

Part of the Veterans' Mental Health and Wellbeing Fund

# VETERANS' PLACES, PATHWAYS AND PEOPLE PROGRAMME

## Interim Evaluation Report - Summer 2023



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**By Veterans, For Veterans**

A programme to create better, sustainable support for  
veterans in the communities where they live

*On behalf of The Armed Forces Covenant Fund Trust we would like to thank all the VPPP grant holders for contributing to this publication.*

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# Executive Summary

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In the 2018 Autumn Budget, the then Chancellor of the Exchequer announced funding of £10 million to support the mental health and wellbeing needs of veterans – this led to the creation of the Veterans' Mental Health and Wellbeing Fund (VMHWF).

Between the initial funding announcement and early 2022, the total value of the support provided through the VMHWF was £30 million, delivered at different stages via five main funding programmes, including the Veterans' Places, Pathways and People (VPPP) programme.

The VPPP programme is a two-year programme, with most projects running during 2022 and 2023. It aims to deliver significant improvements to how veterans with mental health and wellbeing needs can be supported in a coordinated and joined-up way. Funding has been given for the sustainable provision of places of safety and pathways of support across the UK, and to help ensure that the people who support veterans can themselves access good quality training and support.

The VPPP programme is delivered in ten regional portfolios across the UK: Scotland; Northern Ireland; Wales; North West England; North East England and Yorkshire; Midlands; East of England; South West England; South East England; and London. Each region has a portfolio lead organisation responsible for recruiting other 'partners' to deliver coordinated support to veterans. Each portfolio received around £800,000, which was allocated by the portfolio lead to funded partners. Enhanced grants added an additional £10,000-£30,000 for each region and supported initial consultations and engagement events.

Across the ten portfolios, there are 88 individual organisations funded by the programme, with 14 of these organisations involved in work in multiple regions, and each region having between seven and 19 funded partners. Four additional strategic grants of £250,000 each were made to organisations to take on the role of Strategic Lead for a specific theme or focus on a national level in support of members of the regional portfolios and the portfolio leads. These 'Strategic Lead' grants were awarded to Combat Stress, ASDIC (Association of Service Drop-In Centres), Cobseo (the Confederation of Service Charities) and SSAFA. Grants were awarded totalling almost £9.2 million across the whole programme.

Supporting the 88 core funded delivery partners within the programme are approximately 251 additional organisations and agencies which receive no direct funding from the programme. They have become involved in the ten regional networks and help to support veterans and their families in a range of ways. These are diverse entities from the public, private and voluntary and community sectors, including: registered charities; CICs; companies; government departments such as DWP and the MOD; local authorities; NHS; educational institutions; and the police and other emergency services.

This means that at the end of the first year, there were about 339 organisations and agencies collaborating and working in partnership to deliver support and services for the veteran community through the VPPP programme. Around 47% of these are specifically focused on supporting the Armed Forces community, and 53% bring their specialist knowledge and expertise to veteran-specific projects and services.

As the first year of the two-year VPPP programme ended for most of the projects involved and they moved into year two of delivery, this report reflects on some of the objectives, progress and achievements made for the benefit of the veteran community so far.

Key themes among VPPP leads and their portfolios regarding immediate or short-term impact were the improvement of existing services and promoting those services to a wider audience, with collaboration among partners important in realising this. All regional leads highlight examples of collaboration and partnership working during year one – they acknowledge that these relationships often take time and effort to develop, but expect these to mature in year two and beyond. Greater collaboration between sectors and between regions has also been seen and is expected to continue.

Portfolio leads highlight key areas where they expect veterans to see tangible, sustainable improvements in the medium term and beyond, such as better, more inclusive services and a reduction in the number of times they need to retell their story because of better coordination. They also expect to see an increase in referrals from GPs to mental health services, a measurable decrease in the number of veterans' suicides or incidences of self-harm, and an overall improvement in confidence and ability to seek help. Evidence and testimony so far suggest significant improvements in these areas throughout the programme.

In the long term, it is hoped that these positive outcomes and impacts endure into the future and become embedded in how services are delivered, and in the experiences of veterans seeking help. Portfolio leads expect to see collaboration and partnership working as standard, long term and sustained improvements in the mental wellbeing of the veteran population, and an overall raising of standards in services and provision.

All VPPP regions across the UK report significant progress and developments in 'pathways' – the routes to support and referral mechanisms – that lead veterans in need to these services. The aim and impact of these improved pathways within and between regions is that veterans experience 'no wrong door'. Critical to improving and strengthening pathways of referrals and support are the expanding networks of organisations and agencies within the VPPP programme, with both funded and non-funded partners – 'associate members' or 'contributors' – making connections and delivering services. Some portfolios have seen changes in their membership, and most have actively recruited non-funded partners to strengthen their delivery potential.

Connecting with veterans, particularly those that may have been or felt excluded in the past, is an important objective of the VPPP programme. It has provided the means to raise awareness among all stakeholders of new and existing services and provision available for veterans in need. This includes service delivery organisations being aware of what each other are doing, and also raising awareness among veterans and the armed forces community about the help that is available.

Different ways of raising awareness about services have been used across the programme during the first year, from online activities and e-newsletters to portfolio networking 'roadshows' or 'learning and engagement' days and larger scale events.

Mechanisms for continuous improvement, such as training, communications, and evaluations, have become established across portfolios. The impetus for continuous improvement has grown exponentially towards the end of year one of the programme and portfolio leads agree the trend will continue into year two and beyond. 'Cultural and behavioural' changes are also highlighted as key achievements that have become embedded in the delivery of support, services, and in ways of working together.

The framework of the programme has developed a significant degree of trust – from other sectors and agencies working with VPPP partners but also with specific veteran communities. Engagement with typically harder to reach or more marginalised communities is routinely reported as a significant achievement of the programme, and one that all partners want to continue and improve in year two and beyond, although there is recognition that there is a lot more to do.

The 'places' would be challenging to sustain without continued funding, particularly during the cost-of-living crisis. The 'people' element of the VPPP programme may have been the least developed after one year of the programme; however, this is an area of focus in the second year, including training and a recognition that health and wellbeing considerations can and should extend to those supporting beneficiaries and delivering services.

A key objective of the VPPP programme and the projects and services that it funds is to continue the reduction of loneliness and isolation among the veteran community, particularly those that are the most vulnerable and at risk of serious mental health problems. Regional portfolios are addressing this in a variety of ways, from having case workers directly supporting individuals to ensuring that veterans have access to safe and comfortable places to go which reduce loneliness and enable them to spend time with their peers. These places play an important role in providing the 'pathways' of support and referrals.

Building partnerships and expanding regional and national networks are seen as crucial within the programme to help reduce incidences of loneliness and isolation among veterans as this provides greater options to suit a range of needs and circumstances. Portfolio partners provide drop-in centres and a wide range of activities and social events, both indoors and outdoors. Other partners provide signposting to these services, some provide transport to enable access, which is particularly valuable in rural areas. Helplines and online engagement, such as webinars and social media, give more veterans the opportunity to access support and friendship.

The landscape for veterans experiencing mental health and wellbeing challenges has changed significantly for the better through the first year of the VPPP programme. There have been challenges to overcome during the first year of the programme, in establishing portfolios and ways of working, and with the external environment. There have also been achievements and meaningful impact in the first year of the programme, as evidenced by the many testimonies from veterans and their families that have been helped so far.

Accessing hard to reach veterans and those at greater risk has been a fundamental part of the VPPP programme in all regions, and there have been a number of notable successes. These communities include: vulnerable veterans who are lonely and socially isolated, either by choice or through circumstances; older veterans and those in rural areas; homeless veterans or those in the criminal justice system; LGBT+ veterans; and veterans in Northern Ireland. The programme has enabled a significant increase in the opportunities for engagement and outreach - through technology, by providing welcoming places to access support and socialise, facilitating warm referrals through the breadth and depth of the network that has been created, and having 'boots on the ground' such as case workers, often peers, who are trusted and understand the veteran in need.

In the case of LGBT+ veterans, for example, each region and portfolio in the programme has been readily supporting the LGBT+ community through a difficult and potentially life changing time during Lord Etherton's inquiry into the impact of the historical ban on LGBT+ people serving in the Armed Forces. Fighting with Pride has been instrumental in this support, and all the partners within the programme are now able and prepared to support this community in the aftermath of the publication of Etherton's report. In Northern Ireland, a significant shift has taken place in the understanding of veterans' needs and the attitudes towards them. The programme has helped to create an environment where trust has increased, and practical support has become available. Cultural and behavioural changes have been affected by the work of the VPPP partners and the wider network that has developed around them, and many veterans and their families in the country are receiving vital support for the first time because of the programme.

Critical to these examples and the impact of the programme, are the people involved in making the programme work, and delivering services and support directly to veterans. The programme has invested in people, and the places where services are delivered – both of which are important to the network of support for veterans, and are also regarded as the most challenging parts to sustain.

An important factor in the success and legacy of the VPPP programme is how partnerships and successful working relationships between organisations continue to develop, and thrive, during the second year and then beyond the life of the programme. All regional portfolio leads report that sustainability is high on the agenda.

In year two, most regional portfolios anticipate further expansion of their networks and an increase in referrals. Plans to further improve monitoring, data collection and analysis for learning are in place in some areas. More training and upskilling of the people involved in the programme, from paid staff and volunteers, will take place. We look forward to seeing and reporting on even greater successes and impact in the coming year.

# Facts and Figures

## VETERANS' PLACES, PATHWAYS AND PEOPLE PROGRAMME

Part of the Veterans' Mental Health and Wellbeing Fund

### 4 Strategic Leads



### 10 Regional portfolios

Each portfolio received around £800K

Enhanced grants added an additional £10K-£30K for each region and supported initial consultations and engagement events



individual organisations across the 10 portfolios

**251**  
unfunded organisations and agencies

Supporting the 88 core funded delivery partners

At the end of Year 1 of VPPP there are around 339 orgs and agencies working together to deliver support and services for the veteran community

**Key themes after Year 1**

- Improvement of existing services
- Promoting those services to a wider audience
- Collaboration among partners

**Raising Awareness through**

- Roadshows
- Drop-ins
- Learning and engagement days
- E-newsletters
- Social events

**Continuous improvement**

- Training
- Communication
- Evaluation



### Success so far...

- ➔ Building trust
- ➔ Engagement with hard to reach/ marginalised communities
- ➔ Significant number of other agencies and organisations becoming involved has enhanced the joined-up approach



# Background

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In the 2018 Autumn Budget, the then Chancellor of the Exchequer announced funding of £10 million to support the mental health and wellbeing needs of veterans<sup>1</sup>.

