

SUPPORTING ARMED FORCES IN ACUTE HOSPITAL SETTINGS



 **THE ARMED FORCES
COVENANT FUND TRUST**
Funded by HM Government

Westminster Centre for
Research in Veterans



University of
Chester

Evaluation
Report

**NORTHERN
IRELAND**



**ARMED FORCES
COVENANT**

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Abbreviations

AF	Armed Forces
AFA	Armed Forces Advocate
AFC	Armed Forces Community
AFCFT	Armed Forces Covenant Fund Trust
KPI	Key Performance Indicators
MH	Mental Health
NHS	National Health Service
NIVSO	Northern Ireland Veterans Support Office
PTSD	Post Traumatic Stress Disorder
SU	Service User
UK	United Kingdom
VASP	Veterans Adviceline for Statutory Professionals
VSO	Veteran Support Office

Foreword



Anna Wright – Chief Executive Officer, Armed Forces Covenant Fund Trust

Jointly funded by the Covenant Fund (through the Armed Forces Covenant Fund Trust) and NHS England and NHS Improvement, the Supporting Armed Forces in Acute Hospital Settings programme supported a small number of pilot projects trying better ways of supporting veterans and their families when they are in a hospital setting.

Almost £2 million was awarded to 17 projects across the UK – 12 NHS Trusts in England, two in Wales, two health boards in Scotland and one organisation in Northern Ireland.

The Somme Nursing Home adopted a bespoke approach to support Veterans living in Northern Ireland. They were awarded £120,000 to establish an out-of-hours help and advice line manned by a suitably qualified and experienced person, who can advise on holistic support services available throughout NI to the Veterans' community.

The Veterans' Advice Line for Statutory Professionals (VASP) has proved to be very well received by statutory professionals, as was the aim of this project, however, an additional and unexpected benefit is that it has also been of great assistance to veterans themselves, impacting positively on their well-being.

The Armed Forces Covenant Fund Trust values robust, independent evaluation of strategic programmes where this adds value to understanding the impact of innovative ideas. We are grateful to Professor Alan Finnegan at the University of Chester and his team for their evaluation of this highly impactful grant project.

The evaluation of this pilot suggests that there is ongoing demand from both the statutory sector and veterans themselves for the support offered by this advice line. It has been able to offer a means of highlighting available support to veterans and, helpfully, reaching those who have been hitherto difficult to reach and support. Additionally, it could have a role in informing wider statutory service provision and continuing to raise awareness among the needs of this community.

We hope that the findings from this report are of interest and value to all of those providing support to veterans living in Northern Ireland; and wider policymakers with an interest in this area, and it could inform prioritisation of resources and give clarity of focus for wider support. This pilot has revealed financial support as a key need within the veteran community, as well as mental health and emotional wellbeing needs.

Executive Summary

In 2021, the Armed Forces Covenant Fund Trust (AFCFT) and NHS England and NHS Improvement jointly awarded almost £2 million to establish a “*Supporting Armed Forces in Acute Hospital Settings*” pilot programme to help support vulnerable veterans in throughout the United Kingdom. There were 16 Great British NHS Trusts awarded funding to recruit an Armed Forces Advocate or equivalent post-holder within and acute NHS Hospital Trust. However, due to structural and legal policies, the AFC is implemented in a different way in Northern Ireland, where the decision was taken to adopt an innovative alternative option. In Northern Ireland, a new service was to be established that was aligned with an independent award to the Veterans Support Office (VSO) who established a Veteran’s Adviceline for Statutory Professionals (VASP) service.

The VASP adviceline was initially instituted to support statutory professionals, the local community and voluntary sectors who were seeking advice. The intent being to signpost veteran organisations and available welfare services to the best point of contact to support veterans and their families who were in need of help. This report provides an independent evaluation regarding the impact of the VASP service and reveals the profile of the service users, the organisations utilising the service and the type of support sought. The report portrays the pathways and signposting that was offered and the impact that this has had on the service users.

Going Live

The adviceline went live on the 10th of June 2022 , complimented with a launch event on the 21st of October 2022. For the evaluation, VASP post holder recorded adviceline data and this was sent to the evaluators on a weekly basis in an anonymised and amalgamated format. Following a phone call, the adviceline staff would send a text message to the service user to complete a feedback survey regarding the adviceline. This led to a compendium of demographic data including the service users age, gender, service history, social networks, employment, and living arrangement. To obtain a deeper insight, the evaluators had meetings and conducted interviews with the VASP post holder and a VSO representative in Belfast. This result was an clearer understanding of who the beneficiary were, what has worked well with the VASP, the challenges that occurred, and findings to underpin the study recommendations.

Results

During the evaluation period, the advice line received 968 phone calls. Of these, 86% were in relation to male veterans and 14% for female veterans. These are the same as the gender rates recorded in the Census of 2021, and whilst this covered England and Wales, it provides an indication that both men and women were accessing support

in the expected numbers. The mean age was 58, with a range of 20-91 years old, showing a wide berth of need across all age groups. Although the original intent was to help organisations to help veterans, the phone calls were increasingly received from veterans who became the main service with at 44%. This had steadily grow as veterans became more aware of a trusted service, and is an indicator that the demand has yet to peak. Organisations were regular users of the service with 34% of calls being made in relation to a specific veterans case, and 13% for general advice. The results also indicated that 9% of the calls originated from the veterans' family and / or friends. As with many of the AFCFTs projects, the primary reason for connecting with the advice line was for financial support which was a feature in 23% of calls, followed by Mental Health and emotional well-being at 20%.

Summary and Recommendations

The adviceline received calls from veterans, statutory and non-statutory organisations, and this independent evaluation provides a predominately positive impact for veterans and organisations that sought support. The adviceline was well received and 100% of the evaluation respondents stating that they were happy with their support and 79% reported the advice line led to a positive impact on their well-being. That in part originates from the skill and commitment of the VASP lead, and a notable feature was the commitment to developing the service including promotion of the adviceline and maximising audience connection and reach.

That veterans called the adviceline is a positive indicator that when services are available for Northern Ireland veterans, veterans will utilise them. Previously this had often not been the case. With continued effort to sustain this role, awareness will continue to improve and the needs of veterans will be considered and will be met. It was also clear that as the demand grew that it far outweighed expectation, but the adviceline was manned efficiently and no changes were required in the day to day running of the service. This provides a compelling case for extending the VASP which appears to be cost-effective. However, given the role this adviceline is playing in supporting veterans, it is important to consider additional post holders and/or the potential to involve voluntary roles. Any extra support would improve the metrics contained in this evaluation regarding outputs, effectiveness and longer term impact.

However, the evaluation also highlighted some of the challenges involved for Northern Ireland veterans given the historical political context. The most prevalent support request was financial support, followed by MH and emotional well-being needs. Initiatives that can specifically lessen the burdens in these key areas are likely to provide palpable benefits. Only 5% of calls were received from GP's, Primary Healthcare (PHC) or other healthcare staff, and reflects how difficult it might be for veterans to disclose their status and ask for help. Given GPs and PHC staff are able to positively impact patient behaviour and signpost onwards, then the results suggest

that further initiatives are required to improve awareness and knowledge surrounding veterans and their health and social needs.

Therefore, a key outcome of this evaluation is the need to maintain momentum with continuous education and further raising awareness of veterans needs in Northern Ireland. Where possible, this needs to include local authorities, the judicial services and health. There needs to be considerations to ensure all groups including ethnic minorities, the LGBTQ+ community Identify and female veterans can freely access support. Also, the required support for veterans is often not in isolation with the causative stressors imparting a negative impact on the whole family. Projects that can offer support to the whole family would be welcomed by the veteran community and likely improve their health and well-being.

Overall, the results illustrate a need for sustained change for veterans in Northern Ireland and highlighted the importance of the VASP where veterans, their friends and family as well as statutory professionals feel comfortable reaching out for advice. There is evidence that the adviceline has been of significant benefit to veterans in Northern Ireland. The delivery of this adviceline has raised the profile of veterans and importantly, has reached veterans in Northern Ireland who have previously been hard to reach.



WHAT'S A VETERAN? IT WILL NOT
COMMONLY BE KNOWN
NECESSARILY WITHIN OUR
STATUTORY FRONTLINE
PROFESSIONALS HERE IN NI



Figure 1. Summary Findings

Background

In 2021, the Armed Forces Covenant Fund Trust (AFCFT) and NHS England and NHS Improvement jointly awarded almost £2 million to help support vulnerable veterans in acute hospital settings throughout Great Britain. The “*Supporting Armed Forces in Acute Hospital Settings*” pilot programme intended to provide better support veterans and their families when they are in an NHS hospital setting. Eligible hospitals could apply for a grant for a project that would focus on improving support to veterans who are receiving treatment as an inpatient within that hospital. This involved employing an Armed Forces Advocate (AFA) to provide leadership, support and co-ordination within the hospital and with non-statutory services within the Armed Forces charity sector; whilst shaping improvements that provided wider benefits to the Armed Forces community.

A total of 16 Great British NHS Trusts were awarded funding to recruit an AFA or equivalent post-holder within their acute NHS Hospitals Trust. Northern Ireland adopted an innovative option to provide a new service, and this was aligned with an independent award to the Veterans Support Office who established a Veteran’s Adviceline for Statutory Professionals (VASP) Service. The adviceline was instituted for statutory professionals, the community and voluntary sectors seeking advice. The intent being to signpost support to Veteran organisations and available State Welfare Services to support veterans and their families. This included advice on State Benefits, War Disablement Pension advice, Service/Preserved Pensions advice, physical health, mental health (MH), and emotional support referrals to assistive veteran organizations.

The Westminster Centre for Research in Veterans (The Centre) were selected to provide an independent evaluation of the VASP project. The evaluation commenced in February 2022 and concluded in January 2024. The Northern Ireland VASP was evaluated separately to the AFA role in hospital settings and therefore, the evaluation of the Northern Ireland initiative is presented here as a separate stand-alone report. Summary findings are in Figure 1 and Timelines in Figure 2.

