Interim Report: Evaluation of the Reducing Veteran Homelessness Programme
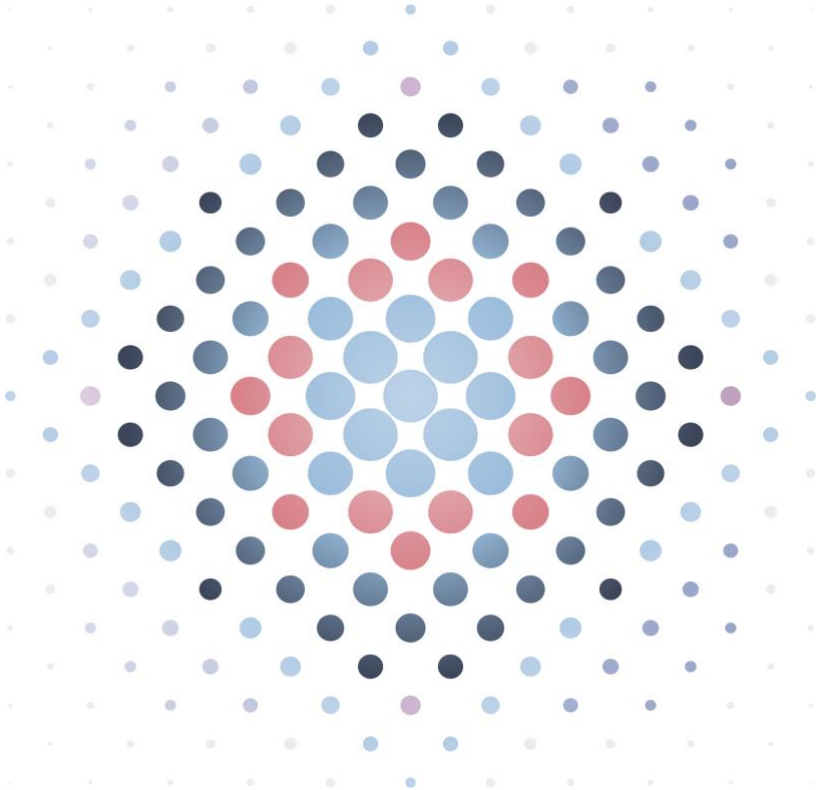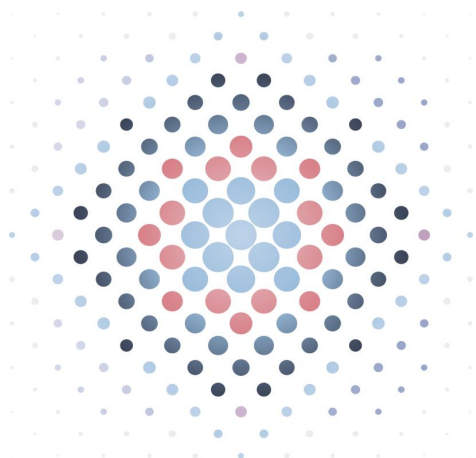
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About the authors

Alma Economics combines unparalleled analytical expertise with the ability to communicate complex ideas clearly.

www.almaeconomics.com

About the commissioning organisation

The Armed Forces Covenant Fund Trust (the Trust) awards grants that support the Armed Forces community. It is both a charity and a Non-Departmental Public Body, or NDPB, delivering high impact programmes, including administration of the £10 million Armed Forces Covenant Fund, each year. https://covenantfund.org.uk/

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Executive summary

Introduction

For the approximately 2.1 million veterans currently living in the UK, accessing suitable accommodation when moving into civilian life is a key factor for their future wellbeing (Kirk-Wade, 2024; Northern Ireland Statistics and Research Agency, 2019; Fleuty et al., 2021). Results from the Veterans Survey (2022) highlight that housing and access to information on support services are essential in easing the transition to civilian life. Based on a sample of 28,957 veterans, approximately 37% indicated that better information on available support services would have made their transition smoother, while 21% expressed that having confirmed housing would have improved their preparedness for civilian life (ibid). In recognition of this need, the Armed Forces Covenant Fund Trust (the Trust), on behalf of the Office for Veteran's Affairs (OVA), launched the Reducing Veteran Homelessness Programme, running from April 2023 to the end of 2025. This Programme aims to reduce veteran homelessness and provide sustainable supported housing.

The programme consists of two key components: (i) Op FORTITUDE, a centralised referral pathway system for veterans facing or at risk of homelessness, designed to help them access stable housing and comprehensive support services, and (ii) grant-funded projects across nine organisations,[1] which aim to increase housing capacity, provide specialised support (e.g. therapeutic services), and foster community integration for veterans.

Alma Economics was commissioned by the Trust to conduct a comprehensive evaluation of the Programme over a three-year period. While the Programme itself will run for two years, the evaluation extends into a third year to assess both immediate and longer-term impacts.[2] This report summarises the findings from the evaluation's first year, covering a scoping phase, as well as process, impact and economic evaluations.

Methodological approach

The evaluation began with a **scoping phase**, involving a desk-based review of grant holders' applications and progress reports, supplemented by scoping interviews with each grant holder. This phase helped us understand each project's objectives, expected outputs, and data collection practices. The key outcome of this phase was the development of a comprehensive, interactive Theory of Change (ToC), which maps how each project is expected to drive change and create long-term impact. The ToC served as the foundational framework for both the impact and economic evaluations, helping us identify key outcomes to be quantified and monetised. It also provided a basis for exploring potential causal links between the Programme's activities and veteran outcomes across various dimensions, such as housing, mental health, and employment.

The **process evaluation** focused on assessing the effectiveness of the Programme's delivery. Insights were drawn from grant holders' quarterly progress reports, as well as

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[1] An additional organisation, Beyond the Battlefield, was awarded a grant in March 2024 to provide wrap-around services for veterans in Northern Ireland who are homeless or at risk of homelessness. However, due to the late start of this grant-funded project, it was not included in the current evaluation, though it will be considered in the next evaluation phase.

[2] As of November 2024, the Programme has been extended until March 2026 as a result of additional funding.

engagement with stakeholders, including grant holders, delivery organisations, frontline staff and beneficiaries. This evaluation highlighted successes, challenges and lessons learnt from both Op FORTITUDE and the grant-funded projects. For the **impact evaluation**, a mixed-methods approach was used to assess the Programme's impact across key areas, combining quantitative data from grant holders on veterans' needs, access to services, engagement, retention and outcomes, with qualitative insights from interviews with beneficiaries and frontline staff. In particular, we quantified veterans' improvements across the key outcomes identified in the ToC, while beneficiary interviews provided valuable qualitative insights into potential causal links between programme activities and veterans' progress, offering a deeper understanding of the observed changes. Given that much of the funding supported existing projects, it was challenging to isolate the specific effects of the Programme's funding. Therefore, the impact evaluation was conducted at the Programme level to capture the collective impact of the Programme as a whole, rather than attributing results to individual components. For the **economic evaluation** of the Programme, a Cost Benefit Analysis was conducted to estimate the social return on investment. This analysis considered both the direct costs of the Programme, as well as tangible benefits (e.g. public sector cost savings) and intangible benefits to beneficiaries and society overall (e.g. improved veterans' mental health and overall wellbeing).

For both the impact and economic evaluation, we worked with data from a sample of grant holders. We intend to build on this approach to improve the accuracy and coverage of the impact and economic evaluation in future years.

Process evaluation findings

Op FORTITUDE

The Op FORTITUDE referral pathway achieved notable successes in its first year. It effectively met its objectives of securing stable accommodation for veterans, surpassing expectations in terms of demand, and feedback from both grant holders and beneficiaries was overwhelmingly positive. The pathway was praised for its effective communication among the Op FORTITUDE team, referral agencies, and grant holders, as it facilitated quick problem resolution. Additionally, the pathway demonstrated adaptability by evolving in response to challenges, such as managing high referral volumes and improving referral appropriateness over time.

However, the pathway faced challenges, including an overwhelming level of demand that exceeded initial projections, impacting the speed of processing referrals. Issues also arose from grant holders receiving referrals that did not match their service provision, often due to complex needs or reported inaccuracies in referral information. Furthermore, some grant holders experienced capacity constraints, which affected their ability to support high-need referrals and meet the Programme's goals. Recommendations to address these challenges included prioritising high-risk referrals and expanding the Op FORTITUDE network of supported housing providers.

For Op FORTITUDE to continue to evolve successfully, it is crucial that the pathway remains a collaborative partnership with open communication and continuous feedback. Reviewing the assessment process to ensure the systematic capturing of beneficiary data could also streamline referrals, reduce redundant information collection, and help address challenges faced by both those submitting and receiving referrals.

Grant-funded projects

In evaluating the grant-funded projects, several key successes emerged. The Programme's funding significantly enhanced staff support, allowing for more meaningful engagement with beneficiaries, particularly those with complex needs. Improved partnership working with local services and networks was also highlighted as a success, as it strengthened overall support and service delivery. Moreover, increased access to therapeutic interventions was identified as a critical factor in achieving positive, life-changing outcomes for beneficiaries.

Despite these successes, several challenges were also identified. Staffing issues, including difficulties in recruitment, retention, and managing turnover, impacted project delivery. The changing and complex needs of beneficiaries created challenges in providing consistent support and facilitating positive behaviour change. Additionally, managing group dynamics posed a challenge, as challenges among beneficiaries could negatively affect the progress of others. Measuring and promoting 'soft' outcomes related to beneficiary wellbeing proved challenging but essential for meaningful change. System-related barriers, such as the lack of appropriate move-on accommodation and disincentives related to employment and benefits, also hindered progress for some beneficiaries.

The lessons learnt from the Programme's first year emphasise the need for adequate time to build capacity, resources and relationships when establishing new programmes. Ensuring stability and consistency in support, managing expectations from the start, and adopting person-centred approaches are crucial for effective service delivery. Holistic support, aligned with individual needs and intrinsic motivations, is also key to maximising positive outcomes.

Impact evaluation findings

Op FORTITUDE

In its first nine months (up to and including March 2024), Op FORTITUDE helped nearly 200 veterans move from the streets into veteran-supported accommodation. Op FORTITUDE also assisted approximately 400 additional individuals in accessing emergency accommodation, highlighting the high demand for veteran-specific support and the need for expanded housing options.

Grant-funded projects

In the Programme's first year, four grant holders provided data on 472 veterans. Of these, 304 had their needs assessed, and 284 accessed the support services offered by the four grant holders. The evaluation explores how these services addressed the needs of veterans, and the impact of the support provided across different outcome areas.

- **Employment:** Approximately 40% of veterans had employment-related needs. Among those who engaged consistently with support, 56% experienced improved employment outcomes. Successes include increased motivation and confidence from employment, effective referrals to job opportunities, and funding specialised staff roles dedicated to providing personalised employment support and building partnerships with corporations. Difficulties include managing veterans' expectations about employment outcomes, understanding the impact of employment on receiving benefits and addressing barriers such as lack of identification documents and inadequate local support networks.

- **Skills:** For the 5% of veterans needing support to develop work-related skills, 50% who participated in relevant activities showed improvement. Effective training programmes

and educational opportunities have supported career transitions with notable examples, including higher education enrolments and vocational training successes. Ensuring that training aligns with individual career goals and addressing the diverse needs for skills enhancement are ongoing challenges. Some veterans face difficulties in translating their military skills into civilian job markets.

- **Mental health:** Approximately 60% of veterans had mental health needs, with 74% of those engaging consistently with support showing improvements. Successful elements include timely access to therapeutic interventions and strong partnerships with mental health services. Measuring progress in mental health is complex, and maintaining emotional support is critical to preventing relapse. Variability in local NHS provision can also impact the consistency and availability of care.

- **Physical health:** Of the 15% of veterans with physical health needs, 65% of those who engaged with support showed improvements. Successful efforts include better healthcare access and increased participation in physical activities, leading to better health outcomes. Physical health support is less prevalent among projects. There is a need to expand focus and resources to address physical health needs more effectively.

- **Accessing housing:** Of the 83% of veterans needing housing support, 61% saw improvements in housing access through consistent engagement. Successful stories include veterans moving into stable housing with long-term support. Key challenges include issues in accessing the private rental sector, such as guarantor requirements and the broader national housing shortage. Building positive relationships with landlords and managing expectations regarding housing stability are critical.

- **Retaining housing:** Of the 20% of veterans needing support to retain housing, 68% who engaged consistently with support showed improved retention. Support has positively affected veterans and their families, enhancing stability and long-term outcomes. The distinction between obtaining and retaining housing is important. Ensuring that veterans have the necessary skills and support to maintain tenancies is essential. Tailoring support to meet individual needs and goals, rather than applying a one-size-fits-all approach, is crucial for long-term success.

- **Reduced substance misuse:** Among the 15% of veterans needing support for drug dependency, 60% who engaged consistently with the provided support showed improvements in managing their drug dependency. Of the 20% of veterans needing help with alcohol dependency, 64% who engaged with support saw improvements in this outcome area. Successful aspects include coordinated interventions and targeted counselling. These efforts have led to notable recovery outcomes and improved wellbeing for many veterans. Persistent challenges include creating and maintaining an environment conducive to recovery. Managing the risk of relapse is crucial, particularly when veterans are exposed to others struggling with substance misuse. Ensuring the availability of dedicated rehabilitation spaces and ongoing support is essential for preventing relapse and supporting sustained recovery.

