



# Veterans' Places, Pathways and People Programme Evaluation Report

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



## Contents

### Executive summary - Page 4

Biggest challenges affecting mental health and wellbeing

Key achievements in the VPPP programme

### Introduction - Page 9

### Challenges addressed by the VPPP programme - Page 11

### Overview and analysis - Page 14

VPPP facts and figures

Typology of organisations and their activities

Armed forces and non-armed forces organisations

Beneficiaries

### Key themes on impact - Page 26

### Conclusions and next steps - Page 36

### Methodology - Page 38

Impact Hub

### Appendix 1: VPPP locations - Page 41

### Appendix 2: Veterans' Mental Health and Wellbeing Fund programmes - Page 42

Positive Pathways programme: 2019-2023

Strategic Pathways programme: 2019 and 2020-2022

Veterans Should Not Be Forgotten: 2020

One Is Too Many: 2021-2023

Veterans' Places, Pathways and People: 2021-2023

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\* Where relevant, names have been changed to preserve anonymity.



## Executive summary

**£9.2m**  
in grants

**531**  
organisations

**54,000**  
beneficiaries\*

\*estimated

### People



“A significant proportion of the funding in each region, and for the programme as a whole, has been spent on ‘boots on the ground’, employing veterans in these roles and in delivering other support and services in partner organisations. Some organisations have allocated 100% of their grant to salaries.

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

### Pathways

“All regions reported significant improvements in ‘pathways’ – the routes to support and referral mechanisms – that lead veterans in need to these <mental health> services...to ensure ‘no wrong door’.

“Critical to this were the extensive networks of organisations and agencies within VPPP making connections and delivering services.”



### Places

“Reducing loneliness and isolation among the veteran community, particularly those that are the most vulnerable and at risk of serious mental health problems, was strongly linked to having the right places and people ready to provide support. Regional portfolios had case workers directly supporting individuals, ensuring that veterans had, and continue to have, access to the safe and comfortable places to go which reduce loneliness and enable them to spend time with their peers.

“These places played an important role in providing the ‘pathways’ of support and referrals.”



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

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

The other programmes in the VMHWF were:

- Positive Pathways (2019-2023)
- Strategic Pathways (2019 and 2020-2022)
- Veterans Should Not Be Forgotten (2020)
- One Is Too Many (2021-2023)

The VPPP programme was a two-year programme, with most projects running during 2022 and 2023. It aimed to deliver significant improvements to the coordination of mental health and wellbeing support for veterans. Funding was given for the sustainable provision of places of safety and pathways of support across the UK, and to help ensure that the people who support veterans can themselves access good quality training and support.

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

Across the ten portfolios, 88 individual organisations were funded by the programme - each region having between seven and 19 funded partners - with 14 involved in work in multiple regions. Four additional strategic grants of £250,000 each were made to organisations to take on the role of Strategic Lead for a specific theme at national level: Combat Stress, ASDIC (Association of Service Drop-In Centres), Cobseo (the Confederation of Service Charities) and SSAFA.

**Almost £9.2 million worth of grants were awarded across the whole programme.**

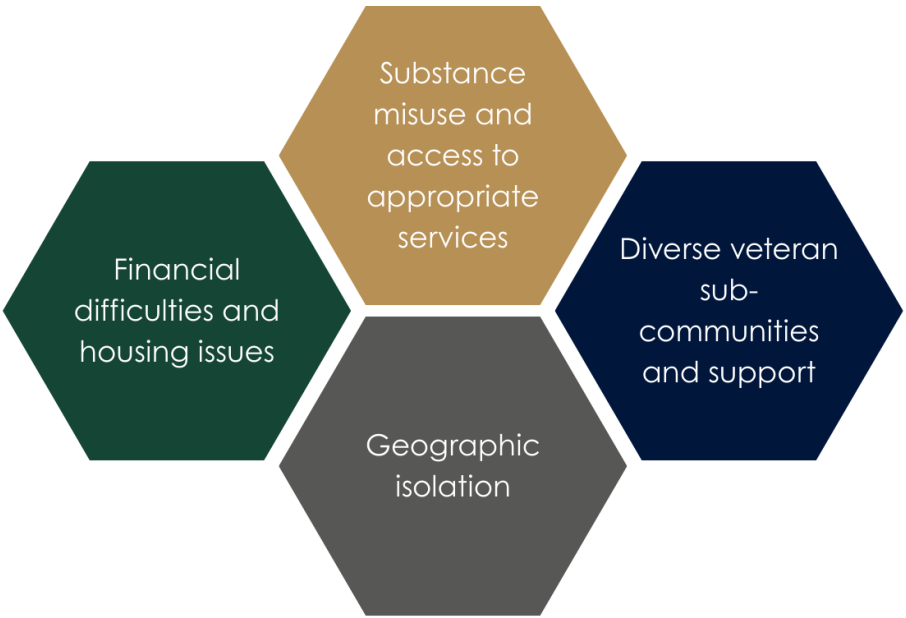
Supporting the 88 core funded delivery partners within the programme were approximately 443 additional organisations and agencies which received no direct funding from the programme. They became involved in the ten regional networks over the course of the programme and helped to support veterans and their families in a range of ways. These were diverse entities from the public, private and voluntary and community sectors, including: registered charities; Community Interest Companies; private companies; government departments such as Department for Work and Pensions and the MOD; local authorities; NHS; educational institutions; and the police and other emergency services.

By the end of the two-year programme, there were about 531 organisations and agencies collaborating and working in partnership to deliver support and services for the veteran community through the VPPP programme. Around 40% of these were specifically focused on supporting the armed forces community, and 60% bring their specialist knowledge and expertise to veteran-specific projects and services.

We estimate that the VPPP programme directly benefitted over 17,000 veterans and their families. Indirect beneficiaries, mostly from the wider armed forces community, we estimate to number more than 37,000.

# Biggest challenges affecting mental health and wellbeing

We surveyed VPPP regional portfolio leads about the biggest mental health and wellbeing challenges veterans currently face. They noted that these are often numerous and inter-linked, which can further compound and exacerbate difficulties:



Portfolio leads highlighted the challenges veterans face in securing adequate housing, managing the related costs such as mortgages, rent and bills. They also noted the challenges they faced in providing support to those experiencing or on the brink of homelessness.

These were closely related to the issue of substance misuse. Portfolio leads raised concerns about statutory organisations requiring veterans to resolve substance dependency before accessing mental health services or becoming eligible for housing. These requirements can place veterans in precarious positions, making them unable to access necessary mental health support or have a safe home when they are at their most vulnerable.

The challenge of geographical distance and its consequences for veteran isolation was an issue in many areas. Portfolio leads in Northern Ireland, Northeast England and Yorkshire, Northwest England, and the East of England highlighted the difficulties presented by the spread of services and events, with access made more challenging because of poor public transport infrastructure. When combined with financial constraints, this can make it difficult for veterans to access support services or attend in-person events, increasing feelings of isolation and loneliness.

The veteran community is not homogenous; specific sub-communities will face their own challenges and therefore need tailored support. Portfolio leads noted the challenge in providing support to LGBT+ veterans, who can be affected by continuing societal stigma and trauma related to the 'gay ban' in effect prior to 2000, and reluctant to engage with military organisations. In regions such as Northern Ireland, the religious and political context can heighten these concerns, making LGBT+ veterans even more wary.

Despite these challenges, progress was made in supporting LGBT+ veterans across all VPPP regions. Fighting With Pride has been active in all portfolios, launching significant initiatives to break the historical silence surrounding LGBT+ experiences within the military community and ensuring that veterans receive the support they need.

# Key achievements in the VPPP programme

The VPPP programme focused on supporting and improving veterans' mental health.

With an emphasis on reducing barriers to help-seeking behaviour and improving mental health outcomes for veterans, the regional portfolios delivered numerous projects and services over the two years of the programme. Even when not the central focus of a project or service, mental health support and improvement was often reported as an indirect benefit of participation, demonstrating the programme's effectiveness.

Mental health support was embedded within a diverse range of activities and projects, from sports clubs to art workshops and respite weekends. This demonstrated a dedication to a 'no wrong door' approach from regional portfolios, allowing veterans to reach out for help and support in whatever space they felt comfortable. The programme also focused on tailored support to minority and hard to reach veteran cohorts including veterans in the justice system, those isolated due to location or by choice, and those with reduced mobility. This highlighted the importance of diversifying support services, engaging specialists and reaching out to those that have been historically marginalised.



**In the short-term**, portfolios reported being able to deliver a spread of activities across their local region as well as building relationships with portfolio partners they may previously have been unaware of. Other short-term achievements included helping veterans to socialise with other veterans, increasing referral numbers, and improving the wellbeing of service users.

'The journey with VPPP has been amazing and it needs to continue to change the lives of all those that need the help and support, those that have previously been left behind. No-one should march alone.'

Portfolio member

**In the long-term**, regional portfolios overwhelmingly reported the positive impact of collaboration between statutory organisations, the NHS, armed forces organisations and civilian charities. Portfolios embedded lessons learnt into their 'business as usual', ensuring veterans can continue to access high quality support beyond the life of the programme. Some portfolios reported a distinct cultural shift: a commitment to regular communication and meetings with others in their professional networks to continually improve the quality and content of support they offer. Others recognised the importance of consistent reporting, committing to improving their internal data capture. This willingness of portfolios to learn and continually improve their services indicates that veterans and their families can rely on a robust network of support well into the future.



These achievements did not come without their challenges. In some areas, consistent time and effort was needed to overcome historical reluctance to collaborate. Despite many positive steps forward for veterans' mental health, stigma remains around seeking mental health support.

However, VPPP has placed regional portfolios and individual organisations in a strong position to continue this vital work. Improving mental health outcomes for veterans and their families remains at the heart of Thrive Together, the successor to the VPPP programme, launched in 2024.



## Introduction

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

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

In the March 2020 Budget, a further £10 million was announced for the VMHWF via the Armed Forces Covenant Fund Trust (the Trust). The same commitment was again made in the Budget in 2021.

The total value of the VMHWF was £30 million due to continued investment from HM Treasury. Funding was allocated between 2019 and 2022 through several grant programmes, including:

- Positive Pathways (2019-2023)
- Strategic Pathways (2019 and 2020-2022)
- Veterans Should Not Be Forgotten (2020)
- One Is Too Many (2021-2023) – see Appendix 3).

The final funded projects were completed in late 2023 and early 2024.

Following the announcement in 2021 of a third year of funding from HM Treasury towards the VMHWF, the Trust undertook work to develop the Veterans' Places, Pathways and People (VPPP) programme which aimed to deliver significant improvements to mental health support for veterans with mental health needs. It provided grants for the sustainable provision of places of safety, effective pathways of support and access to training for volunteers and staff supporting veterans - drawing on learning from other VMHWF programmes and aiming to break new ground.

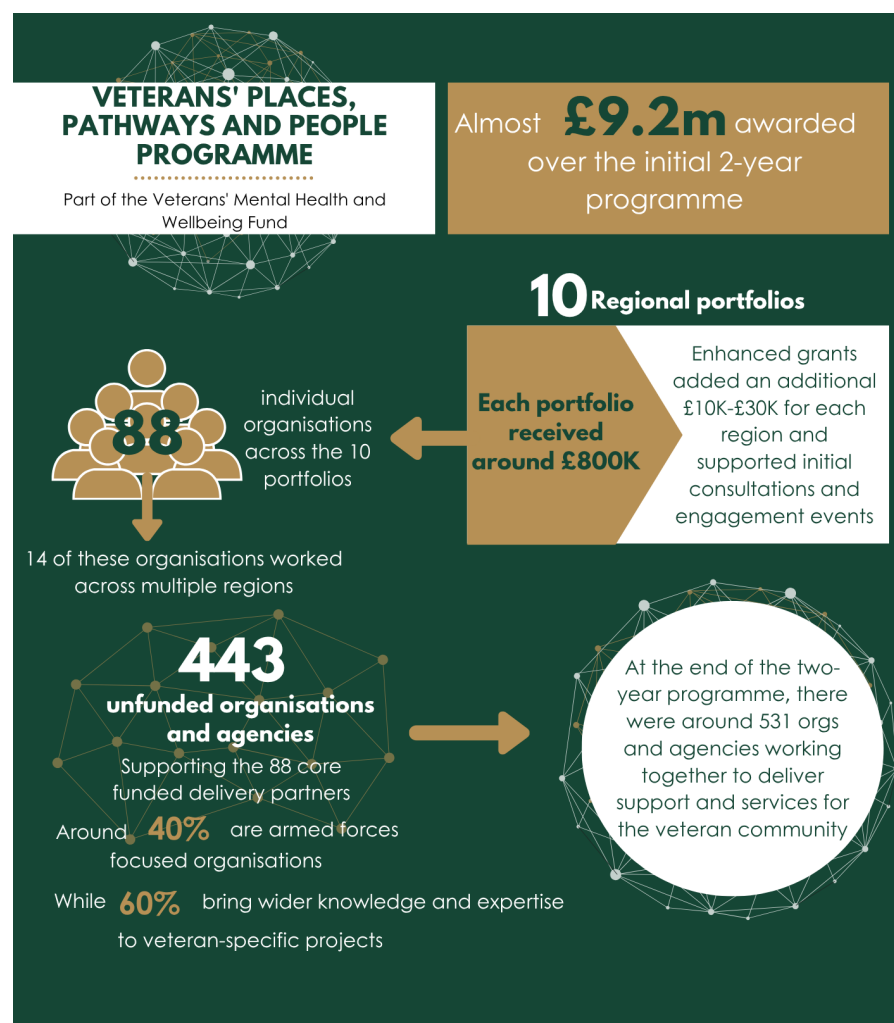
VPPP was delivered in ten regional portfolios across the UK: Scotland; Northern Ireland; Wales; Northwest England; Northeast England and Yorkshire; Midlands; East of England; Southwest England; Southeast England; and London. Each portfolio received around £800,000, which was allocated among funded partners by the portfolio lead. Enhanced grants added an additional £10,000 to £30,000 for each region and supported initial consultations and engagement events. Portfolio leads and partners were expected to work with other statutory and voluntary organisations to provide a wide range of support for veterans. Portfolio leads already had a strong presence within their country or region, and the credibility to bring together different sectors to achieve this.