The Veterans' Mental Health and Wellbeing Fund (VMHWF) was established with the aim of giving veterans more choice and control over their own personal recovery journeys, enabling veterans to take part in activities that are personally meaningful, while receiving good support with their mental health and wellbeing needs.

In the March 2020 Budget<sup>2</sup>, a further £10 million was announced for the VMHWF via the Armed Forces Covenant Fund Trust (the Trust). The same commitment was again made in the Budget in 2021. The VMHWF is now valued at £30 million due to continued investment from HM Treasury and the creation of further programmes to support the fund's aims. Funding was allocated between 2019 and 2022 through several grant programmes (see Appendix 2). Current funded projects are largely due to complete by the end of 2023.

Following the announcement in 2021 of a third year of funding from HM Treasury towards the VMHWF, work was undertaken to develop the Veterans' Places, Pathways and People (VPPP) programme which aims to deliver significant improvements to how veterans with mental health needs can be supported. It provided grants for the sustainable provision of places of safety and pathways of support across the UK, and is the latest VMHWF programme, which draws in learning from other programmes and aims to break new ground in tackling veterans' mental health and wellbeing needs.

Applications to the VPPP programme to become the lead member of a portfolio of projects had to clearly demonstrate a proven ability to deliver for veterans in their country or region. Successful applications demonstrated that there would be connected pathways which work well for veterans, including safe places for veterans to go which connect into these pathways, and that volunteers and staff who support veterans would have access to training and work closely with other organisations within veterans' mental health pathways.

One portfolio grant was awarded each in Scotland, Wales and Northern Ireland, and seven grants were awarded across regions in England (as designated by Op Courage). Regional portfolio lead and member organisations were expected to work with statutory and voluntary organisations within that country or region that supports veterans. Portfolio lead organisations already had a strong presence within their country or region and a credibility that could bring together statutory and voluntary sectors to form a wide-ranging portfolio that gave a clear vision for the region. In addition, four strategic grants were awarded to organisations supporting all portfolios at a national level.

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<sup>1</sup> The funding was announced in the context of First World War commemoration: 'To mark the centenary of the First World War Armistice and the sacrifices made by so many men and women, the government will commit £10 million to support veterans with mental health needs [...]' Budget 2018, 5.66, p80 [available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/752202/Budget\\_2018\\_red\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752202/Budget_2018_red_web.pdf)]

<sup>2</sup> There was no Budget in 2019 due to uncertainty around Brexit and a delay to leaving the EU.

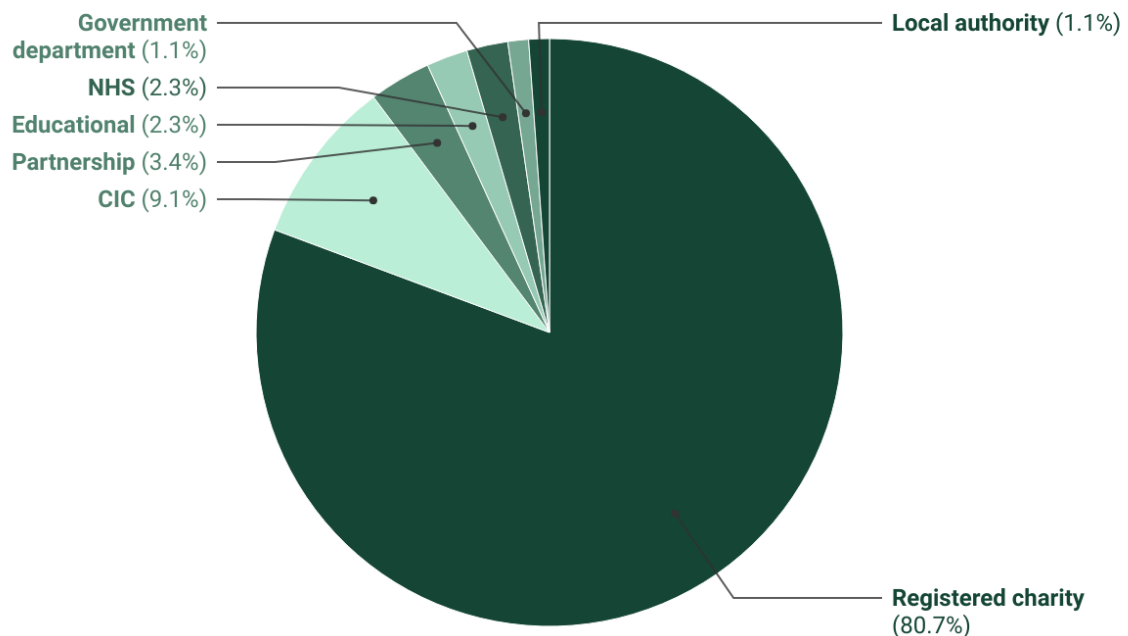


# Introduction

The VPPP programme is a two-year grant programme, with most projects running during 2022 and 2023. It aims to deliver significant improvements to how veterans with mental health and wellbeing needs can be supported in a coordinated and joined-up way. Funding has been given for the sustainable provision of places of safety and pathways of support across the UK, and to help ensure that the people who support veterans, including paid staff and volunteers, can themselves access good quality training and support. It is a flagship Armed Forces Covenant Fund Trust programme within the £30 million Veterans' Mental Health and Wellbeing Fund (VMHWF).

The VPPP programme is delivered in ten regional portfolios across the UK: Scotland; Northern Ireland; Wales; North West England; North East England and Yorkshire; Midlands; East of England; South West England; South East England; and London. Each portfolio received around £800,000, which was allocated among funded partners by the portfolio lead. Enhanced grants added an additional £10,000-£30,000 for each region and supported initial consultations and engagements events.

As year one of the programme concluded, this report looks at the composition of the portfolios delivering the work, what they set out to achieve and the progress, successes and developments realised so far, and how these positive outcomes will be embedded into delivery in year two and beyond. The report also explores the current and emerging challenges faced by veterans and the organisations supporting them. Across the ten portfolios, there are 88 individual organisations funded by the programme, with 14 of these organisations involved in work in multiple regions, and each region having between seven and 19 funded 'partners'. Figure 1 below shows the types of funded organisations and agencies involved in delivering the VPPP programme across all regions, including portfolio leads, who have convened each regional portfolio and are responsible for coordinating and overseeing them.



Created with Datawrapper

Figure 1: Types of funded organisations and agencies involved as leads and partners across all VPPP regions.

Four additional strategic grants of £250,000 each were made to organisations to take on the role of Strategic Lead for a specific theme or focus on a national level in support of members of the regional portfolios and the portfolio leads. These 'Strategic Lead' grants were awarded to Combat Stress, ASDIC (Association of Service Drop-In Centres), Cobseo (the Confederation of Service Charities) and SSAFA.

Grants were awarded totalling almost £9.2 million across the VPPP programme.

“It is probably fair to say that the biggest achievement of the VPPP programme to date across the South-East has been the establishment of some very exciting and, in the longer term, important relationships and pathways – in partnership – that quite simply did not exist one year ago. Most importantly, we have seen the emergence of an understanding and a passionately held belief that partnerships are the way forward to creating a better support system for veterans from all strands of the Armed Forces.”

(Veterans' Outreach Service, VPPP South East)

Around a quarter of organisations involved in the VPPP programme had previously received one or more grants from Positive Pathways, another VMHWF programme. Several VPPP grant holders have also been funded through other Trust programmes.

A significant number of other agencies and organisations have also become involved during the first year of the programme, to support the delivery of services for veterans. This further enhances the joined-up approach at the heart of the programme and what it seeks to achieve.

## What do regional portfolios want the VPPP programme to achieve?

Key themes highlighted by VPPP leads and their portfolios regarding immediate or short-term impact include the improvement of existing services and promoting those services to a wider audience. Having a collaborative approach with new partners onboard is important to enhance existing provision by being able to draw on a larger pool of expertise. These broader networks also serve to amplify awareness among the Armed Forces community, to reach veterans that may not have accessed the support they need in the past.

These positive impacts will continue and accumulate into the medium term, with additional improvements and positive developments expected to be realised as the work of the portfolios matures throughout year two and beyond. These outcomes include greater collaboration between sectors and between regions, an increase in the services available to veterans and significant improvements in the experiences of those veterans. Portfolio leads highlight key areas where they expect veterans to see tangible improvements, such as better, more inclusive services and a reduction in the number of times they need to retell their story because of better coordination and communication. They also expect to see an increase in referrals from GPs to mental health services, a measurable decrease in the number of veterans' suicides or incidences of self-harm, and an overall improvement in their confidence and ability to seek help. Evidence and testimony so far from projects and beneficiaries suggest significant improvements in these areas.

In the long term, it is hoped that these positive outcomes and impacts endure into the future and become embedded in how services are delivered, and in the experiences of veterans seeking help. Portfolio leads expect to see collaboration and partnership working as standard, long term and sustained improvements in the mental wellbeing of the veteran population, and an overall raising of standards in services and provision.

“Identification of veterans in primary and secondary care remains a key area of improvement, and the NW Portfolio is working on a local pilot in Lancashire of the ‘Shared Care Record’ - an NHS patient document which can be accessed by health and social care staff, as well as other statutory services and the third sector. The veteran READ code can be registered by any service on to the Shared Care Record, which will aid appropriate signposting and referral to specific veteran support and services.”

(Broughton House, VPPP North West)

The key ambitions for the overall impact and legacy of the programme fall into a few main areas: improving services and delivery; improving health and wellbeing; and reaching more veterans in need. Developing resilience in organisations and people is also an aspiration, which is perhaps a natural consequence should the other positive impacts be realised. Enabling organisations and projects to be in a strong position to apply for further funding once the VPPP grant has been expended is a nod to the reality that may face many of these projects, regardless of their many positive achievements. Concern has been expressed by portfolio leads that once funding from the programme ends, many of the current partners will end up in competition for funding once again, despite their achievements and successes within the programme.

An important feature of the VPPP programme and what it aims to achieve for veterans is the broad definition of ‘mental health support’, and the wide range of services and activities offered by grant holders and projects within it. These cover the full spectrum, from ‘banter and brew’ sessions to social prescribing, psychotherapy and suicide prevention. Needs addressed range from loneliness and isolation to complex PTSD.

“As the partnerships develop and there is an increased awareness of the support available, we are seeing the positive impact that has for veterans accessing support. Portfolio partners are all reporting an increase of referrals between each other.”