- **Wellbeing:** For the 24% of veterans with recorded wellbeing needs, 58% who engaged with wellbeing support saw improvements. Key successes include diverse activities like art therapy and mindfulness that significantly enhance overall wellbeing. Engaging veterans in wellbeing activities can be challenging due to difficulties in participation and resource constraints such as staff shortages. Addressing these issues is crucial for sustained wellbeing support.

- **Healthy relationship repair:** Of the 3% of veterans needing support for relationship repair, 40% who engaged consistently achieved healthy relationship repair. Effective

support targeted direct engagement with families, maintenance of important social ties or leaving toxic relationships. Tailoring support to individual circumstances is essential for effective outcomes.

- **Improved social skills and community engagement:** Among the 1% of veterans needing support to improve social skills and community engagement, 100% who engaged consistently showed improvements. Successful strategies included group activities, peer support networks, and befriending services. Veterans often face barriers in adjusting to civilian life and overcoming isolation. Addressing these barriers requires ongoing, personalised support and innovative engagement strategies.

- **Improved financial management:** Of the 11% of veterans needing help with financial management, 71% who engaged with support improved their financial management skills. Key successes included tailored support for managing income, debt and benefits. Navigating financial systems and accessing benefits can be complex. Ensuring that veterans receive consistent financial management support is important for achieving long-term stability.

- **Reduced probability of (re)offending:** Among the 6% of veterans needing support to reduce (re)offending, 64% who engaged with relevant support showed reduced involvement with the criminal justice system. Effective support focuses on compliance with statutory orders and preventing harm to others. The issue of involvement with the criminal justice system was less frequently raised in discussions with stakeholders, as well as less frequently addressed, highlighting the need for more comprehensive data collection and targeted interventions to fully address this area.

Economic evaluation findings

The CBA only considers the impact of the first year of the grant-funded projects. It includes the funding costs of the first year, while the benefits of the first year of the projects are projected to materialise over a 15-year period, with a gradual decline in impact starting from year two. The main assumption of the analysis is that the 472 veterans who accessed the grant-funded projects are assumed to participate only during the first year, during which they experience the full impact (100%). From the second year onwards, participation ceases, but the Programme's impact is expected to persist, though at reduced levels: 50% in the second year, 30% in the third year, 10% in the fourth year, 5% in the fifth year, and 2% from the sixth to the fifteenth year. We assume that since many veterans require ongoing support, one year of assistance would still have a lasting positive impact, though this effect would diminish over time. Veterans would likely retain some benefits from the support services over the 15-year period, even if these diminish over time.

A key component of the economic evaluation is the counterfactual, which compares the Programme's benefits to a situation where the Programme does not exist. Two scenarios were analysed. In the first scenario, it is assumed that no veterans would experience any improvement in outcomes had the Programme not existed. In the second scenario, it is assumed that outcomes would improve for some veterans even without the Reducing Veteran Homelessness Programme. The business-as-usual scenario was adjusted to account for a 13% improvement in outcomes based on information from existing veteran services satisfaction data.

Under the first scenario, investing around £1.5 million in the Programme could generate approximately £5 million in economic and social benefits over a 15-year period. The Net Present Value (NPV) (i.e. discounted total benefits minus discounted total costs) was

estimated at £3.5 million, while the Benefit Cost Ratio (BCR) was 3.40, meaning that spending £1 on the Reducing Veteran Homelessness Programme would generate £3.40 over 15 years. Under the second scenario, the NPV is estimated at £2.5 million, while the BCR is estimated at 2.70, meaning that for every £1 spent on the Programme, the socio-economic benefits would amount to £2.70 over 15 years.

These estimates should be interpreted with caution. The costs considered only include the funding received under the Programme, yet we know this funding was primarily used to either support existing programmes (which may already have had other sources of funding), fund a specific service within a project (where a veteran could access other services beyond those funded by the Programme), or, less frequently, fund entirely new projects. Therefore, veterans supported under the Programme may have accessed services that were not fully, or not at all, funded by the Programme, making it difficult to isolate the impact of the Programme's funding on different outcomes. Consequently, we believe that the actual costs to support the 472 veterans accessing the Programme may be higher, which would mean the estimated NPV and BCR could be lower than our current estimates. We will explore ways to improve our approach in the coming evaluation years to better isolate the specific impact of Programme funding.

Introduction

Based on the latest official data, the UK is home to approximately 2.1 million veterans (Kirk-Wade, 2024; Northern Ireland Statistics and Research Agency, 2019). For these veterans, ensuring access to suitable accommodation is a key factor in supporting their successful transition to civilian life and safeguarding their long-term wellbeing (Fleuty et al., 2021). The Veterans Survey (2022) underscores the significance of housing stability and access to support services in facilitating the transition to civilian life. Based on responses from 28,957 veterans, it provides insights into what veterans believe would have made them feel better prepared for civilian life. Approximately 37% reported that better access to information on available support services would have enhanced their transition experience (ibid.). Additionally, 21% indicated that having confirmed housing would have significantly improved their readiness for civilian life (ibid.).

Having lived in military accommodation during their service, veterans often encounter difficulties navigating the civilian housing system after leaving the Armed Forces (Rolfe, 2021). While UK-wide veteran homelessness data is unavailable, local authority figures from the past year show a 7.6% increase in England in households owed a homelessness duty who had served in the Armed Forces, and a 13.3% rise in Scotland in homelessness applications from former service members (Ministry of Housing Communities and Local Government, 2024; Scottish Government, 2024).[3] Furthermore, the 2022 Veteran's Survey found that 1 in 400 veterans reported being homeless, rough sleeping or living in a refuge for domestic abuse (ONS, 2023). Each year, approximately 15,000 personnel leave the UK Regular Forces, and research indicates that service leavers see finding suitable housing as one of the top three challenges during their transition to civilian life. Ex-service personnel who experience homelessness are likely to have multiple, diverse needs, often including alcohol or mental health issues (Rolfe, 2020).

On behalf of the Office of Veteran's Affairs (OVA), the Armed Forces Covenant Fund Trust (the Trust) is delivering the Reducing Veteran Homelessness Programme as part of the ambition to reduce veteran homelessness and end rough sleeping. The Reducing Veteran Homelessness Programme (hereby referred to as the Programme) also aims to "deliver sustainable supported housing to meet the needs of veterans" (The Trust, 2023). As part of this programme, £500,000 has been allocated to establishing Op FORTITUDE, a centralised referral pathway for veterans facing homelessness. Namely, this hotline is a coordinated effort to connect veterans with stable housing and comprehensive support services, integrating resources from various organisations and housing providers to facilitate veterans' immediate assistance (UK Government, 2023). In addition to Op FORTITUDE, £7.2 million in grants has been dedicated to projects run by nine organisations[4] that support veterans at risk of or experiencing homelessness (The Trust, 2023). These grants aim to improve the capacity of supported housing services, provide additional support (e.g. specialised medical care), and

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[3] Alma Economics calculations. For England, data from 2022-2023 and 2023-2024 were used on the number of households owed a homelessness duty who had served in the HM Forces. In 2022-2023, this figure was 2,110, while in 2023-2024, it increased to 2,270. For Scotland, data from the same years were used on the number of applications from former members of the Armed Forces. In 2022-2023, this figure was 825, while in 2023-2024, it rose to 935.

[4] An additional organisation, Beyond the Battlefield, was awarded £100,000 in March 2024 to provide wrap-around services for veterans in Northern Ireland who are homeless or at risk of homelessness. However, due to the late start of this grant-funded project, it was not included in the current evaluation, though it will be considered in the next evaluation phase. More information can be found here.

foster connections with local communities (ibid.). The Programme officially began in April 2023, with the first batch of funding disbursed in June 2023. It will run for two years, with funding set to conclude at the end of 2025[5].

Alma Economics has been commissioned by the Trust to evaluate the Reducing Veteran Homelessness Programme, which will include process, impact and economic evaluations. While the Programme will run for two years, our evaluation will span three years. This report presents the evaluation of the first year of Programme funding. At the end of the second year, we will conduct a similar analysis, evaluating the full two years of funding. In the third year, our analysis will assess the longer-term effects of the Programme, focusing on the impact one year after its conclusion. Our core research questions are outlined below:

1. What are the demographics and needs profiles of veterans using Op FORTITUDE and relying on the projects supported by the Programme?

2. How effective is the performance of these projects and services in addressing the needs of veterans?

3. How has the Programme contributed to the ambition of reducing veteran homelessness and ensuring access to appropriate accommodation?

4. What best practices and lessons can be drawn from the Programme's implementation to inform future support for veterans facing homelessness?

As the first step in the first year of the evaluation, we conducted a desk-based evidence review, examining grant holders' funding applications alongside an initial set of their progress reports. In addition, we carried out scoping interviews with the grant holders. Together, the desk-based review and interviews provided valuable insights into the scope of each project and helped us understand the needs of veterans receiving support through Programme funding. These insights informed the co-production of an interactive Theory of Change (ToC) with the Programme's grant holders. (Research Question 1).

The process evaluation explored what has worked well and why in the Programme's delivery, mainly based on the grant holders' quarterly progress reports, as well as additional qualitative fieldwork with both grant holders and beneficiaries. This aided our understanding of how the Programme fits into the wider ecosystem of veteran and non-veteran housing support programmes and how effectively it meets user needs (Research Question 2).

Using a mixed-methods approach, we also conducted an impact and value-for-money evaluation. Relying on a combination of data provided by the grant holders and findings collected from beneficiary interviews, we estimated changes in key areas resulting from the projects funded by the Programme (Research Question 3). Drawing on findings from our impact evaluation, we conducted a Cost-Benefit Analysis (CBA) to calculate the Programme's social return on investment. To do this, we adapted the CBA tool developed by the Greater Manchester Combined Authority (GMCA) Research Team.[6] (Research Question 3).

Although a comprehensive understanding of lessons learnt and best practices will emerge from the analysis of the Programme upon its completion, some lessons have already been identified at this stage of the Programme's implementation (Research Question 4).

This report is structured as follows. The next chapter provides an overview of our methodology, followed by a chapter outlining the ToC developed for this Programme.

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[5] As of November 2024, the Programme has been extended until March 2026 as a result of additional funding.

[6] Cost Benefit Analysis by the Greater Manchester Combined Authority (GMCA) Research Team. Available at: https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

Afterwards, we report on our process evaluation, followed by our impact evaluation. Informed by these two analyses, our economic evaluation exploring the value-for-money of the Programme is discussed. We conclude our report by providing an initial discussion of lessons learnt and areas for improvement.

Methodology

This chapter provides an overview of the methodology used in this analysis. The core components of our analysis included: (i) a scoping phase, (ii) a process evaluation, (iii) an impact evaluation, and (iv) an economic evaluation. All components of our analysis, except for the scoping phase, will be repeated for the second year of our evaluation.

Scoping

The first step involved desk-based evidence review to understand the scope of the projects and their objectives. We reviewed documentation provided by the Trust, including the grant holders' applications and progress reports, as well as relevant literature to gain an up-to-date understanding of the policy context.

To supplement our desk-based review, we conducted scoping interviews with the grant holders to: (i) develop our contextual understanding of each project, (ii) understand the expected outputs, outcomes and impact, and (iii) understand current data collection as well as future data collection needs.

This information provided a comprehensive understanding of value flows from services to users, families, and wider society. The key output from the scoping phase was a Theory of Change (ToC), mapping how each project within the programme can drive change, ultimately leading to wider impacts for the community. The ToC was co-produced with the grant holders, allowing them to provide feedback along the way and recommendations on components that should be included. This is also a live document which will be updated throughout our Programme evaluation, adjusting to and reflecting the Programme's evolution. As a visualisation of the programme's impact, the ToC formed an essential component of our analysis, especially the impact and economic evaluations. Further information is presented in the following chapter.

Process evaluation

After the scoping phase, our next goal was to identify what has worked well in the delivery of the programme, why, and what can be improved. To conduct this evaluation, we relied on a combination of data included in the progress reports submitted to the Trust as well as stakeholder engagement.

Stakeholder engagement relating to the process evaluation included:

- Online process interviews with all nine grant holders.
- An online interview with one current beneficiary.
- Four site visits, including informal interviews with frontline staff and interviews with 25 beneficiaries. Five of these were conducted in a group setting, and four were conducted one-on-one.

Initially, we planned to speak with project beneficiaries through one-on-one online interviews only; however, we faced multiple challenges with recruitment. Beneficiaries were reluctant to engage with researchers online, resulting in low interview sign-ups or, where interviews were scheduled, frequent no-shows. To ensure that we captured the perspective of beneficiaries in our evaluation and in response to grant holder recommendations, we adapted our approach early on by reducing online interviews and increasing in-person site visits. This approach meant that trusted staff could introduce the research team to beneficiaries and afforded us

greater flexibility in our engagement approach. We will replicate this approach across the next two evaluation years, aiming to conduct at least one site visit for all projects under the Programme.

