Veterans' Places, Pathways & People Programme

Consultation with VCFSE Sector

North-East & Midlands Regions

(Combined Report)

Key Findings – Full Report

by

May - July 2024

Contents

Trigger warning: The comments from Veterans and families include a number of potentially upsetting and triggering references including suicide, accidental death while in service, self-harm, physical and psychological abuse and torture.

Please read on with care.

1. Introduction

In 2024, Government made a further £10 million available to the Armed Forced Covenant (2011, updated 2022) to fund the Veterans Pathways, Places and People Programme (VPPP) for a further 3 years.

The next phase builds on the progress and learning from the first, and has four key intended outcomes[1]:

- Significant improvements in **help-seeking behaviour** among the veteran community.
- Reducing the **stigma** associated with mental health and seeking help and support.
- Better **holistic approach** to supporting veterans focusing on mental and physical health services and activities.
- Improved support for **veterans' carers and veterans' families**.

For the purposes of this engagement, an additional outcome was considered with the VCFSE sector participants:

- Delivering person-centred support through a 'no wrong door' approach, facilitated by cross-sector partners actively working in **collaboration**.

2. Background and Purpose of Engagement

To inform how the VPPP is delivered in the North-East and Midlands regions led by DMWS, there was an engagement phase (April-September 2024) to hear from the intended beneficiaries of the programme, which included the Veterans, families and carers research. This report focusses on the engagement that took place with VCFSE partners, both armed forces related and non-related.

The intention is that the findings from the engagement will not only inform the commissioning of project delivery as part of VPPP Programme, but also be of use to VCFSE partners more widely to inform other funding bids and project delivery.

[1] The wording of the Programme outcomes for the next phase of VPPP were revised slightly during the consultation period – but did not introduce any new outcomes. The final version is:

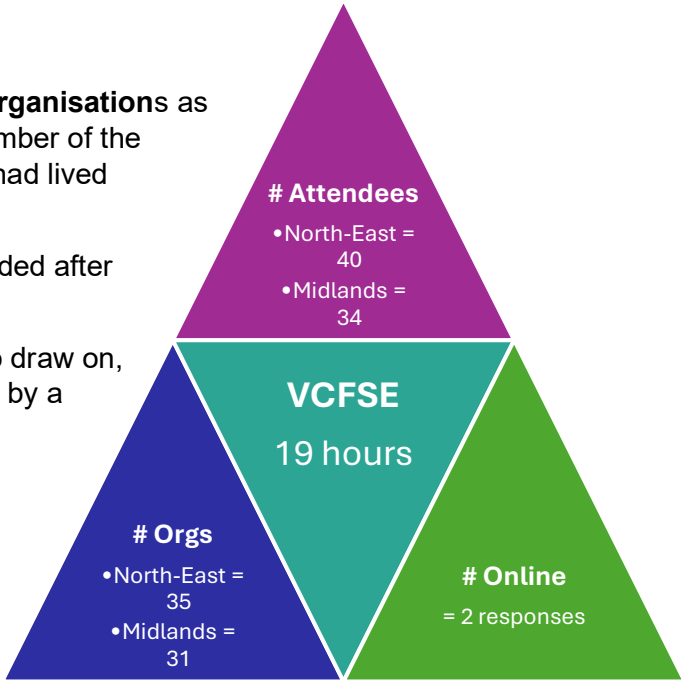
1. Enhanced Help Seeking:
    a. Significant improvements in help-seeking behaviour among the veteran community.
    b. Reducing the stigma associated with mental health and seeking help and support.
2. Holistic Support Approaches:
    a. Better holistic approach to supporting veterans focusing on mental and
    b. Tailor activities and support services to address the diverse needs of veterans.
3. Support for Carers and Families:
    a. Strengthen support networks for veterans' carers and families.
    b. Provide resources and services that cater to the wellbeing of the entire family unit.

3. Scope and Limitations

In total **74 people** were engaged, from **66 different organisation**s as part of **13 focus groups**. It should be noted that a number of the participants were representing organisation, but also had lived experience themselves as veterans.

An opportunity to submit reflective thoughts was provided after each focus group, with **2 responses** submitted.

With over 19 hours of qualitative research evidence to draw on, the programme has been discussed in suitable depth, by a range of participants in different locations.



4. Methodology

Engagement Methods

- Focus group recruitment was led by the VPPP funded Hubs and third sector organisations known to DMWS.
- The VCFSE sector partners were scheduled for the same day, with the Veteran and Family / carer groups meeting on a different day.
- A recruitment specification was shared with Hubs, and two online sessions were held in advance in order to receive a briefing and meet the independent researchers.
- DMWS liaised directly with the recruitment partners, involving the researchers, where appropriate – for example if the groups were over-subscribed.
- Sessions were also promoted online and, radiating out from the hubs and other recruitment partners, through word of mouth.
- Access to an online survey (with the same questions) was provided to all participants to enable post-event reflections to be submitted.

Focus Group Approach

The following steps were implemented to create the conditions where participants could talk openly.

- Facilitated by a neutral facilitator, well briefed by DMWS.
- Discussion subjects shared in advance.
- 90-minute running time to allow for depth of discussion.
- Participants were provided with a handout detailing the questions and opportunity to submit reflections after the event.
- Participants could take a break, for whatever reason, whenever they wished.
- Support from the Hub and DMWS available at all groups for participants triggered by the discussion.
- All groups audio recorded, with permission, to allow comments to be captured accurately, and, if required, heard again in context for the benefit of report writing.

- Seeking to recruit 12-15 participants to allows for in-depth discussions, diverse perspectives and manageable group dynamics. The focus was firmly on quality and depth of interaction rather than quantity. On some occasions numbers did exceed the target, however good discussion was enabled.
- Consultation was positioned as ongoing and integral to the next phase of VPPP so anyone unable to take part would have other opportunities.

Key Learning:

- Whilst participants were speaking as a representative of the VCFSE, many were themselves Veterans and it proved difficult at times to separate the two aspects.

- Although targeted at VCFSE, statutory sector partners were also in attendance. Whilst not part of the target audience, they brought very helpful perspectives to the discussion as many rely on working with VCFSE partners.

Limitations:

- Sessions were held face to face and no digital option was provided because it was believed to be an important component of great conversations and sharing insight.

- There is a 'hub-positive' skew to the findings, which reflects the location of the focus groups and hubs taking a lead on the majority of the recruitment.

- Participation was not necessarily representative of the VCFSE sector locally and was made up predominantly of organisations who have been involved with Hubs. Whilst it may have impacted on the breadth of conversation, it did off capacity for depth. Attendees and non-attendees may have influenced by:

    - Invitations being limited to those known and working in partnership with Hubs.
    - The personality of the Hub lead or relevant co-ordinator
    - Limited planning time to issue invitations
    - It may not have been seen as a priority action for the Hubs
    - Limited capacity of partners to attend.
    - Lack of interest or investment in the agenda by those not attending.

- As no equality monitoring data was captured as part of the sign-up process for participants, the levels of representation of specific diverse groups cannot be confirmed.

- Time for each session was limited meaning there was not scope to explore every issue but whilst longer sessions may have given even greater insight into the needs of veterans and VCFSE organisations, it was important that we worked with the energy of the participants. It was also necessary to limit the time for the benefit of the facilitators.

5. Focus Group Participants

The independent facilitators conducted over 19 hours of discussions. Further details are shown below.

North-East				Midlands		
	Participants	**Organisations**			**Participants**	**Organisations**
Seaham	6	5		Oldbury	8	8
Hull	9	8		Hanley	14	12
Rotherham	15	13		Loughborough	12	11
Blyth	10	9				
Totals	**40**	**35**		**Totals**	**34**	**31**

Some sessions had two participants from the same organisation, but this did not give rise to any undue weight in the discussions.

Representation from different organisation types was relatively balanced at each region overall as follows:

North-East					Midlands				
	Total	**Armed Forces Specialist VCFSE**	**Non-Armed Forces Specialist VCFSE**	**Statutory Sector**		**Total**	**Armed Forces Specialist VCFSE**	**Non-Armed Forces Specialist VCFSE**	**Statutory Sector**
Seaham	6	2 (33%)	0 (0%)	4 (66%)	Oldbury	8	4 (50%)	3 (37%)	1 (12%)
Hull	9	2 (22%)	4 (44%)	3 (33%)	Hanley	14	5 (35%)	3 (21%)	6 (42%)
Rotherham	15	5 (33%)	7 (46%)	3 (20%)	Loughborough	12	5 (41%)	4 (33%)	3 (25%)
Blyth	10	5 (50%)	2 (20%)	3 (30%)					
Totals	**40**	**14 (35%)**	**13 (32%)**	**13 (32%)**	**Totals**	**34**	**14 (41%)**	**10 (29%)**	**10 (29%)**

NB – %'s rounded down to whole number.