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

The programme aimed to deliver significant improvements to the coordination of mental health and wellbeing support for veterans.

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





The Trust's interim evaluation report<sup>2</sup>, published in 2023, highlighted a range of achievements from the programme's first year, including:

- improved awareness of the support available to veterans
- improved connections with veterans who had previously been harder to reach
- improved cross-sector support for veterans at a high risk of suicide
- a reduction in loneliness and isolation
- the development of partnerships and collaborations which strengthened the support network for veterans around the UK.

The interim report also highlighted the goals and ambitions of the portfolios for the remainder of the programme and beyond.

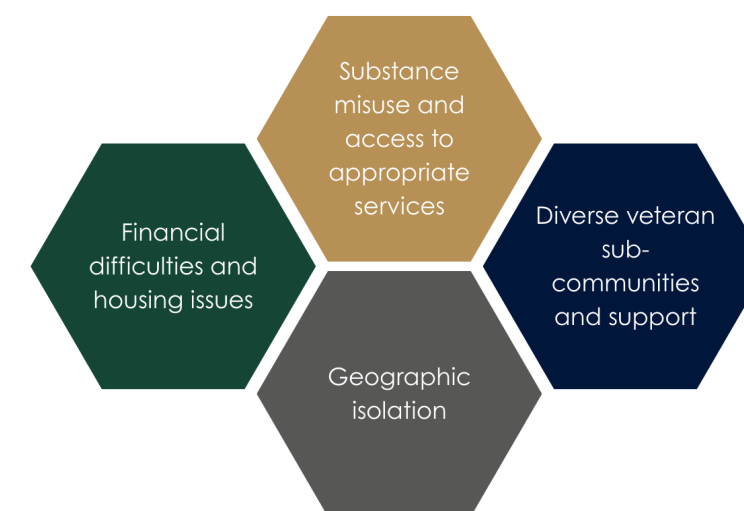
In November 2023, the then Chancellor of the Exchequer announced in his Autumn Statement an additional £10 million to support the VPPP programme to continue and increase support to a significant community of vulnerable veterans throughout the UK.

## Challenges addressed by VPPP

Veterans may experience the same challenges and hardships for mental health and wellbeing as the civilian population, but also those specific to their military service and experiences. Sometimes, these issues are exacerbated by each other.

VPPP portfolio leads were surveyed on the challenges currently being faced by veterans in their region, what their portfolios had done to address those issues, and about ongoing plans to alleviate or overcome them.

No single issue stood in isolation - they all tended to be both interrelated and complex. Among the challenges identified were financial difficulties and housing issues, substance misuse and access to appropriate related services, geographical isolation, and the ability to tailor support to the needs of a diverse range of veteran communities.



Following detailed consultation and planning, the next phase of the programme rolled out in early 2024, renamed Thrive Together. This evaluation updates the interim report, capturing the progress and achievements through the second year of VPPP.

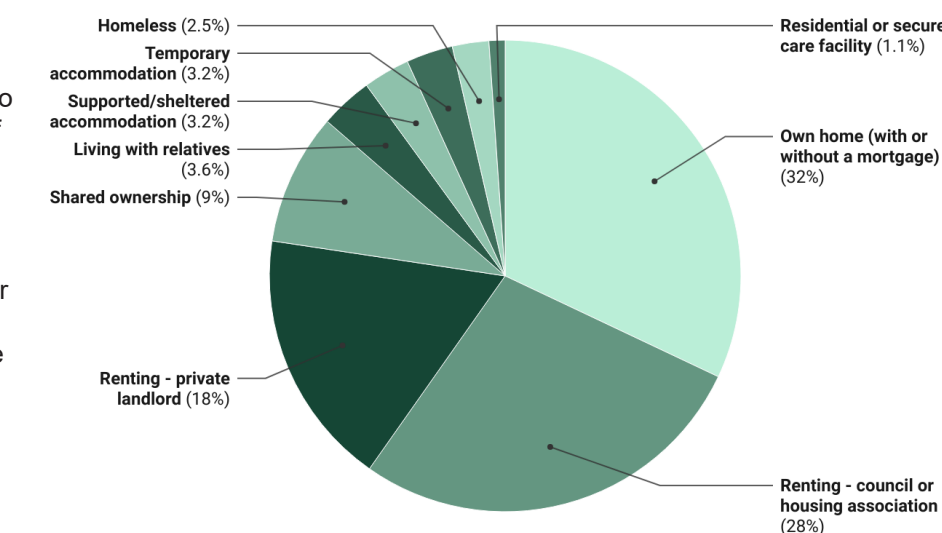
<sup>2</sup>Veterans' Places, Pathways and People Interim evaluation report: <https://covenantfund.org.uk/resources/veterans-places-pathways-and-people-programme-interim-evaluation-report/>



Securing adequate housing and managing the related costs such as mortgages, bills and rent can be a struggle for veterans of all ages and circumstances. Portfolio leads noted the challenges of providing support to those experiencing or on the brink of homelessness.

Of the sample of VPPP beneficiaries whose data was recorded in the Trust's Impact Hub, 5.7% were either homeless or living in temporary accommodation when surveyed (see Figure 1).

### Housing status of VPPP beneficiaries registered on the Impact Hub (n=278)



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Figure 1: Housing status of VPPP beneficiaries registered on the Impact Hub at the time they were surveyed/first registered (mid-2023 to mid-2024)



Difficulties in securing and maintaining adequate housing were also closely related to the issue of substance misuse. Throughout the VPPP programme, regional leads and other delivery organisations highlighted concerns about statutory organisations requiring veterans to resolve substance dependency issues before accessing mental health services or becoming eligible for housing. These requirements maintain the precarious situations that veterans often find themselves in, making it difficult for them to access necessary mental health support or have a safe home while they are at their most vulnerable.

Tom Harrison House, a funded partner in the VPPP Northwest England portfolio, provides treatment and support for veterans with multiple and complex needs to offer a pathway to mainstream and other services.



## In Focus: Sarah's\* story, Forces Wellbeing Collective

"Sarah, a 39-year-old female army veteran with a 17-month-old child, was initially referred to Veterans' HQ Liverpool following resettlement from HMP Styal. Veterans HQ had worked with Tom Harrison House to support her through recovery and integration into the community, when sadly she became a victim of domestic abuse.

"Suffering with anxiety, depression and concern for Sarah's welfare and that of her child, a multi-disciplinary team was established to help her relocate. Veterans' HQ made a referral to Armed Forces Community HQ (AFCHQ) as part of the Homes at Ease service funded by the Reducing Veteran Homelessness programme<sup>3</sup>.

"Working together, we identified an affordable, private rented property in a suitable location for a fresh start. The deposit and first month's rent for the new accommodation was secured with support from the local authority, white and brown goods were sourced, and a detailed support plan established including a safety network with the police and a local domestic abuse service.

"All organisations supported the move and seeing this created trust in our offer. Sarah is now housed with ongoing emotional support.



"I really appreciate all the help you are giving, I feel like crying in a good way though, I just cannot wait to be away from here and be happy and keep my child safe, it's such a relief knowing it's actually happening, so thank you.

"The Forces Wellbeing Collective in the VPPP Northwest region have been instrumental in supporting organisations to work together in a more collaborative way, building trust, sharing information and believing in each other's abilities while really understanding the various other programmes that are funded in the locality to add value to the service user journey by the most appropriate organisation. Becoming colleagues and not competitors has changed the way we work for the long term."



<sup>3</sup>The Reducing Veteran Homelessness programme: <https://covenantfund.org.uk/programme/reducing-veteran-homelessness-programme/>

In Wales, funded partner Icarus provides this type of support to service users there with co-occurring conditions – the charity also supports the VPPP portfolio in Scotland.

"The biggest sector challenge is about behaviours in seeking support. Partners are increasingly supporting veterans who have for many reasons 'buried their heads in the sand', and by the time they or their family member has reached out for support they have multiple 'life' difficulties which are compounding wellbeing and mental health issues.

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

"Terms such as comorbidities (health), co-occurring difficulties (neurodiversity), co-occurring disorder (co-existing mental illness and substance use disorder) are becoming more common. Multi-problem presentations require multi-agency responses - this is a commonplace approach in the statutory sector and VPPP is evidencing success in this approach in third sector veteran support."

(DMWS, VPPP Midlands and Northeast England and Yorkshire)

Geographical isolation and the effect on mental health and wellbeing was an issue many regional leads sought to address. Portfolio leads in Northern Ireland, Northeast England and Yorkshire, Northwest England and the East of England all highlighted the difficulties in accessing services and events, particularly in rural areas. Poor public transport infrastructure and financial constraints can make it difficult for veterans to access the support they need or to attend in-person events, which increase feelings of isolation and loneliness.

In Scotland, collaboration between DMWS and Fares for Free provided travel for veterans to and from hospital for mental health and therapeutic appointments. By the end of the programme, 99 direct service users, 167 family members and 144 members of NHS staff had used this support, totalling 410 beneficiaries.

A major issue that was highlighted early in the programme was the cost-of-living crisis, including related factors such as poverty and debt. This has a detrimental effect on many veterans and their families across all regions, and is often the primary cause of poor mental health, as well as preventing people from accessing services and support when they cannot afford to travel. Demand for food banks and food vouchers has increased, and welfare advice and support were highly sought after areas of provision within the VPPP programme.

"Delivery partners continue to report that [in certain locations], personal security concerns continue to be a significant factor for many veterans and their families. However, there is evidence that through the support and value that the VPPP programme is delivering on the ground, profile building by the NIVSO [Northern Ireland Veteran Support Office], there are higher levels of awareness and engagement by the wider veteran community, as evidenced by increasing levels of referrals, and especially self-referrals.

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

(NIVSO/Tanvalley & Anaghlon Project, VPPP Northern Ireland – quotes from year 1 and year 2 reports)



Veterans within different communities and with different experiences need tailored support, and VPPP delivered this. For example, Fighting with Pride provided practical and emotional help to veterans in the LGBT+ community, particularly those most impacted by the ban on LGBT+ personnel serving in the armed forces prior to 2000. They continue to develop trust and break down barriers that may prevent veterans in need accessing help.

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

(Fighting with Pride, VPPP partner)

A significant development for the LGBT+ veterans’ community was the inclusion of Fighting with Pride in the Northern Ireland portfolio, which provided representation and support to the community in the region for the first time.

## Overview and analysis

### VPPP facts and figures

There were 88 individual organisations working across the UK in ten portfolios, with 14 of these organisations involved in work in multiple regions, and each region having between seven and 19 funded partners. This remained largely unchanged over the two years of the programme, although there were a few cases where an organisation was added to a portfolio or exited the programme.

At the end of the first year, a further 251 unfunded organisations and agencies were supporting the delivery of the programme. They became involved in the ten regional networks and helped to support veterans and their families in a range of ways. These were diverse entities from the public, private and voluntary and community sectors, including: registered charities; Community Interest Companies; companies; government departments such as DWP and the MOD; local authorities; NHS; educational institutions; and the police and other emergency services. Approximately 25% of eligible organisations (charities and CICs) had previously received a Positive Pathways grant and were able to continue and develop their work through VPPP.



