consolidate essential resources for veterans in Northern Ireland by providing a centralised platform of information and signposts veterans to support services registered with The Confederation of Service Charities (COBSEO). Activities encompass mental health support, guidance on PTSD, assistance with war pensions, accessing benefits and housing.⁶

Veterans Welfare Service Northern Ireland (VWSNI), formerly Aftercare NI, is a statutory body that provides tailored, person-centred and holistic support to veterans. This includes fieldwork teams across Northern Ireland who provide emotional and moral welfare support, advice on accessing specific services and therapeutic support. Where VWSNI does not provide direct support, they will signpost to specialist providers in statutory and third sector organisations.⁷

SSAFA Northern Ireland supports veterans in various areas, including housing, mental health support, and general well-being. It provides casework support, volunteer opportunities, and access to a network of local services and businesses. It has partnered with Inspire and Addiction NI to deliver the Recovery Together Programme, which provides veterans counselling, psychological therapy services and wellbeing services to support veterans with mental health and substance misuse.⁸

Housing provision

This relates specifically to organisations that provide accommodation for veterans. It is distinct from support to access housing, which is typically provided by organisations that provide overarching or wraparound support.

Haig Housing Trust is the UK's leading housing provider for ex-service personnel, offering affordable accommodation and support to veterans and their families. Established nearly a century ago, it owns over 1,500 properties across 50 locations, 20 of which are in Northern Ireland.

Northern Ireland Housing Executive (NIHE) is the social housing authority responsible for assessing housing need and managing social housing allocation in Northern Ireland.

Milibern Trust is an independent living accommodation provider with a focus on supporting veterans. It operates supported living sites across Northern Ireland, with developments comprised of one- or two-bedroom properties.⁹

Health and wellbeing

This includes support organisations that provide physical and mental health support to veterans. Support includes direct provision by these organisations, working in partnership with other service providers or supporting veterans to access mainstream services. This support ranges from low and moderate level support to high-level support.

VWSNI supports veterans with physical and mental health conditions caused or exacerbated by military service. They provide tailored physiotherapy and psychological therapies. Specialist medical service providers with experience of working with veterans conduct clinical assessments with individuals in Belfast and then aim to provide support closer to clients' homes after assessment.

⁵ https://www.aavsnri.com/about_us

⁶ <https://www.veteranservicesni.com/index.php>

⁷ <https://aftercareservice.org/>

⁸ https://vcpni.com/wp-content/uploads/2019/08/recovery_together.pdf

⁹ <https://www.miliberntrust.org/>



Brooke House Health and Wellbeing Centre aims to provide multi-disciplinary, evidenced-based and outcomes-focused, high-impact support for veterans. The centre offers comprehensive support services, including personalised health plans, therapeutic support and physical rehabilitation programs. Activities encompass counselling sessions, fitness classes, mindfulness workshops, and social engagement initiatives to promote holistic well-being.¹⁰

Defence Medical Welfare Service provides independent and confidential welfare support for veterans, with a focus on support to manage conditions, accessing services, advocacy and moving between different services. Their support includes emotional and practical support, access to physical and mental health clinicians and signposting and supported referrals to other support organisations.¹¹

Addiction NI provides substance misuse support to people in Northern Ireland, including veterans. This includes confidential counselling, treatment programs, and aftercare services tailored to individual needs. Activities involve one-on-one therapy sessions, group support meetings, educational workshops, and relapse prevention strategies to facilitate recovery.¹²

Financial support

This support area relates to direct financial assistance for veterans to help facilitate support according to specific needs.

VWSNI manages benevolent funds for former members of the **Ulster Defence Regiment (UDR)** and **Royal Irish Regiment (RIR)** and family members. The fund provides support for issues relating to financial security, job opportunities, social connections, disability and health. Individuals can apply to the fund through the VWSNI, and applications are assessed on the basis of need by RIR Trustees or the Aftercare Service.¹³

There are also a number of other UK-wide organisations that support veterans in Northern Ireland in areas such as complex mental health support and access to housing; These organisations include Combat Stress, the Royal British Legion, Help for Heroes, the Forces Employment Charity, Haig Housing and Op Fortitude.

Availability of support for veterans in the Republic of Ireland

There are a number of UK-wide veteran-specific support organisations who also provide support to veterans in the Republic of Ireland. These include **SSAFA Republic of Ireland**, who have a branch office in Dublin¹⁴ and the **Royal British Legion Ireland**, who have an Area Welfare Team that operates across Ireland and provides financial support for veterans in crisis, support with access to housing, employment support and support with access to social care and independent living.¹⁵ **VWSNI** also provide support on an all-Ireland basis.¹⁶

¹⁰ <https://brookehouse.co.uk/site/about/>

¹¹ <https://dmws.org.uk/ni/>

¹² <https://drugsandalcoholni.info/>

¹³ <https://aftercareservice.org/benevolence/>

¹⁴ <https://www.ssafa.org.uk/republic-of-ireland-1/republic-ireland/>

¹⁵ <https://counties.britishlegion.org.uk/counties/ireland>

¹⁶ Evidence of service uptake and use from these organisations by veterans in NI has not been collected for this report.

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