6. Key Findings

The key findings from the engagement are presented here using the four intended outcomes plus the additional VCFSE related outcome through the simple framework of:

- Working well
- Challenges
- Recommendations

While they are discussed separately, the outcomes are interconnected; for example, a programme that wants veterans to seek help sooner must also tackle the stigma associated with doing so. Similarly, holistic support could and arguably should also extend to families and carers.

The order in which the recommendations are presented does not suggest their order of priority, nor the likely magnitude of impact.

Quotations are used extensively so the voices of those taking part in the consultation are clear.

Quotations are anonymised to protect the identities of those taking part but labelled by region (North-East or Midlands). DMWS has access to a quotation bank which has greater specificity if required.

Care has been taken to transcribe these comments, but they have then been carefully edited to shorten them but still retain the participant's voice. Any errors or omissions are the authors.

This overall report will be used as the basis for two regional reports – hence the inclusion (wherever possible) of quotations from both regions.

Outcome 1: Significant improvements in help-seeking behaviour among the veteran community.

Working Well

Specifically, it was noted that good progress is being made with the understanding of the Armed Forces Covenant (2011, updated 2022), and this is feeding through into the system. It was believed a positive that there is now a prison representative on the Armed Forces Covenant Board.

(North-East)

Connectivity with the Armed Forces Covenant leads is improving, and this brings organisations together to enable discussions about supporting individuals.

(Midlands)

Challenges

All sites referred to the language of 'veteran' being a barrier to identification and help seeking behaviour, as most veterans would not use the term to describe themselves, finding it alienating.

It was believed that there was limited awareness and understanding of the role of the Armed Forces Covenant (2011, updated 2022) and if it was better understood, more veterans would come forward for support.

Better use of promotion across the community to encourage Veterans to come forward for help.

It was understood that there were various cohorts of Veterans less likely to come forward for help or not included within criteria for support.

The term 'veteran' was almost unanimously disliked. Too often support is reliant on the veteran self-identifying as a veteran, yet many do not believe the term applies to them. Younger veterans and those who have not seen active service in conflicts or operations are unlikely to refer to themselves as veterans.

Some veterans feel they don't deserve help as it is just a consequence of their choice of job and further feel that their trade in the Forces is more defining than being a veteran e.g. *"I was a cook… I wasn't a soldier."*

It was suggested that the term 'Armed Forces community' is more likely to resonate with veterans.

It was believed that there was limited awareness and understanding of the role of the Armed Forces Covenant (2011, updated 2022) and if it was better understood, more veterans would come forward for support.

It was felt generally that there was limited awareness of the Armed Forces Covenant (2011, updated 2022) and that younger veterans especially did not want anything to do with it, potentially feeling let down by the system.

Concerns were raised over the short-term funding of the Armed Forces Covenant Fund Trust and suggestions made that the Armed Forces Covenant (2011, updated 2022) needs a fundamental review. It was felt the Covenant itself is often shrouded in mystery leading to misconceptions and

not given due resources required to deliver it e.g. Armed Forces Covenant (2011, updated 2022) Officers having it as an 'add-on' to their main job.

Better use of promotion across the community to encourage Veterans to come forward for help.

Promotion and awareness are needed to support veterans to self-identify and come forward for support. Too often veterans come forward at the point of crisis due to pride or lack of awareness. It was suggested that although some services are set up to only support people at the point of crisis, more was needed to be done on prevention through advertising and awareness.

Helping veterans to be aware they are a community in themselves is a challenge but also that they are also part of the wider community too.

It was understood that there were various cohorts of Veterans less likely to come forward for help or not included within criteria for support.

The Armed Forces is changing and the type of veteran that will be coming through will be different.

Several cohorts of veterans were identified as potentially having specific needs including:

- Female veterans – risk not feeling like 'part of the club' with assumptions being made, especially if with a male partner, that it would have been the male that serviced. An example was given of a female veteran being challenged on what side she wore her medals; the assumption being made that the medals were her fathers and could not be hers.
- Older veterans – often stoic and reluctant to seek help, fearing 'they will be put in a home'. It was suggested that some services such as care settings may exclude older people who are veterans because they cannot understand the level of 'banter' that often comes hand in hand with having served.
- Younger veterans – often do not see themselves as veterans and are probably less likely to join their Associations leaving them at greater risk of not self-identifying. It was suggested that many are coming out of service angry saying "*it's just a job I did for x years".* Concerns were also raised about young veterans leaving the service and accumulating high levels of debt.
- Reservists – with the reduction in the Armed Fores generally, there are likely to be more Reservists coming through as veterans.

Other cohorts suggested included veterans who**:**

- are experiencing substance misuse / dual diagnosis (substance misuse and mental health needs).
- have or are caring for a loved one with dementia.
- are in prison – it was suggested that the question is not always asked in Custody Suites due to time and other challenges. Once in prison, there are limited opportunities for veterans to self-identify.
- are on the sex-offenders register / arsonists and as such often have challenges accessing housing.
- are in debt or experiencing financial challenges.
- have protected characteristics.
- are from the Windrush generation.
- are from other services such as NATO Forces, Royal Fleet Auxiliary, Gurkhas etc.
- are associated professionals such as NAAFI staff.

(North-East and Midlands)

Key Quotes

- *"Mental health? It is engrained into you to not ask for help."*
- *"Veterans are good at hiding in plain sight".*
- *"When you are on your knees, you don't see yourself as a hero."*
- *"We struggle to engage the ethnic minority because of the stigma'*
- *'Saying 'seeking help' has a negative connotation'*
- *"Veterans were told to sit still in lockdown, so they sat still. No one told them to get going again"*
- *"Don't see themselves as veterans .. that's the stereotypical old man with a chest full of medals – don't think young, female."*
- *"As an Armed Forces Champion in hospital, people automatically get sent through to me – I have to let them down as they don't get priority treatment. They quote the Covenant to me."*
- *"You think, "I will wake up tomorrow and it'll all be alright" but it's like a pressure cooker."*
- *"Your priorities are house, job, school for kids – your health comes last."*
- *"The Covenant? Who are they? They don't show their face – it's a brand, it's an emblem, but we don't see their face. We need a face, not a badge." (with reference to Armed Forces Covenant (2011, updated 2022))*
- *"Don't promise me anything you can't do."*
- *"It'll be alright, there are people worse off than me."*

'I hope we can have a more asset-based conversation about veterans'

"Being a veteran does not mean you are in

(North-East)

- *"I do not accept the term 'squaddie' I am a professional soldier."*
- *"…and yet you have all these companies signed up to the Covenant...these are supposed to be ex-forces employers but where do you find that information… Joe Bloggs on the street, who hasn't event got a laptop, hasn't got a smart phone.....digital poverty knocking him back straight away because everything is online" (with reference to Armed Forces Covenant (2011, updated 2022))*
- *"It's that sitting down with them, getting that rapport with them, then coming out, then you can sign post."*

"I was a veteran at 25 years old."

it starts

(Midlands)

Potential Solutions

1. Language – use alternative term to 'Veteran' to remove this as a barrier to self-identification.
2. The Armed Forces Covenant (2011, updated 2022) – improved awareness and understanding of what it offers.
3. Promotion / advertising to invite Veterans to seek help.
4. Specific cohorts need to be able to access support through extension of criteria and direct engagement

Facilitator's Insights

Whilst progress is being made with understanding of the Armed Forces Covenant (2011, updated 2022) it was evident that there is still much work needed to ensure there is full and consistent understanding not just amongst veterans but also amongst the VCFSE organisations and statutory sector partners.

The strength of view in all locations of the dislike of the term veteran, was surprising, with many believing this was one of the key barriers to seeking support.

It was not possible to separate out general support from mental health related issues as barriers were consistent across all areas of need.

Whilst promotion of the support available to veterans was identified as a key enabler to help-seeking behaviours, there was limited recognition of the existing channels of communication and information across the wider community generally. Assumptions were made that this promotion needed to be veteran specific, potentially missing opportunities to join together and incorporate within with existing information sharing platforms.

Concerns that were raised by VCFSE participants about the lack of dedicated time and resources offered to statutory organisation to fulfil the requirements of the Armed Forces Covenant (2011, updated 2022), was echoed by those participants from the statutory sector themselves. This suggests that these frustrations are shared and consistently challenging in all areas.

All sessions described some sense of missing out for certain cohorts of veterans or associated groups. Whilst different cohorts were mentioned in different sites, it is envisaged that with the luxury of more time for discussions and a workshop style session rather than engagement, further cohorts would have been suggested more widely.