The process evaluation engagement began with online interviews with grant holders. The discussions focused on assessing the progress made so far, identifying challenges encountered, and sharing lessons learnt during implementation. Participants were encouraged to reflect on any improvements made, how these lessons might influence the project's future delivery, and whether these insights could benefit similar initiatives, whether veteran-specific or broader in scope. Additionally, these interviews provided an opportunity to gather case studies highlighting the successes or challenges of the projects.

Four site visits were also scheduled to supplement our online interviews and obtain feedback on processes directly from beneficiaries and frontline staff. The site visits were service-led, allowing grant holders to decide what would work best for them, depending on their capacity (i.e. how the site visit will look like). Conversations with beneficiaries focused on their experience of the referral process, the type and quality of the support they receive, as well as any recommendations for how grant holders could improve their services. The same set of questions was also posed during our online interview with the beneficiary. It should be noted that all beneficiary interviews also included questions relevant to our impact evaluation; this is discussed in the next section. Discussions with frontline staff focused on the referral process, key challenges faced by beneficiaries, the use of Programme grant funds, the move-on process and associated challenges, and any desired changes for the coming year.

Drawing on both the interview responses, progress reports (until Q3) and supplementary materials provided by grant holders (e.g. case studies, written responses to interview questions), we conducted thematic analysis to identify emerging themes in response to our research questions.

Developing a monitoring framework

Following the scoping phase, we asked grant holders to submit any data on referrals, beneficiary needs and outcomes. Informed by our scoping interviews and the initial steps of our process evaluation, we identified key areas of interest for data collection, which include: (i) access to housing, (ii) the ability to retain housing, (iii) employment, (iv) skills (e.g. training and education), (v) mental health, (vi) physical health, (vii) substance misuse, (viii) overall wellbeing, (ix) financial management, (x) the ability to maintain healthy relationships, (xi) social skills and community engagement, and (xii) crime.

We received data from four out of the nine grant holders, with three of these datasets including individual-level data. The main barriers to obtaining data from all grant holders included staff shortages/changes in staff, data system issues, and, in some cases, a lack of up-to-date figures that would be relevant to our analysis. Furthermore, the data provided by grant holders did not always include all of the necessary variables for tracking individual-level needs, access to support, and outcomes related to those needs.

To address these challenges, we developed a monitoring framework for grant holders, incorporating lessons learnt from data collection during the first year of the Programme. The framework includes recommended indicators to ensure that veterans' demographics, needs, service access, and outcomes are clearly tracked. As part of a lessons learnt workshop to be held in fall 2024, we will also carry out a training session on the monitoring framework, which will be available to all grant holders. The monitoring framework can be found here.

Impact evaluation

To identify the impact or changes that could be attributed to the Programme, we employed a mixed-methods approach, relying on the datasets provided by four grant holders, as well as interviews with beneficiaries.

Based on the individual-level data available to us, we developed a flow chart to map veterans' outcomes. This chart traces the process from referral through needs assessment, engagement with services, and retention to the eventual outcomes. The flow chart is depicted below.

For each area of interest across the four funded projects for which we had data, we recorded the number of veterans referred to the Programme, the number of veterans who had their needs assessed, their access to and continued engagement with services, and any observed improvements. By aggregating the number of individuals with specific needs across the four grant holders, we derived total values for our analysis. These figures provided an indication and trajectory of the Programme's benefits.

To determine whether the observed outcomes could be attributed to projects funded by the Programme, we conducted interviews with beneficiaries, where we asked them about their experience, the extent to which the services helped them, and how effective these services were. We also developed case studies which explored the experiences of veterans to assess whether improvements in specific outcome areas were due to their engagement with the Programme. Combining our quantitative data with qualitative insights allowed us to understand the impact of the Programme.

Given the varied funding aims of each project (discussed in the Theory of Change chapter), isolating the specific uses of funds and their impacts proved challenging. Consequently, we analysed the overall impact of each project and the Programme as a whole.

Economic evaluation

Based on our impact evaluation findings and the ToC, we conducted a Cost Benefit Analysis (CBA) to estimate the social return on investment of the Programme. We evaluated the funding costs and estimated the cost savings to the public sector, as well as tangible and intangible benefits for veterans across the outcome areas that we have identified in the ToC. The socio-economic benefits considered covered the following outcome areas: (i) employment, (ii) skills, (iii) mental health, (iv) physical health, crime reduction, (v) accessing housing, (vi) retaining housing, (vii) drug dependency, (viii) alcohol dependency, and (ix) overall wellbeing. For this analysis, we used the CBA tool developed by the Greater Manchester Combined Authority (GMCA) Research Team.[7] Due to its flexibility, we adapted the tool to fit the specific needs of our economic evaluation of the Programme. More information on our approach to carrying out the CBA can be found in the Annex.

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[7] Cost Benefit Analysis by the Greater Manchester Combined Authority (GMCA) Research Team. Available at: https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

Theory of Change

In this chapter, we present the Theory of Change (ToC) developed as a blueprint for our process, impact, and economic evaluations. Before delving into the specifics of the ToC for the Programme, we first provide an overview of the ToC framework and its role in guiding our analysis.

About the Theory of Change framework

A ToC framework demonstrates how a policy, intervention or programme leads to change. It outlines how invested resources (inputs) achieve policy objectives (outcomes and impacts) through activities and service delivery, resulting in immediate products. In this analysis, the ToC we developed demonstrates how the goals of the individual projects and the Programme can be achieved and how change can be created. Besides serving as a key tool for the impact and economic evaluations, it also serves as a valuable resource for grant holders, helping them monitor their progress towards achieving their goals and track change.

In some cases, ToCs can be constrained in terms of space, making it difficult to clearly present all the information they contain on the causal pathways that will be evaluated. To address this, we developed an interactive version of our ToC using our proprietary software, allowing users to intuitively understand the impact chains of the Programme.

Introduction to the Reducing Veteran Homelessness Programme Theory of Change

The Reducing Veteran Homelessness Programme ToC is granular, mapping the inputs, outputs and broader impacts of specific activities. It is an essential tool that demonstrates how the funds allocated to each grant holder will lead to short-term outputs and, in turn, how these will result in both shorter- and longer-term impacts.

The ToC connects the grant holder activities resulting from the funding (inputs) to outputs, which are the immediate results of these inputs. Subsequently, these outputs lead to outcomes, reflecting direct changes in key areas of interest, ultimately culminating in broader benefits for communities and the system overall.

To optimise user experience, the ToC also includes filters. These include: (i) Grant holder, which links projects to the corresponding grant holder responsible for running them; (ii) Region, where project inputs and the changes they bring are classified by the region in which grant holders operate; and (iii) Funding aim. Namely, during the scoping phase, we identified that grant holders had three types of funding aims: (i) creating a new programme, (ii) expanding an existing programme, or (iii) providing a new service as part of an existing programme.

As a first step, we developed the initial version of the ToC based on insights from scoping interviews and our desk-based review. The first version of the ToC was then shared with grant holders who provided feedback either in writing or verbally during the online grant holder interviews. Based on their input, we made adaptations to the ToC to ensure it accurately reflected the goals and processes of the projects. Moving forward, the ToC will remain a live document, allowing for further refinement as the evaluation progresses over the next two years.

Inputs & Outputs

For the Reducing Veteran Homelessness Programme ToC, the inputs refer to the various projects that received funding, each of which had a specific funding aim. The resulting outputs, which are the activities and services provided under each project, are grouped into four main categories:

- **Provision of housing:** This includes the provision of accommodation accompanied by additional support or supervision (i.e. temporary supported housing). In some cases, grant holders also provide longer-term housing; however, as these grant holders did not allocate AFCF funds to this specific service, it is excluded from our definition of this output.

- **Provision of holistic support:** This encompasses a range of services provided to project participants, including needs assessments and development of personalised support plans, specialised assistance for complex needs, referrals or support to access third-sector services for more specialised support, and activities and training workshops aimed at improving employability skills.

- **Improved partnerships across the sector:** This entails the formation of new partnerships and/or enhanced collaboration between grant holders and other relevant organisations to deliver project aims. Among others, these organisations include veteran charities (e.g. PTSD resolution), local services (e.g. police), external services (e.g. NHS Op COURAGE) and government bodies (e.g. Department for Work and Pensions).

- **Provision of a centralised referral pathway:** This output is specific to Op FORTITUDE, which is operated by Riverside Group.

The table below summarises each project (input), detailing the activities supported directly by grant funding and the resulting outputs.

Organisation	Project name	Funding aim	Summary of activities supported by grant funding	Outputs
Wigan Council	Homes at Ease Northwest	Creation of a new programme	Establishment of a consortium which facilitates collaboration among organisations and local authorities in the Northwest. The consortium provides access to mental health support (including practitioners specialised in dual diagnoses), value-added activities, and assistance with sustainable housing.	Provision of holistic support Improved partnerships across the sector
Alabaré Christian Care and Support	Alabaré Homes for Veterans	Expansion of an existing programme	Provision of supported housing which includes conducting a needs assessment, co-production of a support plan, facilitating veterans' participation in volunteering activities and offering personalised guidance to improve employability. Alabaré also received an enhanced grant to strengthen the delivery of healthcare support for beneficiaries in collaboration with the Defence Medical Welfare Service (DMWS).	Provision of housing Provision of holistic support Improved partnerships across the sector
LiveWest Homes Ltd	New Seasons – Veterans Supported Housing	Expansion of an existing programme	Provision of needs assessments in addition to resettlement assistance, mental health and wellbeing services (e.g. safety plans and overdose risk assessments). As a part of this project, LiveWest collaborates with local veteran charities (e.g. SSAFA, Help for Heroes), local services and other relevant organisations (e.g. mental health teams, job centres).	Provision of holistic support Improved partnerships across the sector

Royal British Legion Industries (RBLI)	STEP-IN – Overcoming Homelessness	Expansion of an existing programme	Improvements in the provision of mental health support such as counselling, intensive support, and PTSD support in collaboration with PTSD Resolution.	Provision of holistic support Improved partnerships across the sector
New Pastures Housing Ltd	Achieving Independent Living for Veterans	Expansion of an existing programme	Provision of assisted accommodation, namely assured shorthold tenancies, alongside a needs assessment and support plan. Support is also provided for managing finances, accessing third party support for mental health and substance misuse. As a part of this project, NewPastures also collaborates with veteran charities (e.g. Help for Heroes, SAAFA) and other relevant organisations.	Provision of housing Provision of holistic support Improved partnerships across the sector
Veteran Housing Scotland	Reducing Homelessness for Scottish Veterans	Provision of a new service, as part of an existing programme	Provision of needs assessment alongside a support plan. Ongoing support to veterans and their families is also provided related to issues including housing and medical welfare. Veteran Housing Scotland has also partnered with DMWS to deliver enhanced wellbeing and medical support.	Provision of holistic support Improved partnerships across the sector

Launchpad	Sustained Support for Homeless Veterans	Expansion of an existing programme	Provision of needs assessment alongside a support plan which includes psychological support/psychotherapy, and activities to promote social inclusion and confidence. Launchpad has partnered with Healthier Heroes to deliver this project in an additional location (Burnley).	Provision of holistic support Improved partnerships across the sector
The Sir Oswald Stoll Foundation	Stoll Veterans Supported Housing	Expansion of an existing programme	Provision of supported housing which includes conducting a needs assessment and co-production of a support plan. Health and wellbeing support is available to beneficiaries, complemented by Stoll's partnership with NHS Op COURAGE for specialist mental health services. Additionally, outreach support is provided for up to one year after beneficiaries' transition to independent living.	Provision of housing Provision of holistic support Improved partnerships across the sector
The Riverside Group	Riverside – Ending Veteran Homelessness Together	Provision of a new service, as part of an existing programme	Expansion of existing services to accommodate and provide specialist support. Riverside has also partnered with veteran charities (e.g. SSAFA), external services (e.g. Op COURAGE), local services and the DWP.	Provision of holistic support Improved partnerships across the sector

| The Riverside Group | Op FORTITUDE | Creation of a new programme | Establishment of a centralised referral system to assist veterans in finding housing support. While it is funded by AFCF, it is managed by Riverside.

The system creates a pathway for veterans at risk of, or experiencing, homelessness, guiding them to veteran-supported housing or organisations that can assist them (Riverside, n.d.). | Provision of a centralised referral pathway |

Outcomes

The intermediate results following from the above outputs were grouped into three broader tiers, linking individual-level outcomes to system-wide outcomes. The outcomes within each tier are listed below:

Health, wellbeing and employability outcomes: Improved physical and mental health; Reduced substance misuse; Enhanced wellbeing and confidence; Improved social skills and community engagement; Improved employability; Healthy relationship repair; Improved financial management; Reduced probability of (re)offending.

Housing and living: Moving on to lower-level support or living independently; Sustaining tenancies or moving on to sustainable housing.

System-related outcomes: Reduced demand and use of other public services; Advanced development of regionally coordinated support; Improved referral pathways.

Impacts

The benefits resulting from the aforementioned outcomes lead to the short-term and long-term changes necessary to achieve the overarching aim of ending veteran homelessness in the UK. The specific benefits, grouped by whether they are observed in the short- or long-term, are listed below:

Short-term impacts: Community cohesion; Improved housing stability; Long-term cost savings; Improved collaborative partnerships.

