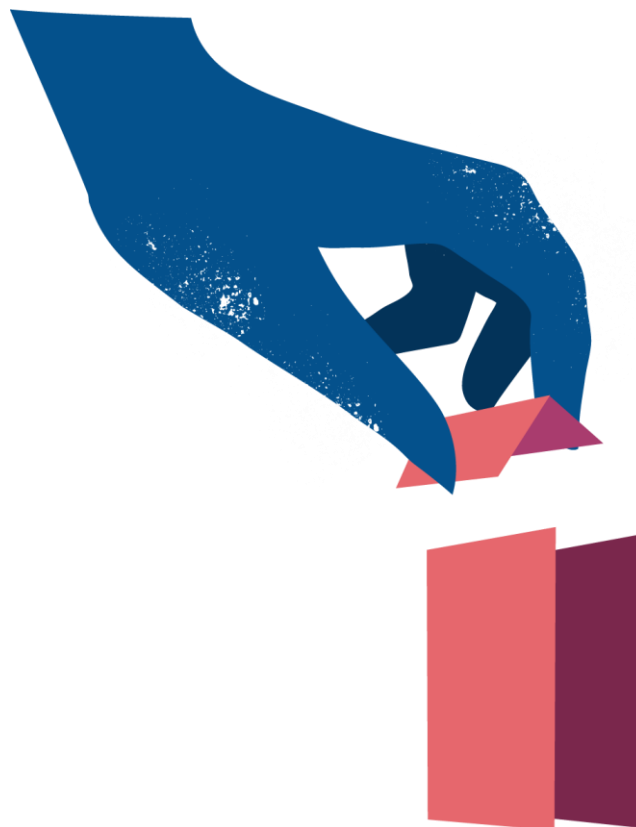


Understanding the needs of veterans facing (or at risk of) homelessness

Prepared for the Armed Forces
Covenant Fund Trust

February 2025



Executive summary

Context and methodology

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

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

The purpose of this research was to understand:

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

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

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

Key findings

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

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

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

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

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

What are the main barriers to accessing support?

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

Proximity to services

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

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

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

Capacity of services

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

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

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

Joint working between services

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

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

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

Recommendations for future funding priorities

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



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