Of interest was the suggestion that older veterans are less likely to come forward for support as they are 'stoic', whilst the term veteran may be associated more with older veterans (the stereotypical old soldier) and those who have seen active service. This might suggest that the term veteran for older people is more appropriate.

Only one session specifically mentioned asset-based conversations and the need to focus on the strengths of veterans as opposed to their challenges. As the health, care and VCFSE sector move more towards a personalisation agenda based on 'what matters to you?' rather than 'what's the matter with you', it would seem that veteran support may have further work to do to align it's thinking with the wider personalisation movement.

There was some acknowledgement that not all veterans have problems, however, overall, the focus of discussion was very much around the challenges rather than the opportunities, e.g. for peer support, being messengers of positive information and self-help.

Veterans were described as 'hiding in plain sight', however there was a sense of expecting veterans to come forward rather than going to them as they live their daily lives.

Many of the suggestions for change were centred around large scale provision or system change. In one location someone said "…*don't forget the power of a cream tea… it is little things that stop the bigger things happening!*" (Midlands), recognising the preventative nature of small differences that can be made. Again, this is not always something that has to be directly delivered or facilitated by an Armed Forces specialist organisation. Opportunities can be developed to support this to

happen organically through making connections that lead to community led opportunities to socialise.

(North-East and Midlands)

Outcome 2: Reducing the stigma associated with mental health and seeking help and support.

Working Well

Mental Health is more acceptable to talk about now and this is helped by Local Authority partners feeling like they work closely together, know their remits and trying to minimise number of services involved with individual.

(North-East)

A positive example was of a Local Authority designated role that was easily accessible, now being assigned to Veterans and it was generally felt that this should be replicated.

(Midlands)

Challenges

Stigma of mental health challenges was recognised and the importance of supporting veterans on a one-to-one basis to encourage them to come forward was highlighted.

All sites recognised that whilst the stigma was reducing about mental health in the community as a whole, there was still a lot of work to be done. Specifically, within the Veteran community, there remains much stigma, and Champions and Advocates are needed to support Veterans to come forward for support.

All sites talked about the stigma associated with mental health that still remains but also discussed that challenges associated with making assumptions about mental health when it may actually be rooted in social isolation.

It was suggested that the stigma that may be around PTSD also comes with dangerous assumptions being made. Veterans with PTSD are often portrayed in films and media as seeking retribution or being alcoholics. Also, assumptions may be made that the PTSD of a veteran has to be linked to their military service, when that is not necessarily so.

When people are experiencing mental health needs or social isolation, often the hardest step is the first step, where they may need to 'walk across the room' to ask for help. Services therefore need to be approachable, trusted and non-judgemental.

All groups talked about the need for Armed Forces Champions in the community are visible, has a good working relationship, empathy, passion and understanding and with lived-experience a requirement for the role. An ongoing challenge is having constant changeover of workers which fails to build trust with people who have had traumatic experiences and triggers already.

It was felt important that veterans need more than just a resettlement pack, they need a connection, a person, they can meet face-to-face who can be their champion / link worker.

The need for Champions who can offer support on a one-to-one basis is important as concerns were raised about how group sessions are not always accessible to people, saying "*I can't hear other people's problems, I am dealing with my own"*.

Concerns were raised about how often Armed Forces Champions / Leads are not visible outside of meetings and in the community with suggestions that they *"We are not just for Remembrance Day! Champions are not seen unless there is a camera."*

(North-East and Midlands)

Key Quotes

- *"There is still an assumption that if you have PTSD you are sad, mad and bad."*

(North-East)

- *"When you know one person they will then trust your word" "consistency of contact is what it's about"*

(Midlands)

Potential Solutions

5. Champions / Advocates available to support Veterans and reduce stigma.

Facilitator's Insights

Discussions were limited on this topic specifically due to restrictions on time. Ideally more time would have been dedicated to talking about this topic explicitly.

Assumptions made in services about PTSD and veterans – what needs to be done? Is there more research or data needing to be shared with VCFSE / statutory partners to understand the level of PTSD and sources (i.e. whether service related).

It was suggested that the first step is often the hardest for veterans to seek help. This would be no different for the community in general, but the experiences, culture and behaviours of veterans may mean that what helps them to make that first step, may be different. More understanding of positive actions that make a difference to veterans seeking help would be beneficial to all.

The sense of disappointment with Armed Forces Champions / Leads seemed to be dependent on location, where there had been negative experiences with individuals. It was not clear whether this disappointment was with the system as a whole or based on the individual Champions / Leads lack of direct armed forces experience or personality. It would be interesting to understand whether the unhelpful relationships with these Champions was echoed in the relationship with the hosting organisation / partnership, or whether these were isolated to individuals within an otherwise positive partnership.

(North-East and Midlands)

Outcome 3: Better holistic approach to supporting veterans focusing on mental and physical health services and activities.

Working Well

In one area, the Breakfast meetings were going well as they bring together people who need help alongside those who can offer peer support. It was suggested that these informal groups work well with one possible reason being that things don't go on your medical record as a result.

One area shared that they had achieved excellent sign up by GP Practices to accredited status. With all GP's signed up and making changes to their registration process.

An example was given of Social Prescribers and NHS starting to get more involved and feeding information back into the system.

It was suggested that Household Welfare Fund and Food Banks are making a real difference to people.

(North-East)

One hospital was cited as supporting veterans by having a sign above the bed to show that the person is a veteran.

In another hospital, the Consultant Nurse spends a lot of his time training staff to understand the veterans' world and culture, work with people with lived experience (seeing this as important and essential), learning about a buddy system and looking to implement it. This also includes exploring the opportunity for partnering with a local VCFSE provider.

Another hospital has a nurse who volunteered to be the link person for veterans who are patients. They are passing their knowledge on and planning to roll out also in another location.

A clinic at a Hub was given as a positive example where veterans can access a clinician during social time, with no booked appointments or time limit. This offers less stigma and more accessibility

(Midlands)

Challenges

Transitions was raised in all sessions as the best opportunity to prevent issues further down the line for veterans and that having access to dedicated support throughout resettlement and beyond can make a real difference for people.

Whilst the term 'holistic' was questioned on some occasions, it was agreed that improvements are needed in supporting veterans as a whole person. Concerns were raised specifically about GP services and lack of consistency around the Veteran Aware Scheme.

It was felt that there are still individuals and cohorts of veterans who are not heard in the development and delivery of support services.

All groups suggested that there was much improvement needed in future planning / at transitions stage for Veterans leaving the forces.

At the point of leaving the Armed Forces, veterans not only experience loss of role, career and income, but also experience loss of routine, community and identity that should not be underestimated. They have been used to "Battle Orders" and being told what to do, making transition to civilian life very difficult for some.

All groups said they felt there was not enough support for those leaving the Armed Forces. Challenges raised included:

- Veterans not told what local help is available at point of resettlement.
- Veterans are not told what they are entitled to when they leave the service.
- Medical notes not always being available at point of discharge.
- Support is only for 2 years post leaving whilst issues may not arise for a number of years.
- If a veteran says "*I'm OK"* during transition, then a box is ticked and the depth of review is limited.
- An individual's resettlement experience often depends on their relationship with their Senior Officer, enabling them to be released for opportunities, or not.

Lack of capacity within the Transitions services was acknowledged at what offers a perfect opportunity for prevention of issues and preparation for civilian life.

Often it is assumed you are a veteran immediately after leaving service, but it is not for 2 years until you are classed as a veteran to meet eligibility criteria for services. This was described as a 'two-year bubble'.

As Veterans often do not self-identify or seek help, it was suggested that support is needed through increased access to Link Workers / Peer Support that offer neutrality and understanding.

Veterans and family needs are getting more complex with VCFSE organisations reporting that it is no longer just about needing a washing machine.

More and more information / access to services online – can be a problem for older Veterans but also for those who leave who are unable to read and write. A person (face to face contact) is still needed and works the best. Recognised that a different generation is/will be leaving who will be more IT literate.

Welfare Officers in small charities are put under a lot of pressure. Expectations from veterans are high and funding pots work at different speeds therefore they often just signpost them to the ones that come through quicker rather than the most appropriate funds.

All groups cited the need to provide direct, individual, quality support to veterans and their families to ensure needs were being met and prevention maximised. The greatest challenge for VCFSE was capacity and costs.

All groups said they felt that there were improvements needed to the Veteran Aware scheme within GP Practices with concerns that although Practices had achieved the award, not all staff were aware or knew what it meant.