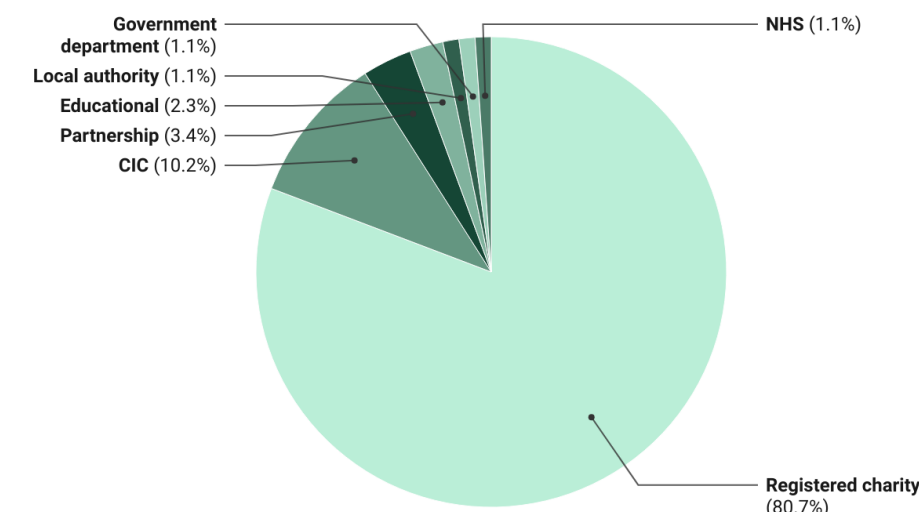
At the end of the second year, this network of unfunded partners had almost doubled, to 443.

This meant that by the end of the programme, 531 organisations and agencies were working in partnership to deliver support and services for the veteran community through VPPP.

## Typology of organisations and their activities

Figure 2 shows the types of funded organisations and agencies involved in delivering the VPPP programme across all regions, including portfolio leads, who have convened each regional portfolio and were responsible for coordinating and overseeing them.

### Organisational breakdown of funded partners (n=88)



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Figure 2: Breakdown of the VPPP funded partners by type of organisation

Over 80% of the funded partners were registered charities. Around a quarter of organisations had previously received one or more grants from Positive Pathways. Several VPPP grant holders have also been funded through other Trust programmes.

The representation of organisations remained largely the same across both years of the programme. Charities were also the main type of organisation among unfunded partners, with local authorities and the NHS also significantly represented.

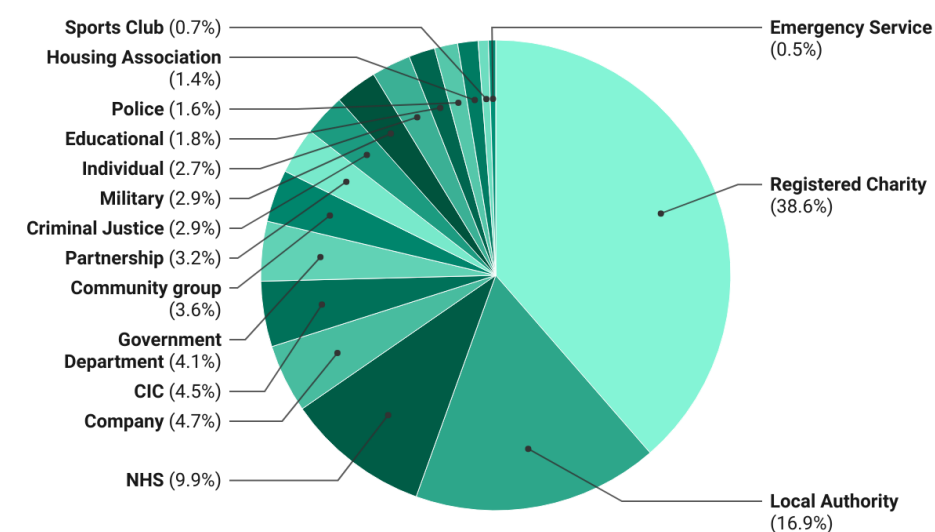


The number of unfunded partners increased throughout the course of the programme, as did the geographical coverage. For example, the programme saw the involvement of 40 local authorities, 25 NHS organisations, ten governmental organisations, and five prisons. Other organisations which were already present in the first year increased their geographical spread into new regions in the second year. Op Courage, Royal British Legion (RBL), and the Sir Oswald Stoll Foundation, for example, began working in several regions as the programme progressed, increasing the number of beneficiaries they were able to support.

Figure 3 shows the types of unfunded organisations and agencies involved in supporting the many aspects of delivery within the VPPP programme, which increased the reach and available support from the wider network.



## Organisational breakdown of VPPP unfunded members (n=443)



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Figure 3: Breakdown of the VPPP unfunded partners by type of organisation

Among the unfunded members, almost two thirds of organisations were from the wider voluntary and community sector and the public sector. This diversity supported the delivery of services for veterans, and further enhanced the joined-up approach at the heart of the programme.

Veterans were able to access a range of support services including breakfast clubs, veteran football teams and NHS veterans' liaison officers. Regions and organisations were able to learn from the expertise of one another, developing best practice and being able to offer joined-up solutions to the often-numerous challenges veterans and their families face.

## In Focus: Steven's\* story, VPPP Wales



"Steven, a former Royal Navy serviceman, found himself on a challenging path marked by health issues, isolation, and housing concerns. Collaborative efforts of VPPP organisations played a pivotal role in helping him regain both physical and mental wellbeing.

"Steven revealed a range of issues, including navigating the Personal Independence Payment (PIP) assessment process, housing difficulties, and care needs associated with Multiple Sclerosis (MS). His situation became even more complex when severe MS-related infections led to hospitalisation.

"The support team facilitated crucial referrals to VPPP partners. DMWS created a discharge plan tailored to Steven's medical requirements whilst Icarus, a mental health support organisation, addressed his immediate mental health concerns.

"The impact was transformative. The support team maintained contact with his parents, establishing a strong support network that reinforced his emotional and mental wellbeing. Access to appropriate care effectively managed his health concerns, and his return to the charity restored a sense of community for Steven.

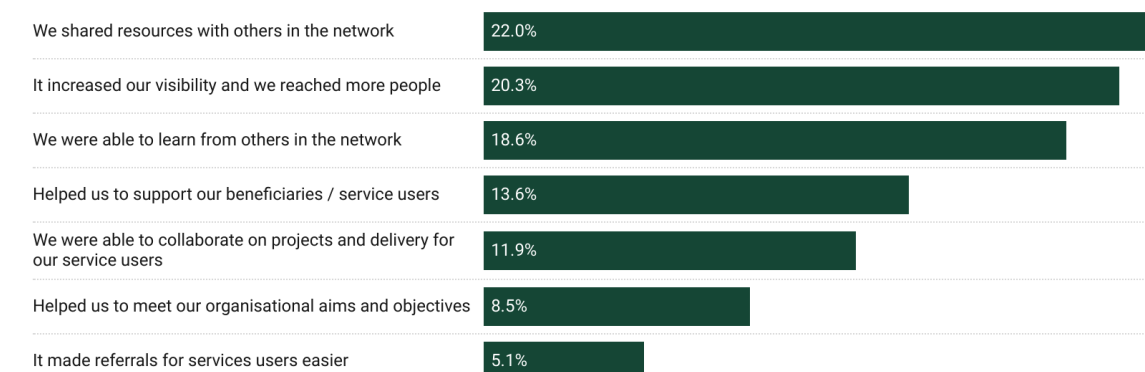
"Although his health has faced setbacks, ongoing contact and referrals to other agencies demonstrate a commitment to his continued wellbeing."

Involvement in the programme brought significant benefits to most organisations and agencies which received no direct funding, including networking and collaboration. The end of programme survey asked unfunded partners if they had benefited from their involvement, and 83% of respondents agreed they had.

Figure 4 shows the non-financial benefits experienced by the small number of unfunded partners answering this question.

## Benefits of unfunded partners being involved in VPPP (n=15)

Respondents were able to select more than one benefit of being involved in the programme



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Figure 4: Unfunded partners were asked how they benefited from being involved. Of the 18 respondents, 3 felt there was no benefit to being involved, while the other 15 respondents selected multiple reasons why they were able to benefit

Sharing learning and resources with other organisations and the ability to reach more people were some of the benefits of being involved in the wider VPPP network; supporting beneficiaries and collaboration were also important all partners.

Naturally, these benefits supported the positive programme outcomes for veterans and their families. For example, making referrals easier for participating organisations ensured that veterans got the help they needed, and shared resources allowed projects to strengthen their best practice when working with veterans, allowing them to provide better services.

For all partners, mental health provision was the primary focus of most projects and services, which is continually highlighted as a priority issue by both veterans and organisations working to support them. Projects and services were varied, and included breakfast clubs which tackled social isolation, horticultural therapy courses, arts and crafts classes and more. These projects represented a diverse and concerted effort to provide a range of spaces for veterans to socialise, develop new skills, and openly discuss the issues they may be facing in a safe space. Collaboration between projects and mental health services such as Op Courage also meant that veterans could easily be referred onto the right people, ensuring that their needs were addressed.

Both the increased representation and geographical spread of organisations helped to fill gaps in support and collaborative working.

The involvement of a diverse range of organisations allowed projects and services to draw on the expertise of others, improving their own service provision. For example, the increased presence of local authorities across the two years of the programme allowed grassroots projects to access the advice and expertise of local authority suicide prevention teams to further support vulnerable veterans.

'Bringing multiple organisations together, many of which we don't ordinarily work with, and stimulating collaboration which has led to closer relationships, better working practices and improved support for veterans and family members.'

Portfolio member on the impact of the VPPP programme for them



“The truly collaborative approach of the Midlands VPPP has provided many benefits to the armed forces community with respect to improving access to support. The VPPP has been fundamental in encouraging and providing opportunities for cross-sector working, bringing together organisations such as integrated care boards, civil military partnerships and charities to positively collaborate, share knowledge and problem solve to reduce challenges faced by beneficiaries thus improving access to appropriate support.”

(Partner Feedback, VPPP Midlands)

A wide network of delivery partners not only improved mental health support for veterans generally, but also allowed for the provision of targeted support for marginalised cohorts such as LGBT+ veterans and those in the justice system. For example, collaboration between PTSD Resolution and various prisons across England provided veterans with support in the management of PTSD and other mental health issues to help ease their transition into civilian life.



## In Focus: Terry's\* story, VPPP Northern



“I just want to let you know how grateful I am for including me in your Defence Garden Scheme (DGS) project while I was incarcerated in prison and how it helped my mental health problems that were increased by being put in an environment with some of the most dangerous and violent prisoners in Northern Ireland.

“I was a serving soldier diagnosed with PTSD that led to a suicide attempt at 19 years old. Since then, I have always felt worthless.

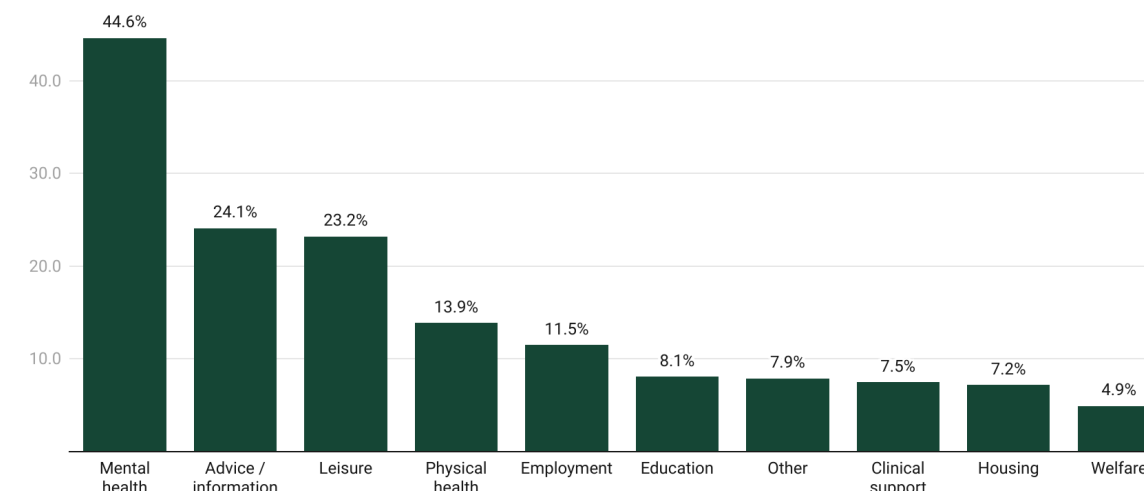
“Through SSAFA, I was enrolled on the DGS garden course. Immediately I noticed that I wasn't judged for being in prison. I was helped, I was made to feel that I mattered, that my life meant something. I was thanked for my service which had never happened before.

“Every day on the course we filled out a form about how we felt on a scale from 1 to 10 before and after the day finished. We were given tea, coffee and biscuits and made to feel like human beings. The breathing exercises helped me relax and helped me sleep at night.

“What I got at DGS was fantastic mental health support and a new hobby in gardening. Because of the DGS course I'm a stronger person – I don't hold any grudges whatsoever; what I got has given me so much and I can't thank them enough.”