(Adferiad, VPPP Wales)

The early stages of the programme naturally involved portfolio leads and projects establishing systems, processes and procedures, issuing partnership agreements, and recruitment for key positions to manage and deliver the work. Launch events were held to introduce the projects and promote their work and services to the Armed Forces community, and communities at large.

As year one progressed, training programmes were developed to share knowledge in key areas using the expertise of other portfolio members, and the strategic leads. In Wales, a series of veterans’ roadshows were planned to enable portfolio members and other organisations supporting the Armed Forces community to promote their services. A social prescribing working group was established in Northwest England, which includes mapping existing provision in the region. The outputs from this were shared to create a better understanding of how to raise awareness of existing and emerging services. Two sub-groups were convened in the region, focusing on Mental Health and Wellbeing, and Lived Experience, which have explored a range of topics and are taking forward a number of key ideas and insights for further development. Other mapping exercises are underway in the North East and Yorkshire and the South East regions to try to fully understand the landscape in those areas in terms of available services for veterans and where gaps in provision might be.

Projects supported by the VPPP programme are supporting veterans every day in practical and tangible ways, but portfolio leads have also identified a range of outcomes and impacts they anticipate throughout the life of the programme and beyond. There may also be unexpected outcomes and impacts which will emerge further down the line. Learning and insights will be ongoing and part of the legacy of the programme.

As year one of the two-year programme ended for most of the projects involved, this review reflects on some of the developments, progress and achievements made so far for the benefit of the veteran community and looks at the needs that projects are helping to address.

## What are the biggest challenges faced by veterans affecting their mental health and wellbeing?

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Veterans and their families can face multiple and varied challenges that may affect their mental health and wellbeing. Veterans can experience the same challenges and hardships as the general population, but also those specific to their military Service and experiences; sometimes these issues are exacerbated by each other.

VPPP regional leads were asked about the challenges currently being faced by veterans in their region,

“Many partners identified that the cost of living is the biggest threat to the veterans’ community. It impacts on energy costs, food costs, as well as employment opportunities, all of which will have a serious detrimental effect on the veterans being supported, who may already be experiencing a mental health crisis. Partners have advised that to help address this challenging time, they endeavour to provide regular advice and information in many formats to keep the veterans they support up to date on available support.”

(NHS Lothian, VPPP Scotland)

what they and their portfolio partners have done to address these issues so far, and future plans to alleviate or overcome these issues and deliver significant improvements to veterans’ quality of life. No single issue stands in isolation - they all tend to be interrelated and complex.

A major issue that was highlighted is the cost-of-living crisis, including related factors such as poverty and debt. This is having a detrimental effect on many veterans and their families across all regions and is often the primary cause of poor mental health, but also prevents people from accessing services and support when they cannot afford to travel to participate in activities. Demand for

food banks and food vouchers has increased, and welfare advice and support are highly sought after areas of provision within the VPPP programme.

Veterans in need asking for help and accessing support is another significant challenge identified across multiple regions, and the reasons given are varied. They include the practical barriers previously mentioned, such as being unable to afford travel costs, and also psychological barriers, and concerns for personal safety.

“There continues to be real concern, expressed by veterans and their families, around their personal security and in having trust in the various agencies and organisations that exist to support them. [...] However, there is a growing recognition that as the provision of services and support for the veteran community continues to gain traction, this highlights the range and diversity of help that is available [...].

VPPP in Northern Ireland is able to demonstrate, in a very practical and tangible way, a comprehensive range of veteran mental health services and social prescribing activities now being delivered by a range of reputable and trustworthy organisations all working together. NI VPPP provision is seen as delivering real value in a safe and secure environment from trusted partners.”

(NIVSO/Tanvalley & Anaghlonge Project, VPPP Northern Ireland)

Veterans within different communities and with different experiences need tailored support, and the broad range of organisations and projects within the VPPP programme are delivering this support. For example, Fighting with Pride, which is a partner in almost every region, is providing practical and emotional support to veterans in the LGBT+ community, particularly those most impacted by the ban on LGBT+ personnel serving in the Armed Forces prior to 2000. They are developing trust and breaking down barriers that may prevent veterans in need accessing help.

A significant development for the LGBT+ veterans' community in Northern Ireland in year one of the VPPP programme is the inclusion of Fighting with Pride in the Northern Ireland portfolio, which is providing representation and support to the community in the region for the first time.

The nature of veterans and their military training can be a significant challenge in asking for help. Having dedicated case workers, as funded through the VPPP programme, can help solve the problem.

“The biggest challenge facing LGBT+ veterans is the mistrust of anything to do with the military. This causes further isolation and loneliness, feelings of helplessness, and many still don't feel they can call themselves a veteran. Recent research undertaken by Northumbria University established that over 81% of LGBT+ veterans have not reached out for support or engagement.”

(Fighting with Pride, VPPP partner)

“The complex nature of veterans means that they may need many different agencies to support them. They are usually trained to be self-sufficient and do not easily ask for help until things get difficult. Supporting them with one system for information and having one person to support them through the whole journey would make a huge difference.

Having a case worker to support veterans from hospital to post-care, which we have on this project, gives them options to visit centres or online with a co-ordinator who can give them one familiar person to be there for the whole time they are present. These people are also specialists in knowing what veterans' needs are and who the relevant contacts are for what they need.”

(Bridge for Heroes, VPPP East)

Among the other significant challenges facing veterans in need include finding support for co-occurring conditions or problems. For example, statutory providers may not offer housing support to a veteran with substance misuse issues until the latter is satisfactorily resolved, meaning the person becomes trapped in a difficult situation. Tom Harrison House, a funded partner in the VPPP North West England portfolio, provides treatment and support for veterans with multiple and complex needs to offer a pathway to mainstream and other services. In Wales, funded partner ICARUS provides this type of support to service users there with co-occurring conditions – the charity also supports the VPPP portfolio in Scotland.

DMWS, regional lead in the Midlands and partner in most other areas, explains how multiple issues and challenges can converge:

“As portfolio lead, DMWS would suggest the biggest sector challenge is about behaviours in seeking support. Partners are increasingly supporting veterans who have for many reasons ‘buried their heads in the sand’, and by the time they/ their family member has reached out for support they have multiple ‘life’ difficulties which are compounding wellbeing and mental health issues.

In finally reaching out, what is required is wrap around support from one trusted initial source providing simplified access to multiple services without causing further confusion, pressure, sense of failure etc.

We are seeing increasing numbers of complex cases and the need for working in collaboration. Terms such as comorbidities (health), co-occurring difficulties (neurodiversity), co-occurring disorder (co-existing mental illness and substance use disorder) are becoming more common. Multi-problem presentations require multi-agency responses - this is a commonplace approach in the statutory sector and VPPP is evidencing success in this approach in third sector veteran support.”

(DMWS, VPPP Midlands)

Many of these issues lead to loneliness and isolation or can be factors in why veterans become lonely and isolated. Specific mental health conditions such as depression, PTSD or suicidal ideation can be both cause and effect. But the partners and projects, organisations and individuals working within the VPPP programme are delivering improvements and positive outcomes for veterans and their families and will continue to develop services and support through year two of the programme.

## Improvements to mental health support, services, and access to them

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All VPPP regions across the UK report significant progress and developments in ‘pathways’ – the routes to support and referral mechanisms – that lead veterans in need to these services. The aim and impact of these improved pathways within and between regions is that veterans experience ‘no wrong door’.

One of the significant challenges with pathways of support for veterans is they are typically non-linear, with progress, setbacks, diversions, and multiple agencies all part of the process.

“[VPPP] funding supports six dedicated support workers (four new). Case working is showing over 100 beneficiaries per quarter receiving dedicated 1:1 support; case studies are evidencing positive outcomes. One reports, ‘there have been six direct referrals to Op Courage for mental health support as well as over 28 to other partner organisations’.

In year one, four new veteran drop-in locations, funding for ongoing provision of Brew & Banter drop ins and a dedicated Veteran Centre have increased access to both support and activities. Drop-in provision endorses the NHS five steps to mental wellbeing: connect with other people; be physically active; learn new skills; give to others; and pay attention to the present moment (mindfulness)”

(DMWS, VPPP Midlands)

Critical to improving and strengthening pathways of referrals and support are the expanding networks of organisations and agencies within the VPPP programme, with both funded and non-funded partners – ‘associate members’ or ‘contributors’ – making connections and delivering services. As noted, several regions are carrying out exercises to map provision and pathways – knowing what services are available is important for referrals, but also in determining if there are gaps in provision. This has been an important factor in the VPPP network expanding.

Supporting the 88 core funded delivery partners within the programme are approximately 251 additional organisations and agencies which receive no direct funding from the programme. They have become involved in the ten regional networks and help to support veterans and their families in a range of ways. These are diverse entities from the public, private and voluntary and community sectors, including: registered charities; CICs; companies; government departments such as DWP and the MOD; local authorities; NHS; educational institutions; and the police and other emergency services.

During interviews with regional portfolio leads, several observations about the involvement of the non-funded partners were noted, while acknowledging their important and valuable contributions. Many unfunded organisations involved in the VPPP programme recognise that there are non-financial benefits to being in the network – it helps them to stay informed and receive other support to help their beneficiaries, and it is better to be ‘at the table’ than not.

However, expectations about the level of involvement of some non-funded ‘partners’ needs to be realistic and proportionate. More than half of the non-funded ‘partners’ are registered charities, CICs and community groups, whose resources may not be sufficient to be involved beyond their normal activities. Figure 2 below provides an illustrative breakdown of the types of organisations and agencies involved that do not receive funding.

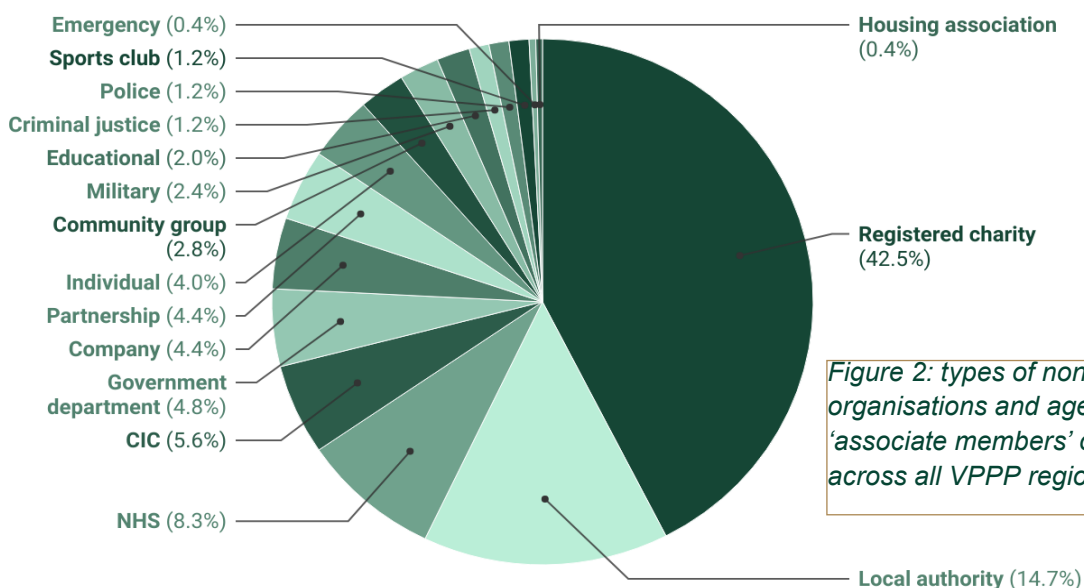


Figure 2: types of non-funded organisations and agencies involved as ‘associate members’ or ‘contributors’ across all VPPP regions.