Primary Care is often the first point of contact for veterans, but role out of the Veteran Aware Accreditation is patchy. The challenges of health services featured highly in discussions with many

lacking confidence in the Veteran Aware accreditation scheme and suggesting there was lack of consistency across areas, lack of understanding of the scheme by veterans and staff and challenges of IT systems and processes leading to barriers in supporting people.

GP Practices failing to flag a veteran on IT systems through coding is limited and this information cannot be shared with community providers.

Transition of medical records to civilian GP Practices was noted as still being a real issue for many, with veterans being advised to get a copy of their medical records before they leave the military.

The different approach by GP Practices to the military Med Centres causes barriers for some veterans where they find GP's '*just throw tablets at you*' whilst Med Centres are there to get you fit to fight and fit to deploy.

All sites explored what good support should feel like for Veterans and suggested that it currently feels like an uphill battle at the moment.

How it 'feels' for veterans was discussed at length, recognising that they are not always seen as a whole person with a support network and wider needs.

Examples of how it might feel for a veteran included:

- Things are constantly changing – people move, things are out of date, so veterans lose confidence and contact.
- Technology can be a challenge for some. Apps are used as default routes to support and this does not work for all. There is an over reliance on social media. Telephone services are not always accessible for people, e.g. those with dysphasia find using the telephone can be a nightmare. Assumption are being made that veterans have access to email.
- Assessment processes can be complicated and off putting for veterans and criteria feels unclear and like it is constructed to preclude people. To veterans it can feel like the service is just trying to get them off their books. Too often processes are what suits the organisation and not the individual.
- Services do not feel person centred, and people are not being seen as a whole person with a range of needs and circumstances. Navigating services can be overwhelming, leading to veterans giving up, thus creating a bigger issue further down the line. Veterans feel like they are clumped together under one label, whilst different services / trades have very different experiences and people need someone they can relate to.
- Feel abandoned and let down.

Individual Veterans' voices need to be heard and there are group of Veterans, e.g. women who are often not listened to or have access to services in the same way as others.

As previously stated, there are many groups of veterans who feel unheard or unable to step forward for support. As part of holistic support, it was felt that their voices need to be heard and their involvement in their own health and wellbeing was critical to transition and person-centred care and support.

(North-East and Midlands)

Key Quotes

- *"The community is evolving constantly and getting left behind by the system."*
- *"Spoke to a guy this morning and it has taken 26 months to get his PIP sorted. I had to signpost to Op Courage."*
- *"GP receptionist challenged me why I should have priority – I had to explain it's not about priority."*

"When you leave the military, they wash their hands of you. They teach you to be a good soldier, sailor or airmen but they don't teach you to be a civilian."

- *"I was medically discharged and it took nearly 20 years before I was diagnosed with anything and that was because I was involved with the justice system. It took that long for me to open up and recognise I was struggling. The GP told me to put my 'big pants' on."*
- *"I had an initial assessment for mental health and was told I was too complex and she couldn't help me."*
- *"It's like going through the Amazon Forest'*
- *"The bottom line is, it needs to get better at the person-centred approach'*
- *"Ten years down the line it hits you on the back of the head. There's no one to help you live with yourself for the things you did on the military."*

"I loved the military, but it never loved me back."

- *"My knife and fork stand to attention in the kitchen drawers' – difficult to get used to civilian life.*
- *"When I registered with GP practice and declared I was a veteran, they recoiled."*
- *"As a Reservist, we didn't have a Welfare Officer. Reservists are quite unique – when at home you are with your GP but when on deployments you have the Medical Service. The NHS needs to ensure Reservists are fit to fight."*
- *"I do this alongside my other NHS job."*
- *"It's like a castle drawbridge – unless you know the codes, you can't get in." (GP IT systems and coding)*
- *"We are reducing the Armed Forces, so there will be less leaving and will have different issues."*
- *"When I left, it was like driving down the motorway at 70 miles / hour and then reached Hull and stopped dead."*

"I'm a veteran" (Veteran) – "So do you think that makes you special?" (GP Receptionist)

- *"I don't have friends and don't know how to make friends. In the regiment they were just there – making connections and friendship was not an issue. You worked with them, ate with them, drank with them – it was easy."*
- *"Veterans are used to 8am sick parade – not phoning up."*
- *All veterans are likely to experience some sort of mental health issues as the transition to civilian life is not easy. We need day to day mental health discussions."*

(North-East)

- *"In the military, it's like playing a game of Monopoly, you have good days and bad days, but you know the rules. You come out and find yourself in a game of chess, which is great unless you only know the rules for Monopoly."*
- *"Last year supported a veteran with his PIPs etc – Assessor wrote that he was a member of the IRA instead of RAF. He felt unheard"*
- *"All veterans are different – there is no one single box of tricks you can employ".*

"When you join, you are part of a squad, when you leave you leave as an individual".

- *"We can get referrals in but can't make referrals back – we have to tell the individual to call their GP and that puts people off." "GP is often the gatekeeper but can't see them and doesn't haven't time."*
- *"Siloed approaches - e.g. person may have mental health crisis, Cancer and PTSD but the Psychological service will only see then in relation to their cancer."*
- *"Veterans who leave have lost their career when maybe they went into the army to get away from a bad family."*
- *"Recruitment often from areas of high unemployment and they don't have much life experience."*

"We assume young people are computer literate – may be good on smart phones but not on other things like forms."

- *"It has never been a worse time to come out of the military – house prices etc. You lose your status, your income."*
- *"Everyone is individual. Flex the service around the person and make it holistic. Easy and everything to do with that person.""*
- *"There's never a full medical history - they never join up"*

(Midlands)

Potential Solutions

6. Future Planning / Transitions development
7. Access to Support / Link Workers / Peer Support
8. Increased awareness of Veteran Aware scheme with GP Practices
9. Improved sense of how support should feel for Veterans using asset-based, non-judgemental and welcoming approaches.
10. Veterans' Voice should be heard.

Facilitator's Insights

Discussion around physical health was limited with the bulk of discussions focussing on mental health. This may be because the majority of attendees were VCFSE sector that did not focus on physical health, seeing that as something that the NHS do. More discussion on physical health may have emerged had more time been available for discussions.

Whilst there were isolated examples of system wide sign up to the Veteran Aware scheme this was not the case in all geographical areas and especially in Primary Care settings where there was a sense of disappointment with the Veteran Aware scheme, seeing it as tokenistic and inconsistent.

Often negativity of the NHS was directed at GP Practices and inability to access appointments with GPs which is no different to the general population. Views were more positive of Secondary Care with examples being given of good practical actions and cascading of awareness. Is there a role for Secondary Care to play in raising awareness with Primary care colleagues?

Health and care are becoming increasingly interested in the narrative of individuals and hearing the voice of patients. This might offer a perfect opportunity to illustrate the sense of rejection that veterans feel when they are not listened to or challenged on their status as a veteran. Any awareness training or promotion of veterans needs, would do well to include the voices of veterans sharing how it left them feeling.

There were isolated pockets of excellence and examples of good collaboration between VCFSE organisations but limited or no examples of excellent working 'within the wire' directly with the services themselves. Whilst this appears dismissed as a 'nut that is too hard to crack', consideration should be given to what it would take to improve the collaboration between those working with serving personnel and those working with veterans.

Discussions not only focused on the experiences of veterans but also how they felt. This may be because many of those participating was either veterans themselves or worked directly with veterans and witnessed first-hand the impact of the challenges faced.

Along with the dislike of the term veteran, lack of faith in transitions and resettlement was discussed at every session. It was seen as one of the best preventative measures that could be enacted to reduce the risk of crisis further down the line. Views on 'what good looks like' were generally consistent and this may prove to be an excellent topic for co-production with veterans who have left the service and can use their lived experience to improve and shape services for the better.

Personalised future planning for the individual's transition / resettlement would ideally start at the point of enlisting into the armed forces, as inevitably for all, a time will come when they need to move away from the institution and relative security that service offers.

Is there awareness raising work that could be done with local organisation such as estate agents, housing, utility providers and VCFSE infrastructure organisations (e.g. around volunteering opportunities) that might help to connect newly transitioned veterans into their local community?

In reality, the possibility of aligning eligibility criteria across providers, especially when some are national organisations, is unlikely. Efforts could be made for collaboration between local organisations to be clear on their eligibility criteria (and referral processes) to ensure information is available in one place.

There were many discussions around the need for improved / increased support for veterans, but little acknowledgement of the role of self-help and personal responsibility by veterans. Is this because armed forces VCFSE are so focussed on delivery that they fail to consider their role in supporting veterans to 'do it themselves'? Ultimately, the VCFSE sector should always be working towards 'doing themselves out of a job' and no longer being needed, but this is not always the case.