Long-term impacts: Improved quality of life; Reduction of veteran homelessness & risk of homelessness; Sustainable system change.

Wider impact: End of veteran homelessness.

Process evaluation

The following chapter presents the key process evaluation findings from the Programme's first year. We aimed to identify what worked well and why in the delivery of the Programme, and what can be improved. Our analysis is presented at the overall Reducing Veterans Homelessness Programme level, meaning that insights are not attributed to specific projects. Where quotes or individual examples are used, these have been edited where necessary to omit information (such as names) that could result in identification.

The chapter will first present qualitative findings for the Op FORTITUDE referral pathway, before presenting those for the grant-funded projects. It should be noted that, in many cases, it was not possible to disentangle with a high degree of confidence the benefits or challenges derived from the funded activities separate from the project's wider support provision. Those we spoke with experienced each project holistically, and the findings below should be read with this in mind.

Op FORTITUDE

The Op FORTITUDE referral pathway was established to connect veterans with stable housing and support. Below, we present the key successes, challenges, and lessons learnt which emerged from the pathway's first year of operation. The findings combine insights from the perspectives of the Op FORTITUDE team (those managing referrals), grant holders and delivery organisations (those receiving referrals) and beneficiaries (those being referred).

Successes

Three notable successes were identified. First, Op FORTITUDE was praised for **achieving its overarching objective of supporting veterans into stable accommodation**. Some grant holders claimed that they were receiving more referrals than the previous system, SPACES, allowing them to fill voids more quickly as a result. Many were "*delighted*" by the pathway, with "*significant excitement*" reported from both grant holders and other statutory services, local authorities, and third-sector organisations that the resource exists. The service was busy from its first day of operation and demand has consistently exceeded expectations throughout year one. Many beneficiaries we spoke with were successfully placed in accommodation within one week of being referred to Op FORTITUDE. One described the process as "*too good to be true*".

Next, all grant holders spoke about **effective communication between the Op FORTITUDE team, referral agencies, and grant holders.** The Op FORTITUDE team were praised by grant holders for their "*great engagement*", describing the team as "*supportive*" and "*helpful*". This meant that any reported issues with the referral process could be solved quickly. Moreover, the information sessions held between the Op FORTITUDE team, grant holders, and referral agencies were also described positively, helping to establish a shared understanding of what to expect from the pathway.

Finally, where challenges were identified, the Op FORTITUDE referral process was described as **continuously improving and evolving** in response to these challenges. Common examples of this given by grant holders included receiving more manageable numbers of referrals or more appropriate referrals for their service provision over time. In many cases, this resilience was aided by timely communication between the Op FORTITUDE team and grant holders, as described above.

Challenges

The most significant challenge was the **higher level of demand for the service** than anticipated. By the end of Q1, the Op FORTITUDE team had received over 50% of what they predicted to receive in one full year, causing "*overwhelm*" from inception. This impacted the speed with which referrals could be processed, with some grant holders struggling to meet the 48-hour response target as a result. This was often worsened by difficulties in reaching prospective beneficiaries once the referral was received: for example, one grant holder reported approximately 15% of Op FORTITUDE referrals not responding within the 48-hour timescale in Q1. To address this, referrals were triaged by both grant holders and the Op FORTITUDE team to prioritise those most at risk. Moreover, the Op FORTITUDE team alleviated demand by revising the pathway's messaging, encouraging referral agencies to leverage local community-level resources before drawing on the national resource. It was highlighted that describing Op FORTITUDE as a "*single point of access*" implied that they were the only homelessness pathway, rather than a service supporting the wider veteran homelessness pathway.

While this challenge was experienced by the majority of grant holders, it should be noted that for a few grant holders, Op FORTITUDE referrals were very low in volume, posing the opposite challenge. This resulted in voids, with grant holders liaising with referral agencies and local authorities directly to allocate properties. For one grant holder, this experience resulted in the feeling that an additional link had been added to the referral chain, which slowed down the project.

The second most discussed challenge was grant holders receiving **referrals which were not appropriate for their services**. This typically concerned referrals with high or complex support needs which could not be supported. Some grant holders emphasised that they provided long-term, stable accommodation (rather than temporary or emergency accommodation) which required beneficiaries with sufficiently low support needs to be able to sustain a tenancy. Others were unable to house beneficiaries due to location constraints related to their offending histories (for example, housing located near schools where the offence was against children).

Finally, and relatedly, the third challenge related to **limited grant holder capacity**. The causes for referral refusals were twofold: (i) lack of voids due to slow throughput or delayed project operationalisation; and (ii) level of need being too high, including offending histories, substance use, and mental or physical health needs. However, it was noted that these limitations hindered the Programme's overall aim of reducing veteran homelessness:

> "*These presentations are commonplace in the cohort of people who experience homelessness, and especially the rough sleeping population. We cannot end any form of homelessness if we exclude a significant chunk of the homeless population from our services.*"

To address this, the Op FORTITUDE team are managing expectations with referral agencies and beneficiaries, as well as implementing system changes for grant holders to better record void and referral status (including capturing reasons for acceptance or rejection). Recruiting more supported housing providers to join the network was also suggested. Additionally, some grant holders are using the Programme funding to expand their existing services to accommodate high-need referrals, for example, by recruiting specialist support staff.

Lessons learnt

As a result of the challenges and successes outlined above, two lessons learnt were identified to take forward as Op FORTITUDE evolves over the Programme's remaining years. The first was to **view the pathway as a partnership** between the Op FORTITUDE team, referral partners, and grant holders. This approach prioritises collaborative efforts and open communication and underscores the need for continual feedback to streamline the pathway. Suggestions from grant holders included providing constructive feedback on referral suitability and outcomes, communicating the scope and capacity of each project, and building personal relationships between each team. Achieving the overall aim of the Programme – the end of veteran homelessness – can only be achieved through "*a coalition of the willing*".

It was also suggested that the **Op FORTITUDE assessment process should be reviewed** to address the challenges faced by those submitting (i.e., the Op FORTITUDE team) and receiving (i.e., grant holders and delivery organisations) referrals to improve their accuracy. For example, a number of grant holders reported inaccuracies in the pre-assessment form and housing location preferences. However, it was recognised that, in some cases, these inaccuracies might stem from beneficiaries not fully disclosing their needs, histories, or preferences in order to access support, not being aware of their complete scope of needs (e.g., because they have not yet received a clinical diagnosis), or needing time to build trust with assessors before disclosing important personal information.

Suggestions to improve the systematic capturing of beneficiary data at the referral stage included developing a standardised assessment framework and enhancing data-sharing agreements between partners. These measures would also help avoid repeatedly collecting sensitive information from prospective beneficiaries at multiple points in the referral process.

Additionally, a few grant holders recommended that if a beneficiary does not engage with their service or if their referral is rejected, the case should remain open and be investigated further to ensure the beneficiary is not overlooked. This could involve exploring the suitability of other grant holders within the Op FORTITUDE network or signposting the individual to appropriate external support services.

Grant-funded projects

The remainder of this chapter will present our evaluation of the successes, challenges, and lessons learnt from the nine grant-funded projects under the Reducing Veterans Homelessness Programme. These insights draw on the perspective of grant holders, frontline staff, and both current and former beneficiaries.

Successes

Three overarching successes were identified in the Programme's first year. First, the Programme was praised for **enhancing the provision of staff support** as a result of the grant funding. Staff remarked that they now had the capacity, time, and resources to engage meaningfully with beneficiaries, particularly those with high or complex needs. As described by one grant holder, beneficiaries were more receptive to support knowing that staff:

> "…were invested in an in-depth understanding of their past before building a new future".

Enhanced support provision meant that staff were quicker to build trusting, "*sincere*"

relationships with beneficiaries, which acted as a catalyst for their engagement with wider aspects of the service. Many grant holders noticed that beneficiaries were proactively asking for help and were more positive and motivated to engage in activities. One grant holder recognised that beneficiaries were quicker to communicate with trusted staff and be "*picked back up*" when they experienced setbacks. Moreover, this "*unhurried interaction*" often unearthed previously undisclosed details about the beneficiary, which could be incorporated into their personalised support plans.

Across all beneficiary interviews, staff were highly praised for their efforts, and their feedback similarly illustrates the value of this investment:

> *"They seemed to think I was an alright person…"*

> *"We don't want medals or glory, just respect."*

The **improved partnership working** facilitated by the Programme was identified as another clear success. For some grant holders, this materialised as fostering more collaborative relationships with other local services to ensure that, when they could not meet beneficiaries' needs internally, they could be directed to external support. This positively impacted many beneficiary outcomes, particularly related to mental health, physical health, employment, and training opportunities, which we present in the 'Impact Evaluation' chapter. Other grant holders, particularly those delivering the Programme with another service, praised these partnerships for increasing their reach, impact, and shared networks. This also enabled grant holders to specialise in the provision of housing to deliver more holistic support to beneficiaries, increasing their ability to sustain a tenancy as a result. As illustrated by one grant holder:

> *"Collaborative working continues to be a great asset to helping meet need…"*

Finally, the Programme has achieved particularly positive outcomes by **increasing access to therapeutic interventions** for beneficiaries. This was described as a "*key factor for success*" by grant holders and was often credited for achieving "*life changing*" outcomes. As one grant holder pointed out, obtaining a professional diagnosis for mental health conditions ensured that informed decisions could be made about beneficiaries' support plans. It also enabled beneficiaries to address underlying trauma, with many reporting PTSD, through getting "*the right support at the right time*". As described by one beneficiary, access to psychotherapy has enabled him to talk about past trauma rather than "*lashing out*".

This support was delivered in many ways across projects, including through in-house therapy or external partners. While we observed variation in the intensity, focus, and frequency of therapeutic interventions both across and within projects, the best outcomes were reported when the support was structured and consistent. The latter was described as particularly important for building trusting therapeutic relationships in which beneficiaries feel comfortable opening up.

Challenges

Our process evaluation identified five main challenges. Concerning project management, almost all grant holders discussed **difficulties with recruiting, maintaining, and upskilling staff** at all levels of project delivery. Recruitment challenges primarily involved setbacks in filling key roles, with causes including delays in processing DBS checks, candidate

withdrawals, and a low number of suitable applications for the advertised role. As one grant holder explained:

> *We think the difficulty may be that it is a part-time post and does not offer sufficient hours or job security for a person to leave their existing role.*

Staff turnover also caused challenges for some grant holders, citing long-term sickness, maternity leave, and not working to expected standards as contributing factors. This impacted grant holder's ability to deliver the full scope of planned activities and, in one project, "*caused some customers to disengage a bit*". The impact of staff shortages was worsened by reliance on temporary agency staff and the unexpectedly high volume of Op FORTITUDE discussed earlier in this chapter.

Relatedly, for grant holders who expanded their services to accommodate high-need referrals, existing teams struggled with this transition due to their lack of experience with this cohort. To support this "*journey of change*", grant holders discussed the need for offering dedicated training opportunities, developing team resilience, and setting clear expectations with both staff and beneficiaries relating to the new scope of support provision.

Challenges concerning the **management of beneficiary needs** were also raised. Grant holders discussed severe fluctuations in individual support needs on a daily basis, requiring significant time investments to identify triggers and adapt support plans. This was expressed as a concern by staff not only for their current beneficiaries but also for those who have moved on from their services. As one frontline staff remarked:

> *"They will take you on their own journey… sometimes that journey will look like a spider's web."*

This was particularly noticeable with beneficiaries who present with multiple concurrent needs, complicating their progress towards positive behaviour change. Some grant holders noted that, for beneficiaries with the most complex needs, homelessness could not be solved by the provision of housing alone due to their instability. Additional support was required to ensure that the tenancy could be sustained, as described by one grant holder:

> *"Tenancy readiness should not be a precursor to accessing accommodation, but the skills and desire to manage a tenancy are important and progressive steps."*

Fluctuating beneficiary needs also contributed to unpredictable engagement levels with staff, support, and project activities. According to both grant holders and beneficiaries, this was intensified by a general reluctance to ask for support perpetuated by a "*man up and get on with it*" military culture.

Relatedly, most grant holders also raised the challenge of **managing group dynamics**. High levels of emotions can "*ripple through the house*" and negatively impact other residents' progress; for example, triggering substance misuse relapse or discouraging engagement with project activities. Staff across multiple projects alluded to this challenge:

> *"If one apple goes bad, the whole barrel goes bad."*

> *"The reality is that one charismatic or dominant resident in a communal home can de-rail the progress for many."*

> *"One bad fit can take three others down with them."*

As a consequence, this caused some grant holders to more carefully assess the suitability of new referrals to better understand how the beneficiary's needs and histories might affect the "*equilibrium*" within their community. One grant holder also spoke about adapting their communication with new beneficiaries at the onboarding phase, encouraging them to consider their peers and to "*look after their troops*".