TIMELINE

KEY DATES FOR THE NORTHERN IRELAND PROGRAMME

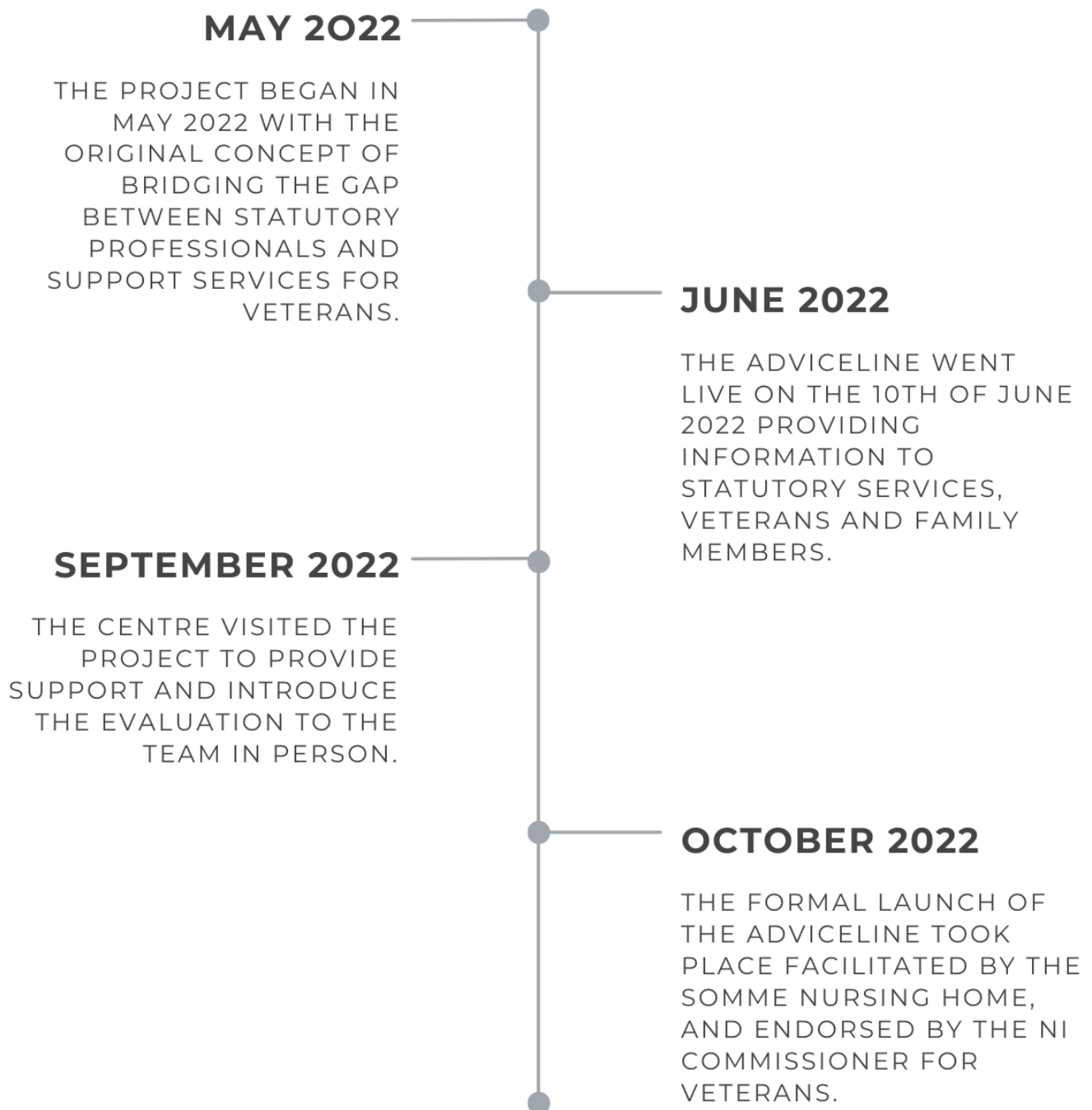


Figure 2. Timelines

Introduction

The Armed Forces Covenant (AFC) became enshrined in UK law in 2011 (MOD, 2022), stating that no member of the Armed Forces community (both regulars and reserves, and veterans) should face disadvantage because of their service. The AFC covers areas such as housing, employment, and healthcare, with veterans receiving priority treatment for any health conditions that are attributable to their service. A veteran is defined as anyone who has served in the British Armed Forces for a minimum of one day, including those who served as regulars, reservists, those in training and those who operated under national service.

The Belfast Agreement

Northern Ireland was established in 1921 when executive and legislative powers were devolved to a Parliament of Northern Ireland (Walker, 2012). Northern Ireland and its border with the Republic of Ireland was contested from the beginning and this occasionally gave rise to violence, which became more sustained during the period known as The Troubles (1968-98). During this time, the border between Northern Ireland and the Republic of Ireland became securitised (McGrattan, 2010).

Within Northern Ireland, the AFC is influenced by the Belfast Agreement of 1998, commonly known as the Good Friday Agreement. The Belfast Agreement was signed following three decades of conflict and denotes an agreement between the UK and Irish governments, regarding governance arrangements within Northern Ireland (Coulter & Shirlow, 2023). The Agreement was presented as a framework for peace and prosperity and makes commitments to improve the health and wellbeing for the Northern Ireland population.

In the Good Friday Agreement, the UK government committed to reduce the role of the Armed Forces deployed in Northern Ireland, as well as to the removal of security and emergency powers in Northern Ireland (Joshi et al., 2012). At the time of signing the peace agreement, an estimated 17,200 British troops were deployed in Northern Ireland. Then, in 2007, the British Armed Forces suspended its operation (Op BANNER) in Northern Ireland, ending a 38-year presence. The move reduced the presence of UK troops there to approximately 5,000, which was considered compatible with a normal peaceful society as suggested in the peace agreement (Joshi et al., 2012).

The Section 75 legislation that exists in Northern Ireland as part of the Good Friday Agreement places statutory duty on official bodies to ensure parity of care and equal access across all Northern Ireland citizens, where everyone must be treated equally and fairly (Equality Commission for Northern Ireland, 2024). This has influenced targeted specific veteran health services, and many of those that exist in England, Scotland and Wales do not occur in Northern Ireland, thus highlighting potential disadvantage to Northern Ireland veterans (Northern Ireland Veterans Commissioners Office, 2023).

Veteran Support Office

The needs of veterans and their families remain the responsibility of the Health Service (UK Equivalent to NHS), the Housing Executive and Education Ministries, as well as the charitable sector (Northern Ireland Veterans Support Office, 2022). These responsibilities have until now, been upheld by the Northern Ireland Veterans Support Office (NIVSO) who oversee champions employed in each of the 11 local authorities. Whilst the merging of the AFC into the political sphere means issues arise which can subsequently have a negative impact on veterans' healthcare needs (House of Commons, 2014), the role of the champions is to ensure veterans can easily access the support available to them, remain a point of contact for veterans, provide a co-ordinated approach to supporting veterans, promote access to AFCFT funding and to achieve and monitor outcomes appropriately. The case of any veteran who approaches a LA Veteran's Champion is overseen by the Champion until resolution (VSO, 2022). However, the impending closure of the NIVSO in 2024, and the subsequent take-over by the Office of Veteran's Affairs means impending changes in some governance structure for Northern Ireland veterans (NIVSO, 2024).

Veterans' Health Services in Northern Ireland

The longevity of the Northern Ireland Troubles means the integration of veterans and certain parts of the non-veteran population poses difficulties. The act of military service is more politicised in Northern Ireland than other regions of the UK, and this presents challenges for the implementation of policy which promotes veteran specific services. Although Section 75 of the Northern Ireland Order exists to protect veterans from being disadvantaged (Equality Commission for Northern Ireland, 2024), there exists a narrative within Northern Ireland that this Order is a direct violation of equality legislation as it gives greater priority to veterans. As such, the majority of Northern Ireland government services provide no veteran specific services. This means that for veterans in Northern Ireland, they often feel disadvantaged compared to veterans living in Great Britain and they require assurance that they will not face discrimination (Armour et al, 2017).

The statutory provision of veteran specific MH services in Northern Ireland is known as the 'Veterans' Welfare Service NI', being a merger of the Veterans Welfare Service & the URD/RIRISH Aftercare Service. Multiple charitable organisations are also present in Northern Ireland, providing help, advice and guidance to those who serve or have served in the British Armed Forces and their families throughout Northern Ireland (VSNI, 2024). They deliver many vital support services and can deliver welfare support to beneficiaries throughout Northern Ireland, provide counselling, respite, complementary therapies, employability support, support groups, benefits, housing advice and guidance.

In 2019, the AFCFT invested nearly £1M in two Northern Ireland veteran's initiatives that were designed to provide innovative and new ways of working to reduce serious stress in veterans, their carers and families. Inspire Wellbeing were awarded £703,000

and brought together a range of innovative wellbeing and support services across Northern Ireland. They were case managed and delivered within a stepped care model from low through to high-intensity support. The interventions aimed to address the perceived significant gap in support for veterans, their families and carers. This was delivered with nine portfolio partners including Blossoms Hub & Spoke Garden, Wellbeing in Mind Music Assisted Supportive Therapy, and Horses for People Equine-assisted therapy. Also awarded £220,000 were The Ely Centre who provided veterans, their families and carers with crisis response support by delivering a crisis intervention and de-escalation service in County Armagh, Fermanagh, and Tyrone. This included health and wellbeing support interventions, intensive psychotherapy within a holistic approach to health and wellbeing and benefits/pension advice for veterans and their immediate families. There were social prescribing activities including gardening. This was delivered through three portfolio partners including the Brooke House defence garden scheme (Westminster Centre for Research in Veterans, 2022).

In 2023, the Office for Veterans' Affairs provided £500,000 pilot funding to level up medical and welfare service for veterans in Northern Ireland (Gov.UK, 2023). The service aimed to provide timely support and guidance to veterans who require healthcare with a focus on MH, musculoskeletal issues and linking with local services. The funding, provided by the Health Innovation Fund, aimed to run for 18 months, and was led by Defence Medical Welfare Services, an independent Armed Forces charity.

To address veteran suicide in Northern Ireland, Inspire's 'You Matter' project was established to help prevent suicide and address the health needs of all Northern Ireland veterans by developing positive ways to cope with the negative impact of war zone trauma and its effects on quality of life (Inspire; Wellbeing, Ability, Recover, 2022). The 'You Matter' Programme was designed to identify and reach veterans at risk and aimed to develop a network of support and framework of intervention and suicide prevention services. The programme also aimed to make it easier for people to ask for help, by raising awareness of MH in the wider Armed Forces community, including specialised Safetalk training on suicide prevention.

Health Status and Help-Seeking in Northern Ireland Veterans

Evidence has drawn attention to the difficulties Northern Ireland veterans face, with The Health and Wellbeing of Armed Forces Veterans in Northern Ireland Report (2021) revealing that 40% of Northern Ireland veterans meet the criteria for depression, 37% for Post Traumatic Stress Disorder (PTSD), 32% for anxiety and 36% for alcohol misuse (Armour et al., 2021a). Those who served during Op BANNER remain at greater risk of experiencing MH difficulties than those who had not served during this time (Bunting et al., 2013). Furthermore, MH needs for Northern Ireland 'home-service' veterans were greater. These include personnel who served in the UDR and Royal Irish Regiment who were recruited locally and often encompassed individuals who served in a part-time capacity alongside their civilian jobs, with 48%

experiencing depression, 47% PTSD and 41% anxiety (Armour et al., 2021b). This was considerably higher than findings related to veterans living in England where depression at 18% was the highest common MH disorder, followed by alcohol abuse 17%, anxiety 15%, and PTSD 3% (Finnegan & Randles, 2023).

Any perceived barriers that negatively impact on help seeking behaviour can further exacerbate MH difficulties (Spikol et al., 2024), and some can be attributed to the country's complex history of conflict (McGrattan, 2010). Active UK military involvement in the Troubles saw an estimated 300,000 service personnel (known as the Home Services) deployed in combat roles, with approximately 19,500 of whom were native to Northern Ireland and were actively deployed near, or within, the towns and communities where they were raised (Spikol et al., 2024). Even after the conflict formally ended in a ceasefire (the Good Friday Agreement), divisions remain in many parts of the country. Thus, serving in the His Majesty's Armed Forces continues to carry a significant security risk (Spikol et al., 2024). Non-disclosure and hiding for their own safety are unique barriers to receiving help for issues related to service and the experiences of 'home-service' veterans have often been considered a key argument in the uniqueness of the Northern Ireland veteran community.

These barriers can include a lack of access to or availability of services, a lack of trust in these services, and stigmatised beliefs associated with help-seeking (McLafferty et al., 2017; Williamson et al., 2019). The military culture of MH stigmatization across the UK Armed Forces only compounds the issue. Additionally, many UK Armed Forces veterans in Northern Ireland are reluctant to disclose their veteran status because of security concerns (Armour et al., 2018; Bradley, 2018, Forces in Mind Trust, 2017), and as a result, direct pathways into mainstream statutory health services are often perceived to be inaccessible. The AFC promises accessible and guaranteed care to serving personnel and Veterans, but without the AFC being in place in Northern Ireland (House of Commons, 2014), veterans often have to rely on charity organizations.

Aims and Objectives

The aim of this evaluation was to assess the impact of the VASP. This was a newly appointed service in Northern Ireland with the support of the NIVSO and The Somme Nursing Home.

The objectives were to:

- a) Identify the demographical data of the service users of the VASP service including what organisations and whether they were calling for a specific veteran case.
- b) Understand the advice that is being sought by service users including whether this differs depending on who the service user is and why they are utilising the advice line.
- c) Explore the signposting and referrals that are made by the VASP service and the impact that this has had on the service users.

Methodology

This evaluation sits within the AFCFT funding of the “Supporting Armed Forces in Acute Hospital Settings” grant.