Figure 5 shows the main types of activities and support provided by VPPP organisations.

### Service provision among all organisations involved in VPPP (n=531)



The category of 'Other' refers to organisations reported to be involved in VPPP service provision but their involvement was not expanded upon within progress reports. In the absence of information on how these organisations supported veterans, they have been categorised as 'Other'.  
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Figure 5: Service provision and areas of activity among both funded and unfunded organisations (categories are not mutually exclusive, as many organisations were involved in delivering in more than one area)

Although mental health was a specific focus of activity and categorised as such, improving and supporting good mental health and wellbeing was a factor in other areas of service provision, as highlighted above.

Advice and information were also an important aspect of support provided - on everything from the transition from military to civilian life to accessing benefits, securing housing, job applications and employment and accessing healthcare.

Sources of advice were varied, often providing veterans with multiple access points. Local authorities provided information directories on their websites and in some cases appointed an armed forces representative, responsible for providing help and advice and amplifying the voice of the veteran community within the council.

Veteran breakfast and drop-in hubs regularly hosted representatives from local job centres or the DWP to answer veterans' queries, and in some regions, armed forces advocates were working in local hospitals and liaising with VPPP partners to ensure veterans received the necessary support and care.

Many organisations provided multiple services within their geographical location or area of activity. For example, local sports clubs supported veterans in improving their physical and mental health as well as combating social isolation by bringing them together to socialise. Other organisations provided a range of social prescribing activities such as arts, gardening, archaeology and music.

While direct mental health support was a key service provided across all regions of the UK, there were notable variations in other areas of support. For example, within both the North West and South West regions, considerable support and access was provided to activities and organisations focusing on improving veterans' physical health.

Over the course of the programme, the North West portfolio developed a network of sports clubs covering areas including Blackpool, Liverpool, Manchester and Oldham. Similarly, in the South West, organisations such as Turn to Starboard, Power of Polo, and Bude Surf Veterans offered veterans a sense of community and escape through sport. These clubs demonstrated a commitment to both the physical and mental wellbeing of veterans, where they had opportunities to participate in exercise and develop new skills with other veterans, managed by engaged staff and volunteers.



The highly collaborative nature of VPPP ensured that these sports clubs also acted as key points of contact for other services providing mental health or clinical support.



## In Focus: Jim's story, Turn to Starboard

"Jim served in the Royal Engineers for six years and left the army while serving in Germany, forced through personal family reasons.



"On leaving the army, Jim drove lorries but became involved in substance abuse which led him to become suicidal and, eventually sectioned.

"After leaving hospital, Jim was supported by the buddy scheme of 'Forgotten Veterans'. Whilst Jim had been talking about a dinghy sailing experience he had when young, pursuing sailing was suggested and he was booked in on the 'Tudor Run' initial training week, leading to a 4-week sail challenge from Falmouth to the Tower of London and back.

"When Jim arrived at T2S in Falmouth, he had difficulty initially introducing himself and, experiencing high levels of anxiety outside our reception, sat outside in the marina

until Ops Manager Helen and one of our skippers went out and chatted with him, convincing him to give it a try.

"Following the training week, Jim started to feel things changing. 'Turn to Starboard gives you a base and a sense of belonging. When you're here, you don't feel alone, and just being around good people, meant I didn't need to go out drinking. You have a purpose on the boat, you're trusted, and you just want to do a good job for the people you are with.'

"Jim feels comfortable in the marine environment and his anxiety has reduced. T2S also helped Jim sort out his benefit allowance, accommodated him, and formally registered him with the NHS as a veteran. Jim has stayed on with T2S and continued his sailing to the extent he gained his Royal Yachting Association qualifications of Competent Crew, Day Skipper, and Power Boat Level 1 and 2.

"Jim has immersed himself in volunteering and supporting new beneficiaries and helping with the maintenance and upkeep of the T2S boats. He has become a First Mate on our Tall Ship and has now achieved all the mileage, experience, and qualifications to take the RYA Yachtmaster Offshore practical assessment - and has the opportunity of employment within the marine sector."





The North East and Yorkshire portfolio provided numerous leisure activities, giving space for veterans and their families to focus on their wellbeing and connect with others. These activities included breakfast and lunch clubs, outdoor adventures organised by the Michelle Jurd Trust, and regular group walks organised by Care after Combat.

Advice services were particularly involved in the Midlands and East of England portfolios. Partners such as local authorities, job centres, and veteran centres provided information directories, worked with veterans and their families to offer them tailored career and money advice and offered support to veterans in the justice system, as well as counselling and mental health advice.

Many portfolios also worked with organisations supporting veterans into housing. For example, Veteran Outreach Support (VOS) worked with Mike Jackson House, Tom Harrison House, Winternight Shelter, and Entrain Space which offered veterans housing while providing further educational or clinical support, encouraging and supporting them to secure long-term employment and, in some cases, overcome their drug or alcohol dependencies. These services are not stand-alone, but rather fit within broader, more diverse service provision

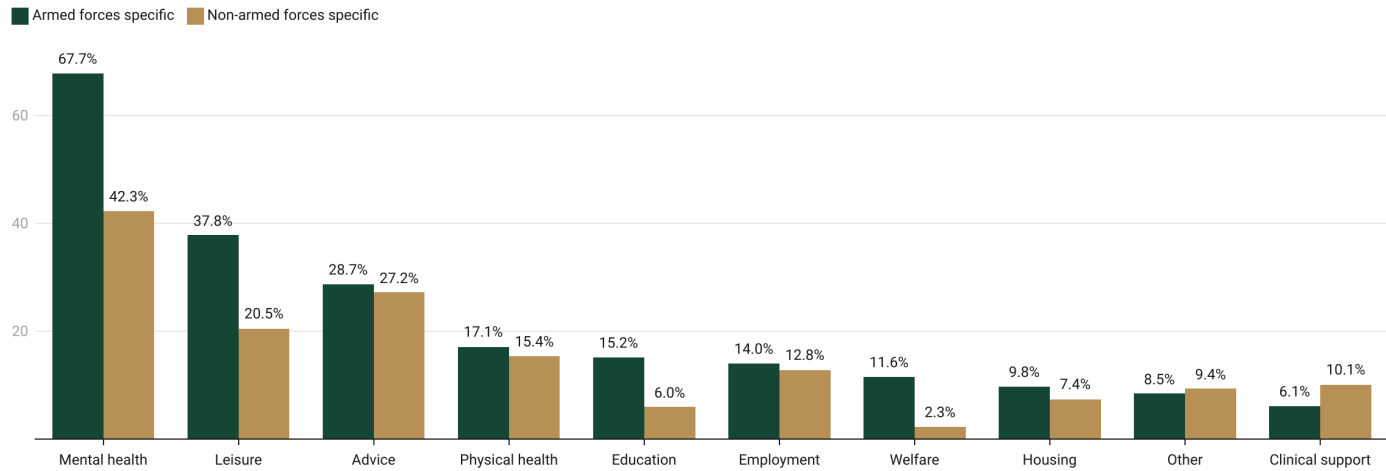
## Armed forces and non-armed forces organisations

Around 40% of the total number of organisations and agencies involved in delivering and supporting VPPP are specifically focused on supporting the armed forces community, and 60% bring their specialist knowledge and expertise to veteran-specific projects and services.

As with the diversity of individual organisations, this ensured an important balance between military understanding and specialist expertise from the wider sector. It centred the needs of the beneficiary and ensured access to support from whoever was best placed to provide it.

Figure 6 shows a breakdown of the type of services and activities provided and an estimated percentage of the total number of armed forces specific and non-armed forces specific organisations in the programme that delivered in those areas.

### Service provision comparison between Armed Forces and Non-Armed Forces organisations (n=531)



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Figure 6: Armed Forces specific organisations compared to non-Armed Forces specific organisations and the focus and type of services they provided in VPPP (categories are not mutually exclusive as many organisations were involved in delivering in more than one area)

Leisure activities within the VPPP programme were extremely diverse and catered for an array of interests and physical abilities. For example, there were veteran specific football teams, arts and crafts workshops, and weekend retreats that offered a range of activities from archery to nature walks to cooking classes. Other leisure activities focused on connecting veterans virtually. Models for Heroes, operating in the South East, ran online model making workshops for veterans from all military branches. Activities such as these can be especially beneficial for veterans who are geographically isolated or impacted by mobility issues which restrict their ability to connect with others.



## In Focus: John's\* story, Walking with the Wounded

“John started to engage with Walking with the Wounded (WWTW) via a referral from a military charity partner. John served four years with the Royal Regiment of Scotland having undertaken an operational tour of Northern Ireland in the 1980s.

“Over a period of time John's mental health was impacted by his experience in Northern Ireland and he was later diagnosed with service attributable mental health issues. John also sadly lost their life partner and since then his mental and physical health took a turn for the worse.

“John was socially isolated and was referred to WWTW OP REGEN project and took part in the activities involved in this programme and was introduced to the WWTW MEDALS project as an option to improve mental health and wellbeing through participation in sports, the outdoors, art and mindfulness activities.

“John is no longer socially isolated and started to engage with other activities like health walks and fishing and has been signposted to other charitable partners for further support.

“Although the physical element of John's health issue will never go away his mental health has improved considerably: ‘This programme has helped me get out the house more and is making me feel less isolated and a bit more positive, I have really enjoyed taking part in the fishing and walks.’”



The same proportion of armed forces specific and non-armed forces organisations (around 28%) provided advice and key information for veterans and their families. Among the non-armed forces organisations and agencies, advice was mainly provided by local authorities, job centres, DWP and healthcare services.

Within the military-specific sector, key sources of advice were veterans' advisory pensions committees, the Defence Transition Service, military focused solicitors, and the Veterans' Welfare Service, among others. A diversity of sources of advice and expertise meant that veterans could access non-military organisations for information related to housing, healthcare, employment, and benefits, helping to ease their transition to civilian life. However, veterans could also continue to access military-specific sources of advice on pensions or support for service-related injuries and trauma.

## Beneficiaries

We estimate the number of direct beneficiaries supported by the programme across all regions to be just over 17,000 in total. Most of these beneficiaries will be veterans, but many will also be family members. These primary beneficiaries were directly involved with projects, activities and interventions and benefited from them in various ways that improved their mental health, wellbeing and quality of life.

Data collected from the all-stakeholder survey deployed at the end of the programme estimates that the programme benefited a further 37,000 people indirectly. Indirect beneficiaries are not the direct target of projects and activities, but may still benefit from them. These might include partners, other family members or members of the wider armed forces community.

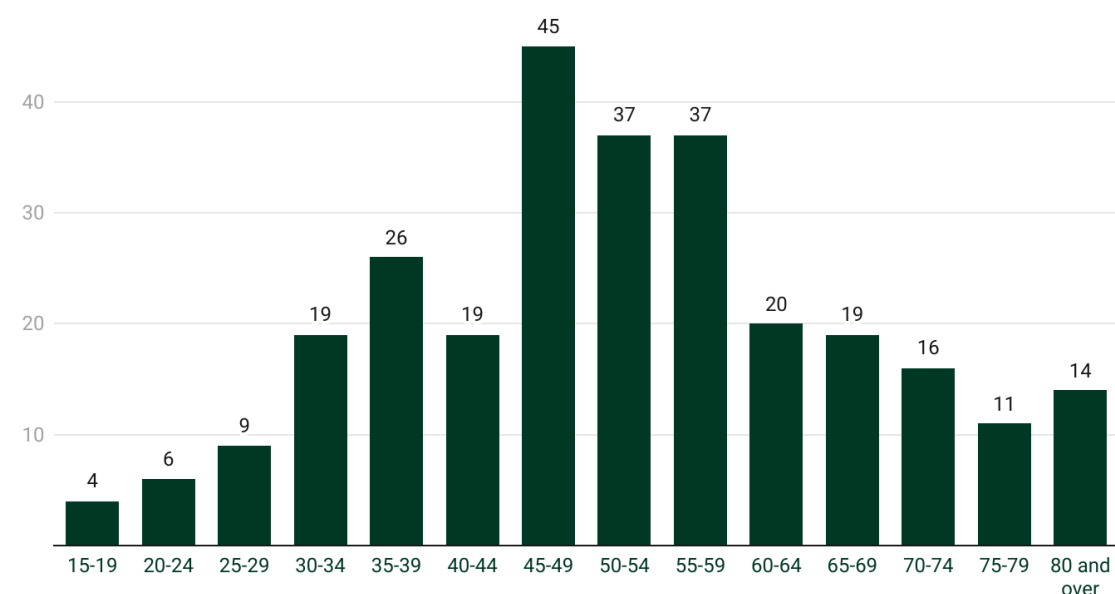
Sample data from the Trust's Impact Hub gives us a demographic profile of the beneficiaries that were directly supported by the programme, according to information registered by several grant holders across the regions.