Challenges faced by people accessing services that have become digital by default is not reserved to veterans. Digital poverty is a common concern across all of VCFSE sector and opportunities should be grasped to work alongside the wider sector to address this.

One of the most concerning examples was the pressure felt by an individual who established and runs a social / leisure-based activity to support veterans. Due to lack of services, poor referral routes or extended delays in accessing necessary support, this individual was left filling the gap by providing a welfare / pastoral role beyond their comfort zone. This left the individual anxious and feeling underequipped to provide the right support or at risk of making mistakes. Does this suggest there is a role for larger VCFSE / statutory providers in supporting the smaller scale, community led groups in ensuring safeguarding and supervision for their own welfare?

In general, there is much that could be developed in terms of person-centred working and strength-based approaches in this area. Veterans were often seen as 'broken' and needing to be fixed, rather than individuals with strengths and networks that can be utilised. Perhaps a rethink of the way veterans are involved in design and delivery of support services should be considered in full.

(North-East and Midlands)

Outcome 4: Improved support for veterans' carers and veterans' families.

Working Well

An example was given of a centre offering physically activities and involving families as well.
(Midlands)

Challenges

Families feel forgotten, unsupported and disadvantaged through inherent challenges of being a forces family and by the lack of accessible support upon resettlement.

Examples were given of lack of direct support for families and where it is available, it is not joined up. Opportunities to better support families were suggested.

All sessions raised concerns that there was lack of support or understanding of the needs of families and children of veterans. Families feel forgotten and let down by the Armed Forces themselves and then services in civilian life.

The life of an Armed Forces family has inherent challenges including:

- Living away from family network
- Regularly moving home
- Spouse being away from home leaving what is in effect a single parent family for potentially long periods of time.
- Children moving schools and experiencing unsettled education leading to risk of education gap.
- Partners who may be protective of their spouse and not want to share the difficult situations they have been in e.g. whilst on active service.
- Families often setting up home in readiness for leaving the forces and having to be separated from spouse.

The family are often the first to recognise changes within the veteran before they see it themselves and therefore, they need to have the information and advice available to them to be able to support their loved-one.

Families are often missed out from eligibility criteria for support services or assumptions are made that it does not apply to them.

There is limited support especially for ‘husbands of’ as the assumption are made that the spouse will be female.

Children especially miss out due to eligibility criteria, access to services and lack of awareness of their needs. Schools can access a Pupil Premium for service children; however, concerns were raised that this is not always spent in ways that directly impact on those children that need it. Even when a school is essential a military-based school where pupils are predominantly from forces families, the support is not always available.

It was noted that for some children, who may have been fortunate to have the stability of a private education, are at risk if the parent leaves the forces earlier than planned and the child has to enter state education leading to a sense of guilt by parents.

(North-East and Midlands)

Key Quotes

- *"Civvy or military? The wife is in limbo".*
- *"I have no idea what support is out there for families."*
- *'Schools are getting a lot of money for children from Armed Forces families, what are they doing with that?'*
- *"As married unaccompanied, we get nothing. We served too – it's not just the veteran that leaves the service."*

"As a charity we don't do enough about children, we are too busy working with mum and dad."

(North-East)

- *Re families – "As an observer you often have to build your own world… your community (and your career) is built around your partner's job."*

(Midlands)

Potential Solutions

11. Increased support for families / children such as:

    a. Examples of good practice use of Pupil Premium in schools
    b. More information available for families
    c. Support for children leaving school.

Facilitator's Insights

General discussion was limited on this outcome. Partly due to time constraints of session, to the focus being on VCFSE sector outcome below or the eligibility criteria of most organisations within the room being on the veteran themselves.

Once nudged, there was consensus of opinion that families are forgotten. There was noticeable lack of positives shared or examples of what is working well and discussion on this focused on the challenges faced by families as a result of being a spouse or child.

There was little or no discussion of wider family members, e.g. parents or siblings and the impact on them. On one occasion it was said *"…the only person who knows what I have been through is my partner, not my mum or dad. I choose who I share things with and that is my partner."*

It was said that the family are often the first to notice a difference in the veteran's mental health and therefore awareness and promotion of services be best targeted at families along with the veterans themselves.

(North-East and Midlands)

Outcome 5: Delivering person-centred support through a 'no wrong door' approach, facilitated by cross-sector partners actively working in collaboration.

Working Well

It was felt that communication and collaboration is improving considerably between agencies with an area Armed Forces Forum being cited as excellent. VPPP was also acknowledged as one of the reasons for improved collaboration.

Activities such as Armed Forces Awareness Day enables organisations to come together and that face-to-face opportunities are improving these opportunities.

Examples were given of some good referral processes via word of mouth, offering effective early intervention. Also, some examples of increased self-referrals rather than referral from other agencies.

One example in the North-East was given of a local prison service that was believed to be excellent with an individual provider offering support working as a single point of contact. Also a local women's prison there are two female veterans as officers and elsewhere some prison Orderlies have 'veteran' on the back of their shirts to help identify them to prisoners. Veterans can now apply for Veterans ID Card whilst in this prison meaning they have greater access to support when they leave prison.

Social Prescribing was offering a specialist Armed Forces Social Prescribing Link Worker which works well as they have better access to medical records. This work is also tackling loneliness where some Social Prescribing Link Workers are taking veterans to groups etc.

One location shared that they have an extensive management system and data that they would be happy to publish data from to help other agencies in future.

In one location, a Community Directory is being developed by the Town Council with plans to include veteran related information.

The Hubs were noted as providing a great place for people to talk and feel safe and proving to be a real asset to person-centred support.

(North-East)

Some examples were shared of good communication between council and health services and some good networking in the area.

It was felt that generally there was some good knowledge of organisations and positive working relationships.

One area said that it is working well with partners and finding strengths, meeting up monthly for MDT's, attending Breakfast Clubs and events and getting to know partners.

Some Councils work well with multi-agency meetings available including statutory and charity organisations to discuss veteran cases: problem solve, explore creative solutions, connect and prevent people and their families falling through the gaps.
An example was given of an excellent council outreach co-ordinator with lived-experience who ensures a whole family approach.

Examples were given of services that were offering 1:1 face to face support for drug alcohol support, employment advice, holistic support, free refreshments, charities invited to offer advice, guidance. Positive approaches used included problem solving, tenacity, connecting people and knowledge.
(Midlands)

Challenges

As the target cohort for these sessions were VCFSE organisations, it is no surprise that a large proportion of the discussion was about the way they work together, and the challenges faced as a sector.

Feedback and challenges were on the whole consistent across all sites with variations in examples and degrees of concern.

Whilst there were examples of rich environments for collaboration, most areas reported challenges with lack of networking and collaboration taking place.

People's experiences of VCFSE collaboration were varied and whilst there were examples of good networking, there were many examples being given where agencies were not working together for a number of reasons including:

- Geography covered is just too big to be able to collaborate effectively.
- Lack of clarity or information on who to speak to or correct pathways.
- Organisations in states of flux.
- Inability to agree.
- Protectionism.
- No single point of knowledge for who is out there to work with.

Examples of the impact of limited collaboration included:

- Not all organisations are open and frank with each other.
- Some groups 'banning' veterans from attending other groups or networks.
- Fighting for the limited funding available.
- Different organisations giving different messages to veterans leading to confusion.
- Individual organisations insisting it is 'their way or no way".
- Services become personality driven rather than evidence driven, and outcome based.
- Inability to share resources including volunteers and acceptance of training provided by others.

A divide appeared in the position between larger and smaller charities and groups. One small charity reported "*during pandemic, we found a lot of people coming to us and shying away from bigger charities as their service was not personalised enough."* There was a view that larger charities are slower to respond in crisis and that smaller charities can be more agile in response to need. There was also a perception that the bigger charities *'get it all'*, leaving little for the smaller charities to access.

Benefits of collaboration suggested included:

- Ability to specialise and stay in your 'swim lane'
- Reduction in duplication
- Increased communication amongst agencies
- Sharing of best practice

Systems do not support VCFSE to engage and support Veterans and families leading to the need to 'tell their story', repeatedly.

Lack of consistency of communication and systems leads to the need for veteran and families to repeat their story. This message was given at all sessions.

Many examples were shared of referral pathways that did not support the VCFSE to feel confident that the Veteran would receive the service they needed. In most circumstances, a referral would be made with no feedback being available to the VCFSE on progress. Referral processes are often complicated and long-winded.