Veterans Adviceline for Statutory Professionals

The project began in May 2022 with the original concept of bridging the gap between statutory professionals and support services for veterans. Essentially, VASP aimed to provide a signposting service for Northern Ireland statutory professionals who were involved with veterans as patients, clients or in routine interactions. Also, through a business arrangement with a hotel chain, VASP also had access to emergency accommodation. The service would help raise their awareness and connect them to service to provide optimum support for veterans. However, VASP quickly evolved to be accessed by veterans themselves as well as the family members and friends. The adviceline went live on the 10th of June 2022 and this was complimented with a launch event on the 21st of October 2022. (See Figure 3). The Centre visited Northern Ireland in the early stages of the project on the 16th of September 2022 to provide support and introduce the evaluation.

The VASP service has been promoted in Northern Ireland medical services, housing services including those related to state benefits, community/voluntary sectors, legal sector, policing and probationary services, political involvement, prisons, Nursing Homes and the bank and credit unions. In addition, the VASP representative attended numerous events to promote the adviceline including service-specific areas such as the Royal Airforce Association. The service was also promoted on the British Forces Broadcasting Service.

Veterans' Adviceline For Statutory Professionals (VASP) Celebrates Launch



On Friday 21st October we were delighted to attend the Veterans' Adviceline for Statutory Professionals (VASP) programme launch.

We were joined by colleagues from the veteran support network & representatives from a range of statutory services in Northern Ireland.

The VASP Project is a Northern Ireland signposting service whereby individuals who come across veterans as clients or constituents in their routine interactions can contact the VASP Adviceline to obtain signposting support from the myriad of Veteran organisations and State Welfare Services available to support veterans and their families in Northern Ireland.

VASP Project Manager, Mark Ewing, said: "The VASP service is here to help you, and to help veterans - connecting them to essential support services to meet their needs."

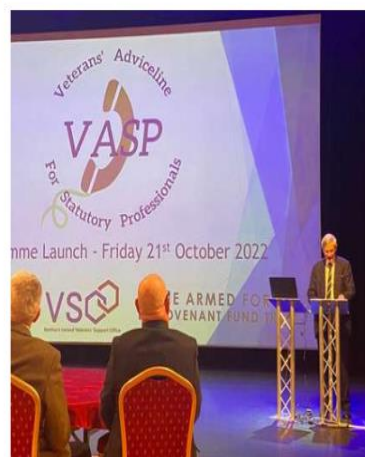
This is a two-year project funded by the Armed Forces Covenant Trust Fund, with the hope that it will remain in place beyond the project timeline. The Adviceline is facilitated by the Somme Nursing Home, sits within the supporting structure that is based upon the Veterans Support Office (VSO) and is endorsed by the NI Commissioner for Veterans.

Thank you to guest speakers, the Lord-Lieutenant of County Antrim, Mr David McCorkell, former Chief Executive of RFCA NI Col (Ret'd) Johnny Rollins, Founder of Andy Allen Veterans' Support, Andy Allen MBE, and VASP Project Manager, Mark Ewing.



Adviceline: 07551 397384

Email: VASP@sommenursing.org



HM Lord-Lieutenant of County Antrim, Mr David McCorkell welcomed guests.



Former Chief Executive of RFCA NI Col (Ret'd) Johnny Rollins, explained the background for the project.



Founder of Andy Allen Veterans' Support, Andy Allen MBE, highlighted the type of support available to veterans in NI.

Data Collection Tools

Following VASP phone call, the adviceline staff would send a text message to the service user to fill in a feedback survey regarding the adviceline. This included questions regarding what the service user used the adviceline for, how effective and useful the service was and how likely they would be to use the service in the future. VASP staff then recorded adviceline data and this was sent to the evaluators on a weekly basis in an anonymised and amalgamated format. This was received on an Excel spreadsheet and also contained demographic information of the service users, the type of advice that was sought and where the adviceline referred the caller onwards too. Data was then entered into SPSS IBM Statistics v27 for analysis. The data collection process is in Figure 4.

Data Analysis

Analysis of the survey data utilised descriptive and inferential statistics. Descriptive statistics included frequency distributions and percentages to summarise demographics such as age and gender, service history, social networks, employment, living arrangement. Inferential statistics included correlations to facilitate identification of relationships between variables, and t-tests and ANOVAs to identify differences between variables. Where relevant, infographics and data visualisations are used to present the data. Small amounts of written free-text responses from the questionnaires were analysed using Content Analysis (Burnard, 2008).

For qualitative data, one interview was conducted in Belfast with both the VASP postholder and a representative of the NIVSO to ascertain what has worked well with the adviceline, any challenges that have occurred and to identify recommendations for the future. Interview data was analysed using a modified Grounded Theory approach (Glaser & Strauss, 1967; Charmaz, 2014; Finnegan, 2014). This inductive methodological approach intends to secure the participants' views of their world (Punch, 2014). Grounded Theory consists of a structured and systematic guideline for gathering, synthesising, analysing, and conceptualising qualitative data to construct a theory grounded in the data from which it was developed and enabling the identification of issues from the staff members' perspective. The study team has extensive experience of utilising this approach in both serving and veteran populations (Finnegan et al, 2014; Finnegan et al 2018; Finnegan et al, 2020a; Finnegan et al, 2020b, Finnegan et al, 2024).

DATA COLLECTION PROCESS

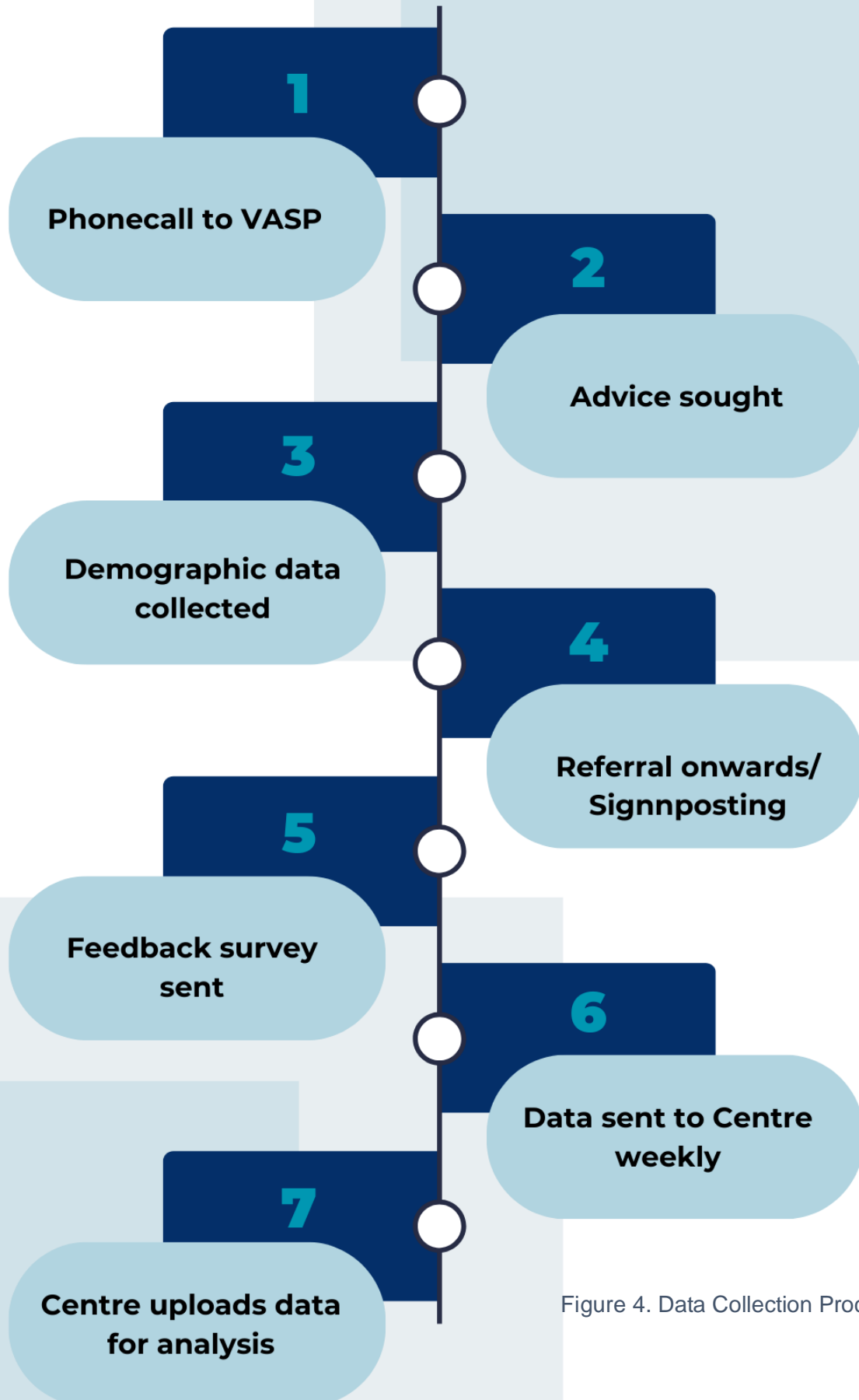


Figure 4. Data Collection Process

Grant Holder Engagement

Webinars

The Northern Ireland initiative was one grant within the AFCFT’s Hospital AFAs programme which extended to 16 NHS Trust in England, Scotland and Wales. The evaluators hosted monthly webinars with the AFAs (or equivalent). The first webinar took place on the 6th of April 2022 which included presentations from AFCFT, NHSE and the purpose of the evaluation. Following this, the AFA’s (or equivalent) were split into “Regional” webinars of 4 participants, see Table 1. Northern Ireland’s VASP service formed part of the Celtic Regional Group. This allowed for better communications between the AFAs (or equivalent) who were able to share their current progress, best practices, and any challenges they were currently enduring.

North Regional Group
Manchester University NHS Foundation Trust
Warrington and Halton Teaching Hospitals NHS Foundation Trust
East Lancashire Hospitals NHS Foundation Trust
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
East Regional Group
Airedale NHS Foundation Trust
East Suffolk and North Essex NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust
South Tyneside and Sunderland NHS Foundation Trust
South Regional Group
Milton Keynes University Hospital NHS Foundation Trust
Gloucestershire Hospitals NHS Foundation Trust
Frimley Health NHS Foundation Trust
University Hospitals Dorset NHS Foundation Trust
Celtic Regional Group
Betsi Cadwaladr University Health Board
NHS Greater Glasgow and Clyde
NHS Lothian
Cardiff and Vale University Health Board
VASP Northern Ireland

Table 1: Regional Webinar Groupings

The AFA's (or equivalent) were able to assist each other with problems and often shared information. Whilst Northern Ireland was distinctly different, it was agreed that there were still welcomed to hear of any lessons being learnt that might be transferable. The AFA's (or equivalent) indicated that they found these webinars to be incredibly useful and a forum within which they were able to communicate with other AFA's (or equivalent) who may have overcome similar challenges. Following the regional webinars, the Centre had Full webinars quarterly for 2022 and every alternate month in 2023. This allowed all AFA's (or equivalent) an opportunity to present their progress and impact to the entirety of the grant holders and was attended by AFCFT and often NHSE. Each full webinar had a minimum of two presentations from AFA's (or equivalent). In addition, the Centre presented preliminary evaluation results to enhance motivation.

E-Bulletins

The Centre also provided quarterly E-Bulletins. These offered the opportunity for the Centre to share some preliminary results, NHSE and AFCFT would provide updates and all AFA's (or equivalent) and the Northern Ireland VASP service were invited to provide current progress. An example of an E-Bulletin can be seen in Appendix A, though all are available to view on the Centre's website. A large majority of the AFA's (or equivalent) chose to engage with this activity and were able to share this E-Bulletin to showcase the impact of the role throughout their internal and external networks. The Centre received highly positive feedback regarding the e-bulletins and how enjoyable and interesting they were to read.

Roadshows

Hosted by the AFCFT, the roadshows were a chance for all AFA's (or equivalent) to come together for more organised discussions and presentations. The Centre presented preliminary findings at both Roadshows to provide an overview of the current evaluation progress. AFA's (or equivalent) were encouraged to break out into groups for discussions and to feedback to the room. The first roadshow took place on the 4th of April 2023 in Chester with the second taking place which included a presentation by Mark Ewing on the VASP project was on the 30th of January 2024 in Glasgow. See Figure 5.