Created with Datawrapper



Some of the non-funded wider portfolio members would not necessarily expect payment for contributing to their VPPP network; these include police, prisons and local authorities. For some, involvement helps them to fulfil their remit and statutory obligations, particularly in relation to the Armed Forces Covenant. In a few cases, funded partners in one region are also non-funded partners in another region.

This means that at the end of the first year, there are about 339 organisations and agencies collaborating and working in partnership to deliver support and services for the veteran community through the VPPP programme. Around 47% of these are specifically focused on supporting the Armed Forces community, and 53% bring their specialist knowledge and expertise to veteran-specific projects and services<sup>3</sup> an important characteristic of the VPPP programme, which puts the beneficiary at the centre and draws in support and services from whoever can best deliver the most appropriate support to them.

Some organisations are 'large' in terms of income and resources, others are smaller and more local, and through the programme have been given 'visibility and a voice' (Poppy Factory), as well as financial support.

The number of organisations involved is likely to increase in year two, with some regions planning further active recruitment into their portfolios.

Most funded organisations are from the voluntary and community sector (including registered charities, CICs and community groups), and the VPPP programme has facilitated numerous partnerships within each region during the first year. Cross-sector collaboration has been a key objective throughout (see Figure 3 on page 19).

It is generally agreed among regional leads that the VPPP programme has been a catalyst for greater connections and collaboration with the public sector, most notably with NHS providers (just under half non-funded partners were from the public or private sectors). Several regional leads observe that connecting with the NHS is usually the most challenging and takes the longest to establish, so the programme has helped to facilitate this (almost every region stated at least one NHS agency as being in their network).

“Veterans’ NHS Wales have now acknowledged the good work that ICARUS are doing; as such they are now referring veterans into ICARUS to ease their own waiting lists and to support veterans who are not in a position to be able to be held for a prolonged period of time before treatment.”

(Adferiad, VPPP Wales)

For example, Adferiad reports that a reduction in barriers to veterans accessing mental health services was enabled by ICARUS having a simplified referral process and pathway into Veterans’ NHS Wales available to all partner organisations in Wales. ICARUS is a specialist veteran-led mental health support and treatment charity that receives funding as part of the VPPP portfolio in Wales, and also provides support as part of the wider portfolio in Scotland, where it is based, although it has clients across the UK and beyond.

At the national level and across all regions, Cobseo has provided strategic support 'to improve integration and collaboration between service providers to ensure all veterans with mental health needs receive appropriate and safe triage, referral, and support to aid their recovery'. During year one, Cobseo developed its Veterans Mental Health Awareness Standard (VMHAS), a scheme that was piloted with the VPPP London portfolio following a series of consultations with stakeholders across all regions. The VMHAS consists of a self-assessment tool for organisations and agencies supporting veterans, which encourages reflection and awareness of how well they meet specific criteria, with the aim of raising

<sup>3</sup> Among just the funded VPPP partners, 67% are Armed Forces focused and 33% are civilian or mainstream organisations and agencies that have veteran-specific projects or services.

standards of service delivery for the benefit of veterans in need. The scheme was rolled out to partners across the VPPP programme in January 2023, and by May around 60% of VPPP funded partners have self-assessed and are considered to have Veterans' Mental Health Awareness.

Evaluation of the scheme took place through Q2 and Q3 2023 to assess its impact on how organisations approach supporting veterans with mental health needs and their ability to provide safe, non-clinical support. An advisory board of clinical experts and representatives across the VPPP programme has also been convened to provide ongoing advice and guidance.

Cobseo reported in June 2023 that 91% of respondents to the VMHAS survey – the 44 organisations within the VPPP programme that had submitted the self-assessment tool and received the VMHAS logo – either agreed or strongly agreed that the self-assessment tool has positively impacted how their organisation approaches and supports veterans with mental health needs. Evidence from the survey also suggests that 63% of respondents' ability to provide safe non-clinical support to veterans with mental health needs had improved and that policies and strategies have improved since completing the self-assessment tool.

The expectation is that the scheme will evolve as required and continue beyond the life of the programme.

## Improving awareness and connecting with veterans - and saving lives

Connecting with veterans, particularly those that may have been or felt excluded in the past, is an important objective of the VPPP programme. It has provided the means to raise awareness among all stakeholders of new and existing services and provision available for veterans in need. This includes service delivery organisations being aware of what each other are doing, and also raising awareness among veterans and the Armed Forces community about the help that is available.

Identifying and engaging with veterans in need can be challenging – indeed, several regional leads say this is one of the biggest challenges they face; however, the aims and objectives of the VPPP programme include addressing these issues.

Many ways of raising awareness about services have been used across the programme during the first year, from online activities and e-newsletters to portfolio networking 'roadshows' or 'learning and engagement' days and larger scale events. For example, Bridge for Heroes, VPPP portfolio lead in the East of England, has developed their website, [www.positivebridge.media](http://www.positivebridge.media), to help to integrate the Armed Forces charities' sector in the region and connect veterans and the wider Armed Forces community. Regional consultations with potential delivery partners were a requirement before funding from the programme was committed, and the expectation was that this collaborative way of working would be the norm, which is proving to be the case.

Many veterans in need have benefited so far from the projects and services funded through the VPPP programme and have enjoyed significant and sustainable improvements to their mental health and quality of life.

“At a time when I didn't know who to turn to, Mission Motorsport welcomed me with open arms, helped and supported me in my darkest moments. Without the support they gave me, I would never have been able to pick myself up, much less complete a qualification which allows me to do a job that I love. The opportunities they have provided have been life changing and for that I will be forever grateful. I also have peace of mind that should I need help in the future, they will always be there.”

(Veteran)

“All the projects [in our portfolio] are additional to those that existed in London previously and as such, support for veterans has increased considerably specifically because of the [VPPP] funding. By December 2022, the portfolio had provided services and support to approximately 1,060 veterans and family members and had cross-referred 50 veterans to other organisations within the portfolio or beyond.

Referrals are coming from new sources such as Guys and St Thomas’ Hospital and Op Courage, with much stronger links for all partners when a veteran needs mental health treatment. This has increased access for veterans who may not have previously been receiving support and has enabled veterans to access appropriate support much quicker.

We have seen partners co-working cases to ensure veterans have more seamless support [...]. The partnership has facilitated this kind of working and has helped to break down some of the natural silos that exist across services.

We have seen new cohorts of veterans accessing services for the first time, such as the LGBT+ community, by increasing the partners’ awareness of the needs of these individuals. The VPPP funding has been key to enable a community worker to actively seek out LGBT+ veterans and supporting and encouraging them in accessing services.

The funding has enabled partners to pilot new services and activities to see what works, and through these pilots refine what we provide to attract more veterans into the easier to access activities. We trialled walks in London, but this did not attract veterans; however, an outdoor allotment space has proved to be popular. We have learned that services need to be close to where the veterans are to be most successful as we are seeing with CDARS [Community Drug and Alcohol Recovery Services] who are working closely with Haig Housing and providing a variety of activities in close locality to the Morden housing complex.

Partners feel that the London Veteran Partnership webpage, hosted on the Poppy Factory website [<https://www.poppyfactory.org/londonveteranspartnership>], has helped to collate information on what all partners can offer which has increased access as they now have more in depth knowledge of what each other do and more confidence in their respective services.”

(Poppy Factory, VPPP London)

One portfolio lead reported early in the programme that they were able to support a young veteran following a desperate call from his mum – she was concerned he might try to harm himself, and soon after her fears were realised when her son tried to take his own life. A VPPP-supported project intervened and is now offering him practical and emotional support, and he regularly attends a support group which helps him deal with the issues he is facing.

During the promotion of another regional portfolio at an engagement event, a currently serving officer who was present came forward to request support for their spouse, who had recently been medically discharged from the Army due to mental health issues. He had felt let down by the system and eventually tried to take his own life. Within 48 hours of the request for help, the veteran had been triaged and offered person-centred counselling, and follow-up support. He was referred directly to support services with the NHS and has engaged with a local peer drop-in service provided with the help of VPPP funding. He offered to volunteer to provide a sense of fulfilment and purpose ‘and a future’ once his treatment is complete.



# Improved cross-sector support for veterans at a higher risk of suicide

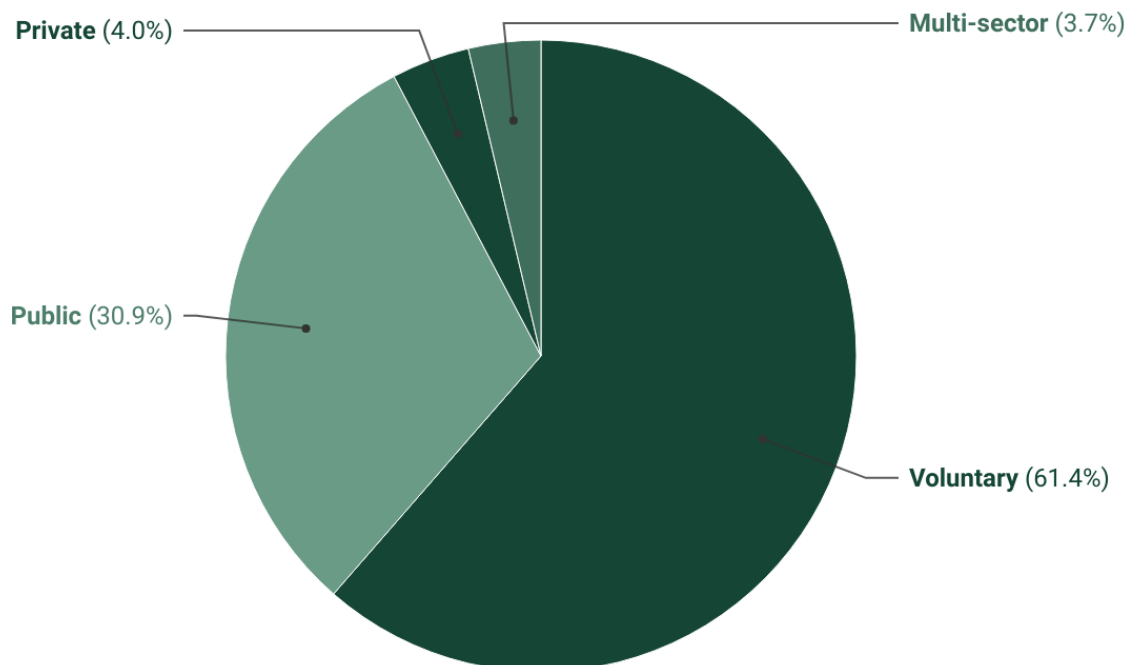
Deepening connections to statutory agencies and services is widely reported by regional portfolio leads, which is vital to try to ensure that veterans in need get all the help that is available to them.