Figure 7 shows that the age of these beneficiaries clustered around the 45-59 range, although the ages of those supported ranged from 18 to 80 plus.



## Age of VPPP beneficiaries

Impact Hub data (no. of beneficiaries in the sample n= 282)



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Figure 7: The number of direct beneficiaries in each age range registered on the Impact Hub by VPPP grant holders

The data from this relatively small sample of beneficiaries also further suggests a demographic profile for VPPP beneficiaries.

Of the beneficiaries from the programme that were registered on the Impact Hub, 80% were veterans, with a further 15% of beneficiaries being veterans' family members (Figure 8). The remaining registered beneficiaries were either currently serving personnel or their family members.

## Military association of VPPP beneficiaries

Impact Hub data (n=250)

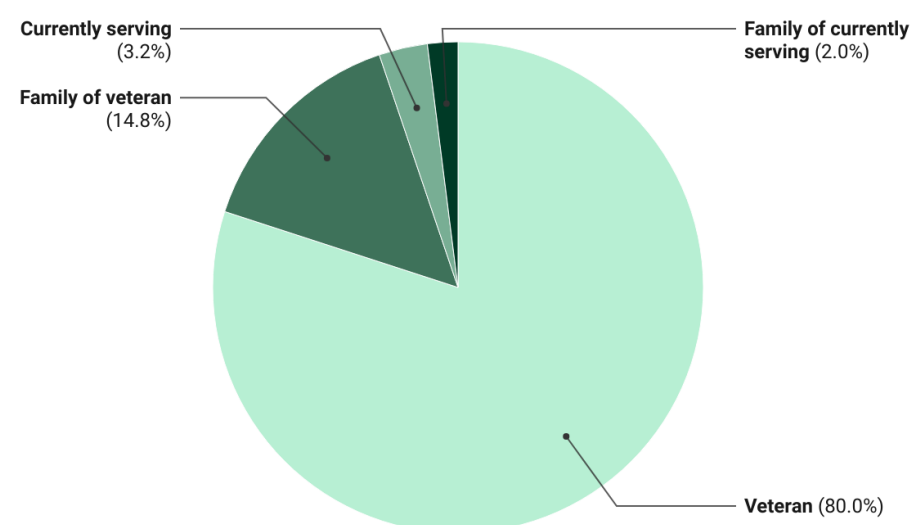


Figure 8: Military association of beneficiaries registered on the Impact Hub by VPPP grant holders

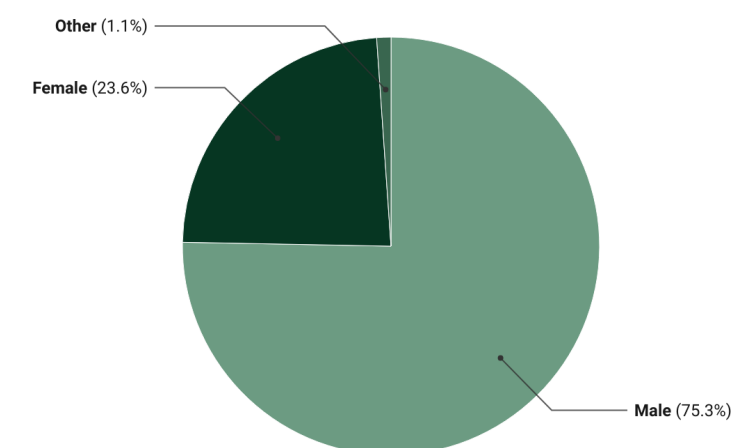
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As highlighted earlier (Figure 1), 46% of registered beneficiaries were living in rented accommodation, 32% owned their home, and 2.5% stated that they were homeless.

Figure 9 shows that, of the beneficiaries from the programme that were registered on the Impact Hub, three quarters were male and just under a quarter were female.

## Gender of VPPP beneficiaries

Impact Hub data (n=263)



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Figure 9: Gender of beneficiaries registered on the Impact Hub by VPPP grant holders





# Key themes on impact

Key themes regarding the immediate or short-term impact of each region's work were the improvement of existing services and their wider promotion, with collaboration among partners important in realising this. All regional leads highlighted examples of collaboration and partnership working throughout the programme – they acknowledged that these relationships initially took time and effort to develop, and much of the first year of the programme focused on this. Greater collaboration between sectors and between regions was evident through the second year of the programme as relationships and networks matured, and many expected this to continue beyond the life of the VPPP. Indeed, this is evident in the subsequent Thrive Together programme.

Portfolio leads highlighted key areas where veterans were expected to experience tangible, sustainable improvements in the medium term and beyond, such as better, more inclusive services and a reduction in the number of times they need to retell their story because of better coordination. They also expected to see an increase in referrals from GPs to mental health services and Op Courage, a measurable decrease in the number of veterans' suicides or incidences of self-harm, and an overall improvement in confidence and ability to seek help.



The focus on tackling isolation and loneliness brought significant advancements throughout the programme in supporting veterans at a higher risk of suicide. Reaching and accessing the most vulnerable veterans was a key objective for all the portfolios in the programme, and the momentum increased through the second year.

The VPPP programme resulted in a significant increase in both the quantity of veterans reached and the quality of care and support given to them. Data taken from the end of programme survey shows that more than half of respondents considered better support to veterans to have been a key impact of the programme, both across the short and long-term.

## In Focus: George's\* story, Walking with the Wounded



"George had been struggling with his mental health after his wife left him suddenly with his two young sons. He suffers from PTSD due to his service in Afghanistan which was a particularly bad tour. He also carries a lot of trauma from childhood.

"After meeting with him, we decided that he needed to be referred for Trauma Therapy with Combat Stress. George was struggling to manage at work and being in this environment was negatively affecting his mental health, to the point where he was contemplating taking his own life. George had no food in the cupboard and was barely eating due to having to take time off due to his mental health, and his income was very low - he was really at rock bottom.

"We were able to get food shopping and electric for when his two young sons were coming to stay as they were his priority. A Child Maintenance Service application was done to cover his rent for a few months to take the pressure off him going back to work before he was ready.

"We purchased a bed for his youngest son who was still in a cot but was too big for it. We also got him oil heating and food vouchers, and we were able to make a couple of months of car payments which meant he could take the time needed to go through the therapy and get himself back on his feet.

"He has recently returned to work and is almost finished with his therapy sessions and is in a much better place. George has stated that 'without the help of WWTW and all of the other organisations I might not be here'."

Portfolios developed and strengthened cross-sector partnerships in a variety of ways, improving the support and services available for veterans at a higher risk of suicide. Many portfolio partners engaged in specialist training and workshops such as the Combat Stress 'Suicide Prevention Workshop'. These training programmes enhanced the ability to identify mental health concerns, including suicidal ideation, in veterans they work with. In keeping with the 'no wrong door' approach, portfolio projects positioned themselves as the primary point of contact for veterans seeking support. Running parallel to this, robust partnerships with healthcare services ensured streamlined referrals and immediate support. These improvements offered veterans tailored and quick support rather than subjecting them to the complexity of navigating multiple systems. Other regional portfolio leads considerably improved data capture and information sharing between projects and organisations. These improvements reduced the number of times a veteran had to tell their story; avoiding instances of re-traumatisation when veterans were called upon to repeat memories of the same traumatic instances again and again.

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

All VPPP regions across the UK reported significant improvements in 'pathways' – the routes to support and referral mechanisms – that lead veterans in need to these services. The aim and impact of these improved pathways within and between regions is that veterans experience 'no wrong door'. In many regions, this was a fundamental principle underpinning their work.

"We ensured that there was 'no wrong door' by making sure that all partners worked together to refer and cross-refer quickly and seamlessly, and that information was passed accurately between partners, so that veterans did not need to repeat information unnecessarily."

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



Critical to this were the extensive networks of organisations and agencies within the VPPP programme, with both funded and non-funded partners – ‘associate members’ or ‘contributors’ – making connections and delivering services. Some portfolios saw changes in their membership, and most actively recruited non-funded partners to strengthen their delivery potential.

Connecting with veterans, particularly those that may have been or felt excluded in the past, was an important objective. It provided the means to raise awareness among all stakeholders of new and existing services and provision for veterans in need.

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

Mechanisms for continuous improvement, such as training, communications, and evaluations, have become established across portfolios. The impetus for continuous improvement grew exponentially throughout the programme and portfolio leads agree the trend will continue into Thrive Together. ‘Cultural and behavioural’ changes are also highlighted as key achievements that have become embedded in the delivery of support, services, and in ways of working.

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

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

Reducing loneliness and isolation among the veteran community, particularly those that are the most vulnerable and at risk of serious mental health problems, was strongly linked to having the right places and people ready to provide support. Regional portfolios had case workers directly supporting individuals, ensuring that veterans had, and continue to have, access to the safe and comfortable places to go which reduce loneliness and enable them to spend time with their peers.

These included hub projects like the Riverside Retreat in Wales, through a diverse range of activities ranging from adventurous options such as rock-climbing and caving to more accessible choices such as archery or walks in the local area. Other projects and hubs have offered activities which veterans may have not previously considered such as arts, pottery, and singing groups. These activities have seen considerable engagement from the veteran community, with Expression Arts CIC, for example, delivering work for veterans at creative hubs in Canterbury, Ramsgate and Margate, Ashford, and Dover.

Similarly, funding from VPPP has enabled the success of the Kent Arts and Wellbeing hubs and allowed them to open four new hubs, making eight hubs in total. The increased spread of these hubs offers not only continued support for veterans, but also growth and better reach into the veteran community. Tailoring and diversifying activities has allowed projects to meet the needs of differing groups of veterans, successfully enhancing participation and connection.

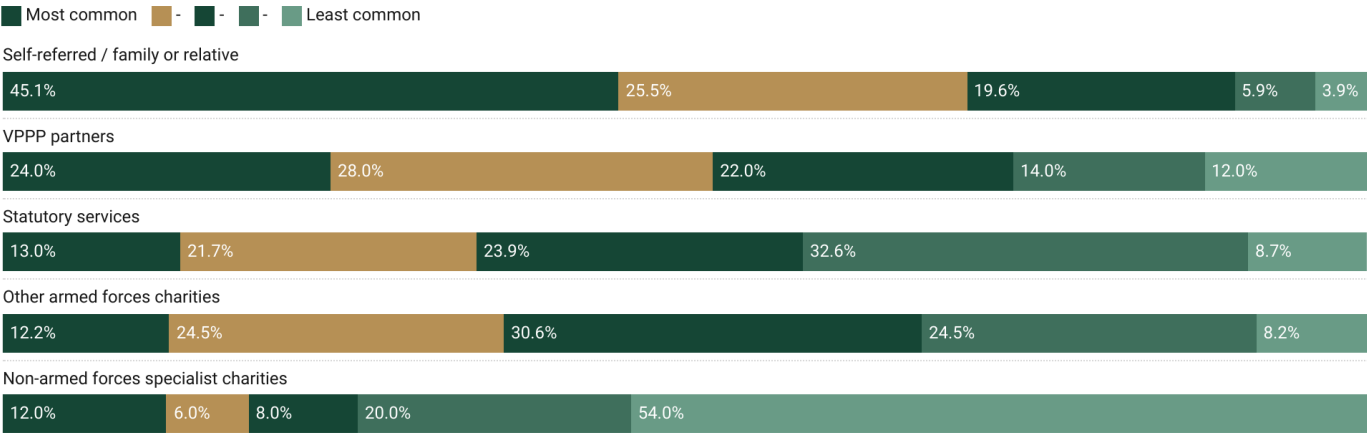
These places played an important role in providing the ‘pathways’ of support and referrals.

These referral pathways were also an important element of the VPPP programme. Figure 10 shows that almost half of the funded portfolio members that responded to the question said that self-referrals or referrals by a family member were the most common route into finding support, with referrals from VPPP partners being the most common route for just under a quarter of respondents.

Referrals from statutory services, other armed forces charities and wider voluntary sector organisations also played a significant part in veterans being able to access the support they needed.