Potential reasons given for referral pathways not working were:

- Some agencies holding people and causing a barrier to smooth referral.
- Lack of professional respect – referrals being sent round in circles with no common sense.
- Systems are not interlinked so referrals are made with no feedback.
- Restrictions on where referrals can be received from.
- Lack of knowledge about the main points of contact, signposting options or capacity of others.
- Lack of understanding of referral processes e.g. whether formal or informal.

When veterans are handed over due to their mental health they are potentially re-traumatised with each referral. The importance of not just a referral, but a 'warm referral' was raised.

In one case, it was an issue regarding VCFSE referrals from Social Prescribers as the service was not funded to receive them.

A barrier to referrals was the lack of feedback to VCFSE organisations. Once referred, it was not considered any business of the referring organisation, however, they are potentially still supporting the veteran / family, and they look to them for updates.

It was suggested that there is a need to involve more specialist, non-armed forces focussed VCFSE organisation such as Substance Misuse specific support.

It was suggested that there have been instances of veteran specific organisations keeping non-veteran specific organisations out of the arena to minimise competition for funding.

As a non-armed forces specialist organisation, one shared that they knew they were not doing as much as they could do and that whilst they have tried to work closer with veterans, they have not had much success.

A range of agencies were suggested for closer working relationships including:

- Substance misuse services
- Police services
- Prison services

- Housing providers

It was felt there was a lack of awareness amongst non-forces based VCFSE organisations and that awareness raising was needed.

Some attendees at sessions were from non-armed forces focussed organisations. A desire was shown by all to improve the support they could offer to the veteran community.

Barriers raised included:

- Lack of awareness of the challenges of veterans.
- They may already capture data (e.g. ask if the person is a veteran) but then they don't know what to do with it.
- Information and contacts for appropriate referrals / signposting was not clearly available.

Concerns were raised about the quality and compliance of some VCFSE 'pop up' organisations that may pose a risk to Veterans and families.

Discussions suggested that there are too many agencies now involved making it a challenge to be clear on who runs what and whether they are being audited.

Concerns were raised about the risks to veterans from well-meaning organisations that may be led by self-appointed experts, driven by their own lived experience of the armed forces. Risks included misinformation, raised expectations, lack of delivery and taking people backwards.

It was felt that clear governance and some form of quality monitoring is needed by funders to minimise the risk to veterans and reduce the chances of pop-up organisations that 'take the money and run, without taking part in collaboration."

It was recognised that whilst there may be limited data available, there were opportunities to better share data between VCFSE and statutory organisations.

It was felt that the Census was unhelpful and would not give a realistic picture. It was suggested at one site that through positive collaboration, all agencies have data that, once brought together, could generate a much stronger and more relevant picture of local veterans and their needs.

Improved data sharing would support joint funding bids, reduce duplication and provide a strong evidence base for future change.

The sustainability of the VCFSE sector was of concern to all. Funding was needed to enable greater prevention and to meet the needs of current provision.

The sustainability of the voluntary sector was a hot topic in discussions. Many veteran focussed organisation and associations have closed since covid.

Key issues raised were:

- Funding
    - VCFSE are often working hand to mouth, continuously chasing short term, target drive funding.
    - A scattergun approach to funding leads to less meaningful impact and investment in VCFSE partners. Funding needs to be focused on veterans in crisis and prevention.

  - The 'postcode lottery' of funding means support is inconsistent with some areas getting more than others and often disproportionate to the number of people in an area.
  - Befriending funding especially can be a merry-go-round leading to befrienders being in place then being pulled away from those they support.
  - There's a duplication of charities and therefore costs which would benefit from greater collaboration.
  - Although sessions were aimed at VCFSE, some attendees were from Local Authorities working in partnership with VCFSE organisations. They shared that whilst they have statutory duties imposed on them, they do not receive the resources they need to carry out their duties and there is no pecuniary advantage for Local Authorities to hold onto veterans, instead referring them out at the earliest opportunity.

- Capacity and Remit
  - Smaller charities and more informal group shared their concerns at not having the capacity to meet need. One small group talked about how overstretched they are as a group, but of concern was the personal impact on the voluntary group lead. As a group they are set up for a focussed social activity for group members, but by necessity they are supporting beyond this remit e.g. mental health / homelessness support. They recognise there are organisations better placed to provide support, but the waiting times for referrals means they have to step in as do not want to let down the veterans.
- Governance and compliance
  - Too many hoops to jump through with the Charity Commission leaving groups stuck and unable to apply for higher levels of funds.
  - A barrier for smaller groups is having to pay for training required by funders.

The impact of these challenges included:

- Some charities retain clients otherwise they risk losing money.
- Holding onto people – agencies can be reluctant to pass people on. All are chasing the same money so charities can be target driven to meet the numbers and this makes the situation worse.
- Some charities cherry pick who they will work with – e.g. will not work with ex-prisoners / sexual offenders leading to gaps in support for some who need it.
- Being hand to mouth, VCFSE groups find it hard to engage in a 'no wrong door' approach.

All locations identified access to information as one of the key barriers to Veterans accessing help and lack of coordination of information preventing VCFSE organisations from being able to support people.

Access to information for veterans and VCFSE partners was raised consistently across sessions. Changes in culture and how people access information has impacted this, e.g. cessation of local free newspaper means harder to get messages out in community. All sessions called for clear, coordinated information.

Short periods of funding, often with less than 2 years cycle, results in time wasted finding out where the information is as service provision / relationships keep changing.

There are too many pathways for people, and it is fragmented leading to coordinated information often being impossible to maintain.

In general, the Veteran Gateway was not viewed positively by attendees. Issues raised included:

- It is not updated enough and does not hold complete information.
- It has such a long list of places to direct people to it is hard to navigate.
- When you are in crisis you need to talk to someone, not a website. What is needed is a 24/7 service where you can talk to someone there and then.
- It doesn't feel like it is one point of information as it does not contain sufficient local knowledge and that is what is needed.

To better enable information sharing, all sites reinforced the need for Hubs and Single Points of Contact (SPOC) who are able to help navigate complex systems.

The benefit of hubs / SPOC's was recognised at all sites, however it was noted that for some, the geography and population density gave rise to challenges. For some areas, their nearest hub may be 1½ hour drive away meaning realistically, not all veterans can access their designated hub.

Options discussed included 'pop-up' hubs, virtual hubs and touring hubs.

The need for somewhere, something or someone to be a central repository of information was unquestionable.

(North-East and Midlands)

Key Quotes

- *"We operate in a bubble" (the VCFSE sector)*
- *"No one has all the information"*
- *"I am always more comfortable signposting people to a place that I know about and where I know they will get the help…. They remember it was you that sent them there!"*
- *"We have everything in place, but the funding door shuts on us when we apply."*
- *"Running costs, that is the problem" – Referring to local hubs*
- *"The responsiveness of small organisations is what will save people"*
- *"It's very, very difficult if you're not a CIC (Community Interest Company) or registered charity"*
- *"Larger organisations sharing with smaller organisations and vice versa' – what is needed"*
- *"I'm having to sit through the training three times for three organisations"*
- *"60% of veterans I work with in hospitals are over 80 years old – hubs would be an early intervention."*
- *"I depend on collaboration and support'*
- *"There are so many services out there but nobody knows about them."*
- *"This is why these hubs are so important"*

"Don't forget the power of a leaflet as a visual aid"

"Even though I'm in the system, I still find it hard to navigate"

- *"It's the collision of a complicated system with complex individuals' – referring to veterans*
- *"Why throw money at something that's not working"*
- *"The reduction in community information is horrendous' – since Covid*
- *"We need to collaborate – there is no point in me putting in for funds when someone else is doing it better."*
- *Re networking – "to go to a meeting, you had to book a holiday."*
- *"Coming to an event provides that platform for the first conversation, like a gateway drug."*
- *"Over 70 organisations out there – it's like a pic'n'mix sweet show – don't let me in the sweet shop on my own."*
- *"We are looking after them, so mind your own business" – in relation to some organisations holding onto veterans / not referring back.*
- *"Politics between VCFSE organisations is the worse thing I have found…. Veterans should be the most important thing, not our egos."*
- *"All veterans charities want their piece of the pie."*
- *"Organisations will often signpost rather than refer which means veterans have to tell their story again."*

"The pathways aren't about the person, they are about the organisation."

"Running the group… "feels a tremendous weight for me. I feel like I am always sacrificing something to support it. We have created a family of people, I wouldn't change it though."