The Brighter Futures for Veterans project in Southwest England, for example, led by the Invictus Games Foundation, reported that the South West Integrated Personalised Care Team had supported 182 veterans in the first few months of engagement with the VPPP programme, and the team quickly widened the portfolio's network and extended it into the NHS.

“Feedback from VPPPSE delivery partners has been that many other agencies – statutory and third sector – regard VPPP as indication of the ‘professionalisation’ of the veterans’ support not-for-profit sector. A number of VPPPSE partners have stated that being a part of the programme has opened doors they were not previously able to access.”

(Veterans’ Outreach Support, VPPP South East)

Figure 3 below shows that across the whole VPPP programme, over 60% of all the organisations involved are from the voluntary and community sector, with one-third being organisations and agencies from the public and private sectors.



Created with Datawrapper

*Figure 3: Sector breakdown among VPPP partners and non-funded associate members across all regions. NB: ‘Multi-sector’ denotes partnerships of two or more organisations and agencies of different types from different sectors (almost all of which are non-funded associate members)*

Excluding non-funded associate members, most regional portfolio partners are from the voluntary and community sector, so there are strong indicators that the VPPP programme and the infrastructure that has been developed through it has greatly improved cross-sector support for veterans.

Cross-sector support and collaboration has also been facilitated through the legacy of other programmes funded by the Trust, particularly within the Veterans' Mental Health and Wellbeing Fund (VMHWF). A significant number of VPPP partners and projects have been funded to deliver projects or act as strategic leads in other VMHWF programmes, including Strategic Pathways, Positive Pathways and One Is Too Many. VPPP partners have also delivered projects in other specialist programmes previously run by the Trust such as the Tackling Loneliness, and the Tackling Serious Stress in Veterans, Carers and Families programmes, which means a history of networks and collaboration to build on and a kinship between them and between their purposes.

For example, the One Is Too Many (OITM) programme awarded nine grants of up to £300,000 each to two-year projects that aim to reduce suicide risks within vulnerable veterans in a co-ordinated and targeted way. Seven of these organisations are involved in the delivery of the VPPP programme, either in a funded or non-funded capacity.

As with VPPP, collaborative working was expected as part of the OITM programme, with projects required to show they would be likely to reduce suicides in veterans through providing direct support to groups of veterans who are at significant risk of suicide and are not accessing support, or delivering a project that will have a clear and demonstrable impact on suicide prevention through changing how support is offered to save lives.

Most OITM projects ran through 2021 and 2022, and the outputs, learning and improvements that have come out of these projects have been able to inform and influence the work of a number of VPPP projects. This is particularly the case where organisations have been involved in both programmes, such as Adferiad in Wales, whose 'Left of Boom', OITM-funded project aimed to reduce and prevent suicide by higher risk veterans through providing a bespoke peer mentoring service across Wales that accessed vital networks, experience and provided timely interventions. These referral pathways and support mechanisms have continued through the VPPP programme, with Broughton House and the VPPP North West portfolio also drawing on OITM resources and outputs, such as training in suicide prevention.

Further to this training, Combat Stress has delivered an online suicide prevention workshop range for all the VPPP regions as part of its role a Strategic Lead and mental health specialist. Ongoing training will be delivered online via a collaborative learning management platform, launched in early 2023, which is available to all VPPP partners for the duration of the programme.

Funding for case workers, and investment in their training, is consistently highlighted by regional leads as a critical component of the programme and vital in improving cross-sector support for vulnerable veterans across all aspects of the programme.

"In various projects we have employed people who are on the ground supporting mental health and activities. These are new roles and have been welcomed by those using them. These resources for this project have been requested for many years but the funding has not been available for those involved until this programme. They have been able to spend time creating links between other organisations and the veteran to enable a constant link during any support needed."

(Bridge for Heroes, VPPP East)

This sentiment is echoed in other regions:



“Funding dedicated support workers is improving support across the region and across the sector. Several of our partners work directly with local authority Suicide Prevention Teams, probation, police, substance misuse services and community mental health teams; raising awareness of veteran specific presentation, behaviours and needs. Initial assessment processes include structured check lists / interviews paying attention to risk factors. When joint working to support a service user, partners feedback and share concerns agreeing follow-up actions.”

(DMWS, VPPP Midlands)

## Have referrals improved?

Naturally a large part of the success of the programme in supporting veterans with their mental health and wellbeing needs lies in the systems and processes existing or established to refer beneficiaries and service users to other sources of support – this includes within each region, between regions and across sectors. Year one of the programme has seen these referral processes and pathways develop with the aim of many that veterans only need to reach out and tell their story once, and that there is ‘no wrong door’.

In Northern Ireland, a ground-breaking partnership between three organisations has started to see significant results for the veteran community in the region. Brooke House, Inspire Wellbeing and Combat Stress are the largest providers of veterans’ mental health care in Northern Ireland. They have been brought together to collaborate on creating integrated pathways for veterans in a fully joined-up mental health service which complements statutory provision. Their joint project aims to ensure timely interventions for veterans who would otherwise face long waiting lists for care. Their progress towards the end of the first year of the project is summarised by NIVSO:

“There is strong evidence that access to mental health and wellbeing services and activities has both increased and improved across the VPPPSE region. Partners are working with higher numbers, and reaching more vulnerable clients, as evidenced by their reports and numerous case-studies. This has been achieved by: joining up service delivery with multiple agency meetings; and, raising awareness and improving understanding of what is available – both locally and across the region.”

(Veterans’ Outreach Service, VPPP South East)

Collectively, these partners account for a significant element of the VPPP funding [in NI], but they have never previously formally worked in close collaboration with each other. An operating Memorandum of Understanding sets out how each partner will now deliver specific services, namely: Combat Stress – psychiatric and psychological assessment and treatment; Inspire – psychological assessment and psychological therapies, including addictions; Brooke House – psychological therapy, physiotherapy and complementary therapy.

There have been a number of positive outcomes in the last quarter: clinical posts have been recruited (a challenge in the labour market); a flowchart for referral procedures has been developed for use by all three; now just one triage or access point (veterans tell their story just once); an external referral form has been implemented for VPPP partners and other stakeholders; an accepted measurement methodology has been adopted; all three have implemented a full multi-disciplinary assessment approach leading to a holistic treatment plan; joint training between the three partners in 2023, extending to other VPPP colleagues at a later date.

Broughton House, VPPP lead in North West England, gives an overview of the achievements in this area within their portfolio:

The NW Portfolio continuously seeks to engage the wider network of agencies working with the Armed Forces community [across all sectors]. It is taking significant time to develop and maintain relationships, with many different levels of stakeholders. We regularly provide updates and information on the VPPP programme to these wider networks and brief local and regional colleagues.

Burnley FC in the Community can evidence improved referrals both through their commissioned work in connecting and supporting sports clubs with their veteran projects (e.g., Sale Sharks Community Trust, who have seen a 120% increase in new participants), and in the referrals made in and out of their internal pathways (over 250).

In Merseyside, we are pleased that both the Liverpool City Armed Forces Strategic Group and Liverpool City Region Combined Authority Covenant Network have been reinvigorated. This is through the funding of Veterans HQ Liverpool, and our efforts as Portfolio Lead with support from funded Partner GMCA. Additionally, Veterans HQ Liverpool are leading as experts on supporting veterans in-custody and 'through the gate', which has seen great success in connecting with new partners across the North West due to the VPPP Portfolio.

The Regional Leaders project led by Walking with the Wounded empowers those with lived experience and passion to highlight their inherent skills and support others. Regional Leaders are briefed on the various pathways and agencies that can provide services, and guide those in need to find a suitable solution. This is invaluable to improving awareness of support available directly with the Armed Forces community, whilst acting as ambassadors for local projects and groups.

One challenge faced is ensuring that professional standards are understood and upheld to provide confidence for referring agencies that the organisation will operate and deliver a quality intervention for an individual, that previously has been held back due to mistrust or lack of awareness.

In year two, we will continue to monitor referrals amongst agencies, and would like to introduce a standardised referral form to improve the user journey – this will reduce the number of times a veteran has to tell their story, which has long been a source of contention and barrier to accessing or continuing to engage with services. We would also like to encourage services to include VPPP / Forces Wellbeing Collective as an option for 'how did you hear about us?' [in their monitoring and evaluations]. And additionally, we will continue to engage with a variety of mainstream services to include the question 'have you ever served in the Armed Forces?' to understand where veterans are present and provide training and awareness sessions where relevant.

These achievements and positive action are echoed across other VPPP regions. Sporting Force, VPPP lead in the North East England & Yorkshire portfolio, reports how referral processes and referral rates within their region have improved, and how cross-sector collaboration and support has strengthened.



“Partners have worked closely with the NHS, prison services and other relevant organisations over the last 12 months to ensure that cross sector support is being offered in our region. Awareness of the services being offered has increased in GP surgeries by doctors, nurses and social prescribers. The feedback has been very positive as they provide immediate support for veterans and their families. No waiting lists and the duplication of information has been greatly reduced.

Sporting Force has been meeting with NHS leaders to discuss social prescribing to the portfolio services. The new network meetings have been welcomed by other agencies.

Project Nova and the Care After Combat (CAC) Northeast Coordinator are liaising to improve collaborative working and the referral process of beneficiaries who are released from custody. CAC and SSAFA are working to improve support to veterans in HMP Northumberland, where many veterans are in need of support [but there is difficulty in gaining access].”