### Referrals into VPPP portfolios (n=50)

How were your direct beneficiaries referred to you? Please rank these referral methods from most common (1) to least common (5)



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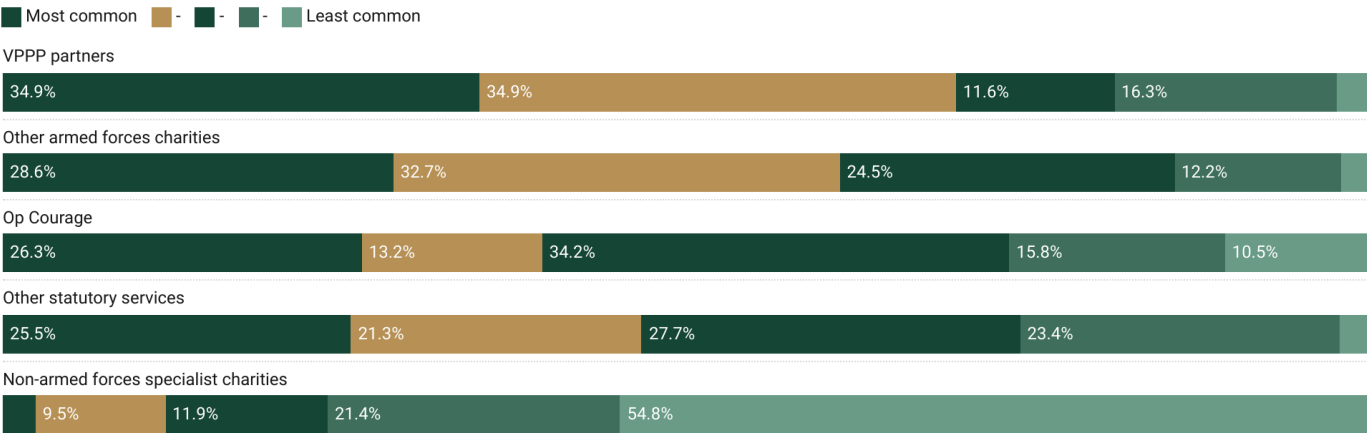
Figure 10: Responses from funded portfolio members when asked in the end of programme survey about how veterans were referred to them

In discussing cross-sector support for veterans in need of mental health support, a key element of achieving this was being able to refer veterans to the necessary contacts and services. All portfolio leads reported improvements in their referrals from the first to second year of VPPP. The Poppy Factory in London, for example, reported an increase in the number of veteran referrals from 55 in the first year of the programme to 289 in the second year.

Figure 11 shows that there was more of an even distribution for onward referrals when a veteran needed further or additional support, with other VPPP partners and armed forces charities, Op Courage and other statutory services were broadly as common.

### Onward referrals (n=44)

Which of these organisations or agencies were your direct beneficiaries referred on to? Please rank these onward referral pathways from most common (1) to least common (5)



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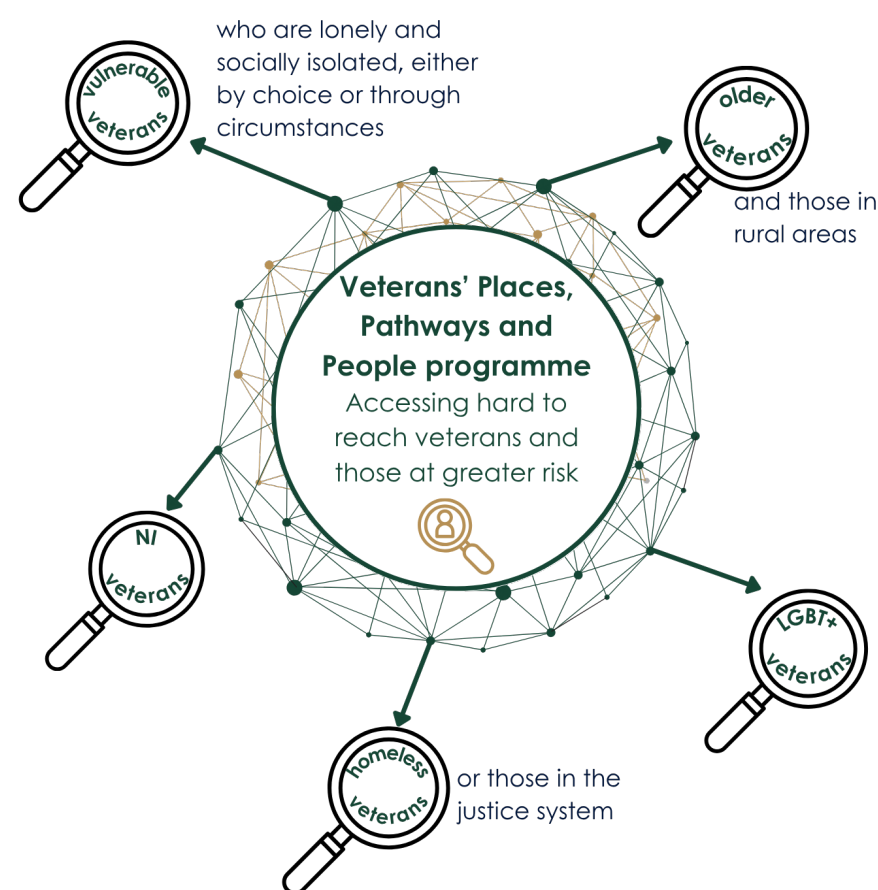
Figure 11: Responses from funded portfolio members when asked in the end of programme survey about where they directed veterans for further or additional support. Indications from other question responses are that three or more organisations within a regional network were involved in supporting a veteran, sometimes five or more



Building partnerships and expanding regional and national networks were crucial in helping to reduce incidences of loneliness and isolation among veterans – as they broadened the options to suit a range of needs and circumstances. Portfolio partners provided drop-in centres and a wide range of activities and social events, both indoors and outdoors. Other partners provided signposting to these services, some provided transport to enable access, which is particularly valuable in rural areas. Helplines and online engagement, such as webinars and social media, gave more veterans the opportunity to access support and friendship.

VPPP has changed the landscape for veterans experiencing mental health and wellbeing challenges. There were hurdles to overcome during the first year of the programme, in establishing portfolios and ways of working, and with the external environment. Portfolio leads improved referral pathways by using different methods of promoting the support available, such as the Bridge for Heroes' materials highlighting the variety of services offered by each project within the East of England portfolio with attached contact information. These leaflets were distributed at events, helping to facilitate wider outreach and connectivity.

Improved referrals in and out of agencies highlighted the importance of collaborative working. These achievements in support for veterans relied on the fact that portfolios did not work in isolation, but rather, were supported by a host of both funded and unfunded partners across a variety of sectors.



Enabling a significant increase in the opportunities for engagement and outreach, through technology, by...

providing welcoming places to access support and socialise

facilitating warm referrals through the breadth and depth of the network that has been created

having 'boots on the ground' such as case workers, often peers, who are trusted and understand the veteran in need

In the case of LGBT+ veterans, for example, each region and portfolio in the programme had been readily supporting the LGBT+ community through a difficult and potentially life changing time during Lord Etherton's inquiry into the impact of the historical ban on LGBT+ people serving in the armed forces. Fighting with Pride has been instrumental in this support, and all the partners within the programme are now able and prepared to support this community in the aftermath of the publication of Etherton's report.

Fighting with Pride also developed the Pride in Veterans Standard (PIVS), a programme open to any organisation wishing to demonstrate its commitment to being welcoming and inclusive to LGBT+ serving personnel, veterans, and their families. Additionally, LGBT+ toolkits and briefings have encouraged those across VPPP to recognise that LGBT+ veteran training is specific to the community's needs. Fighting with Pride have pushed organisations forward in their support and outreach to LGBT+ veterans, a group which has historically faced considerable marginalisation.

**In Northern Ireland, a significant shift has taken place in the understanding of veterans' needs and the attitudes towards them.** The programme has helped to create an environment where trust has increased, and practical support has become available. Cultural and behavioural changes have been affected by the work of the VPPP partners and the wider network that has developed around them, and many veterans and their families in the country are receiving vital support for the first time as a result.

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

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

Critical to the success and legacy of the VPPP programme is how partnerships and successful working relationships between organisations developed, and thrived, during the second year and beyond the end of the programme. Much of these relationships are continuing through Thrive Together, and all regional portfolio leads report that sustainability continues to be high on the agenda.

"Last year, I was approached by an Op Courage London staff member, telling me they had a veteran who had been under their care but had only just divulged that their career in the armed forces was ended under 'the ban'. Daniel\* was wary of reaching out, but agreed to chat to me at the next drop-in.

"For almost 30 years, Daniel had believed that he was the only person 'thrown out' of the military for being gay. He was genuinely shocked that Fighting with Pride had a growing community of LGBT+ veterans and that an independent report was commissioned to examine the impact of what happened during 'the ban' years, and to make recommendations on measures to restore justice.

"After a few chats at the drop-in, I was able to quickly establish a relationship of trust and let him know just how much Fighting with Pride can offer in terms of social prescribing and community. Through us, he was able to attend his first ever Pride event in London and meet current serving personnel who were living proudly and authentically as LGBT+ whilst serving the country.

"Over the weeks and months, I have watched as this Daniel's confidence and identity blossom. He has attended most drop-in sessions across the capital, and a wonderful event at the Poppy Factory, where he was able to meet other LGBT+ veterans for the first time who had a similar experience to him. Friendships were forged, and confidence again has grown. Daniel is now attending events completely alone, and he has a very positive and supportive group of armed forces community members around him.

"Fighting with Pride has helped lead and create an environment in-and-around London's armed forces community that is warm and welcoming. These changes have directly impacted on the life of this veteran. Daniel has experienced a huge reduction in his anxiety and an increase in his mental wellness, given that 14 months ago he didn't dare leave his home. This has also resulted in major improvements in his physical health and being able to walk unassisted for the first time in years.

"He can cope with the highs and lows of life and has experienced transformative changes in his lifestyle by actively engaging with Fighting with Pride, Op Courage, and other VPPP partner agencies working closely together. He is now a volunteer for his local community. Daniel is also hoping to take up boxing with Fighting Chance, and he is planning on proudly marching past the Cenotaph for the very first time in November."



“The collaborative nature of the portfolio combined with the diversity of groups spread across such a large geographical area and the opportunities to network with one another were invaluable to providing support to veterans and ensured few, if any, were left behind.”

(Funded Portfolio Member, Northeast England and Yorkshire)

Collaboration streamlined services, which enabled more effective, holistic care for veterans. Relationships with Op Courage across several portfolios, for example, allowed for quicker and more tailored referrals to statutory providers and a reduction in the need for beneficiaries to unnecessarily repeat their story.

“A veteran was referred to us requiring financial, housing and mental health support. We worked very closely with SSAFA, DWP and the local authority which secured housing and finances for the veteran. We referred the veteran directly to one of our VPPP portfolio partners for urgent mental health support and an immediate mental health intervention with the NHS Veterans Wales Therapist. This support was highly effective and ensured the veteran was housed, received benefits and an urgent mental health intervention within seven days. This proves the effectiveness of the VPPP programme and the close collaboration of the partners, which will continue long after the funding period ends.”

(Valley Veterans, Wales)

Collaborative working was integral to the success of the programme because of the often complex and varied issues facing some of the veteran community.

The nature of the programme provided space for networking and consistent communication with other organisations, allowing portfolios to learn from one another and lean on the expertise of others.

Respondents to the end of programme survey offered their views on the short-term impact of the work done in VPPP. Better support to veterans and improved services were cited by 66% of respondents as being significant achievements (see Figure 12).

### What short term impacts do you think your work has had due to VPPP? (n=80)

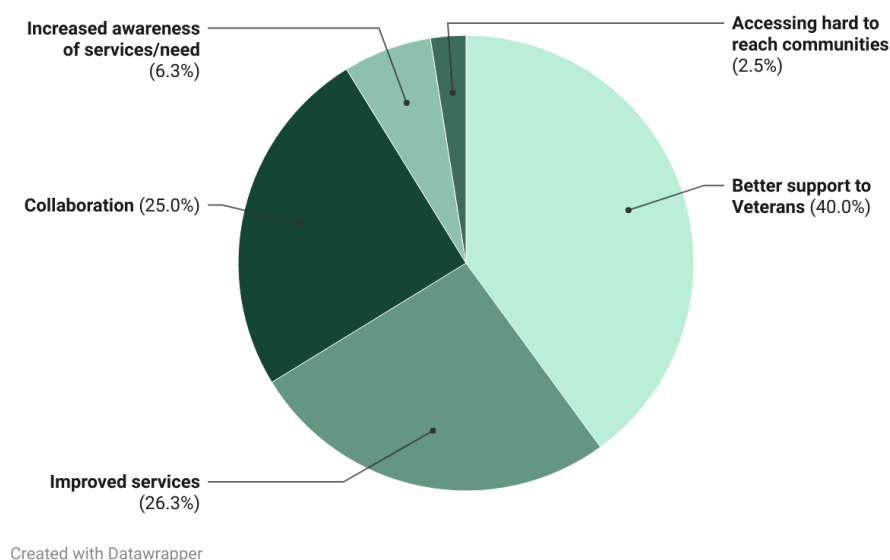


Figure 12: Respondents to the end of grant survey outline some of the short-term impacts achieved by the VPPP programme

Participation in VPPP allowed many organisations to expand their services, increasing their reach and the number of veterans they were able to support. For example, Kent Arts and Wellbeing opened their four new hubs from the first year of the programme to the second, which allowed them to expand their reach and a result, increased their number of beneficiaries.