(North-East)

- *"Success depends on the network of individuals – those mini-networks. The foodbank took food to the individual because of their local knowledge and connections."*
- *"Challenge is funding for local organisation at a level that is sustainable – it is a merry-go-round of funding all with different flavours."*
- *"Veterans have often been given duff advice and don't know where to go."*
- *"Sometimes you lose a person, and you lose a service."*
- *"Mirror what's working, pass on the knowledge, copy. Don't reinvent."*
- *"We are more media led than knowledge led. …..There needs some quantifiable evidence. How many people are out there from the Forces, we know that we know the discharge rate, how many are turning up at the National Health Service.....how many are turning up at housing or are housing finding. So you've got some quantifiable figures to then say to the Government this is the real issue."*

"The Veterans Gateway should feel like a simple place to go but with all the other Ops you have so many places to go it gets confusing."

"A community space when you're a bit troubled and willing is far better than an expert space when you are desperate"

(Midlands)

Potential Solutions

12. Greater opportunity for networking, connecting and collaborating with other VCFSE organisations and statutory partners.

13. More joined up systems / IT

14. Improved referrals routes, with 'warm' handovers and clear pathways
15. Increased involvement of specialist, non-armed forces focussed VCFSE organisations
16. Increased Awareness Raising / Training.
17. Increased compliance and assurance of the support that is available to Veterans and families.
18. Increased access to relevant data to inform funding applications and planning.
19. Improved volume and coordination of resources and investment for VCFSE to deliver sustainable support
20. Increased access to Information
21. Sustainable Hubs / SPOCS needed to provide core point of information.

Facilitator's Insights

The need for collaboration is not unique to Armed Forces VCFSE partners. Consideration needs to be given to what can be applied that is not armed forces specific and how veterans' organisations are connected into the wider VCFSE sector and their local infrastructure organisations.

Examples were shared of Social Prescribing Link Workers who were focussed on the armed forces community either due to interest or personal experience. All areas would benefit from examples of good practice being shared.

One organisation offered to share parts of their data in the absence of other meaningful data available locally or nationally. There are the obvious challenges of Data Protection compliance however this otherwise presents an opportunity. It is uncertain whether this would happen more generally with the natural competition of VCFSE organisations by necessity vying for funding and wishing to protect their data.

Development of a Community Directory by a Town Council was shared giving a perfect chance to promote to the local community. Assumptions were otherwise being made that promotion had to be specialist to armed forces, however, more could be done with local, existing infrastructure and channels.

Conversations were naturally positive towards existing hubs but not as much as expected considering the location and the method of invitation to sessions. Some areas offered alternatives to Hubs being just physical spaces that inherently are going to be a distance away from the majority of individuals seeking to use them. Suggestions included virtual Hubs, a series of satellite Hubs and even mobile Hubs. It is recommended that no assumptions are made about the format or location of hubs and that design remains place based.

Multi-agency meetings were given as examples of good practice in supporting veterans. It was not mentioned to what extent VCFSE partners are involved; however, consideration should be given to appropriate representation.

On the whole, the sense of collaboration in parts of the North-East felt stronger. Geography played its part in the natural ability to collaborate due to distances and differing centres of organisational gravity.

There was an example of very positive desires to support from a substance misuse charity in the North-East. Whilst appreciating they had no knowledge or understanding of the Armed Forces community, they wanted to offer support. Whilst this poses a wonderful opportunity for great collaboration, there is the need to tread a fine line between partnership working, acknowledging specialisms and chasing funding / competition between armed forces / non-armed forces specialist organisations. Also, it needs to be noted that some non-armed forces organisations just do not have the capacity to cope with further alliances, networks, meetings and responsibilities. After austerity measures, the pandemic and general economic downturn, resources are limited all round whilst need is increasing. Social Prescribing has brought excellent opportunities for people to be supported, however, overall, this has come without additional resources to the organisations being prescribed to.

When exploring Hub style initiatives, care needs to be taken to balance format, distance and natural political / social alliances to ensure the needs of veterans are prioritised. Assumptions need to be avoided such as:

- Central locations are always best (i.e. taking care to understand what the definition of the centre is)
- Physical or virtual Hubs are the only solution
- Hubs must be run by statutory / VCFSE

Concerns were raised in some areas that VCFSE organisations may be inclined to 'hold onto their veterans', with some suggestions of veterans being banned from attending other groups. Linked to an earlier point about the key principle of the VCFSE sector being to 'do itself out of a job', organisations need to be encouraged to see veteran and all individuals as autonomous people with strengths and assets to be nurtured rather than poor souls who need to be fixed and kept close. Too often, services build further dependency in people rather than establishing independency. A key principle to funding should be that the long-term sustainability is founded on veterans' self-care and taking ownership instead of identifying themselves as part of a service forever more.

There is an apparent divide between the smaller, independent charities / groups and the larger charities. Any VCFSE networking / collaboration opportunities must be sensitive to this and look to build positive relationships through mutual understanding.

Concerns were raised about duplication of services, but it is uncertain as to whether this is actual or perceived. As this contributes to natural divisions between organisations, work is needed to map and understand where any duplication is relevant and appropriate due to geography and opportunity of choice for veterans.

The importance of 'warm referrals' was common to both sites; however, the definition of good practice was not clear. Support should be offered to paint a picture of what a good referral looks like and why, to help share best practice and set expectations. Similarly, best practice in peer support was not clear and would benefit from the same level of identification and sharing.

All areas shared concerns that when referrals are made, they do not receive feedback on progress of the referral or the individual. This is not an issue reserved to veterans and is often in place for good reasons. Along with developing best practice in referrals, a greater understanding should be shared on rationale or reasons for not relaying back updates to referring organisations and / or improvements made.

Concerns by VCFSE about 'pop up' charities / organisations who may be seen as 'taking the money and running' with dubious quality and governance controls in place, is not purely related to veterans' support. Advice and best practice can be gained from the wider VCFSE infrastructure and partly the responsibility of funders to ensure that good governance and appropriate motives are in place from an organisation.

Again, issues of sustainability and resources are across the wider VCFSE sector and opportunities to gain advice, guidance and support from VCFSE infrastructure organisations should be capitalised upon.

Targets and planned outcomes from funders risk setting perverse objectives on funded organisations that create a culture of dependency and inappropriate relationships with beneficiaries. Any funding offered through VPPPv2 must consider the impact of performance indicators and numbers driven targets set and consider outcomes-based targets instead.

Funders should also consider the requirements set on organisations for training and qualifications. Examples were given where individuals had completed training as volunteers / staff with one organisation, but they were not seen as transferable by other organisations. Funders should encourage organisations to either align training or review their criteria for transferrable training records to minimise wasted effort and break down the divisions that may prevent people volunteering across multiple organisations.

(North-East and Midlands)

7. Recommendations

The following brings together all the potential solutions taken from the discussions across both regions as there was consistency throughout.

The potential solutions identified by participants have been used to form a set of report recommendations as detailed below.

Key Recommendations

	Potential Solutions	**Facilitator Recommendations**
1.	Veterans' Voice should be heard.	1.1 Whilst certain unheard cohorts were identified by participants in the sessions, there are others who were missing that were not directly discussed. Research should be offered to understand the profile of who comes forward for support and who might be classed as unheard. 1.2 The veterans voice did not come through directly other than via the VCFSE organisations themselves. A programme of opportunities for veterans to tell their own stories should be considered. 1.3 A fundamental rethink is needed of the way veterans are involved in design and delivery of support services. Different forms of engagement such as co-production should be explored and support given, especially to smaller VCFSE groups on best practice in engaging people in service design. 1.4 The Voice of Veterans should be set as a standard requirement of grant funding by DMWS and other funders. 1.5 There are opportunities for co-production of areas such as: o Transitions processes and support available o Referral / signposting processes o Family involvement in services and eligibility criteria o Awareness raising / training development and delivery o Veteran Aware scheme promotion and ongoing awareness o The Armed Forces Covenant Fund Trust o All delivery against the Armed Forces Covenant (2011, updated 2022) o Development of language and asset-based approaches o Support for children in schools o Public participation in research o Design and development of Hubs o Training for support workers / peer support workers o Development of promotional materials and resources o Etc
2.	Greater opportunity for networking, connecting and collaborating with other VCFSE organisations and statutory partners.	2.1 With so many organisations and groups supporting veterans, there is a continuous need to connect people to ensure cohesive services and foster a culture of learning and improvement. This needs to connect will never stop as people change, activities change, and the needs of veterans will change.