Another challenge related to the measurement and management of 'soft' outcomes. The importance of beneficiary wellbeing in determining outcomes was highlighted throughout our engagement; however, grant holders found measuring and promoting this more difficult than certain "hard" outcomes, such as clearing debt, securing a tenancy, or getting a job. In some cases, this impacted project buy-in from staff and beneficiaries. For example, one grant holder used the grant funding to create a new staff role focused on nurturing self-efficacy, wellbeing, and independence. However, they noted that it took a while for "the softer elements of the work to be appreciated" and that the role was met with initial scepticism due to it not producing clear, predictable, and tenable benefits (in comparison to other defined roles, such as 'housing support officer'). Other grant holders also alluded to the varied definitions of success for their beneficiaries, ranging from securing employment to living independently, rebuilding relationships, engaging with group activities, or simply not regressing. Managing the full spectrum of 'soft' outcomes, though challenging, was noted as key to achieving meaningful change.

Finally, a variety of **system-related barriers** were identified which negatively impacted move-on outcomes. According to our engagement, the most problematic was the lack of appropriate move-on accommodation. Both staff and beneficiaries described private sector rentals as too expensive and social housing as "*next to impossible*" to obtain. This created a bottleneck within projects and caused some beneficiaries to become over-reliant on their support rather than experiencing it as a "*stepping stone*". It was also noted that moving on to independent accommodation was often hindered by being disincentivised from obtaining full-time employment due to becoming ineligible for housing benefits and reduced rent costs. Others also spoke of wider concerns that the covenant duty was misinterpreted or not respected by Local Authorities, further delaying move-on outcomes for beneficiaries. Beneficiaries spoke of feeling "*lost in the system*" and "*stuck*" by these barriers despite being ready to move on from the service.

Lessons learnt

Four lessons emerged from the Programme's first year of implementation. First, **developing the capacity, networks, and resources required to establish a new programme** takes time. This is true at all levels of delivery and governance and should be factored in within the initial mobilisation period. For instance, as described above, our findings show that nurturing positive relationships between staff and beneficiaries is a key success factor. This takes time to establish, with one beneficiary describing his "*grilling*" the psychotherapist for weeks before deciding that he was trustworthy. Some grant holders suggested that employing staff with military backgrounds can be an effective shortcut to establishing trust with beneficiaries, but most agreed that it was ultimately more important to have the right skills and personality for the role. Additional considerations which take time to develop include establishing strong external partnerships (such as with local and national veteran-specific support networks, Local Authorities, and "*forces friendly*" private sector landlords), as well as upskilling staff, particularly where the service used the grant funding to accommodate higher needs.

The **importance of establishing stability and consistency** was also emphasised. According to grant holders, this begins when a beneficiary enters their service by establishing a clear support plan and routine and continues with the provision of structured wraparound support (such as psychotherapy) and stable housing. This provides beneficiaries with the "*breathing space*" to face their challenges and reaffirms control and autonomy through having their "*own front door*". As one beneficiary described:

> "*I knew when I walked into that room I'd found my peace.*"

Relatedly, grant holders noted that it was important to manage expectations with beneficiaries from the start to promote stability, particularly concerning what to expect from the service and what they are expected to commit to themselves. However, many grant holders expressed concerns regarding the longevity and sustainability of their services, given the time-limited nature of the Programme's funding. Many discussed the need for long-term, "*sustainable*" solutions which could "*future-proof*" their work, particularly to ensure that beneficiaries could continue to receive consistent support.

Grant holders emphasised the importance of **adopting person-centred approaches,** which sought to understand the deeper motivations underpinning beneficiary behaviours. This is equally important for new beneficiaries (why are they seeking our support?) as it is with established beneficiaries (why might they be regressing or not progressing?). It also means acknowledging that many beneficiaries may be struggling to come to terms with needing the support they offer. According to beneficiaries, person-centred approaches encompass both how support is structured and the wider culture fostered by staff. For example, as articulated by one grant holder:

> "*One of the big lessons learnt is when people relapse or kick-off, looking at it differently and understanding why is that? Why has that person relapsed? Why have they not gone to their appointment? What can we do? How can we circle in to make sure that we can support that person best, to make them feel comfortable and secure enough that they can actually aim and do what they want to do?*"

Finally, many grant holders spoke of ensuring **support is holistic** and closely aligned with an individual's needs, personal outcomes, and intrinsic motivation. Getting to the "*flame*" inside a person is the foundation all other support should be centred around to maximise positive outcomes, particularly with a cohort that may feel unworthy of the support provided.

Impact evaluation

In this chapter, we discuss findings from the interim impact evaluation. Our goal was to assess the Programme's effectiveness in meeting veterans' needs and the extent of change it has brought in its first year.

Evaluating the specific impact of the grants provided under the Programme presented several challenges. In some cases, funding was used to support existing projects or provide a new service under an existing project, making it difficult to isolate veteran outcomes specifically attributed to services funded by the grants. For this reason, we conducted the impact evaluation at the Programme level rather than the individual projects funded by it.

As explained in the methodology section, we used a mixed-methods approach that integrated both quantitative data provided by grant holders and qualitative insights from interviews with beneficiaries and frontline staff. The impact evaluation was guided by the ToC, which identified twelve areas of interest related to veterans' health, wellbeing, employability, housing and living conditions. For each area of interest, we provide a summary of our findings, including quantified veterans' improvements in these areas using the data provided by grant holders, as well as qualitative insights from engagement with beneficiaries and frontline staff. The qualitative data added depth to this analysis by highlighting potential links between the Programme's activities and veterans' progress. Four separate case studies discussing the experiences of veterans supported by the Programme are also included to offer a richer understanding of the changes observed.[8] Annex A provides further information on how the quantitative analysis was carried out for the impact evaluation.

Op FORTITUDE

The impact of Op FORTITUDE is challenging to fully assess at this stage, primarily due to the service's limited capacity to follow up on referrals. However, initial results are promising. Nearly 200 veterans had been taken off the streets and placed into veteran-supported accommodation within the first nine months of the project (up to and including March 2024). Op FORTITUDE also helped approximately 400 additional individuals access emergency accommodation, highlighting the high demand for veteran-specific support and the need for more supported housing options. If greater availability existed within the grant holder network, the number of veterans benefitting would likely be significantly higher. For more detailed insights, additional information can be found in the Process evaluation chapter.

Grant-funded projects

Data provided by grant holders, along with insights from beneficiary interviews, offer valuable perspectives on the effectiveness of grant-funded projects in addressing veterans' needs and providing support during the first year of the Programme's operation. During this period, four grant holders provided data on 472 veterans. Of these, 304 had their needs assessed, and 284 accessed the support services offered by the four grant holders. The following sections detail the impact observed in key areas of interest, drawing on both qualitative and quantitative findings.

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[8] Pseudonyms have been used to protect beneficiary privacy and ensure confidentiality.

Employment

- Some projects funded by the Programme provide direct employment support either through their own services (e.g. employment training, apprenticeships) or by linking beneficiaries with organisations that will help them find employment opportunities. Other projects offer indirect employment support through the provision of holistic support (e.g. mental health support, temporary housing), which can aid veterans in securing employment.

- Based on the data provided, we found that around 40% of veterans had an employment-related need.

- We found that 56% of veterans who engaged consistently with support for their employment-related needs experienced an improvement in employment outcomes.

Engagement with grant holders and site visits revealed both successes and challenges in supporting veterans toward employment. Several successes have been identified, including how securing employment significantly enhanced veterans' motivation, sense of purpose, and confidence. Referrals to various external services, such as employment-related initiatives, have been notably effective in connecting veterans with valuable paid opportunities. Additionally, projects that introduced new employment-focused roles have allowed for a more personalised and structured approach to helping veterans find work. These specialised roles have also strengthened partnerships with corporate entities and provided routes to more flexible employment options for beneficiaries.

However, challenges persist in supporting veterans toward stable employment. Many veterans expressed a strong desire to return to work, but managing expectations and ensuring stability before transitioning into employment can be difficult. A key concern is the potential impact of employment on veterans' eligibility for benefits, which may affect housing stability and exacerbate mental health challenges. This requires careful consideration to avoid adding undue stress. Other barriers to employment that veterans may face include a lack of identification documents, as well as difficulties related to language skills and the absence of a local support network, particularly among non-UK national soldiers, which can complicate their integration into the workforce.

Case study 1:

An example of a veteran experiencing some of these challenges is Oliver (pseudonym). Oliver is a recent resident who arrived at the supported accommodation a few months ago. He had experienced homelessness and was referred to the grant holder through Op FORTITUDE. Oliver was very pleased with the referral process, securing housing within a week of his referral.

After leaving the army, Oliver faced immediate challenges adjusting to civilian life. He believes this was made worse by his being a foreign national unfamiliar with British culture and systems. Oliver described the veteran-specific support he received as crucial, offering a renewed sense of shared understanding and "brotherhood" among fellow veterans, which he had lost upon leaving the army. This comradeship was particularly important in shared accommodation, as it meant Oliver and his peers could intuitively recognise when someone needed space or support.

While Oliver valued this new community, he raised concerns about the lack of affordable move-on accommodation. Although he was keen to secure full-time employment, he described having no incentive to do so, as any significant increase in earnings would make him ineligible for state benefits and reduced rent. These challenges were concerning to Oliver, and he expressed feeling "stuck" within the system.

Skills

- There are some projects funded by the Programme which provide training/education or assist veterans in participating in work-like activities. This can include volunteer work related to work experience or any other unpaid work experience.
- Based on the data provided, we found that 5% of veterans required support to enhance work-related skills and engage in work-like activities.
- We found that 50% of veterans with continued participation in relevant activities, saw an improvement in their work-related skills.

Training opportunities play a crucial role in helping translate veterans' skills from the armed forces into meaningful civilian careers. Tailoring training programmes to meet individuals' long-term career goals has proven to be an effective strategy. There are several notable examples of veterans benefiting from such opportunities. For instance, one veteran was successfully enrolled in an Open University psychology degree, demonstrating the potential for higher education to support career transitions. Three other veterans have also enrolled in university courses, further showcasing the growing emphasis on education as a pathway to new career prospects.

A particularly inspiring case involved a veteran who had served in the British Army for a year. He entered supported housing in May 2023 and, with the assistance of the staff, transitioned into private rented accommodation by December 2023 after securing employment in construction. During this short period, he had completed both Level 1 and Level 2 bricklaying courses, highlighting the success of personalised support and training in helping veterans achieve independence and sustainable employment.

Mental health

- Several projects provide mental health support, including counselling, psychotherapy, peer support groups and advanced treatment. This support is either provided directly through the project itself or by connecting veterans with another organisation specialising in mental health services (e.g. NHS Op Courage).
- Based on the data provided, we found that around 60% of veterans had mental health-related needs.
- We found that 74% of veterans who continued to engage with mental health support showed improvements in their mental wellbeing.

Engagement with grant holders and beneficiaries has demonstrated that addressing mental health needs is a crucial component of successful support for veterans. Therapeutic interventions are especially key, as many veterans initially access services with undiagnosed mental health issues. Obtaining a diagnosis can significantly improve their ability to make informed decisions about their care and overall wellbeing. Therapy, when provided at the right time, has shown great value in increasing veterans' engagement with services, leading to higher participation rates as individuals receive the support they need.

Several successes have emerged, particularly for veterans with complex conditions. Mental health issues reported among veterans include (complex) PTSD, paranoia, depression, bipolar disorder, schizophrenia, and psychosis. Some veterans have successfully engaged with specialised mental health services, such as the Community Mental Health Team (CMHT), Op COURAGE, and equine therapy, resulting in positive mental health outcomes. Additional funding for psychotherapy has been particularly beneficial, especially where veterans had previously faced long NHS waiting lists for mental health support. With this funding, veterans

now have quicker access to psychotherapy, bypassing delays that had been a common source of frustration. In one project, mental health support has helped beneficiaries to clearly identify their next steps in life, ensuring more focused progression. Partnerships with local mental health services have also played a pivotal role. For instance, by embedding a mental health worker into the team, the project ensured seamless transitions for veterans requiring mental health support, with joint efforts to ensure individuals receive the appropriate care.

However, significant challenges remain. Measuring progress in mental health-related outcomes can be difficult. While hard outcomes like clearing debts, finding employment, and securing housing are measurable, these successes mean little if veterans do not feel good about themselves. Without sustained emotional support, veterans often lose progress once that support is withdrawn, underscoring the importance of building self-confidence, self-worth, and resilience as fundamental components of supported housing. Additionally, access to mental health support outside of the Programme varies depending on local NHS funding. In some areas, relationships with mental health providers are strong, but in others, these connections are weaker, posing a barrier to consistent care.

Case study 2:

An example of a veteran who benefited greatly from mental health support is John (pseudonym). John joined the army at 15 years old, and during his time, he served in both Northern Ireland and the Falklands. Being in the army was a traumatic experience for him, describing how he saw several of his friends lose their lives.

After leaving the army, John initially adapted well to civilian life. However, after the passing of his wife, decades later, he had a breakdown and began to experience difficulties with his mental health. As a result, he described himself as being "*very angry*" and resorted to violence and aggression to "*make everyone hate him*".

After a suicide attempt, he was referred to the grant holder by his daughter. The moment he stepped into his supported accommodation, he said that he had "*found his peace*". Over the last two years, he has been receiving regular counselling for PTSD. The sessions have not been easy; there have been times when he has needed to sleep for 12 hours following the "*exhausting*" counselling sessions.