Figure 5: Images from the Supporting Armed Forces in Acute Hospital Settings Roadshow

Educational Module

To facilitate staff training, the Centre also created a Moodle Module from their existing training modules. The Module includes the 6 original chapters from the Centre's AFCFT funded "Introduction to the Armed Forces Community" (Westminster Centre for Research in Veterans, 2022). Whilst English based, the module did have aspects that were applicable to Northern Ireland, including basic information regarding the role of the British Armed Forces

Results

The results show who the service users were, the reasons why they were phoning the adviceline and where they were signposted to.

Service User Information

During the evaluation, the advice line received 968 phone calls. Of these, 86% (N=713) were in relation to male veterans and 14% (N=115) for female veterans. In 140 cases gender was not listed for reasons such as a third party call where the gender was not disclosed. The mean age was 58, with a range of 20-91 years old.

Phone calls to the advice line were categorised according to whether these organisations were calling for a specific veteran case, an organisation calling for general advice, a veteran calling up about themselves, or a veteran family/friend calling regarding a veteran. Most phone calls came from the veteran self (44%, N=427), the veteran case (34%, N=331), general advice (13%, N=124), veteran family/friend (9%, N=86). See Figure 6.

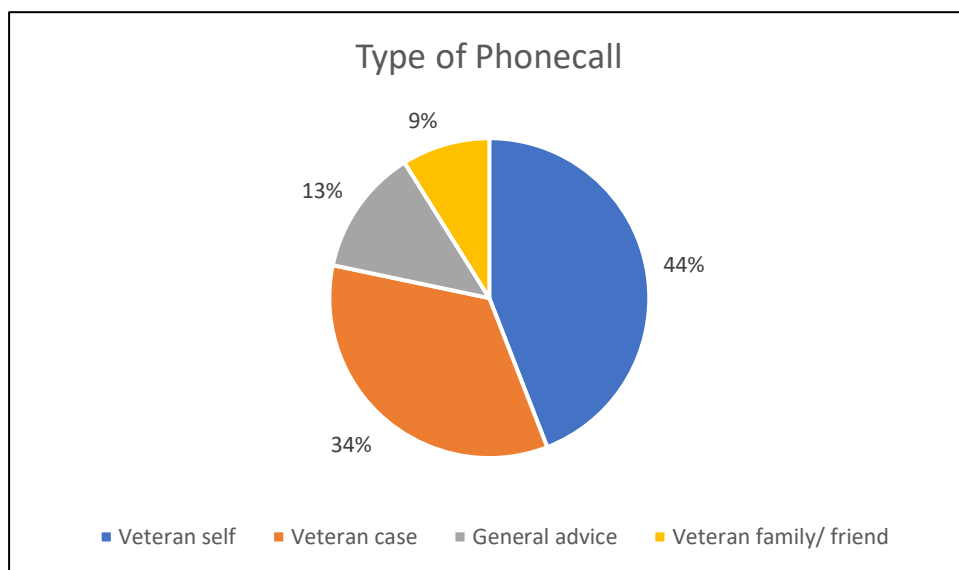


Figure 6. Type of calls to VASP

Those calling the adviceline were grouped into the following referral categories of charity, healthcare, veteran self, veteran family/friend, government (Including local authority), police and prison service, military sector and other. Summary of their feedback is in Figure 7. Of the referrals in, the majority came from the veteran themselves (43%, N=388), charities (19%, N=166) from both veteran specific and non-veteran. This was followed by calls from government (11%, N=95) and veteran family/friends (10%, N= 87). Data was missing for 72 cases. See Figure 8. Of veterans who called themselves, a greater percentage of females (56%, N=64) than males (50%, N=358) called the adviceline for themselves with an independent samples t-test indicating a significant difference between male and female help-seeking for themselves from the adviceline ($t(826) = -3.24, p < 0.05$).

Organisations - Service Feedback

5 Organisations who had contacted the adviceline provided feedback



Figure 7. Service Feedback

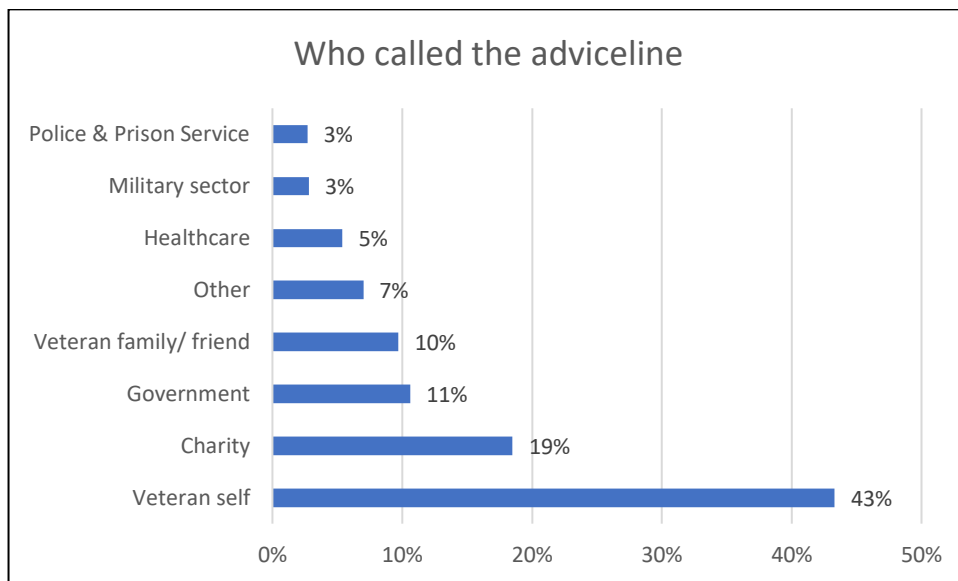


Figure 8. Calls to VASP

Those who were calling for general advice were coded under “Tri-Service”. Most calls were related to those who had served in the Army (76%, N= 737). See Figure 9 and 10.

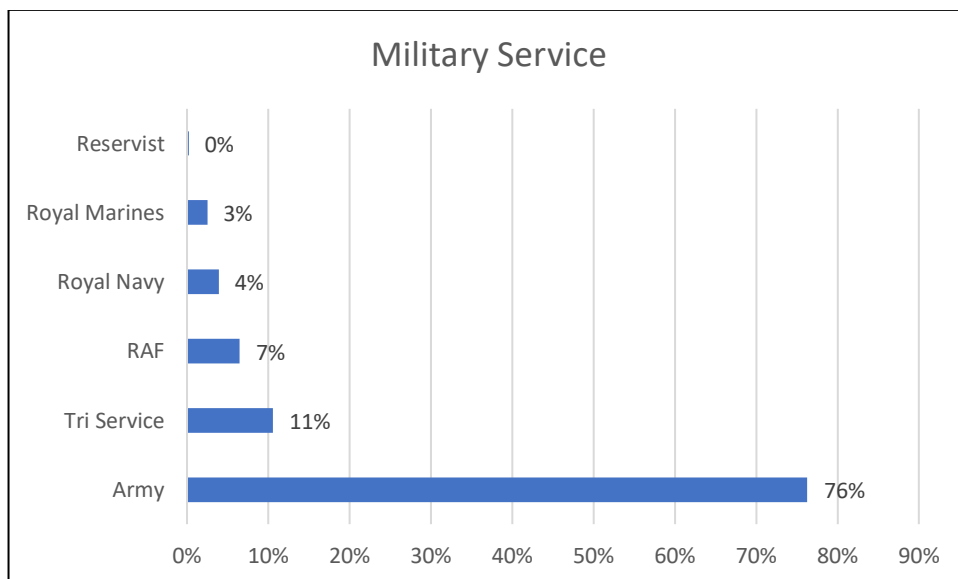


Figure 9. Military service

Enquiries by military service

Those calling for
general advice were
coded as Tri Service

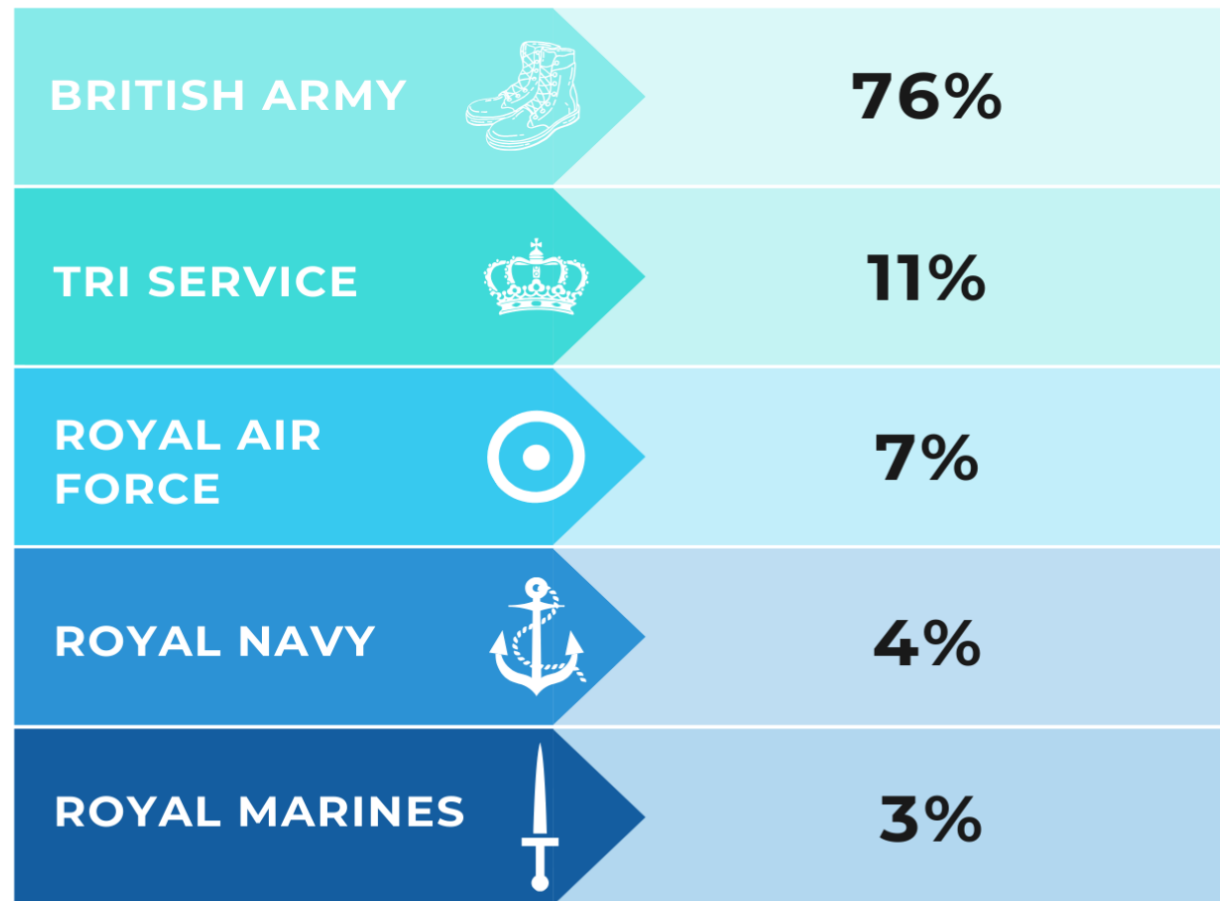


Figure 10. Enquiries by Service

Pathways into mainstream MH services in Northern Ireland are similar to those in England. However, in Northern Ireland, six regional Health and Social Care Trusts maintain responsibility for both health and social care provision. Figure 11 below shows calls to VASP by Health Trusts. Most calls were from Northern Health Care Trust (29%, N=278), followed by South Eastern Trust (26%, N=251), Belfast Health Trust (17%, N=159), Health and Social Care (15%, N=148), Western Health Care (7%, N=65) and Southern Health Care (7%, N=64).