(Sporting Force, VPPP North East & Yorkshire)

Engagement and cross-referral with Op Courage has improved and increased across all regions in England according to reports. Launched in March 2021, Op Courage is NHS England’s specialist veterans’ mental health and wellbeing service that combines several previous related services, and it is divided into regions in England which have informed the regions within the VPPP programme, together with Scotland, Northern Ireland and Wales. Numerous examples are given by VPPP partners where veterans have been referred by OP Courage to their services and vice versa.

Integration between the work of VPPP partners and Op Courage includes embedding case workers into NHS facilities and OP Courage regional team members becoming members of VPPP steering groups, as well as the improved referral processes.

## Reducing loneliness and isolation for veterans

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Addressing the issue of loneliness and isolation among the Armed Forces community has been an objective of the Trust’s programmes for several years. In early 2020, the Trust ran a consultation that led to the development of the Tackling Loneliness programme, a precursor to the VPPP programme, which was designed to target specific groups within the Armed Forces community who are traditionally hard to reach.

Through the Tackling Loneliness programme, in early 2021, 60 projects were awarded grants of up to £70,000 each totalling £4 million, to help build stronger social networks and friendships, improve access to local activities and provision, build emotional resilience to overcome the causes of loneliness, and empower Armed Forces communities to become more independent. A number of these projects carried on their work into the VPPP programme and have been able to build on their achievements in these areas. The importance of reducing loneliness and isolation in improving mental health and wellbeing was clearly demonstrated, in the delivery of the Tackling Loneliness programme and in the subsequent evaluation.

A key objective of the VPPP programme and the projects and services that it funds is to continue the reduction of loneliness and isolation among the veteran community, particularly those that are the most vulnerable and at risk of serious mental health problems. Regional portfolios are addressing this in a variety of ways, from having case workers directly supporting individuals to ensuring that veterans have access to safe and comfortable places to go which reduce loneliness and enable them to spend time with their peers. These places play an important role in providing the ‘pathways’ of support and referrals.

“Without exception all partners [in our region] report improvements for veterans in reduced loneliness and isolation. [...] Collaborative working, regional social events, retreats, and engagement opportunities such as regular Town Hall calls all result in forming social / support networks with like minded veterans. We are taking an asset-based approach to supporting veterans to integrate into existing opportunities within their communities (including hubs, volunteering roles, banter & brews sessions, association groups etc.). Most of the veterans attending the drop in hub on a regular weekly basis are accessing the centre to meet others and to reduce their isolation. Many are on their own, including bereaved veterans and the comradery is a delight to see as they all support each other.”

(DMWS, VPPP Midlands)

Building partnerships and expanding regional and national networks are seen as crucial within the programme to help reduce incidences of loneliness and isolation among veterans as this provides greater options to suit a wide range of needs and circumstances. Portfolio partners provide drop-in centres and a wide range of activities and social events, both indoors and outdoors. Other partners provide signposting to these services, some provide transport to enable access, which is particularly valuable in rural areas. Helplines and online engagement, such as webinars and social media, give more veterans the opportunity to access support and friendship.

## How will partnerships and collaborations grow in year two of the programme and beyond?

An important factor in the success and legacy of the VPPP programme is how partnerships and successful working relationships between organisations continue to develop, and thrive, during the second year and then beyond the life of the programme. All regional portfolio leads report that sustainability is high on the agenda. Several point out that many partnerships and collaborations from previous funding programmes carried on into the VPPP programme, not just where funding was in place but also with non-funded partners.

However, the reality that some things may be difficult to sustain without financial support is acknowledged by regional leads. These are some of the challenges facing partners and the veterans that are benefiting from the programme.

“The contribution and individual work that partners have brought to the Scottish Veterans Wellbeing Alliance is a testament to their care and compassion for the veterans’ community, their families, and carers. We are demonstrating that collectively we are bigger than our individual parts and being in partnership allows us to offer more support and assistance to those that require it. The fact that partners had shown a willingness to continue working from the Live Life partnership, with no additional funding, to now being part of an even larger partnership shows we all acknowledge the all-round benefits of taking a collaborative approach.”

(NHS Lothian, VPPP Scotland)

“All partners are committed to continuing the good work we have started but we also must recognise that these partnerships and collaborations do not just happen on their own and a great deal of time and effort has been invested, thanks to the funding, to nurture the relationships. [...] We are concerned that the sheer effort and cost involved in the work we have been doing together might mean that another year is not long enough to truly establish this way of working in London.”

(Poppy Factory, VPPP London)

For year two of the programme, more opportunities for collaboration are being explored, and the consensus is that partnership working has been very effective in delivering results for the veteran community, and that every reasonable effort will be made for this to continue where possible.

Learning and achievements realised in year one will continue to develop and be embedded through year two, with all regional leads optimistic about the impact that the programme can have. Supporting harder to reach veterans, improving services, and improving systems and practices remain key objectives.

## How are projects embedding what they have learned and achieved into delivery in year two and beyond?

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All regional leads express their intentions to maintain the success and achievements realised so far and embed learning into future delivery. Mechanisms for continuous improvement, such as training, communications and evaluations, have become established across portfolios. The impetus for continuous improvement has grown exponentially towards the end of year one of the programme according to Veterans' Outreach Support in Southeast England, and will continue into year two and beyond. This sentiment is echoed in other regions.

Sustainability is a key objective of the VPPP programme; this means sustainable outcomes for veterans and their families, lasting improvements in supporting harder to reach and underrepresented veterans, and improvements in services, systems, processes and practices.

There is recognition across all regional portfolios that collaboration has been invaluable and an important factor in the achievements realised so far. Embedding this way of working will be a significant outcome from the VPPP programme. The partnerships and expanding networks that make this happen are important, and so too are the practices that facilitate these.

Post-Covid, in-person communications and events have been broadly welcomed. More frequent contact with partners and collaborators, and better communications between organisations and agencies, has played a significant role in developing better services and outcomes for veterans. These practices are being embedded into the way service providers operate.

Portfolio leads report that take-up of training opportunities among partners has increased during year one, suggesting a culture of learning and continuous improvement that has been fostered by the VPPP programme, which seems set to gather momentum in year two. Combat Stress, VPPP Strategic Lead for clinical mental health awareness and training, has developed a training programme to support all regional partners across the UK.

In Northwest England, 'legacy and learning' has been the main focus, driving improvements and sustainable outcomes through training and developing other resources:

'The majority of projects commissioned for the NW Portfolio have key deliverables relating to the production of toolkits, training, and resources for identified themes that will be ready in year two. This includes: advocacy, through 'Holding Spaces' (how to keep people safe and well whilst waiting to access clinical services); sports clubs; 'Education to Empower Wellbeing'; Pride in Veterans Standard; Military Sexual Trauma; Substance Misuse and Community Recovery; 'New Beginnings - supporting veterans through the gate'; Social Prescription; and, Volunteer Regional Leadership.'

(Broughton House, VPPP North West)

The ambition in the North West is to create ‘a culture of high quality service delivery’, raising standards and expectations among all stakeholders for the benefit of the veteran community.

Cultural and behavioural changes are also highlighted as key achievements elsewhere that have become embedded in the delivery of support, services, and in ways of working together. In Northern Ireland, substantial progress has been made here, perhaps more significantly than most. As reported by NIVSO, lead in the Tanvalley and Anaghlonge Project, the willingness of different agencies to come together has increased, with formal and informal meetings, improved personal relationships and collaborative working now seen as the norm. A holistic, person-centred approach towards the veteran in need, improvements in support between delivery partners, and a renewed focus on the value that volunteers can bring have also become embedded in the region through the VPPP programme.

“The confidence gained in acquiring life skills has filtered into other areas of veterans’ lives, giving them the motivation and focus to continue to learn and develop, resulting in an improved quality of life.”

(NHS Lothian).

Having a holistic approach has also been very successful for veterans engaging with projects in Scotland, and has created sustainable outcomes.

The establishment of the VPPP regional portfolios and the framework of the programme has developed a significant degree of trust – from other sectors and agencies working with VPPP partners but also with specific veteran communities – the work of Fighting with Pride, for example, is frequently highlighted as a significant development, even a watershed development in some areas. Engagement with harder to reach or more marginalised communities is routinely reported as a significant achievement for the programme, and one that all partners want to continue and improve in year two and beyond, although there is recognition that there is a lot more to do.

“We have seen new cohorts of veterans accessing services for the first time, such as the LGBT+ community, by increasing the partners’ awareness of the needs of these individuals. The funding has been key to enable a community worker to actively seek out LGBT+ veterans, supporting and encouraging them in accessing services.”

(Poppy Factory, VPPP London)

Projects and partners are embedding their learning and achievements in a number of other areas across the regions, and the use of technology and data are helping to drive improvements. Online communication tools, CRMs (Customer Relationship Management) and databases help collaboration and coordination, however several regional leads highlight the need for improvements in this area, perhaps with a central database or system that could be adopted by all delivery partners if practically possible. Several regions do still report improvements in data collection practices, which are being embedded into their work, and recognise that further investment of time and resources is needed to maintain this and to capitalise on it through reporting and appropriate data sharing, for example.

“There is strong evidence that access to mental health and wellbeing services and activities has both increased and improved across the VPPPSE region. Partners are working with higher numbers, and reaching more vulnerable clients, as evidenced by their reports and numerous case-studies. This has been achieved by joining up service delivery with multiple agency meetings; and, raising awareness and improving understanding of what is available – both locally and across the region.”

(Veterans’ Outreach Service, VPPP South East)



The collaborations and partnerships developed through the programme extend to sharing expertise and resources to develop future funding strategies to continue or expand their work: ‘among the portfolio we expect to see more joint bids for funding emerge as partners better understand how their services can dovetail with others (Poppy Factory, VPPP London).’ Sporting Force in North East England and Yorkshire discuss potential consortium grant applications in the future. These approaches help to support the ambitions for sustainability by addressing financial realities.

‘In our consultation with partners they identified that one of the biggest lessons learnt so far has been understanding what the veterans and their families want to engage in and how to best support that’ (NHS Lothian). The Poppy Factory highlights that in London, they have also learned what doesn’t work in terms of drop-ins and activities and engaging veterans, particularly around locations, types of activities and access. Naturally this type of learning will have happened across all the regions and will be applied during year two and beyond.

The connections (for referrals), policies and practices, and new and improved systems and processes developed through the programme – the ‘pathways’ – are generally regarded by regional portfolio leads as the most likely to continue beyond the life of the two-year funding. However, there was some concern that two years may not be long enough to have a legacy; embedding at scale may take more time and investment.