Thanks to the mental health support he received and the dedication from staff, John is now forward-looking and happy. He has taken steps to rebuild his life, including engaging in regular activities and travelling, and he has even found a new partner through the programme.

Physical health

- Although it is not as popular among the projects, there are some which offer support and promote activities to improve physical health. The most common form of support identified was mapping the physical health of beneficiaries and the type of support they might need, as well as putting them in contact with local health services (e.g., GP, dentist). Some projects also encourage exercise and ways to improve physical health.
- Based on the data provided, we found that 15% of veterans had physical health needs (e.g. poor physical health, which required additional support).
- We found that 65% of veterans who continued to engage with support for managing their physical health showed improvements in this area of interest.

Efforts to address veterans' physical health have seen notable successes. In some projects, veterans have been supported in accessing healthcare, which has led to a reduction in missed hospital and healthcare appointments. Some beneficiaries have also participated in physical activities, including gym sessions, team sports, cycling, walking, and running. This focus on physical activity has helped improve both health outcomes and overall wellbeing. Support provided by projects has also been instrumental in helping veterans navigate complex healthcare systems, including the NHS. For many veterans, this guidance has been a huge relief, allowing them to access appropriate healthcare and support services they may have struggled to engage with on their own.

One particular example highlights how these efforts have made a profound difference. One grant holder was able to secure housing for an Army veteran in his 50s who was facing difficult circumstances, including a diagnosis of pulmonary fibrosis. Home adaptations were made, and emotional support was provided, along with funding assistance. This combination of care and a safe home environment brought great comfort to the veteran and his family during a challenging time. Unfortunately, his condition worsened quickly, and he passed away, but the family expressed gratitude for the support that ensured he had a safe home and the necessary care until the end of his life.

Accessing housing

- Assisting veterans in securing housing is central to the projects funded by the Programme. Support for homeless veterans encompasses various forms, including temporary accommodation, supported housing, and collaboration with other organisations to facilitate access to housing.
- Based on the data provided, 83% of veterans needed support in accessing housing.
- We found that 61% of veterans who consistently engaged with support for accessing housing experienced an improvement in finding housing.

Efforts to secure stable housing for veterans face numerous challenges, particularly within the private rental sector. Veterans often encounter difficulties related to cash bonds, guarantor agreements, and blanket bans on applicants receiving Department for Work and Pensions (DWP) benefits. These barriers necessitate building relationships with more "*forces-friendly*" landlords to ensure veterans have viable housing options. Securing tenancies in the private rental market remains a practical solution for many veterans, but it requires careful management. For example, in one case, despite a tenancy failure, one grant-funded project helped to repay rent arrears and ensured the property was vacated in good condition. As a result, the landlord remained open to future tenant recommendations from the grant holder, highlighting the importance of maintaining positive landlord relations.

The national housing shortage further exacerbates these challenges. Lengthy waiting times for social housing negatively affect veterans' journeys out of homelessness, forcing them to spend extended periods in emergency or interim accommodation. Managing veterans' expectations for move-on accommodation is an ongoing struggle, as the broader housing landscape makes quick resolutions difficult. In particular, local authorities often view grant holders' housing as a permanent solution, while grant holders see it as a temporary accommodation meant to transition veterans into more stable housing. In some cases, grant holders feel they have to educate local authorities about their responsibilities under the Armed Forces Covenant, as some local authorities lack familiarity with their obligations, further complicating the process. Additionally, private rentals are nearly impossible to secure due to the wider housing challenges.

An example of success amidst these difficulties is a case involving a veteran who was able to move into stable housing with his dog. The security of supported housing, along with access to necessary services, has given this veteran an opportunity to rebuild his life and find renewed purpose.

Retaining housing

- Assisting veterans in retaining their housing is also a key focus of the Programme's funded projects. Support includes advocating for veterans' housing rights, referring them to relevant local authority services, and providing the well-being support necessary for them to maintain stable housing.

- Based on the data provided, 20% of veterans were identified as needing support to retain their housing.

- We found that 68% of veterans who consistently engaged with support for retaining housing experienced an improvement in retaining housing.

Efforts to retain housing for veterans reveal both successes and ongoing challenges. Support provided to veterans has not only helped them but also positively impacted their families. For example, when veterans and their families secure a stable home, it often leads to positive generational impacts, including improved aspirations and pride in their living conditions. This sense of stability can have a ripple effect, enhancing educational and employment outcomes for children and other family members.

However, there is a notable distinction between obtaining and retaining housing. While many veterans are capable of creating tenancies, simultaneously equipping them with the skills and mindset necessary to sustain these tenancies is crucial for long-term success. For example, tenancy sustainment rates are high in some projects due to case workers identifying and addressing issues early on, preventing them from escalating. The ability to manage a tenancy effectively is seen as a key factor in maintaining stable housing.

There are also alternative perspectives on what constitutes successful move-on outcomes for veterans, with some grant holders suggesting that retaining independent accommodation may not always be the best outcome. In certain cases, moving veterans into environments where their support needs are better met might be a more positive step. Each individual has different end goals, and while ultimate independence is an ideal outcome for many veterans, it may not be the goal for everyone. The focus should be on meeting the specific needs and aspirations of each veteran rather than a one-size-fits-all approach to housing stability.

Case study 3:

An example of the importance of stable housing is Charlie and his wife Linda (both pseudonyms). Adjusting to civilian life after leaving the army was especially challenging for Charlie. Now in his mid-70s, he continues to struggle with the loss of community, structure, and support. He emphasised that the impact on his wife Linda was equally challenging, despite spouse experiences' often being overlooked.

Charlie and Linda now both live in supported accommodation. However, when he first left the army, Charlie was unaware of the support system available to veterans. He was unaware of any statutory entitlements, including his Armed Forces pension, or that there are not-for-profit organisations providing services to veterans. Receiving veteran-specific support has been especially meaningful for Charlie as it has enabled him to reconnect with a military community, which he and Linda felt they had lost since leaving.

> Support from staff has also been essential for him, especially to help build his confidence. Charlie described how, before settling into their current home, he and Linda had lived in another unit about an hour away. When he was asked to transfer to a new site, as someone who values stability and certainty, he found the idea of moving especially stressful. For him, having stable and secure accommodation is crucial, as the assurance of being able to remain in his home gives him the "*breathing space*" needed to cope with any other challenges. Although he was nervous about the move, the staff at the current location were very supportive and great at showing him around. He loves the new location and feels that he has "*got his peace now*" with the flat.

Reduced substance misuse

Reduced drug dependency

- Projects funded by the programme commonly provide support for substance misuse, either within their organisation or by guiding veterans to receive the support they need (e.g. coordinated multi-agency interventions). The provision of counselling for substance misuse is also a common form of support provided by the projects.

- Based on the data provided, 15% of veterans required support in addressing drug dependency.

- We found that 60% of veterans who consistently engaged with support for drug dependency saw an improvement in this area.

Reduced alcohol dependency

- It is also common for projects funded by the programme to provide support for alcohol dependency. Similar to the support provided for substance misuse, this is provided either internally within the project operations or by guiding veterans to receive the support they need externally. As with interventions for substance misuse, the provision of counselling for alcohol misuse is a common form of support provided by the projects.

- Based on the data provided, 20% of veterans were identified as having a need related to alcohol dependency.

- We found that 64% of veterans who consistently engaged with support for alcohol dependency saw an improvement in this area.

Following discussions with both grant holders and beneficiaries, some veterans have successfully engaged with internal and external partners to address challenges relating to drug and alcohol misuse, demonstrating the effectiveness of collaborative efforts. Some grant-funded projects have helped beneficiaries connect with external support for their substance misuse, fostering positive steps toward recovery.

However, challenges persist, particularly in managing a positive environment for veterans recovering from substance misuse. During a site visit, several individuals discussed the important role of rehabilitation in their progress. Their suggestions included creating a dedicated on-site rehab facility or restructuring existing spaces to separate individuals in different stages of recovery. One concern raised was that veterans making progress with substance dependence could be susceptible to relapse when exposed to others struggling with addiction. This highlights the need for environments that support sustained recovery. As one beneficiary remarked, "*build a rehab centre, not more houses*", underscoring the demand for dedicated rehabilitation spaces.

An example of overcoming alcohol dependency is the story of one veteran who, as of summer 2024, had been 150 days alcohol-free and had recently addressed large audiences to talk about his journey to recovery. His story reflects a positive focus not only on overcoming substance-related challenges but also on repairing relationships impacted by his addiction.

Wellbeing

- Although 'wellbeing' is a broad and multifaceted concept, our analysis revealed that many projects offer a wide range of activities specifically designed to enhance the overall wellbeing of veterans. These activities include hobbies such as art therapy and woodworking, horticultural activities like community gardening as well as mindfulness practices.
- Based on the data provided, a wellbeing need was recorded for 24% of veterans.
- We found that 58% of veterans who consistently engaged with wellbeing support experienced an improvement in their overall wellbeing.

Wellbeing support for veterans has led to significant improvements, particularly through ongoing care. The ability to talk to someone, receive guidance and emotional support, and feel encouraged and respected has fostered a sense of usefulness and value among many veterans. Some grant-funded projects have encouraged veterans to engage in meaningful activities that help them cope with flashbacks and trauma. However, grant holders also experienced challenges. Two notable examples include difficulties engaging veterans with wellbeing activities and lacking resources to deliver these activities consistently, for example due to staff shortages.

One notable example involves a veteran who had formerly served as a nurse in the Army. After experiencing homelessness due to a relationship breakdown and mental health struggles, she moved into a self-contained flat with her son. Although their relationship eventually broke down, she remained in the flat with ongoing support from a grant holder. Despite various setbacks, she has made significant progress, engaging regularly with a safe space for women and children. She has started taking regular exercise, paying more attention to her appearance and mental health, and has gained a renewed sense of confidence and self-worth. This example illustrates the positive impact of sustained wellbeing support, helping veterans rebuild their lives.

Case study 4:

An example of a veteran who experienced challenges with wellbeing support is Adam (pseudonym). Adam is a veteran in his 40s who left the military in 2014. During his time in the army, Adam had served in both Afghanistan and Iraq. Since leaving, Adam has had regular therapy and has been diagnosed with PTSD and personality disorder. He is experiencing job insecurity and found the grant holder's programme online to support him. The programme was very appealing to him, particularly the mental health and employment support it offered, and so Adam referred himself via both Op FORTITUDE and the programme's own self-referral form.

Adam has now been on the programme for over 2 months. While he found the one support session he has had helpful, he feels that it was "*oversold*". Even though he was promised regular support, his second session was forgotten by staff, which he believes is due to staff shortages. Although he feels that staff at his supported accommodation are great, he claims that they are spread too thin and that the service is underfunded. He points to the

excursions organised as part of the programme, which he thinks are very beneficial but too infrequent. He also feels that he requires more intensive support for his PTSD than what is offered by the programme.

Due to the infrequency of support and Adam's own proactivity, several of his peers at the supported accommodation have looked to him for additional support. However, this concerns him as he would like to focus on his own path and the issues that have brought him here. Although Adam does not struggle with substance misuse, he also worries that the progress of his peers will also be negatively impacted by those not receiving the support they need, noting that "*people relapse because of people*".

Healthy relationship repair

- Some projects help veterans repair and sustain their relationships by engaging directly with their families and/or supporting the veterans in maintaining family and friendship ties, whether they are within or outside their local area.
- Based on the data provided, we found that 3% of veterans required support in healthy relationship repair.
- We found that 40% of veterans who consistently engaged with support in this area were able to repair relationships in a healthy manner.

Efforts to repair and foster healthy relationships for veterans have seen both successes and challenges. One grant holder suggested that there has been a noticeable improvement in the interaction between veterans and their family and friends, reflecting positive progress in mending strained relationships. These improvements help create a stronger social support network, which is crucial for overall wellbeing.

However, challenges persist, particularly when relationship breakdowns are not initiated by the veterans themselves. For instance, many veterans found that the pandemic restrictions hindered opportunities to repair relationships, making it difficult to address issues with family or loved ones during an already isolating time.

There are also cases where the healthiest outcome for veterans is not relationship repair but rather the decision to leave harmful relationships. One such example involves a veteran who was in a difficult and toxic relationship that contributed to his homelessness and substance misuse. Once supported to leave the relationship, the beneficiary's life transformed: he became drug-free, worked on managing his pain, engaged in activities, and began attending healthcare appointments, including visits to the dentist. For him, the turning point was not repairing the relationship but removing himself from it altogether.

Another case highlights a similar experience for a veteran who was diagnosed with serious cardiac issues that left him feeling unsettled. Estranged from his sons, the beneficiary blamed himself for the breakdown of his family relationships and his homelessness. After moving to housing under a grant-funded project where his care needs were appropriately addressed, he began attending appointments regularly and took up painting. His new living situation has given him the stability to attempt to reconnect with his sons, and his determination to repair these relationships has become his main motivation for recovery. Despite the upsetting diagnosis, it has given him a sense of urgency and hope to rebuild ties with his family.

Improved social skills and community engagement

- Some projects provided opportunities for social engagement through group activities and peer support networks, all aimed at fostering a sense of community and belonging. Shared accommodation provided as part of supported housing could also facilitate veterans' socialisation. Team-building activities such as group sports and outdoor activities were also common among projects to promote a sense of belonging among veterans.