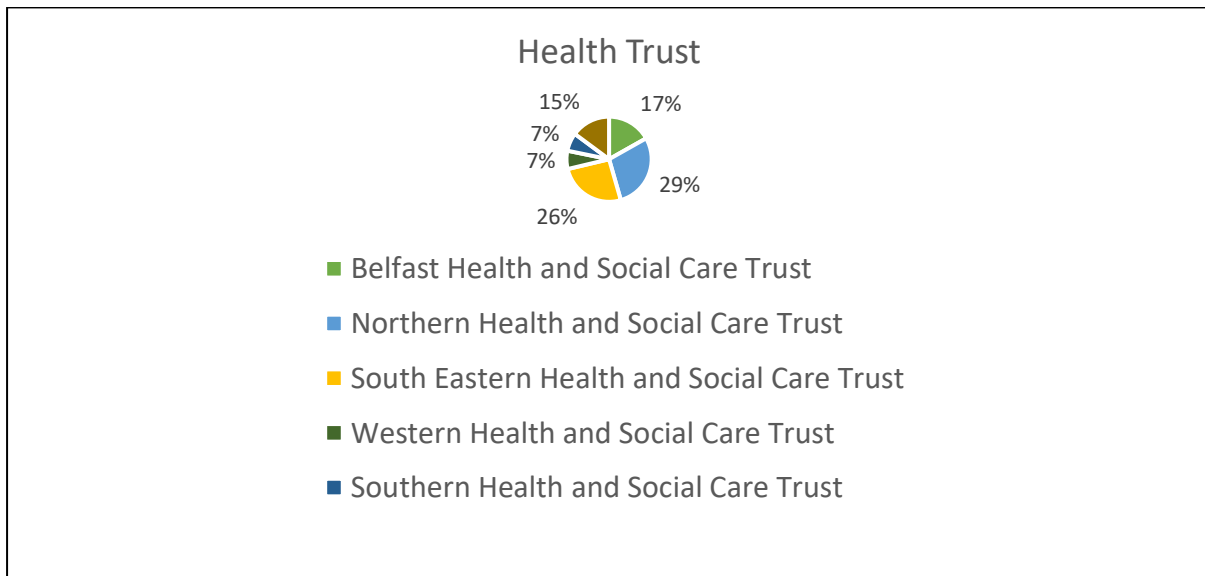


Figure 11. Calls by Health Trust

The type of advice required is shown in Figure 12.

TYPES OF ADVICE REQUESTED



Figure: 12. Types of Advice Required

Advice Requested

The reasons for calling the advice line are shown in Figures 13 and 14. The main reason for calling the advice line was for financial support (22%, N=218), followed by MH and emotional well-being (20%, N=195), physical injury (18%, N=176), general service (18%, N=176) and housing needs (16%, N=153). Pensions (12%, N=113) and welfare advice (11%, N=105) were also identified as areas for need.

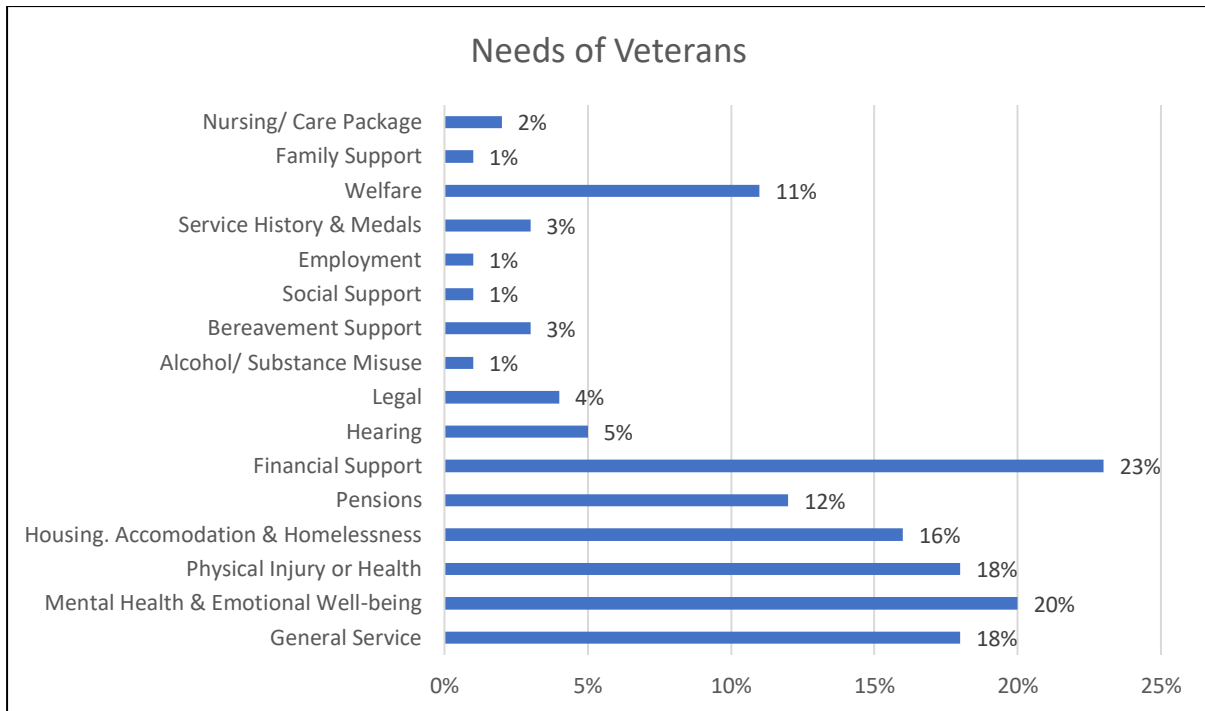
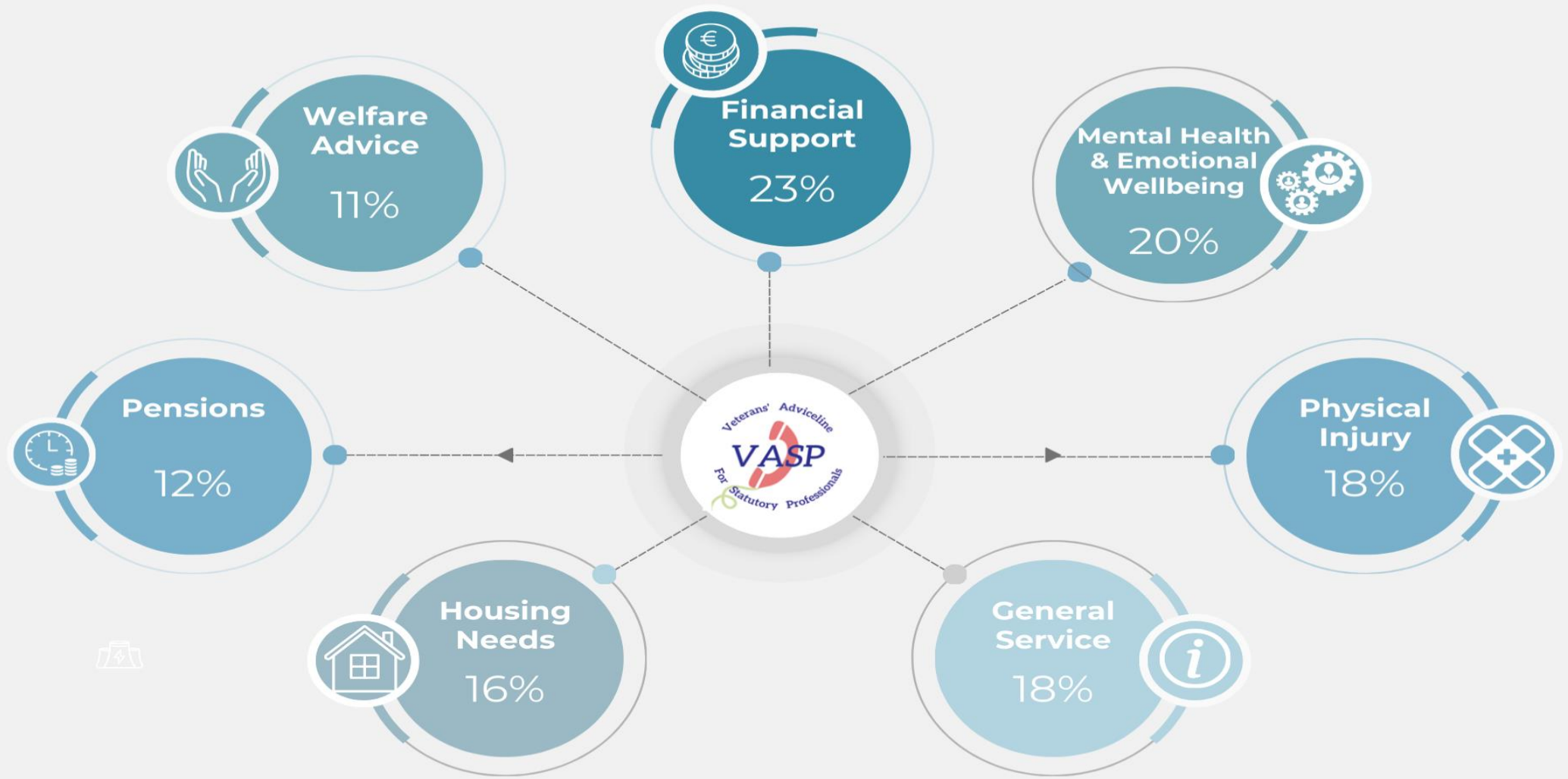


Figure 13. Veteran needs



REASONS FOR CALLING

Financial Support

For analysis purposes, veterans were grouped into age brackets 20-30, 31-40, 41-50, 51-60, 71 years old and over. Requests for financial support were most prevalent in veterans aged 31-40 (36%, N=28) and veterans aged 71 and over (35%, N=37). A one-way ANOVA is used in this section to denote statistically significant differences, and across ages these were not significant $F(5,751)=3.22, p=.007$). Army veterans requested the most financial support (26%, N=193), followed by Royal Marines (25%, N=6) and Royal Navy veterans (18%, N=7). These differences were significant $F(5,960)=6.55, p < 0.05$).

Mental Health & Emotional Well-Being

There was a significant difference across age groups requesting MH and well-being support ($F(5,751)=3.51, p < 0.05$). Veterans aged 20-30 years old requested the most support in relation to MH and well-being (42%, N=14), veterans aged 71 and over requested the least (12%, N=13). Royal Navy veterans requested a higher proportion of support in relation to MH and well-being (24%, N=9), followed by Army veterans (22%, N=161) and Royal Marines (21%, N=5). These differences were not significant $F(5,960)=2.18, p=.054$). Similarly, a greater proportion of males (23%, N=162) than females (17%, N=19) sought MH and emotional well-being support which was also found to be significant ($t(826) = -1.50, p < 0.05$).

Physical injury

Support for PH was most requested by RAF (33%, N=21) and Royal Marines veterans (33%, N=8), followed by Royal Navy veterans (21%, N=8), and this was significant $F(5,751)=.562, p < 0.05$). PH support requests were more prevalent in veterans over 71 (33%, N=35) and least prevalent in veterans in the age bracket 31-40 (13%, N=10) which was a significant difference between these groups $F(5,960)=.779, p < 0.05$).

General service advice

General advice was requested mostly by veterans aged 51-60 (11%, N=21), followed by those aged 41-50 (9%, N=15) but this was not significant $F(5,751)=.562, p=.729$). It was requested mostly by Royal Navy veterans (16%, N=6), although many respondents chose tri-service which has impacted on the clarity of this result.

Housing needs

A t-test to compare the differences between means identified significant differences ($t(826) = -2.05, p < 0.05$) in housing and accommodation advice requests identified between males (17%, N=122) and females (10%, N=11). Housing needs were less prevalent in older veterans with 14% (N=21) of veterans aged 51 and over requesting support in this area whereas 50% (N=28) of veterans aged 20-40 requested housing support.

Signposting and Referrals

VASP signposted to a number of different organisations (See Figure 15). The organisation referred to the most is the Veterans Welfare Service (24%, N=231), followed by finance and benefits related organisations (22%, N=217), organisations offering general advice (19%, N=183), housing organisations (16%, N=153), MH organisations (15%, N=143), healthcare organisations (12%, N=120), national charities (10%, N=95), pensions organisations (7%, N=69), local charities (5.6%, N=54), and military sector organisations (6.4%, N=62).