Linked closely to this is the improvement in services. As a result of VPPP funding, multiple respondents to the survey praised the ability to hire more staff or attend mental health training courses which allowed them to respond to veterans' needs with increased sensitivity and confidence. The Learning Platform, developed by Combat Stress as part of their work within the programme, provided a wide range of training for all delivery organisations and also offered the ability for them to learn from each other.

“A collaboration between all of the organisations has been formed through this programme that sees us all working together to get the best outcomes for our beneficiaries, this will have the biggest impact going forward.”

(Walking with the Wounded, VPPP Northern Ireland)

In the long term, sustained collaboration and strong networks were highlighted by survey respondents as a significant impact of VPPP involvement – working more closely together improved and expanded services, providing more effective and holistic care for veterans.

Figure 13 shows the main themes in the responses to this question.

### What long term impacts do you think your work could have because of the VPPP programme? (n=79)

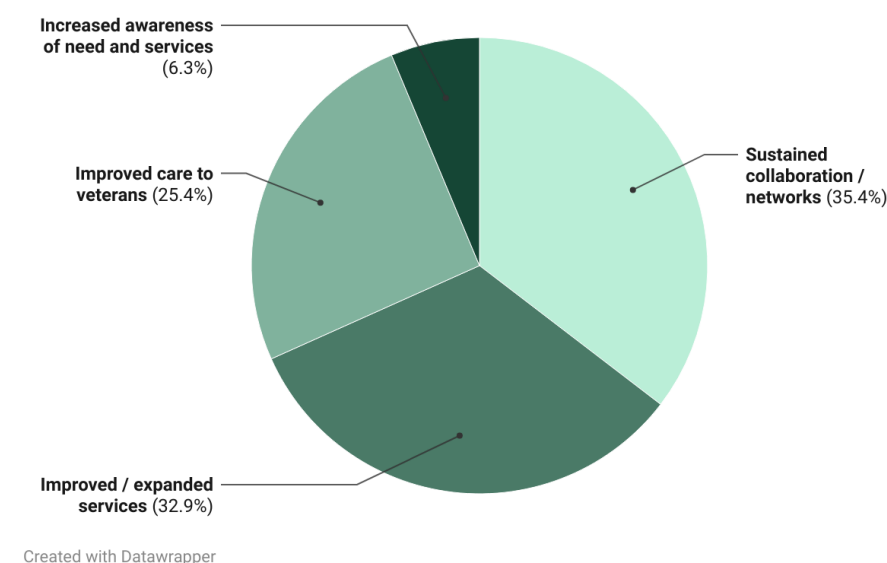


Figure 13: Respondents to the end of grant survey outline some of the long-term impacts they expect to see because of the VPPP programme

The financial support provided through the programme, combined with a larger network of experts, gave many projects and organisations both the necessary funds and expertise to improve the services they provide to veterans, as well as opening new places of support and having the resources to hire more staff.

These developments led to a significant increase in both the number of veterans that could be reached and the level of support given. Most respondents considered better support to veterans to have been a key impact of the programme, both across the short and long-term. Respondents reported mental health and wellbeing improvements, a reduction in social isolation by connecting veterans with old and new friends and encouraging them to try out new activities and strengthening family relationships.



All regions reported significant progress and development in ‘pathways’ that led veterans in need to services. The aim and impact of these improved services is that veterans experienced ‘no wrong door’. As noted previously, the work of an expanded network of organisations within VPPP, both funded and unfunded, was crucial to this.

“This programme has been nothing short of a Godsend for some of the most vulnerable veterans in our society – those that are impacted by poor mental health and wellbeing, not to mention socially excluded. I feel that the VPPP programme has allowed veterans from all backgrounds to have an opportunity to engage in a wide array of activities with something to suit all tastes for the veterans out there.”

(Walking with the Wounded, VPPP Scotland)

‘[VPPP] made the organisation more accessible to veterans, collaborated with our regional Armed Forces Liaison Officer and widened our reach to potential users of our service.’

Non-funded partner on the benefit of the programme

Several VPPP regional leads reported the development of more safe places for veterans to meet and forge new connections, such as veterans’ hubs and recreational spaces, as well as the recruitment of specialist support workers who could provide assistance on a range of issues from housing to justice to supporting those in the LGBT+ community.

Overall, the VPPP programme has had a positive impact across all regions and the achievements of the programme across two years have been numerous. In participating in the programme, portfolio leads have learnt important lessons which they will take forward into Thrive Together and other future activities.

Figure 14 shows that 62% of respondents to this question in the survey felt that overall, the VPPP programme was either very effective or extremely effective.

**How would you rate the overall effectiveness of the VPPP programme? (n=103)**

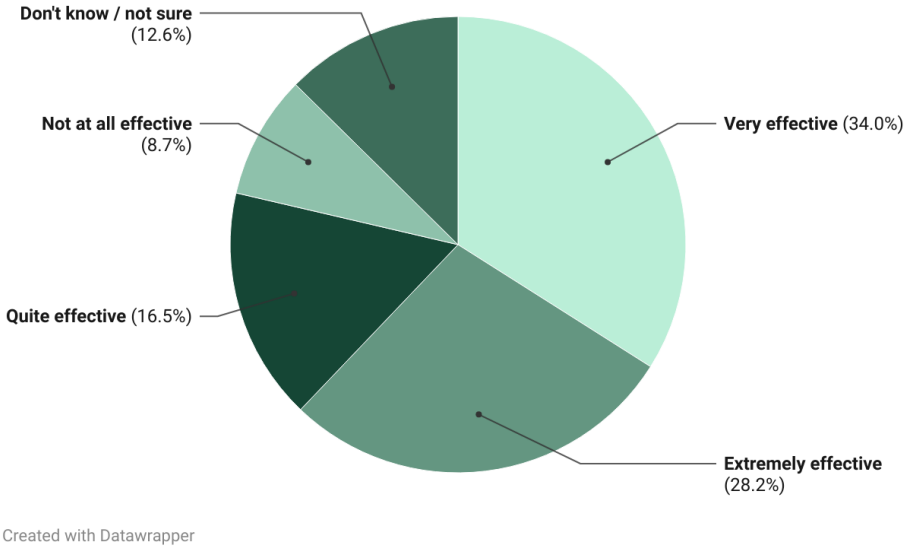


Figure 14: Respondents representing all non-beneficiary stakeholders and how they collectively rated the overall effectiveness of the programme. Three out of the four beneficiaries who responded to a similar question about the effectiveness of the project they were involved with rated that as ‘very effective’

Just under 9% of respondents felt that the programme was not at all effective, some expressing concerns that there were still veterans experiencing serious mental health issues and other challenges which hadn’t been reached by the programme. There were a few comments critical of some of the communication within the programme, or the fact that their organisation was not involved in the delivery, and additional comments suggesting greater collaboration between sectors is needed in the future.

A further 12% stated that they did not know or were unsure of the overall effectiveness of the programme. Some of these respondents did provide positive comments elsewhere about the programme, while others who were unsure felt that as they were not involved in delivering the programme they were less aware of its effectiveness. A small minority of respondents were critical that there was a lack of evidence of the programme’s effectiveness in their area or with the veterans they work with.

Portfolio leads stated they would continue their approach to knowledge sharing, and all have a commitment to learning from their experiences and to ongoing and continual improvement.

The positive experiences shared by portfolios through closer collaboration created a cultural shift. An embedded commitment to information sharing ensures that successful strategies are not only retained within individual projects but can contribute to sector-wide improvement. In achieving this, portfolios recognised the importance of creating and maintaining databases to ensure that they can more effectively monitor the progress of their beneficiaries and to make sure their experience is more coordinated and holistic.

The programme also demonstrated the importance of tailored services and support for a diverse veteran and armed forces community. At the start of VPPP, some portfolios reported that projects mostly offered a ‘one-size fits all’ approach to support programmes which presented a significant barrier to uptake. Participation in VPPP deepened understanding and appreciation of the varied needs of veterans and the effectiveness of tailored programmes of support, a practice which has now become an embedded approach.

In Thrive Together, delivery partners have committed to various objectives aimed at further improving the support for the UK armed forces community. Multiple portfolios have dedicated themselves to the maintenance and strengthening of collaborative networks, as well as to the continual improvement of veterans’ mental health and wellbeing.





## Conclusions and next steps

The landscape for veterans experiencing mental health and wellbeing challenges has changed significantly for the better because of VPPP.

There were challenges to overcome during the first year of the programme, in establishing portfolios and ways of working, and with the external environment. There have also been significant achievements and meaningful impact, as evidenced by the many testimonies from veterans and their families.

With an emphasis on reducing barriers to help-seeking behaviour and improving mental health outcomes, the regional portfolios delivered numerous projects and services to support veterans over two years. Even when not the central focus of a project or service, mental health improvement and support was often reported as an indirect benefit of participation for veterans.

Mental health support was embedded within a diverse range of activities and projects, from sports clubs to art workshops, to respite weekends. This represented a dedication to a 'no wrong door' approach from regional portfolios, allowing veterans to reach out for help and support in whatever space they felt comfortable, rather than leaving them to navigate the sometimes-confusing array of statutory and voluntary sector support services.

Additionally, VPPP focused on tailored support to hard to reach and minority veteran cohorts such as LGBT+ veterans, veterans in the justice system, and veterans isolated due to location or reduced mobility. In the case of LGBT+ veterans, for example, each region and portfolio in the programme has been readily supporting the LGBT+ community through a difficult and potentially life changing time during Lord Etherton's inquiry into the impact of the historical ban on LGBT+ people serving in the armed forces.

As evidenced in this report, Fighting with Pride has been instrumental in this support, and all the partners within the programme are now able and prepared to support this community in the aftermath of the publication of Etherton's report. In Northern Ireland, a significant shift has taken place in the understanding of veterans' needs and the attitudes towards them. The programme has helped to create an environment where trust has increased, and practical support has become available. Cultural and behavioural changes have been affected by the work of the VPPP partners and the wider network that has developed around them, and many veterans and their families in the country are receiving vital support for the first time as a result.

The programme has enabled a significant increase in the opportunities for engagement and outreach - through technology, by providing welcoming places to access support and socialise, facilitating warm referrals through the breadth and depth of the network that has been created, and having 'boots on the ground' such as case workers, often peers, who are trusted and understand the veteran in need. Indeed, a significant proportion of the funding in each region, and for the programme as a whole, has been spent on employing veterans in these roles and in delivering other support and services in partner organisations. Some organisations have allocated 100% of their grant to salaries.

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

In the short-term, portfolios reported being able to deliver a spread of activities across their local region as well as building relationships with portfolio partners they may have been previously unaware of. Other short-term achievements included helping veterans to socialise with other veterans, increasing referral numbers, and improving the wellbeing of service users.

In the long-term, regional portfolios overwhelmingly reported the positive impact of this collaboration between statutory organisations, the NHS, armed forces organisations, and civilian charities. Portfolios reported a dedication to embedding the lessons they learnt into their 'business as usual', ensuring veterans can continue to access high quality support even after the end of funding. Some portfolios reported a distinct cultural shift in participating organisations, and a commitment to regular communication and meetings with others in their professional networks to continually

improve the quality and content of support they offer. Other portfolios have recognised the importance of consistent reporting and have committed themselves to improving their internal data capture.