- Based on the data provided, we found that 1% of veterans required support in improving their social skills and enhancing their community engagement.

- We found that 100% of veterans who consistently engaged with support for this area saw an improvement in their social skills and community engagement.

Efforts to improve social skills and foster community engagement among veterans have yielded notable successes. One grant holder suggested that veterans benefit from long-term stays in supported accommodation, allowing them the time to form local connections, which reduces the risk of future homelessness. Another grant holder reported that they had success with organising external activities, such as paddleboarding, which build confidence and encourage camaraderie. Additional funding for similar group activities seems to have been instrumental in engaging isolated residents, drawing them out of their flats and curbing self-destructive behaviours. Activities like breakfast clubs, walking, adventure training, and paintballing help veterans come out of their shells, form friendships, and regain a sense of normalcy. Grant holders were keen to offer a balanced mix of high-adrenaline and calming activities and noted that it was important to consider inclusive activities for veterans with disabilities or mobility challenges.

Under another grant-funded project, befriending services have been crucial in addressing the pervasive issue of social isolation. Veterans benefit not only from formal one-on-one support but also from basic social contact with fellow veterans. In response to loneliness, some grant holders have introduced more personalised support, encouraging veterans to re-engage with hobbies they had previously abandoned or explore new interests. By focusing on hobbies like knitting, exercising, and joining gyms, veterans are finding ways to divert their attention from past traumas while reintegrating into the community. Similarly, under other grant-funded projects, there has been an increased focus on building positive relationships with veteran-specific partners and services, ensuring veterans can access external resources that support community engagement and promote wellbeing. Reduced social isolation has been observed, with veterans gaining access to practical support and community-based activities to help them reintegrate.

However, many veterans struggle to adjust to civilian life and navigate systems they were disconnected from due to military service. This barrier is compounded by feelings of embarrassment over being unable to secure employment or housing after serving their country, which can prevent them from seeking help.

One success story comes from a grant-funded project, where art provided an emotional outlet for veterans less inclined to participate in group activities. This approach led to greater engagement, with veterans participating in community activities. Some beneficiaries even gained the confidence to travel, engage more broadly with society, and sign up for events like a half marathon. These examples demonstrate how creative approaches, combined with hobbies, can empower veterans to reconnect with the community and improve their overall wellbeing.

Improved financial management

- Offering support with financial management is also provided by a number of projects. This includes support with personal money management, which can be essential for obtaining and retaining housing. In some cases, veterans are guided to apply for the benefits they are entitled to.

- According to the data, 11% of veterans initially required support with financial management.

- We found that 71% of veterans who engaged consistently with support in this area saw an improvement in their ability to manage personal finances.

Financial management is another area of support for veterans, with significant efforts focused on ensuring they can maximise their income and manage their finances effectively. In one grant-funded project, two of the most common areas of need are mental health and income maximisation, which involves ensuring veterans are claiming the correct benefits, managing debt, and handling their savings responsibly. This helps veterans achieve greater financial stability, promotes long-term independence, and reduces stress associated with financial insecurity.

Similarly, in other grant-funded projects, financial support often involves addressing basic but essential needs, such as helping veterans access Universal Credit, managing their online accounts, and supporting them with tasks like keeping track of passwords and maintaining their benefit journals. These interventions are crucial in ensuring veterans can navigate the often-complex financial systems and maintain control over their financial wellbeing.

Reduced probability of (re)offending

- While several grant holders have discussed and documented veterans' involvement with the criminal justice system, it is mentioned less frequently than other areas of interest. Only one grant holder recorded outcomes related to offending, with an emphasis on compliance with statutory orders and preventing harm to others.

- According to the data, 6% of veterans initially required support to reduce their probability of (re)offending.

- We found that 64% of veterans who engaged consistently with support in this area saw a reduced involvement in the criminal justice system.

Unlike the other outcomes, this particular issue was not discussed or raised during engagement with grant holders, frontline staff, or beneficiaries. It was only identified through data provided by one of the four grant holders who recorded beneficiaries' needs and outcomes related to complying with statutory orders and avoiding harm to others.

Economic evaluation

This chapter presents the key findings from the interim economic evaluation of grant-funded projects. Here, we aim to monetise both tangible and intangible costs and benefits of the projects. As mentioned, we used the GMCA CBA framework to conduct our economic evaluation.

Similar to the impact evaluation, our economic evaluation was conducted for grant holder projects overall rather than the specific services supported by Programme funding. This approach was necessary as, in some cases, funding was used to support existing projects or provide a new service under an existing project, making it difficult to isolate veteran outcomes specifically attributed to services funded by the grants. To conduct the evaluation, we relied on the available data, which included data on costs provided by the Trust as well as the four data sets provided by grant holders, also used in our impact evaluation. As a result, both the costs and benefits considered in our evaluation are limited to these four grant holders.

For costs, we focused on the funding received by the grant holders so far. However, it should be noted that the actual costs of the services provided to veterans may be higher, meaning our estimates could overstate the public social value (i.e. the actual value might be lower than our current projections). The benefits included in our evaluation broadly align with the areas of interest explored in our impact evaluation and the ToC, although some have been excluded. We have included employment, skills, mental health, physical health, crime reduction, accessing housing, retaining housing, drug dependency, alcohol dependency and overall wellbeing. Further explanation of the areas of interest and our assumptions on the benefits observed can be found in Annex B.

A significant component of our evaluation is the timeframe considered. Although the Programme will be operational for another year, our analysis only considers the impact of the first operational year of the Programme. Hence, we only considered the costs for the first year. We projected the benefits over a 15-year timeframe, assuming that the impact of the support provided so far would fully materialise within this first year and gradually decline over the remaining years. From the second year onwards, participation ceases, but the Programme's impact is expected to persist, though at reduced levels: 50% in the second year, 30% in the third year, 10% in the fourth year, 5% in the fifth year, and 2% from the sixth to the fifteenth year.

Another significant component of our evaluation is our counterfactual, which defines the benefits that would have been realised if the Programme had not existed. The counterfactual enables us to compare the benefits of the Programme to a business-as-usual scenario where the Programme did not exist. As this figure is not readily available in the literature, we considered two scenarios for the counterfactual. In our original scenario, we assumed that no veterans would experience any improvement in outcomes had the Programme not existed. We also considered a second scenario where outcomes would improve for some individuals. To determine this level, we used findings from the Veterans Survey 2022 as a proxy. Drawing on results regarding satisfaction with veteran services, we assumed that 13% of veterans would experience an improvement in outcomes even without the support provided by the Programme (Office for Veteran Affairs, 2024).

The tables below summarise our findings from the CBA for each of the counterfactual scenarios. Benefits are also broken down for each of the areas of interest.

Scenario 1: Costs & benefits

ACTUAL COSTS	
Total funding costs	£1,500,000
TOTAL DISCOUNTED COSTS	£1,500,000
ACTUAL BENEFITS	
Employment	£1,800,000
Skills	£6,000
Mental health	£850,000
Physical health	£94,000
Crime	£330,000
Retaining housing (reduced housing evictions)	£480,000
Accessing housing	£480,000
Reduced drug dependency	£260,000
Reduced alcohol dependency	£63,000
Wellbeing	£870,000
TOTAL	£5,200,000
TOTAL DISCOUNTED BENEFITS	£5,000,000
NET PRESENT VALUE (NPV)	**£3,500,000**
BENEFIT COST RATIO (BCR)	**3.40**

Note: All figures presented have been rounded, so adding individual lines may not always add up to the quoted total.

Assuming that under business-as-usual, no veterans would experience any improvement in outcomes had the Programme not existed, we estimate that the economic and social benefits generated through the Programme's grants outweigh the funding costs. The total discounted benefits over 15 years were estimated at around £5 million, while the costs amounted to £1.5 million, resulting in a Net Present Value (NPV) of £3.5 million. We estimate that every £1 spent in the Programme can generate £3.40 in economic and social benefits over a 15-year time period.

Scenario 2: Costs & benefits

ACTUAL COSTS	
Total funding costs	£1,500,000
TOTAL DISCOUNTED COSTS	£1,500,000
ACTUAL BENEFITS	
Employment	£1,400,000
Skills	£4,000
Mental health	£700,000
Physical health	£75,000
Crime	£260,000
Retaining housing (reduced housing evictions)	£390,000
Accessing housing	£380,000
Reduced drug dependency	£205,000
Reduced alcohol dependency	£50,000
Wellbeing	£675,000
TOTAL	£4,120,000
TOTAL DISCOUNTED BENEFITS	£4,000,000
NET PRESENT VALUE (NPV)	**£2,500,000**
BENEFIT COST RATIO (BCR)	**2.70**

Note: All figures presented have been rounded, so adding individual lines may not always add up to the quoted total.

Under the second scenario, which assumes that 13% of veterans would experience improvement in outcomes even without the Programme's support, we estimate that the economic and social benefits generated through the Programme's grants also outweigh the funding costs. The total discounted benefits over 15 years were estimated at around £4 million, while the costs, which remain the same as in Scenario 1, remained at £1.5 million. This results in an NPV of £2.5 million. For every £1 invested in the Programme, we estimate a return of £2.70 in economic and social benefits over the 15-year time period.

Lesson learnt and next steps

Lessons learnt

As we conclude the interim evaluation of the Reducing Veteran Homelessness Programme, several key lessons have emerged from the process, impact and economic evaluations. These lessons are pivotal for guiding future improvements and ensuring that the Programme achieves its long-term goals of reducing veteran homelessness.

- **Holistic, person-centred approaches:** Veterans' complex, interrelated needs are best addressed through holistic, person-centred support services. The success of such approaches was particularly evident when staff invested in understanding the underlying reasons behind veterans' behaviours, leading to more sustainable progress and stability for veterans.

- **Importance of stability and consistency:** Developing new programmes and building the required capacity, networks and resources takes time. Ensuring stability in service delivery is essential to allow veterans to access consistent and predictable support. Several grant holders noted that managing veterans' expectations from the outset was crucial to maintaining trust and fostering long-term engagement.

- **Communication and collaboration:** Collaboration between the Op FORTITUDE team, referral partners, and grant holders was a key success factor. Frequent communication between these stakeholders ensured timely responses to challenges and helped improve the quality of services provided. The success of Op FORTITUDE demonstrated the value of partnerships in creating a robust referral system that connects veterans to essential services quickly.

- **Reviewing assessment processes:** Reviewing the assessment process could help address the challenges faced by both those submitting and receiving referrals. Suggestions to further improve the systematic capturing of beneficiary data at the referral stage included developing a standardised assessment framework, enhancing data-sharing agreements between partners, and further investigating cases when a referral is refused.

Next steps

As the evaluation progresses into the second year, the following steps will be taken to ensure we capture a comprehensive and accurate assessment of the Programme's process and outcomes.

- **Data collection and monitoring:** Due to the varying data collection approaches used by grant holders, we developed a monitoring framework designed to guide and support them in understanding the specific data required for our evaluation. The framework includes recommended indicators to ensure that veterans' needs, service access and outcomes are clearly tracked. It also includes questions about demographics to better understand the profile of veterans accessing support. Additionally, a lessons learnt workshop will be held, including a tutorial session on the monitoring framework, to ensure that grant holders are fully equipped to collect and report accurate data. This workshop will also provide an opportunity for grant holders to share insights and challenges, fostering a collaborative environment for continuous improvement.

- **Beneficiary engagement:** Following the success of in-person engagement during the first year, the evaluation will continue to prioritise site visits over online interviews to build trust and collect more comprehensive feedback from veterans.

- **Challenges in attributing impact:** A recurring challenge throughout the evaluation was the difficulty in isolating the specific impact of Programme funding, particularly when it was used alongside other financial sources or in services that were already operational. Continued close collaboration with grant holders over the remaining years of the evaluation, combined with the use of the monitoring framework, may help better understand the specific impact of the Programme funding.

Annex A – Impact evaluation

In our quantitative analysis, the data provided was often incomplete, and sample sizes for individual projects were small. To include a veteran's outcome in our analysis, we needed complete data indicating specific needs, whether they received support for each need (i.e. accessed services), and the recorded outcome. For instance, if project-level outcomes for drug misuse were available, but data on veterans' needs for drug misuse were not, these outcomes could not be included in our impact evaluation due to the absence of information on the related needs and service access.

Using the most recent data provided by grant holders, we recorded the total number of veterans being referred, the number of veterans having their needs assessed, as well as the number of veterans accessing services. For the total number of referrals, we relied on figures reported by the grant holders which explicitly stated "referrals"; however, in cases where this wasn't available, we assumed that the total number of referrals included the total number of veterans recorded in the data submitted. We also defined the total number of veterans having their needs assessed as those who had at least one need recorded in the data (e.g. wellbeing need). Lastly, we logged individuals as having accessed services if this was explicitly stated; however, in cases where this was not explicitly mentioned, we assumed that individuals accessed services if their needs and outcomes were recorded.