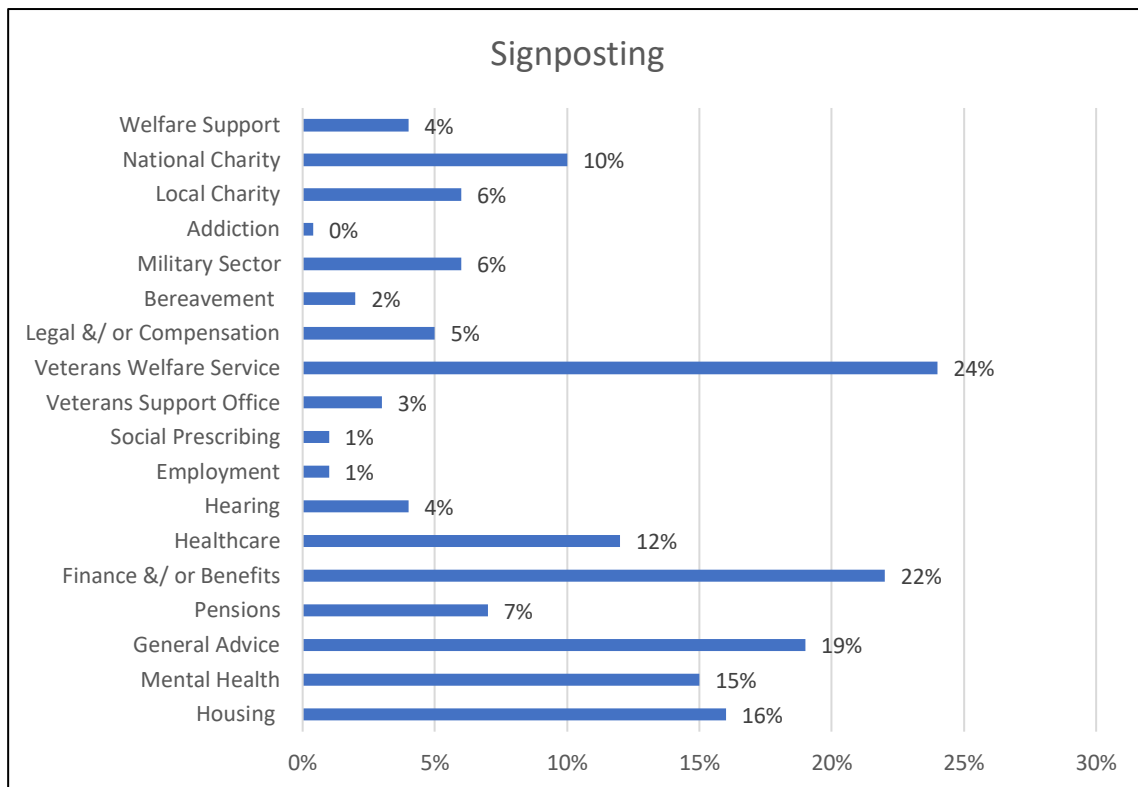


Figure 15. Signposting onwards

Service Feedback

Twenty-three feedback surveys were completed by those who had called the adviceline, 78.3% (N=18) of which were completed by veterans themselves and 21.7% (N=5) by organisations who had called the adviceline. The organisations who completed the survey were Belfast Health and Social Care Trust, Blind Veterans UK, Causeway Coast and Glensborough Council, Police Service Northern Ireland and the Regional Trauma Network. Job roles included social worker, veterans champion, police constable, community support worker and a trainee clinical psychologist. Of the 5 organisations who completed the feedback survey, three offered MH support, one PH support, one housing support, five employment support, five financial support, one addiction support, five legal support, one vision/ sight support and one 'other' support.

Survey participants were also asked to annotate three positive elements of the adviceline and three areas for improvement. Both are available in Tables 3 & 4.

Positives	Category	Sub-category	(N) Respondents	(N) Frequency
	Accessing adviceline	Ease of access	1	1
		Home visit available	1	1
		Total	2	2
	Information	Relevant information	9	9
		Advice provided	9	9
		Responsiveness	8	8
		Awareness of services	1	1
		Total	27	27
	Adviceline advisor	Advisor compassion	18	18
		Knowledge of advisor	9	9
		Veteran satisfaction	3	3
		Professionalism	2	2
		Total	31	31

Table 3. Positives of VASP

Improvements	Category	Sub-category	(N) Respondents	(N) Frequency
	Wider reach for service	Offer to other organisations	2	3
		Promote at more events	2	2
		Promote in literature	1	1
		Total	5	6
	Staffing	Additional staff	1	1
		Total	1	1
	Resources	Funding	2	2
		Getting more information	1	1
		Total	3	3


Table 4. Areas for improvement.

QUOTES

"I couldn't fault any of the service and will definitely be using again"




"Without him [advisor], I would have committed suicide"



"[advisor] was so informative. He knew of absolutely everything that was of relevance to my client"



"The person returned my calls and directed me to someone who monitored the progression of the case to it's conclusion"



"A one stop shop to multiple statutory bodies"



Figure 16. Quotes

Qualitative data

One interview with two Northern Ireland staff (1 advice line staff, 1 NIVSO staff member) was conducted, lasting for 1hr 9 minutes. Some of the discussion is in Figure 16. Analysis of this interview demonstrated four key categories, shown in the coding framework in Table 5 and impact in Figure 17.

Category	Sub-category
Challenges	Lack of Education
	Northern Ireland difficulties
Engagement	Utilisation
	Expectations
	Organisations
	Support provided
Impact	Education
Promotion	Continuous promotion
	Opportunities for promotion

Table 5. Interview coding framework



Figure 17. Grounded Theory Model showing the impact of VASP on NI Veterans

Discussion

In 2021, the AFCFT and NHS England and NHS Improvement jointly awarded almost £2 million for a pilot programme to help support vulnerable veterans throughout the United Kingdom. In Northern Ireland, the funding was utilised to establish a VASP adviceline that aimed to help veterans in need by directing them to the care pathway to meet their needs. The intent was to provide advice and guidance to people who, in the course of their professional roles, come across veterans in need and have limited knowledge of supporting agencies and the services available to help them. As VASP progressed, veterans themselves also began calling the adviceline. An independent evaluation of this advice line commenced in February 2022 and concluded in January 2024.

During the evaluation, 968 calls were received, of which 86% were in relation to male veterans. The mean age of the veterans was 58, and 76% of these had served in the British Army. Forty-four per cent of calls were from veterans themselves, illustrating that when Northern Ireland veterans were aware of services, they will seek support from them, confirming the need for the provision. This is noteworthy as Northern Ireland veterans are extremely reluctant to access support, including health and social care, believing that this may compromise their military relationship. Of the veterans who called the adviceline regarding their own issues, more were female than male highlighting greater help-seeking in females than males or more fear of reprisals in men than women. The most commonly requested type of support was financial (23%) and MH/ emotional well-being (20%), with males being more likely than females to seek MH and emotional well-being support.

In terms of referrals onwards by VASP, veterans were most commonly referred to a veteran's welfare service (24%) over any other type of organisation. Overall, the adviceline was positively received by those who called for support with 100% rating the support they received as good or very good and 79% stating the adviceline had a positive impact on their emotional well-being following engagement with the adviceline.

The following discussion is predominantly based on the qualitative interview data from the adviceline staff member and NIVSO staff member and will further illustrate the impact of VASP on Northern Ireland veterans and statutory professionals.

Challenges

Lack of Education

The interview revealed a belief that Northern Ireland veterans were not aware of what the term veteran meant, and some were unaware that they were even classed as a veteran themselves,

“So they didn’t consider themselves to be veterans because they’d served for such a short amount of time”

It was also apparent that those working in healthcare services in Northern Ireland were unaware of what a veteran was,

“What’s a veteran? It will not commonly be known necessarily within our statutory frontline professionals here in Northern Ireland”

Due to the need to ensure neutrality in all forms of health and social care within Northern Ireland, then it was perceived that it was likely that there is limited opportunity to raise awareness and understanding of Northern Irish veterans. This would suggest that there is work to be done in terms of reaching services and promoting awareness. However, prior research highlights the difficulties associated with this (Armour, 2017) whereby services in Northern Ireland have previously appeared reluctant to engage with veteran specific services. As a result of this poor understanding of veterans in Northern Ireland, veterans themselves feel weary about disclosing their ex-armed forces status. Unlike other parts of the UK, where many specific veteran services exist from MH support to welfare and community support (e.g., NHS, 2014; 2021; 2024), it is more difficult for Northern Ireland to do the same,

“Here they mightn’t feel like going to their local football club and saying I’m a veteran, you know but there are subtle signs perhaps that people pick up on and it’s more difficult to be overt about that and say we’re a bunch of veterans”

Given the political sphere Northern Ireland veteran status disclosure sits within, not only does this mean that veterans do not disclose their veteran status, but it also means veterans feel they are often denied the chance to discuss their military service. This is likely to further exacerbate any difficulties they may be experiencing (Zaman et al., 2022) and contribute further to poor MH.

“Most of the veterans I know have not disclosed their past”

The known high prevalence of trauma exposure and PTSD in Northern Ireland is influenced by the many barriers which prevent veterans from seeking help/care (Spikol et al., 2024), which can worsen MH conditions. The lack of access to or availability of services, a lack of trust in the MH, and stigmatised beliefs about themselves if they were to seek help (Finnegan & Randles, 2023) might also contribute to a lack of disclosure about their veteran status. Additionally, many UK Armed Forces veterans in Northern Ireland choose not to disclose Veteran status because of security concerns (Armour, 2017). These issues combined highlights the importance of education in Northern Ireland, for statutory professionals but also for veterans themselves and this should be considered for future educational delivery.

Northern Ireland challenges

Staff alluded to having medical records redacted, an issue present in prior research (Armour et al., 2017). Security concerns were considered the reason why medical records are redacted; however, this can further contribute to the self-stigma associated with disclosing their veteran status and seeking help when needed,

“Every medical record is redacted of military information; I mean that’s exactly our issue”

This contributed to feelings of uncertainty and unease when accessing PHC. If veterans are aware their medical records are redacted of military service, they are aware their GP will not know they are a veteran and should they require support related to their military service, it would remain the responsibility of the veteran themselves to inform their GP and veterans are weary of doing so for fear of unknown repercussions,

“it might be difficult to reach out to a GP here just because you don’t know how supportive they’re going to be”

Research conducted in England highlights the primary role of GPs in identifying, supporting and signposting veterans (Simpson & Leach, 2022; Finnegan et al, 2022). GPs are able to change patient behaviour and contribute to improvements in healthcare engagement (Finnegan et al., 2018). However, if veterans in Northern Ireland are experiencing barriers to care at PHC level, this is evidence to suggest they face greater disadvantage than veterans residing elsewhere.

Engagement

Utilisation

Staff spoke about the needs of individuals calling the adviceline and the types of advice they sought. Whilst the adviceline was initially established to support statutory professionals, as the adviceline became more known within Northern Ireland, veterans began calling the adviceline themselves (44%). This meant that as time progressed, the adviceline was providing direct support to veterans and again illustrates that, when veterans in Northern Ireland know support is there, and there is positive snowballing of this advice, then they are willing to engage. This in particular appears to present an extremely important requirement for the adviceline and indeed other support services to be more open about veteran support.

“a lot of our work at the moment is giving individual advice to veterans”

In terms of veterans utilising VASP and the areas in which they reside, this evaluation recorded the Health Trust of the caller which provides useful information for how the adviceline is being used across Northern Ireland. Most calls came from the Northern Health and Social Care Trust (29%), however, whilst this might appear that veterans in this region are in most need, an alternative explanation may be that promotion of the service has been more focused around this area or that these were areas with residents primarily from the Protestant religion. It would be useful for future delivery of VASP, for the postholder to record where promotion of VASP is being delivered and

to continue to monitor the Health Trusts where the caller resides. It is likely that Health Boards that serve predominately Catholic communities are less likely to have veterans living in those areas, but still better identification would assist in confirming whether one region in particular appears to have greater need and would improve future delivery of services in specific regions.