The ‘places’ would be challenging to sustain without continued funding, particularly during the cost-of-living crisis.

A key factor in the success of each region is evidently due to strong characters leading the way and making things happen. They also have the existing connections and networks to draw from, which is important in bringing all (funded and non-funded) partners together. Key individuals are also important within the delivery partners – if funding ends for their posts and they need to move on, that experience is lost, and it is hard to re-establish.

People are the most important resource, and the least likely to be able to retain beyond the life of a grant where the role is tied to the programme. It was noted that ‘burnout’ is particularly prevalent among people who work in the Armed Forces charities sector, because of lived experience, personal connection and being unable to detach from the work and individuals in crisis.

There were several views expressed by portfolio leads that the ‘people’ element of the VPPP programme may have been the least developed after one year of the programme; however, this is an area of focus in the second year. This includes the training platform from Combat Stress, for example, and the recognition across the VPPP programme that the emphasis on health and wellbeing can and should extend to those supporting beneficiaries and delivering services.



# Conclusions

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The landscape for veterans experiencing mental health and wellbeing challenges has changed significantly for the better through the first year of the VPPP programme.

The programme has been the catalyst for greater collaboration and partnership working among organisations and agencies in different sectors, coming together in a joined-up way to support veterans and their families. They have taken a holistic approach to mental health and wellbeing and supporting the individual, which can be seen in the diverse range of organisations that make up the VPPP network. There have been challenges to overcome during the first year of the programme, in establishing portfolios and ways of working, and with the external environment. There have also been achievements and meaningful impact in the first year of the programme, as evidenced by the many testimonies from veterans and their families that have been helped so far.

Accessing hard to reach veterans and those at greater risk has been a fundamental part of the VPPP programme in all regions, and there have been several notable successes. These communities include: vulnerable veterans who are lonely and socially isolated, either by choice or through circumstances; older veterans and those in rural areas; homeless veterans or those in the criminal justice system; LGBT+ veterans; and veterans in Northern Ireland. The programme has enabled a significant increase in the opportunities for engagement and outreach - through technology, by providing welcoming places to access support and socialise, facilitating warm referrals through the breadth and depth of the network that has been created, and having 'boots on the ground' such as case workers, often peers, who are trusted and understand the veteran in need. Indeed, a significant proportion of the funding in each region, and for the programme as a whole, has been spent on employing veterans in these roles and in delivering other support and services in partner organisations. Some organisations have allocated 100% of their grant to salaries.

In the case of LGBT+ veterans, for example, each region and portfolio in the programme has been readily supporting the LGBT+ community through a difficult and potentially life changing time during Lord Etherton's inquiry into the impact of the historical ban on LGBT+ people serving in the Armed Forces. Fighting with Pride has been instrumental in this support, and all the partners within the programme are now able and prepared to support this community in the aftermath of the publication of Etherton's report. In Northern Ireland, a significant shift has taken place in the understanding of veterans' needs and the attitudes towards them. The programme has helped to create an environment where trust has increased, and practical support has become available. Cultural and behavioural changes have been affected by the work of the VPPP partners and the wider network that has developed around them, and many veterans and their families in the country are receiving vital support for the first time because of the programme.

Critical to these examples and the impact of the programme, are the people involved in making the programme work, and delivering services and support directly to veterans. The programme has invested in people, and the places where services are delivered – both of which are important to the network of support for veterans, and also things that are regarded as the most challenging parts to sustain. Developing resilience in organisations and people is also an aspiration, which is perhaps a natural consequence should the other positive impacts be realised. Enabling organisations and projects to be in a strong position to apply for further funding once the VPPP grant has been expended is a nod to the reality that may face many of these projects, regardless of their many positive achievements. year two of the programme has already seen the hard work and successes continue. The systems, processes and procedures that have been put into place by all portfolios to support warm referrals and service delivery will continue to be honed and refined. These will form an important part of the legacy of the programme.

In year two, most regional portfolios anticipate further expansion of their networks and an increase in referrals. Plans to further improve monitoring, data collection and analysis for learning are in place in some areas. More training and upskilling of the people involved in the programme, from paid staff and volunteers, will take place. We look forward to seeing and reporting on even greater successes and impact in the coming year.

## Notes on methodology

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The qualitative data and information for this review of the activities and achievements in year one of the VPPP programme mostly came from two main sources: the end of year progress reports submitted to the Trust by regional portfolio leads; and interviews with the programme managers and heads of delivery at those organisations. Other material was sourced from recent progress reports submitted by the four strategic leads, the quarterly progress reports from portfolio leads produced through the first year of their grant, and their original applications for funding, which contain data on their initial aims and objectives.

The end of year progress reports contain a wealth of information on the delivery of the programme in each regional portfolio, as well as insight and opinion on the successes and challenges of the VPPP programme as a whole and the circumstances faced by the veterans they are supporting. The interviews were semi-structured and took place online via Teams in late 2022 and early 2023. They were initially focused on the phenomenon of how each regional network was expanding and integrating organisations and agencies that were receiving no direct funding from the programme; however, the discussions often digressed to take in other themes and topics around programme delivery that offered interesting insights worth noting in this report. The interviews were recorded with permission for the purposes of reviewing afterwards and notetaking, then deleted.

Qualitative data analysis took place in NVivo. This process involved importing the text from ten regional portfolio end of year reports (just under 56,000 words) into NVivo, then coding the text initially using an open coding method (not predetermined, but allowed to emerge from the data), before refining and developing broader thematic categories where appropriate.

The coding included areas and themes such as: 'achievements'; 'challenges'; 'expanding networks'; 'improving services'; 'raising awareness'; 'sustainability'; and 'training'. The structure of the end of year reports also aided thematic analysis of the text, as it asks specific questions about the work of each portfolio, including around improving cross-sector support for veterans, how their projects and portfolios have helped to reduce loneliness and isolation, how they will embed what they have learned into future delivery, and the challenges faced by veterans in their areas. Data from the interviews was also subject to the same coding and analytical techniques. These themes and codes have informed the structure of this interim report.

Underpinning the wider evaluation of the Veterans' Mental Health and Wellbeing Fund, which includes this present review and interim report and the final evaluation report for the VPPP programme, is a master dataset containing data on all grant holders, non-funded partners and quantitative data and analysis. This data source and analysis has been used for the statistics in the review, the charts, and network analysis in NVivo which enabled the sociograms seen in Appendices 3 and 4.

An additional detailed survey will be conducted with all stakeholders in the VPPP programme at the end of the programme.



# Appendix 1: VPPP regional portfolios and their members (Q1, 2023)

## Funded regional members and unfunded partners in the VPPP programme across the UK

NB: there are 88 distinct individual funded organisations within the programme, with 14 of these regional members being included in two or more regions.

■ Regional member ■ Unfunded partner

### Northern Ireland



### Scotland



### Wales



### England/North West



### England/North East & Yorkshire



### England/Midlands



### England/South West



### England/South East



### England/East



### England/London



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# Appendix 2: Veterans' Mental Health and Wellbeing Fund programmes

## Positive Pathways programme: 2019-2023

Opened in 2019, the Positive Pathways programme awarded fixed grants of £35,000 (1 year) or £70,000 (2 years) for activity-based projects developed by and for veterans that focus on improving veterans' mental health and wellbeing by getting veterans out and active. In total, 230 grants were made totalling £11.6 million.

Projects supported come under one of four main themes: sports; arts and culture; getting outside; heritage. Grants were awarded in five rounds between November 2019 and February 2021, with the final projects concluding in 2023 (some projects were delayed due to the Covid-19 pandemic).

|         | Date          | No. of grants | Total amount       |
|---------|---------------|---------------|--------------------|
| Round 1 | November 2019 | 36            | £2,520,000         |
| Round 2 | February 2020 | 53            | £3,465,000         |
| Round 3 | March 2020    | 25            | £1,575,000         |
| Round 4 | November 2020 | 31            | £1,085,000         |
| Round 5 | February 2021 | 85            | £2,965,000         |
|         |               | <b>230</b>    | <b>£11,610,000</b> |

## Strategic Pathways programme: 2019 and 2020-2022

In 2019, grants totalling just over £1.65 million were awarded to six national organisations to provide support and mentoring to organisations delivering activities under the Positive Pathways Programme. The grants were made to: Combat Stress; Cobseo; Hafal (now merged into Adferiad Recovery); Defence Medical Welfare Service (DMWS); Invictus Games Foundation; and Walking with the Wounded.

In 2020, these organisations received continuation grants, totalling £900,000, to continue their work.

## Veterans Should Not Be Forgotten: 2020

Of the £10 million award to the Veterans' Mental Health and Wellbeing Fund announced in March 2020, £3 million of this funding was allocated to establish an emergency funding programme (including support costs), which was available immediately, focusing on alleviating suffering and loneliness for isolated veterans caused by restrictions due to the Covid-19 pandemic. Funding was available of up to £20,000 per organisation, for a six-month project.

Organisations fitting the established criteria were invited to apply. These included: Age UK branches across the UK; members of ASDIC; and Cobseo members who were eligible for the funding.

Grants were awarded in May 2020 to 120 organisations across the UK totalling almost £2.4 million. Grants supported a wide range of projects, subsequently identified as falling within the following core themes: veterans staying connected; veterans learning new skills; veterans supporting veterans; and veterans in partnership.