For each of the aforementioned areas of interest, where relevant data was available, we recorded the number of veterans who reported this need, the number of veterans who continued accessing services for this need (i.e. were retained), as well as the number who recorded an improvement in this area. Improvements in these areas were measured relying either on Outcome Star measurements reported by grant holders or by alternative markers of improvement also measured by grant holders (e.g. a variable simply stating there was an improvement in this area). An improvement in Outcome Star was noted if the score increased or remained at or above 8/10.

Annex B – CBA methodology

Quantifying socio-economic benefits

Our team used the GMCA CBA framework to estimate the value-for-money of the Reduced Veteran Homelessness Programme. The framework captures the costs of this Programme, as well as tangible and intangible benefits resulting from the support provided to veterans in need. Tangible benefits, such as cost savings due to reduced use of public sector services (e.g., NHS, DWP, local authorities), are quantified. Intangible benefits such as gains in welfare from improved personal outcomes (e.g. health, wellbeing, employability), housing outcomes and system-related outcomes for veterans are monetised using evidence from the literature. Specifically, the benefits are categorised into fiscal, economic and social benefits. We estimate the value-for-money of the Programme by comparing the financial, economic and social benefits with the financial, economic and social costs (i.e. summing the fiscal CBA with the societal value CBA under the GMCA CBA framework).

As mentioned, benefits are considered for each area of interest, relying on data provided by grant holders. Improvements in these areas are measured relying either on Outcome Star measurements reported by grant holders or by alternative markers of improvement also measured by grant holders (e.g. a variable simply stating there was an improvement in this area). An improvement in Outcome Star was noted if the score increased or remained at or above 8/10.

For costs, we focus on the funding received by grant holders to date. However, it's important to note that the actual costs of services provided to veterans may exceed this funding, which means our estimates could potentially overstate the public social value. In other words, the actual value may be lower than our current projections.

Future costs and benefits are discounted to determine their present value, accounting for the time value of money (based on the assumption that people prefer to receive benefits now rather than in the future). The GMCA CBA framework uses the social discount factor of 3.5%, as well as a health discount factor of 1.5%, following best practice outlined in the UK HM Treasury Green Book, providing guidance on policy appraisal and evaluation. As out analysis only considers the impact of the Programme's first year of operation, only costs for the first year are considered. Benefits are projected over a 15-year period, with the assumption that the full impact of the support provided in the first year would be realised within that year and gradually diminish in subsequent years. From the second year onwards, veteran participation ceases, but the Programme's effects are expected to persist, though at reduced levels: 50% in the second year, 30% in the third year, 10% in the fourth year, 5% in the fifth year, and 2% from the sixth to the fifteenth year. Overall, this framework allows us to estimate the Net Present Value (NPV) and the Benefit Cost Ratio (BCR) of the Programme.

A core feature of our CBA methodology is that the outcomes from this Programme are identified compared to a counterfactual or business-as-usual scenario – this being the situation where no grants were offered at all. To estimate the effects attributable to the Programme on key areas, we consider what would have happened in the absence of the grants provided under this Programme. Based on the GMCA CBA guidance, changes in outcomes that would have happened in the absence of the Programme are defined as the 'deadweight'.

Benefits

Our model estimates a range of fiscal and public value (economic and social) benefits that the Programme can generate. Fiscal benefits refer to cost savings for central and local government agencies, leading to a reduction in overall public spending (HM Treasury et al., 2014). On the other hand, social and economic benefits encompass broader public advantages, including economic growth and improvements in health and wellbeing (ibid.) This section provides further information on the areas of interest included in our evaluation as well as further details on the data available for each impact flow. It should be noted that these figures for each impact flow are preliminary, as only four grant holders out of nine shared data.

Employment

The CBA framework considers the fiscal benefits of moving into employment based on three categories. For all three categories, the benefits are quantified using unpublished modelling by the DWP, which has been integrated into the GMCA CBA framework. The first is the fiscal benefit of moving people off of benefits and into work, which is accrued to the DWP and the HM Treasury. For each individual with improved outcomes, the fiscal benefit is £12,657, and the economic benefit is £17,420. The second is improved health outcomes which are measured by the opportunity cost of avoided health spending by the Department for Health and Social Care. For each individual with an improvement in employment outcomes, the fiscal benefit for this category is £12,818, while the economic benefit is £14,352. Increased income due to entering employment is the third category of benefits measured, which is accrued to individuals themselves. The unit fiscal benefit for this category is £5,932, while the unit economic benefit is £9,548. As defined in the GMCA CBA framework, social benefits were not included in this estimation.

Employment impact flow

Based on the data provided, we found that 123 veterans had an employment-related need. Of these, 54 accessed services related to their employment need. Of the 54 veterans who accessed services, 18 engaged consistently with these services (i.e. they were retained). An improvement in employment-related outcomes was logged for 10 of those with continued access to those services.

Reduced statutory homelessness

The fiscal benefits considered in our model include reduced costs as a result of veterans being housed, finding long-term housing, as well as savings on administration and legal advice related to homelessness. The unit fiscal benefit is £2,501, which is based on a research briefing by Shelter (2012) on the immediate costs to the government of the loss of a home.

Accessing housing impact flow

Using the data provided, we found that 251 veterans required support for accessing housing. All 251 of these individuals received support for accessing housing. From these individuals, 112 engaged consistently with support for this need. Of these veterans, 68 logged an improvement in accessing housing.

Reduce housing evictions

In addition to reduced statutory homelessness, the model considers reduced housing evictions. The benefits include the reduced costs of legal proceedings and repair of a property which, in this model, is accrued to housing providers. Some grant holders provide ongoing support and check-ins after veterans have moved into their new homes, contributing to fewer evictions. As with reduced statutory homelessness, only fiscal benefits are included in the model. The unit fiscal benefit is £6,680, which is also based on the aforementioned research briefing by Shelter (2012).

Retaining housing impact flow

Support for retaining housing was recorded for 62 veterans, all of which access services to support them retain housing. Of these individuals, 38 consistently engaged with support for this need. An improvement in retaining housing was recorded for 26 of these veterans.

Skills

Improvements in work-related skills were also included in our model. Namely, improvements in these skills were translated to returns in vocational qualifications estimated by the Department for Business, Innovation & Skills (BIS). As a conservative estimate, we assumed that improvements in skills would result in veterans achieving at least a National Vocational Qualification Level 2. This entails having the practical skills and knowledge to perform a job effectively and handle routine tasks and responsibilities on the job (Rolfe, n.d.) while "gaining a good knowledge and understanding of a subject". For this area of interest, both fiscal and economic benefits are included based on a study by the Department for Business Innovation and Skills on the returns to intermediate and low level vocational qualifications (2011) as well as a paper by Hasluck et al. (2008) on the net benefits of training. The unit fiscal benefit is £83 while the unit economic benefit is £443.

Skills impact flow

Using the available data, we found that 16 veterans required support to enhance work-related skills and engage in work-like activities. All individuals accessed services for these needs, while 8 of these veterans engaged consistently with these services. From these individuals, 4 recorded an improvement in their work-related skills and engagement in work-like activities.

Mental health

To monetise the benefits of improvements in mental health, this framework uses a report published by the King's Fund by McCrone et al. (2008) on the cost of mental health care in England to 2026. Both fiscal and economic benefits are included. Benefits from improved mental health outcomes are considered cost savings for NHS and local authorities due to reduced services provided to veterans. Reduced health cost of interventions is also considered for individuals themselves. Namely, the unit fiscal benefit is £830, and the unit economic benefit is £3,841.

Mental health impact flow

Mental health needs were recorded for 178 veterans from the data that was available. All of these individuals accessed services for this need, while 82 engaged consistently with these services. Of these veterans, 61 had an improvement in mental health-related outcomes.

Physical health

Physical health outcomes were translated into both reduced A&E attendance and reduced hospital admissions. For this analysis, both of these categories consider only fiscal benefits accrued to the NHS in the form of reduced cost for unnecessary A&E attendance as well as reduced cost of an average admission to hospital (both elective and non-elective). Fiscal benefits are monetised using the NHS national schedule for reference costs for 2020-2021 (2022). For reduced A&E attendance, the fiscal benefit is £134, while the fiscal benefit for reduced hospital admission is £2,941.

Physical health impact flow

Based on the data provided, a need for support in managing physical health was recorded for 47 veterans, all of whom accessed support for this need. From these individuals, 20 engaged consistently with services for their need. Improved physical health outcomes were recorded for 13 veterans.

Crime

To monetise outcomes regarding crime and offending, we estimated the number of incidents based on the number of veterans who reported this need. We assumed that 18 women out of 304 veterans who had their needs assessed were involved in the criminal justice system. Assuming that, on average, one veteran has committed one crime incident, and using the multiplier (5.24) suggested by the GMCA guidance to convert recorded crime to actual crime, we estimated the total number of crime incidents. In monetising the benefits for reduced crime, fiscal, economic as well as social benefits are considered. Namely, the benefits include reduced costs for the police and criminal justice system as well as reduced health costs accrued to the NHS. Using a report published by the Home Office (2018) on the economic and social costs of crime, the unit fiscal benefit is £979, the unit economic benefit is £1,111 and the unit social benefit is £1,407.

Crime impact flow

Using the available data, we found that 18 veterans required support to reduce their probability of re(offending), all of which accessed services to support this need. Of these veterans, 11 had continued access to services for this need. Of these 11 veterans, 7 recorded an improvement in this area.

Drug dependency

In monetising the benefits of reduced drug dependency, the model considers the reduced NHS costs as well as reduced criminal justice costs which are accrued to the police and wider criminal justice system. Fiscal, economic and social benefits are considered in this area of interest. Estimates are based on a report by the National Treatment Agency for Substance Misuse on the crime reduction benefits of drug treatment and recovery (2012) as well as a research study on drug treatment and outcomes published by the Home Office (2009). Namely, the unit fiscal benefit is £3,614, the unit economic benefit is £8,954, and the unit social benefit is £3,814.

Drug dependency impact flow

Based on the data provided, 47 veterans required support in addressing drug dependency. Of these individuals, 35 accessed services to support their need, while 10 of these individuals engaged consistently with these services. Of these veterans, an improvement in drug dependency was recorded for 10 veterans.

Alcohol dependency

As with reduced drug dependency, the benefits of reduced alcohol dependency are monetised by referring to the reduced costs in the criminal justice system and NHS. In this framework, only fiscal and social benefits are considered. The unit fiscal benefit is £1,800, while the unit social benefit is £1,398. Both unit benefits are estimated based on a clinical guideline published by the National Institute for Health and Care Excellence (2011) on the diagnosis, assessment and management of harmful drinking and alcohol dependency.

Alcohol dependency impact flow

Support for addressing alcohol dependency was recorded for 60 veterans, of which 42 accessed services for this need. Of these veterans, 11 engaged consistently with support in addressing alcohol dependency. An improvement in this area was recorded for 7 of these veterans.

Wellbeing

To monetise the benefits of wellbeing support, the model accounts for improvements in overall quality of life resulting from better wellbeing. These accrued to individuals and society overall. The CBA framework assigns a monetary value to emotional wellbeing by using the willingness to pay (WtP) for improved quality-adjusted life-years (QALYs).[9] In this framework, only social benefits are considered, where the unit social benefit is £13,000.

Wellbeing impact flow

Using the data provided, a wellbeing need was recorded for 72 individuals, all of whom accessed services to support their need. Of these veterans, 48 engaged consistently with support for this need. An improvement in wellbeing outcomes was recorded for 28 of these individuals.

Other impact flows

Although financial management, relationship repair, social skills, and community engagement are part of the impact evaluation, they are not core areas of focus within the GMCA CBA framework. However, the following section provides further details on the data available for each impact flow.

Financial management

The need for support with financial management was recorded for 34 veterans, all of which accessed services to support this need. Consistent engagement with support for this need was recorded for 17 of these individuals. An improvement in financial management was recorded for 12 of these veterans.

Healthy relationship repair

Based on the data provided, we found that 8 veterans required support in healthy relationship repair, all of which accessed support for this need. Of these individuals, 5 engaged consistently with support for this need. We found that 2 of these individuals were able to repair relationships in a healthy manner.

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[9] QALYs are a measure defined and monetised in the current HM Treasury Green Book and are typically converted on the basis of 1 additional QALY being equivalent to around £70,000 in 2020/2021 prices as a monetary estimate of additional wellbeing (on a willingness-to-pay basis).

Social skills and community engagement

Using the data provided, we found that 4 veterans required support in improving their social skills and enhancing their community engagement, all of which accessed relevant support. Of these individuals, one engaged consistently with these services. An improvement in this area was also logged for this individual.

Estimating the deadweight

The deadweight represents what would have happened under a business-as-usual scenario where the Reducing Veteran Homelessness Programme did not exist. In the GMCA CBA framework, this represents the percentage of the total veteran population that would have seen an improvement in relevant outcomes without any support. As this figure is not readily available in the literature, we drew on findings from the Veterans Survey 2022 as a proxy. The survey found that 58% of the 22% of veterans who sought help from a veteran service charity were satisfied with the services provided (Office for Veteran Affairs, 2024).

We inferred that veterans who reported satisfaction with services likely experienced improvements in at least one of the areas where they required support. Applying these figures to the total veteran population, we assumed that 13% of veterans would experience an improvement in outcomes even without the support provided by the Programme grants.

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