Expectations

Staff also discussed their initial expectations of the adviceline and how they thought funding would be needed, but found their expectations weren't always matched,

“There are elements of the service that we have allocated the funding against, and that need hasn't materialized”

In other ways, the need for the service was highlighted an overwhelming need for the service,

“Whereas in other ways, demand has far outstripped expectation and really, the center of gravity of the project is the work [advisor] is doing”

Participants reported that they felt that the service delivery was suited to current need with the adviceline manned and did not require an 'out of hours' service but were happy to engage with veterans who contacted the adviceline outside of typical working hours,

“The bulk of the demand has fallen in the 9-5 period, we have the occasional out of hours call, we can an eye on it and we will allocate a contingency should we need to deploy it”

Organisations

The interview reflected on the organisations who were calling the adviceline and spoke about how GP calls were perhaps less than expected. They suggested this is probably due to the limited time GPs interaction with veterans or know their veteran status, and that veterans often feel uneasy speaking to their GP. They were therefore not seeking PHC advice.

“Fewer referrals from GPs because they've got, what, 8 minutes or something with a patient”

Calls were also received from Police Detention Centres, highlighting the potential need for a service such as Op NOVA which exists in England (Op NOVA, 2024). There is also evidence to suggest that veterans in Northern Ireland feel comfortable speaking to police staff about their veteran status, and it may be that police staff are more accepting of veterans living in the community or perceived as “friendly forces” coming from a similar background and religious denomination.

“Last week I got a call from the senior nursing officer at a custody unit and she was referring some people in her care, albeit in police custody but these are the sort of areas where she had time to find out this chap was a veteran”

This is also useful for staff manning the adviceline to know which organisations are most likely to call as those with fewer calls may be the organisations requiring more education about veterans needs and available services.

Local charities

Links were established with local charities which had a positive ripple effect for the VASP. Given the historical issues associated with providing veteran healthcare in Northern Ireland, the fact that some local charities were willing to provide services will hopefully be a force for change in the future. The interviews highlighted the importance of forging relationships with charity services as these bridge the gap between the services that the veteran may be unaware of.

“I have a relationship with [charity name] and now whenever somebody calls them up to ask about state benefits or war pensions and they phone me and say can you help this man with his war pension because they don’t know about it, because they’re looking after state benefits”

Support provided by VASP

Veterans themselves were willing to ask for support directly from the adviceline. The interviews indicated that a lot of this contact was requesting help with completing paperwork and seeking applicable military entitlements. Again, evidence that the adviceline is helping veterans who without this adviceline, would feel restricted from applying for such privileges,

“There’s no doubt that an awful lot of men come to me because they know I’ll help them fill in forms and get the benefits they’re entitled to, and that works well”

It also highlights the importance of the knowledge of the adviceline lead, and anyone working in this service must be adept in understanding what welfare benefits and privileges veterans are entitled to if they are to help them. Calls were received from 5 different organisations, with individuals requesting a wide range of support and the interview data supports that of the adviceline data whereby benefits and welfare support was the most prevalent type of need,

“Yesterday I got a call from a MH Social Worker about her client who had no food in his house. He needed help with this, so at that moment when people phone me, it’s the uppermost priority in their lives”

Impact

Education

Education is a key component of the work the adviceline staff undertake. Not only educating those who call the adviceline but establishing links in the community and educating staff / contacts about the veteran community, what their needs are or what services are available to them. The interviews highlighted the efforts adviceline staff

went to, to educate those in the community and discussed how they try to promote the advice in local councils. This commenced with a high profile and well attended launch event in Lisburn. This strategy was mindful of the differing views to veterans in Northern Ireland, and how councils have to be careful how they enact the views of all their constituents.

“The Borough Veterans Champion is taking me to the local MLA, and I’ll be there to provide welfare advice and support. There will probably be constituencies who will be less receptive, but they have to accept that they’ve got constituents who are veterans and they need supporting”

Therefore, staff recognised the challenges to engage those in the wider community, those in councils or working in healthcare; overcoming the historical narrative associated with veteran services in Northern Ireland. Nevertheless, regardless of the complexities that the VASP faces in promoting veteran services, the education that they provide means greater utilisation of available services,

“This service is bridging that gap and creating knowledge within this statutory sector, and that’s why it’s an adviceline for statutory professionals”

Promotion

Continuous and Targeted Promotion

Providing ongoing refresher training was a key feature of the interview discussion and there was evidence from the data tracking, which organisations or individuals required refresher training,

“I can see from my own data capture who would truly benefit from a refresh so that’s the type of thing I will turn my mind to”

GP surgeries were again discussed in relation to needing ongoing training, similar to other veteran specific services in the UK (Finnegan et al., 2022),

“We will refresh the GP and GP surgeries”

There was also specific discussion regarding the need to engage with local councils to promote veterans’ services to overcome the political challenges issues,

“I’ve been invited to one of the MLA’s at the clinic to sit in when he has veterans coming in, a bit more specialist veteran knowledge for his constituents, so that will be good”

Opportunities for Promotion

As highlighted above, the interview illustrated how much effort goes into ensuring the adviceline is promoted in many different places but it also highlighted how the VASP operate in achieving the maximum effect the adviceline can have and its subsequent reach,

“We always try to maximise the effect of each of our projects by linking them with other projects. In parallel to VASP, we’ve got the veterans champions engagement programme. The new batch of champions are ramping up their activities which will increase their profile and result in increased outreach into the communities”

There was clear commitment from the VASP lead who appeared to work tirelessly to ensure maximum reach and aimed to target as many people as possible to raise awareness of this service,

“I’ve delivered 45 outreach events, that’s 30 presentations. From these, that’s 1312 people I’ve reached”

This was achieved through the delivery of face-to-face presentations and also via online methods,

“The endless number of emails I send out, these go in internal newsletters and online, and all of that”

Limitations

The job specification was broad given the adviceline is a pilot initiative, and this meant that remit adapted as the service developed. This causes some challenges from an evaluation perspective as there was not a consistency in those accessing the service, for example veterans personal calls increased. However, the findings demonstrate that regardless of the lacking job description, veterans' needs were being met as a direct result of the adviceline. Furthermore, as this evaluation did not assess veterans needs pre or post calling the adviceline, there is no reliable estimate of how well the adviceline influenced improvements in their health and well-being or met their needs. Also, the adviceline was primarily provided by one individual, which means that the service was not always immediately responsive and exposed to reductions in outputs when that individual took annual leave or days off. The service clearly became increasingly popular as it became better known, putting more stress on one person to meet the uplift in demand. The survey feedback was only completed by small numbers and may not reflect the views of all service users.

Recommendations

1	Education & Training	<p>Local Authorities: Veteran healthcare is the responsibility of LAs in Northern Ireland. Veterans Champions sit within the LAs and are responsible for the case management of veterans in need. This evaluation illustrates the need for potentially better engagement with LAs.</p>
		<p>Police/ Custody/ Detention workers: Veterans were referred in from professionals working in these judicial service areas, highlighting a need to design formal networks of engagement between services and improve awareness of the armed forces community.</p>
		<p>PHC: Only 5% of calls were received from GP's or other healthcare staff. It is acknowledged how difficult it might be for veterans to disclose their status to their GP and ask for help. Given GPs and PHC staff are able to positively impact patient behaviour and signpost onwards, this would suggest improving awareness and knowledge surrounding veterans and their health and social needs.</p>
		<p>Consider standardised training for external organisations: The VASP postholder delivers educational presentations to multiple organisations. It would be useful to consider standardised training for those who come into contact with veterans. This could take the form of online recorded material.</p>
		<p>Target veterans to raise awareness: As VASP progressed, veterans began to call the advicelines themselves. A further advertising campaign and targeted approach to reach veterans and promote the service to them would be beneficial. Veterans enrolled as peer mentors and co-producing the future service has benefits.</p>
2	Promoting VASP	<p>Continue to promote adviceline: It is known that Northern Ireland veterans are hard to reach, therefore, promoting the service to professionals and organisations that could be helpful is important as it allows veterans to become aware of services available to them through secondary parties. The VASP postholder works tirelessly to promote the service and this forms a large component of the job role. Promotion should remain a key focus of this job role. This may be aided by considering changing the name to Veterans' Adviceline (Northern Ireland).</p>
		<p>Determine whether adviceline is for statutory professionals and/ or veterans: Promotion of the service has so far focused on statutory professionals, however, given veterans themselves are also calling for advice, decisions should be made about whether future delivery of the service should target statutory professionals and/ or veterans. If</p>

		veterans are to become included within the focus, then promotion of the adviceline should incorporate this.
3	VASP Job Specification	Staffing: VASP is currently manned by one person. If the postholder takes leave or sickness, this evaluation did not identify any information in relation to cover during these periods. Given the crucial role this adviceline is playing in supporting veterans, it is important to consider multiple postholders to ensure veterans are not affected Other options include using veterans in voluntary roles.
4	Measuring impact	KPIs: If job specifications become standardised, this will permit the use of reporting templates and KPI's could be considered to measure output and effectiveness.
		Use of validated scales pre/post calling VASP: Although service users was able to report the perceived impact on their health and well-being post call, no validated measures were used in this exercise. Future delivery should consider the use of validated psychometric measures to reliably measure the impact of VASP on veterans.
5	Identifying veterans	Reaching marginalised groups: There needs to be considerations to ensure all groups including ethnic minorities and the LGBTQ+ community Identify in addition to female veterans.
6	Reaching the Armed Forces Community	Family members. The support for the veteran is often not in isolation but an impact on the whole family. Projects that can offer support to the whole family would be welcomed by the veteran community and improve their health and well-being.
7	MH Services and Finance	Primary situational stressors. The main calls from veterans themselves were in relation to finance and mental health issues and initiatives that can specifically lessen the burdens in these key areas are likely to provide palpable benefits.
8	Research	Long term impact: A research study to look at the long-term impact of a Northern Ireland adviceline for veterans and any related initiatives.

Table 6. Study Recommendations

Conclusions

This independent evaluation of the Veteran's Adviceline for Statutory Professionals illustrates a predominately positive impact of this initiative in supporting veterans in Northern Ireland. The evaluation highlights the efforts those involved in developing the VASP service went to in order to promote the adviceline and maximise their audience reach. In addition, it reveals the commitment in terms of involving and raising knowledge and awareness in other organisations who may come into contact with veterans. However, the evaluation also highlighted some of the challenges involved for Northern Ireland veterans given the historical political context. This backdrop has improved considerably but veterans living in Northern Ireland can perceive that they do not get the health and social care services and opportunities that is afforded formed colleagues in Great Britain.

The adviceline received calls from both statutory and non-statutory organisations and veterans themselves, with the most prevalent topic being financial support, followed by MH and emotional well-being needs. Whilst this evaluation did not use validated scales to measure the impact of the adviceline on the health, well-being and needs of the veterans who required support, the survey reports that 79% of callers to the adviceline felt it did have a positive impact on their well-being. Staff described how service demand had far outweighed expectations but the adviceline was manned efficiently and no changes were required in the day to day running of the service. This provides a compelling case for extending the service which would appear to be cost-effective.

It is clear from the survey results that the adviceline was welcomed with 100% of respondents stating they were happy with the support they had received. That in part originates from the skill and commitment of the VASP lead. A key outcome of this evaluation is the need for continuous education and raising awareness of veterans needs in Northern Ireland. The fact that veterans themselves were calling the advicelines is a positive indicator that when services are available for Northern Ireland veterans, they were utilising them. Previously this had often not been the case. With continued effort to sustain this role, awareness will continue to improve and the needs of veterans who may until now, have not been considered, could well be met.

Overall, the results illustrate a need for sustained change for veterans in Northern Ireland but highlight how important it is to have an adviceline where veterans, the family and friends feel comfortable reaching out for support, similar to the statutory professionals who were able to call the adviceline in confidence. There is therefore clear evidence that the adviceline has been of significant benefit to veterans in Northern Ireland. The VASP service offers as easy to interact service that motivates veterans engage and appears to improve help seeking. The delivery of this adviceline has raised the profile of veterans and importantly, has reached veterans in Northern Ireland who have previously been hard to reach.