# Appendix 2: Veterans' Mental Health and Wellbeing Fund programmes continued

## One Is Too Many: 2021-2023

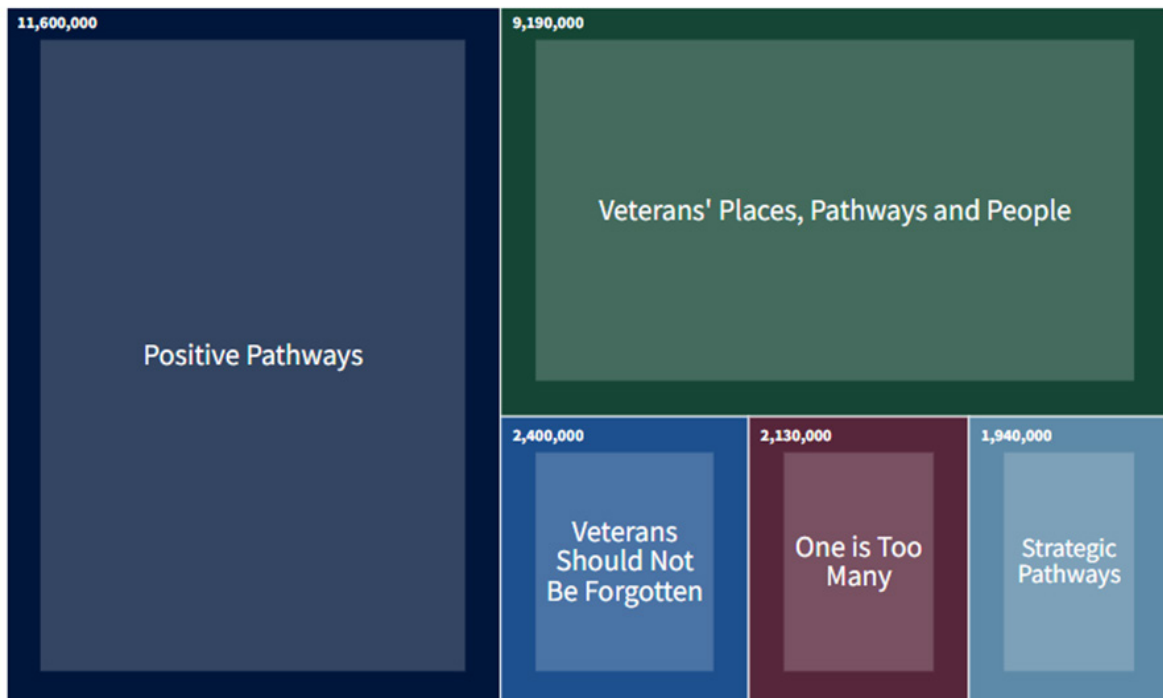
The programme opened late 2020 to award grants to projects that aim to reduce suicide risks within vulnerable veterans in a co-ordinated and targeted way.

Collaborative working was expected as part of this programme, with projects required to show that it will be likely to reduce suicides in veterans through providing direct support to groups of veterans who are at significant risk of suicide and are not accessing support; or delivering a project that will have a clear and demonstrable impact on suicide prevention through changing how support is offered to save lives.

In March 2021, eight grants were awarded totalling just over £2.13 million. Grants were made to cover a two-year period and were awarded to: the Baton; Adferiad Recovery; Help for Heroes; Inspire; RFEA – the Employment Charity; RMA – the Royal Marines Charity; SSAFA; and Walking With The Wounded. The grant to Walking With The Wounded was subsequently withdrawn by mutual consent as the organisation was unable to fulfil the terms of the grant.

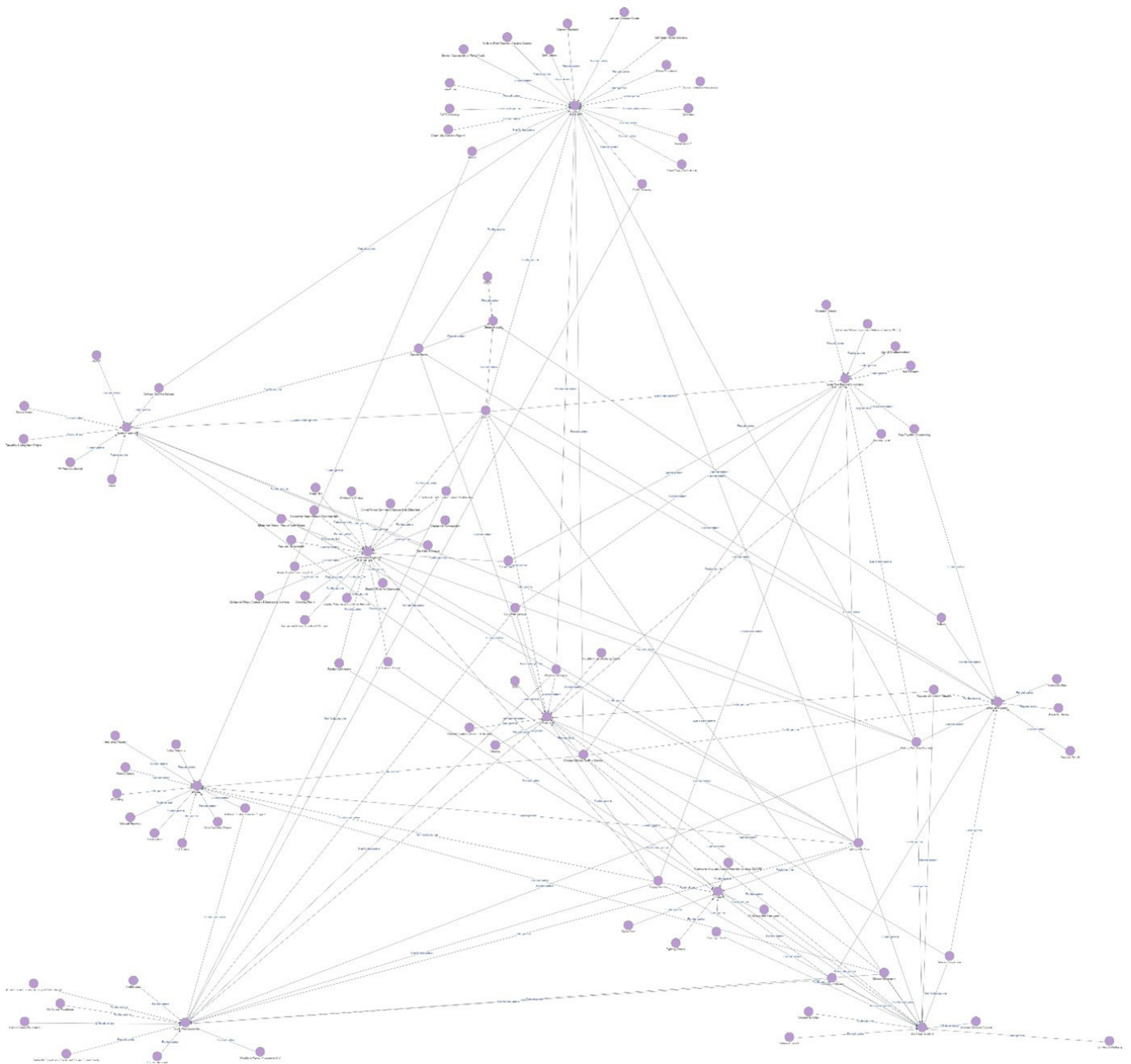
## Veterans' Places, Pathways and People: 2021-2023

Applications that clearly demonstrated a proven ability to take a co-ordinated and informed approach across their country or region were prioritised. Successful applications needed to demonstrate that there are connected pathways which work well for veterans, that there are safe places for veterans to go which connect into these pathways, and that volunteers and staff who support veterans have access to training and work closely with other organisations within veterans' mental health pathways.



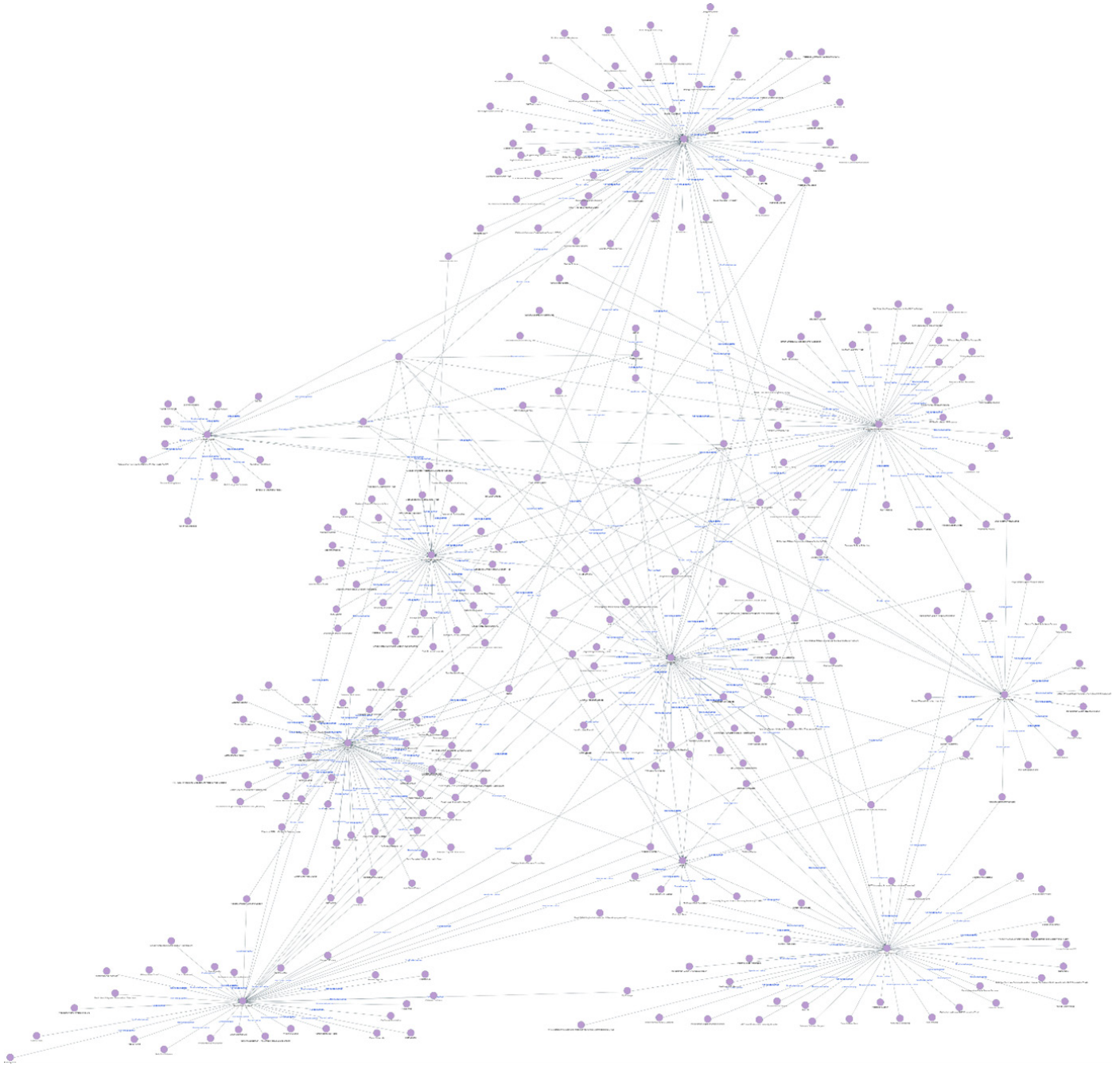
# Appendix 3: Sociogram of the VPPP regional portfolio network (funded partners)

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# Appendix 4: Sociogram of the VPPP regional portfolio network (funded and non-funded partners and strategic leads)

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