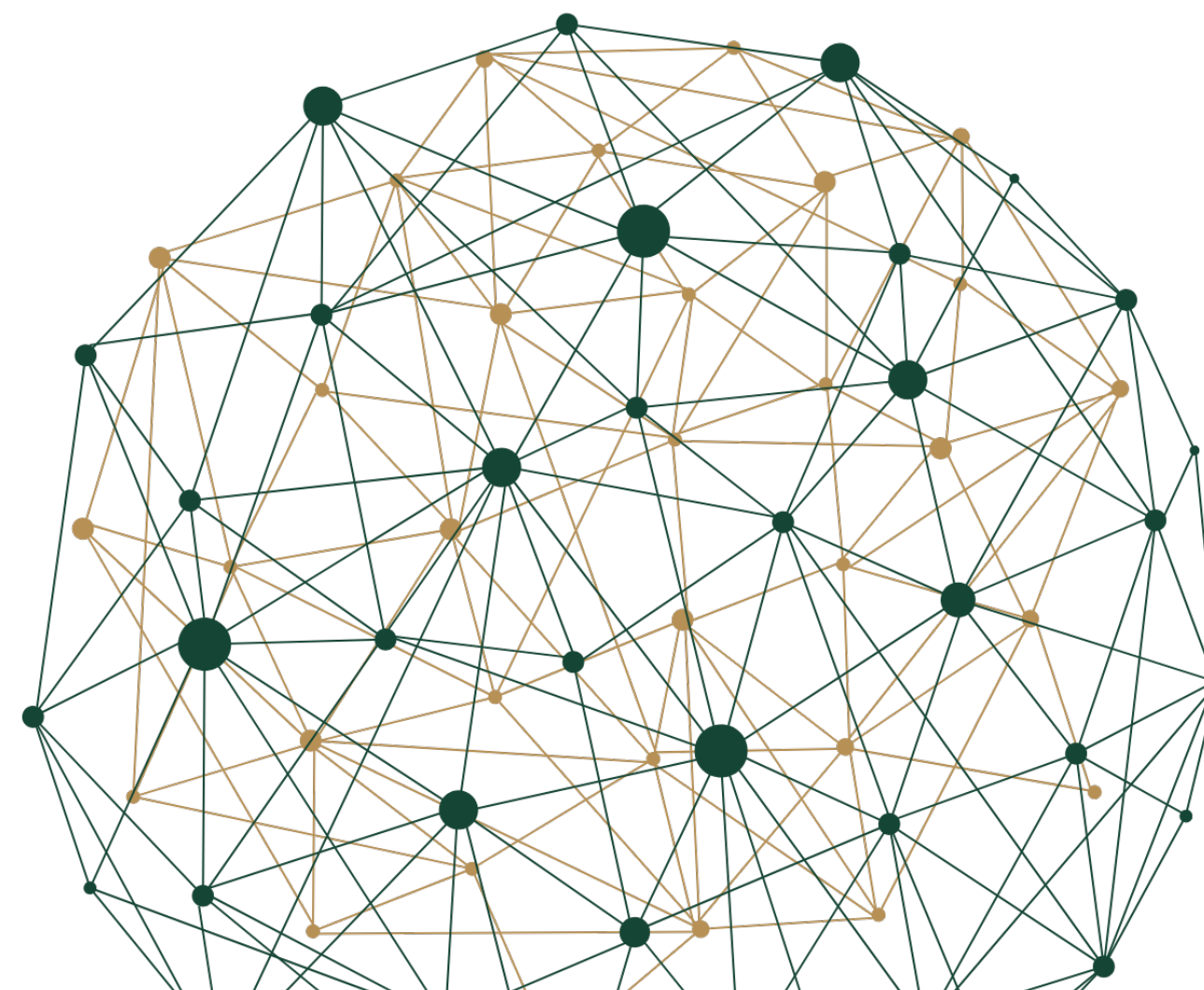
These achievements did not come without their challenges. Encouraging collaboration between organisations required consistent time and effort as portfolios sought to overcome a historical reluctance to collaborate in some areas – organisations became collaborators, not competitors.

Although many positive steps forward have been achieved regarding veterans' mental health, challenges persist in overcoming stigma in seeking mental health support. However, VPPP has placed portfolios in a strong position to continue their vital work.

While Thrive Together will pursue additional objectives, outcomes and innovative support for veterans and their families, it will also continue to build on the successes and lessons learned during VPPP.

VPPP gave projects and organisations the means to attend further training or access online support materials such as the Combat Stress 'Suicide Prevention Toolkit'. These training opportunities improved the understanding among project staff of how conditions such as PTSD can present themselves as well as how to identify other 'high risk' veterans. Further staff training and upskilling has extended into Thrive Together plans.

However, while VPPP gave portfolios important lessons and made headways on a variety of issues affecting the armed forces community, many of the problems veterans face are more complex and long-term than can be reasonably fixed by a two-year programme. Thrive Together therefore builds on similar themes of VPPP to continue to make progress in supporting veterans and their families.





## Methodology

A range of qualitative and quantitative data were used in this report from several sources. These include grant management data from grant holders, progress reports and end of grant reports submitted to the Trust by regional portfolio leads and interviews with the programme managers and heads of delivery at those organisations, survey data and data extracted from the Trust's Impact Hub.

Detailed analysis of documents and data carried out for the earlier VPPP interim evaluation report are repeated for this final evaluation report where relevant, and the original themes explored are built on and developed through fresh analysis of more recent data. Analysis of this data was largely qualitative, relying on the thematic analysis and coding of participant responses.

Much of the qualitative data analysis took place in NVivo. This process involved importing the text from progress reports, end of year reports and end of grant reports into NVivo, then coding the text initially using an open coding method (not predetermined, but allowed to emerge from the data), before refining and developing broader thematic categories where appropriate.

The coding included areas and themes such as:

- achievements
- challenges
- expanding networks
- improving services
- raising awareness
- sustainability
- training.

The structure of the grant holders' end of year and end of grant reports also aided thematic analysis of the text. They ask specific questions about the work of each portfolio, including around improving cross-sector support for veterans, how their projects and portfolios have helped to reduce loneliness and isolation, how they will embed what they have learned into future delivery, and the challenges faced by veterans in their areas. Data from earlier interviews was also subject to the same coding and analytical techniques. These themes and codes have informed the content of this report.

The Trust thematically analysed progress and end of year reports to extract a range of information. From these reports, we gathered information on the unfunded organisations portfolios worked with across the two years of VPPP. Once we collated organisational names, duplicates were removed to ensure no double counting, and the cleaned list of organisations was then coded based on service provision. The resulting data provided key insights into service provision across VPPP by frequency, across the regions, as well as differences in service provision between military and non-military organisations.

End of year progress reports were also subjected to a comparative thematic analysis during which we compared portfolios' responses to the main themes across the two years to highlight changes and improvements as the project evolved. We developed coded categories for the service provision of unfunded members and adjusted as the data was analysed, allowing findings to emerge from the dataset itself, rather than being pre-determined. By contrast, our broader thematic analysis of the progress reports was guided by the existing structure of the reports themselves which asked portfolio leads to reflect on key themes such as improvements to mental health services in their region and supporting veterans at risk of suicide, among others. The structure and questions of these reports were replicated across both years of the programme, allowing for ease of comparison.

The Trust sent the end of programme survey to all VPPP participants and stakeholders, including portfolio leads, funded and non-funded partners, strategic leads, strategic oversight group members, and where possible, to beneficiaries of the programme. We also promoted the survey through our newsletter, to give anyone with knowledge of the programme or its activities the opportunity to provide feedback. All respondents, with the exception of portfolio leads, could remain anonymous.

We cleaned responses to the survey to ensure the removal of irrelevant responses. For example duplicate, incomplete or abandoned responses were removed. This process resulted in 130 valid survey responses.

Response rates from various stakeholders were varied. All of the portfolio leads responded; approximately 70% of funded partners responded, 18 non-funded partners, one strategic lead and three strategic oversight group members. Seven respondents identified themselves as beneficiaries of the programme.

Valid survey responses were coded along the key themes covered by survey questions. The frequency of coded responses was then calculated, and the resulting data was visualised into graphs to highlight which themes dominated participant responses.

Underpinning much of the analysis is a master dataset containing data on all grant holders, non-funded partners and quantitative data. This data source and analysis has been used for the statistics in this report, the graphs and charts (created using Datawrapper), and network analysis in NVivo which enabled a sociogram available on request.

## Impact Hub

The Impact Hub is the Trust's online impact and evaluation tool that enables the collection of anonymous demographic and wellbeing data from beneficiaries of the Trust's programmes, with the support of grant holders.

It was developed as a GDPR-compliant way to measure the impact of a Trust funding programme, allowing comparable data to be drawn from each grant holder and directly from the people they support. Demographic data from VPPP programme beneficiaries has been used in the analysis for this report

Wellbeing data is collected via surveys, including the Wellbeing Index, the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), the UCLA Loneliness Scale, and the ONS4 Wellbeing Scale. The Impact Hub is undergoing a schedule of developments to improve the collection, quantity and utility of wellbeing data for future evaluations.

Future data collection will also include more specific data on the types of activities being carried out by projects and interventions, which are directly engaging beneficiaries, to help gain a more detailed understanding of what works and has the most impact.







## Appendix 1: VPPP locations

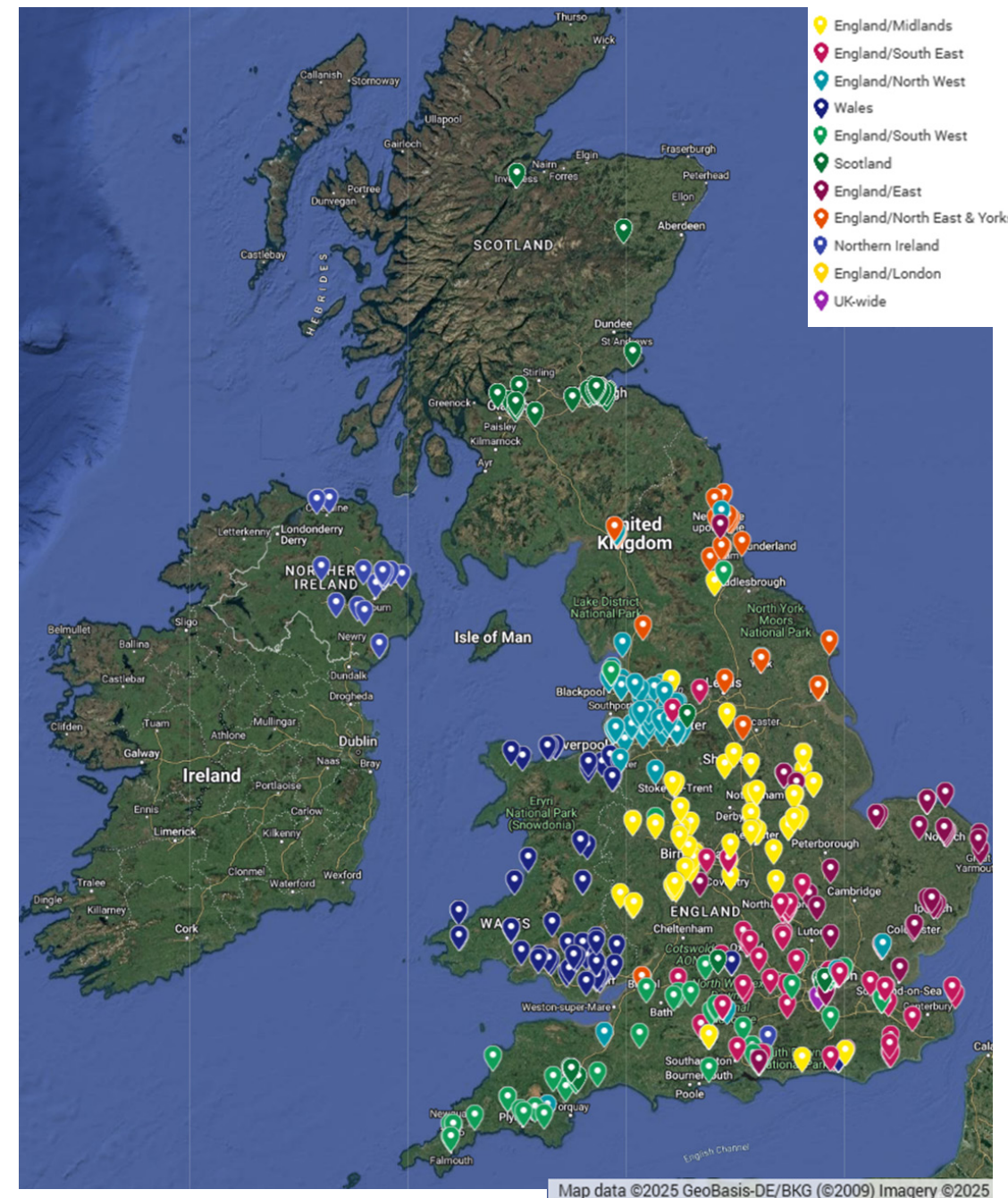


Figure 16: VPPP organisations across the UK by location, colour coded by region. NB: some organisations, individuals, agencies and partnership are omitted where no postcode is available



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

### Positive Pathways programme: 2019 - 2023

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

Projects supported came under one of four main themes.

- Sports
- Arts and culture
- Getting outside
- Heritage

Grants were awarded in five rounds between November 2019 and February 2021, with the final projects concluding in 2023 (some projects were delayed due to the Covid-19 pandemic).

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

Table 1: Schedule of grants awarded through five rounds of the Positive Pathways programme

### Strategic Pathways programme: 2019 and 2020-2022

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

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

### Veterans Should Not Be Forgotten: 2020

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

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

Grants were awarded in May 2020 to 120 organisations across the UK totalling almost £2.4 million. Grants supported a wide range of projects, subsequently identified as falling within the following core themes.

- Veterans staying connected
- Veterans learning new skills
- Veterans supporting veterans
- Veterans in partnership

### One Is Too Many: 2021-2023

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

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

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



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

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

This report details how these organisations and their delivery partners achieved these objectives and improved the lives of veterans in the UK.

More details on the funded partners delivering in each portfolio can be found by visiting Trust’s website: <https://covenantfund.org.uk/vppp-region-by-region/>

## Veterans’ Mental Health and Wellbeing Fund



Figure 17: Breakdown of funds distributed through the VMHWF



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

**[www.covenantfund.org.uk](http://www.covenantfund.org.uk)**

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