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Westminster Centre for
Research in Veterans



THE ARMED FORCES
COVENANT FUND TRUST



**SUPPORTING ARMED FORCES IN
ACUTE HOSPITAL SETTINGS**

E – BULLETIN



NOVEMBER 2023

UNIVERSITY OF CHESTER PROJECT EVALUATOR

Update from Kate Salem, Senior Researcher

Welcome to the sixth E-Bulletin for the Evaluation of the Supporting Armed Forces in Acute Hospital Settings Programme.

We will be closing data collection for the evaluation at the end of January 2024. The data is providing a veteran profile of those who the Armed Forces Advocate is engaging with, and details are presented in this report. The feedback from veterans and family members, as well as the staff training surveys, also remain vital to help to further understand the impact of this role.

We have now completed the interview stage of the evaluation and are conducting online focus groups throughout November and December which will aid in strengthening the findings from the interviews. Four focus groups will be held with staff involved in the strategic provision of this programme in addition to the Armed Forces Advocates themselves. These focus groups are validatory in nature and will provide further clarification and opinion from those involved in delivering the programme.

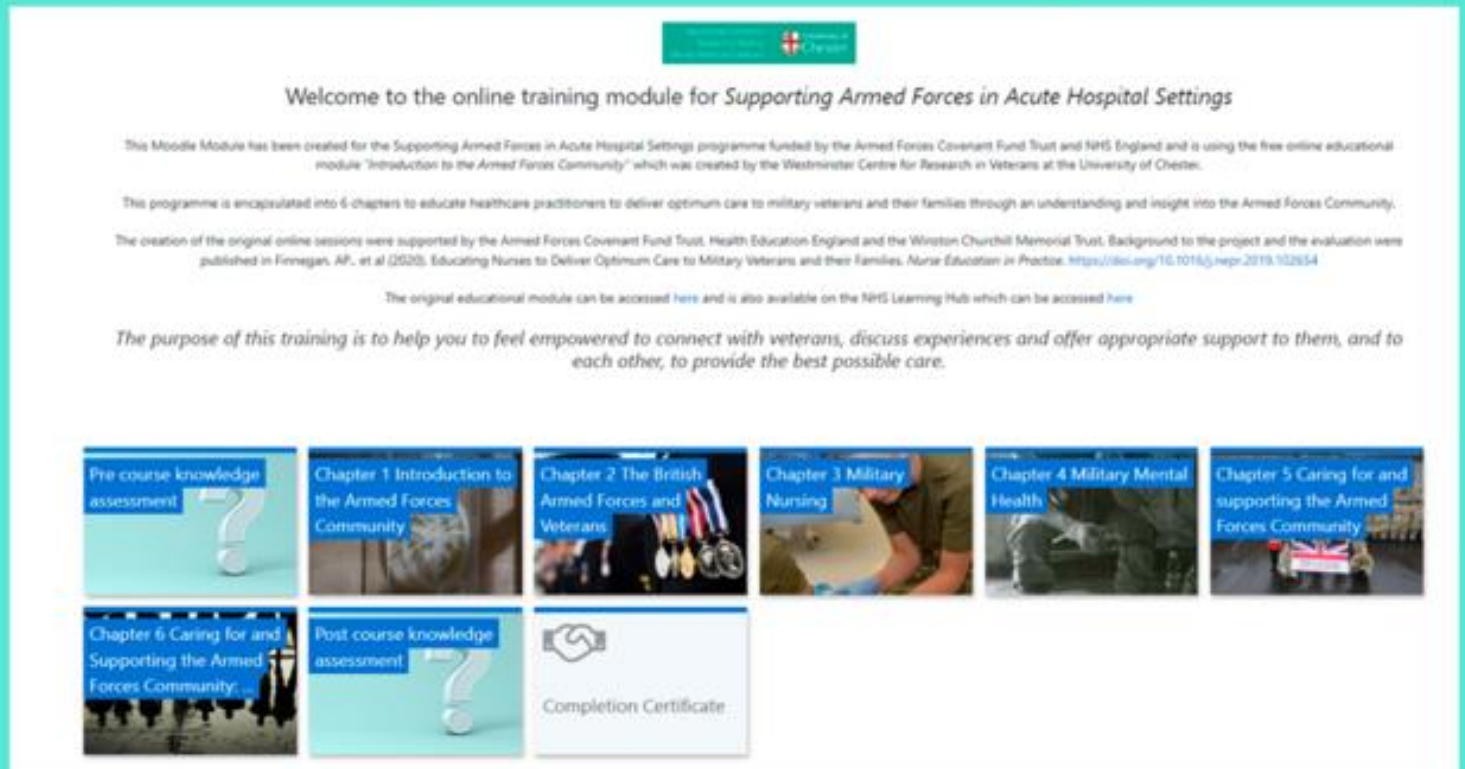
We have received case studies from each of the NHS Trusts involved in this pilot study. These will help demonstrate the impact that the Armed Forces Advocate has had on the veteran community within the hospital.

The Northern Ireland programme provides an advice line which initially aimed to provide a signposting service for professionals who are involved with veterans as patients. However, this service has evolved and is now accessed by veterans themselves and their family members. As part of the evaluation, the specific needs of those calling for advice and the type of advice which they are seeking can be identified. Northern Ireland continues to receive phone calls and identify the gaps in their reach, ensuring that presentations are given throughout the region, in numerous different organisations on what the advice line can offer.

As the project draws to a close, we will be hosting the final regional webinars in December.

EDUCATIONAL MODULE

The Westminster Centre for Research in Veterans educational module has been adapted into a Moodle Module which you can access [here](#). Originally created for student nurses, but has been found to be incredibly useful to numerous healthcare staff and professions.



The screenshot shows the welcome page for the online training module. At the top, there is a logo for the Westminster Centre for Research in Veterans. Below the logo, the text reads: "Welcome to the online training module for *Supporting Armed Forces in Acute Hospital Settings*".

The page contains several paragraphs of text:

- "This Moodle Module has been created for the Supporting Armed Forces in Acute Hospital Settings programme funded by the Armed Forces Covenant Fund Trust and NHS England and is using the free online educational module 'Introduction to the Armed Forces Community' which was created by the Westminster Centre for Research in Veterans at the University of Chester."
- "This programme is encapsulated into 6 chapters to educate healthcare practitioners to deliver optimum care to military veterans and their families through an understanding and insight into the Armed Forces Community."
- "The creation of the original online sessions were supported by the Armed Forces Covenant Fund Trust, Health Education England and the Wroton Churchill Memorial Trust. Background to the project and the evaluation were published in Finnegan, AP, et al (2020). Educating Nurses to Deliver Optimum Care to Military Veterans and their Families. *Nurse Education in Practice*. <https://doi.org/10.1016/j.nepr.2019.102654>"
- "The original educational module can be accessed [here](#) and is also available on the NHS Learning Hub which can be accessed [here](#)"

The purpose of the training is stated as: "The purpose of this training is to help you to feel empowered to connect with veterans, discuss experiences and offer appropriate support to them, and to each other, to provide the best possible care."

At the bottom of the page, there is a grid of six icons representing the module's components:

- Pre course knowledge assessment
- Chapter 1 Introduction to the Armed Forces Community
- Chapter 2 The British Armed Forces and Veterans
- Chapter 3 Military Nursing
- Chapter 4 Military Mental Health
- Chapter 5 Caring for and supporting the Armed Forces Community
- Chapter 6 Caring for and Supporting the Armed Forces Community
- Post course knowledge assessment
- Completion Certificate

This module consists of videos which are designed to be able to be viewed at leisure. We have also included a pre and post quiz which tests knowledge before and after using the module. These quizzes are completely optional for staff. If the staff would like a completion certificate they must complete all chapters and quizzes.

Chapter 1 Introduction to the Armed Forces Community

Welcome to Chapter 1.

This chapter gives an overview of all that is contained in this online module and introduces you to the what the Armed Forces Community means.

Approx 8 minutes.

Please check the tick box once you have watched the video



ARMED FORCES COVENANT FUND TRUST

Update from The Armed Forces Covenant Fund Trust (AFCFT)

As we near the conclusion of this pilot programme, the Armed Forces Covenant Fund Trust would like to take a moment to extend heartfelt congratulations to each and every one of you.

Your dedication and efforts throughout this initiative have brought about remarkable positive changes in care and education within NHS settings. The impact you have contributed to will undoubtedly pave the way for ongoing success and continued support for our Armed Forces Community. Each of you has played an integral role in driving this significant change.

Congratulations are also in order for those who have successfully secured continuation funding!

Additionally, we would like to take this opportunity to express our gratitude to Grace, who departed from the role in November. We wish Grace the very best for her ongoing work within the NHS.

"We have an update to share regarding the Northern Ireland VASP service. Due to a reported underspend at the end of Year one, the Trust have worked with The Somme Nursing Home, to agree a grant variation to re-distribute their funding. Consequently, the fantastic work by the VASP will now continue until March 2025."

Final preparations are currently underway for the Scotland roadshow event. Shortly, you will receive an email containing the detailed agenda for the day's proceedings and instruction on how to sign up for the waiting list or virtual session. This will provide you with an opportunity to secure your spot for the upcoming event.

Grant Management Lead:

Rachael.storr@covenantfund.org.uk

Project Officer:

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Acknowledgements

Thank you to Mark Ewing for engaging in the evaluation, without the data he has provided, we would not have been able to provide evidence of the impact of the advice line on the armed forces community in Northern Ireland. Thank you for the support of the AFCFT in completing this evaluation, particularly of the project team; Rachel Smith, Gemma Calvert and Rachel Storr.

About the Centre

The Westminster Centre for Research in Veterans are part of the University of Chester. Our mission is to support the military community through innovative and high-quality research, educational provision, and community engagement. Our vision is to provide subject matter expertise and a focal point of consultation to our partners within the Northwest of England for the betterment of military veterans and their family's wellbeing. We hope to support a vibrant, inspirational, and innovative learning environment to provide a rewarding academic experience to University of Chester personnel and academic partners; Clinical, welfare and military staff who provide care or services to the military community; Local authority partners engaged in the care and support of veterans; as well as the veteran population.

We aim to grow a robust research profile that will have a positive impact on veteran's health and healthcare at regional, national and international level. This profile will embrace new technologies and creative methodologies to address issues that negatively affect the wellbeing of the military population.

Contact

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RESEARCH TEAM



PROFESSOR ALAN FINNEGAN PHD RN FRCN FRSA CF FAAN

Director of the Centre and Professor of Nursing and Military Mental Health. Alan is a Registered Nurse (Adult) and Registered Nurse (Mental Health). Since commencing at the University of Chester in 2016, Alan has been appointed as the principal investigator for over 30 research projects including awards from the NHS, Armed Forces Covenant Fund Trust, Forces in Mind Trust, Health Education England and Business.



KATE SALEM BSC MRES MBPSS

Kate is the Senior Researcher at the Centre with vast experience in conducting mixed-methods research and leading on multiple research projects related to health and well-being in the Armed Forces Community. In this project, Kate was responsible for final data collection and analysis, and writing up of the final report. Kate is also the wife of an Army Veteran and is currently undertaking her PhD exploring the impact of veteran's mental health experiences on their partners.



DR REBECCA RANGLES BSC PHD FHEA PGCERT GMBPSS

Becky was previously a Senior Researcher at the Centre and has a background rooted in Psychology, achieving her PhD from Liverpool John Moores University. Becky has extensive experience in both quantitative and qualitative methodologies and analysis. In this project, Becky was responsible for data collection and analysis until November 2023.



LOTTIE AINSWORTH-MOORE

Lottie was previously a Project Administrator at the Centre having joined the team in January 2019. She is a military spouse of a currently serving Officer and has previously worked for military charities. For this project Lottie was responsible for Grantholder engagement, hosting monthly webinars, creating the Moodle Module and preparing graphics for the report.



KATE SAWYERS

Kate is the spouse of a serving officer in the Royal Marines and joined the Centre in 2021 to provide administrative support across several different studies. For this evaluation she assisted with the inputting of data into SPSS databases in preparation for final analyses to be completed. She also contributed to the production of the infographics for this report.