		2.2 Proportionate opportunities to connect are needed especially for those smaller, informal VCFSE groups to be able to refer people to more appropriate sources of support. 2.3 The format and frequency of networking will differ from place to place and therefore highly localised approaches are recommended. 2.4 Topics for greater collaboration might include promotion and awareness raising, eligibility criteria (awareness and alignment) and better joined up systems. It is recommended that VCFSE organisation are brought together to map, clarify, identify gaps and promote what is in place and align for future funding applications where possible. 2.5 There is an apparent divide between the smaller, independent charities / groups and the larger charities. Any VCFSE networking / collaboration opportunities must be sensitive to this and look to build positive relationships through mutual understanding. 2.6 Concerns were raised about duplication of services, but it is uncertain as to whether this is actual or perceived. As this contributes to natural divisions between organisations, work is needed to map and understand where any duplication is relevant and appropriate due to geography and opportunity of choice for veterans. 2.7 Consideration should be given to the hosting of a regional Policy Forum where VCFSE organisations can discuss and advocate for policy changes that benefit veterans and engage with policymakers to ensure that the voices of veterans and service providers are heard. 2.8 It is recommended that some collaborative work is completed focussing on the agenda of prevention. Whilst VCFSE and statutory providers are all busy delivering services, there may be missed opportunities to prevent the need for support in the first place. 2.9 The requirement to participant in appropriate networking opportunities should be set as a standard requirement of grant funding by DMWS and other funders.
3.	Improved referrals routes, with ‘warm’ handovers and clear pathways	3.1 ‘Warm referral’ processes, skills and behaviours were seen as important however the definition of good practice was not clear. Best practice should be identified for what a good referral looks like and why, to help share learning and set expectations. 3.2 Concerns were raised that when referrals are made, feedback is not received on progress or the individual. This is not an issue reserved to veterans and is often in place for good reasons. Along with developing best practice in referrals, greater understanding of rationale or reasons for feedback loops to referring organisations and / or improvements should be facilitated.

		3.3 Standardised and aligned referral processes and formats would improve the experience for all, including veterans themselves. 3.4 A Referral Guide, detailing processes and criteria would help organisations understand how to refer veterans to other services. 3.5 Cross-organisation training / workshops where staff from different organisations discuss their referral processes, share updates and address issues, would improve coordination and communication. 3.6 A set of illustrative, fictional 'veteran personas' could be developed for use by all agencies to explore how their referral routes and pathways apply in theory and also in reality. These could then be used as a resource for training and awareness raising.
4.	Increased involvement of specialist, non-armed forces focussed VCFSE organisations	4.1 Awareness / education/ training through events / workshops would educate non-armed forces specialist VCFSE organisations about the unique needs and challenges faced by veterans, helping them to understand how their services could be adapted to support veterans. 4.2 Resource materials could be developed and distributed that outline the specific needs of veterans and how non-specialist organisations can contribute. This could include guides, toolkits, and case studies. 4.3 Encouragement of collaborative projects between armed forces specialist and non-specialist VCFSE organisations should be encouraged. Joint initiatives can help build relationships and demonstrate the value of diverse contributions. To support this, formal partnership agreements should be established that outline roles, responsibilities, and expectations for collaboration. This can ensure clarity and commitment from all parties involved. 4.4 Hosting networking events / forums that bring together armed forces specialist and non-specialist VCFSE organisations can facilitate knowledge sharing and foster new partnerships. 4.5 Inclusive funding opportunities that ensure funding is accessible to non-specialist organisations by providing guidance on how they can align their services with the needs of veterans to qualify for funding. 4.6 A process for maintenance of regular communication with non-specialist organisations to keep them informed about opportunities to support veterans through newsletters, emails, and social media to share updates and resources. 4.7 Opportunities should be given for non-armed forces specialist VCFSE organisations to highlight success stories and the positive impact of their involvement. 4.8 Encouragement of joint advocacy efforts where armed forces specialist and non-specialist organisations work together to

		advocate for the needs of veterans, would amplify their collective voice and impact.
5.	Increased awareness raising / training.	5.1 As identified in several of the other recommendations set out in this report, increased awareness and training on veteran specific needs would be of benefit to all. 5.2 Any awareness training or promotion of the needs of veterans', would benefit from including the voices of veterans sharing how it left them feeling. 5.3 It is recommended that a range of formats are available to ensure accessibility and useability in a range of settings.
6.	Increased compliance and assurance of the support that is available to Veterans and families.	6.1 Concerns by some VCFSE about 'pop up' charities / organisations who may be seen as 'taking the money and running' with dubious quality and governance controls in place, is not purely related to veterans' support. Advice and best practice can be gained from the wider VCFSE infrastructure and, partly the responsibility of funders to ensure that good governance and appropriate motives are in place. 6.2 Targets and planned outcomes from funders risk setting perverse objectives on funded organisations that create a culture of dependency and inappropriate relationships with beneficiaries. Any funding offered through VPPPv2, and indeed other funding streams must consider the impact of performance indicators and number-driven targets set and give due consideration to outcomes-based targets as well. 6.3 Funders should also consider the requirements set on organisations for training and qualifications. Where possible, volunteer / staff training should be transferable. Funders should encourage organisations to either align training or review their criteria for transferrable training records to minimise wasted effort and break down the divisions that may prevent people volunteering across multiple organisations. 6.4 A Mentorship Programme connecting smaller organisations with other successful organisation leads / CEO's from out of area would help to build quality. 6.5 Co-production of a regional Code of Ethical Standards for VCFSE organisation supporting veterans could be considered on a voluntary basis, with funders strongly endorsing sign-up.

Further Recommendations

7.	Language – use alternative term to 'Veteran' to remove this as a barrier to self-identification.	7.1 Consultation on alternative terms should be considered to support veterans to self-identify and used dependent on context and target audience e.g. terms such as: • Ex-military

		• Ex-forces • Service leavers • Former military personnel • Ex-servicemen / women • Armed Forces community 7.2 An explanation of potential terms should be given at point of leaving service e.g. 'you are now a veteran' through developed usage guidelines and FAQs for any alternative language to be used. 7.3 The existing term of 'veteran' should still be respected and certainly has its place; therefore, use of new language should not dismiss or invalidate any language used by others. 7.4 Ongoing monitoring of any terms and consultation / feedback from veterans should be used to review impact. 7.5 Language should be adopted at organisational level and discussed and shared with Champions / Advocates as they will be key to its usage.
8.	The Armed Forces Covenant (2011, updated 2022) – improved awareness and understanding of what it offers.	8.1 Greater clarity is needed regarding the term Covenant. A single descriptor should be developed to promote the distinction between the Armed Forces Covenant Fund Trust and the Armed Forces Covenant (2011, updated 2022) and what each does and its relevance to veterans. 8.2 Awareness of the Covenant (2011, updated 2022) and the work of the Fund needs to be raised throughout including with Veterans at the point of leaving their service as part of resettlement guidance. 8.3 Feedback mechanisms on the Armed Forces Covenant (2011, updated 2022) should be promoted so that all impacted can influence future improvements.
9.	Promotion / advertising to invite veterans to seek help.	9.1 An awareness campaign that is neutral and organisationally agnostic should be prepared for use by all partners and as part of awareness raising within communities. 9.2 Promotion to families should be seen as an important part of reaching veterans and therefore awareness campaigns should not be limited to settings that feel relevant to veterans. 9.3 Opportunities to work with non-armed forces specialist organisations should be maximised to build the reach of any promotion inviting veterans to not only seek help, but to identify as a veteran themselves. 9.4 Various formats for promotion should be considered and not limited. Along with more conventional formats, promotion could include: o Podcasts of veterans' stories and educational episodes

		○ Immersive stories / virtual reality – allowing users to step into the shoes of a veteran ○ Interviews / talk shows 9.5 Consideration however will be needed to manage expectations and mitigate against VCFSE organisations and statutory sector partners who might not have the capacity to deal with a sudden surge in referrals. 9.6 More understanding of the positive information or actions that make a difference to veterans seeking help would be beneficial to all.
10.	Specific cohorts need to be able to access support through extension of criteria and direct engagement	10.1 A mapping exercise of eligibility criteria used by national and local support should be carried out to enable a review and awareness raising of any gaps, inconsistencies or unhelpful limitations that may arise. 10.2 Awareness raising is needed at point of resettlement to ensure that specific cohorts of veterans who may be considered less likely to recognise themselves as veterans are fully appraised of their status, rights and opportunities for support. 10.3 There should be a direct engagement exercise with those cohorts of veterans at risk of being 'forgotten' to better understand the challenges and risks they face and how best to increase awareness with and about them.
11.	Champions / Advocates available to support Veterans and reduce stigma.	11.1 Examples were shared of Social Prescribing Link Workers who were focussed on the armed forces community either due to interest or personal experience. All areas would benefit from a mapping exercise to understand the spread and provide examples of good practice being shared. 11.2 Research needed into the benefits or pitfalls of Champions / Advocates being veterans themselves i.e. if they are veterans does it lead to better outcomes from their role.
12.	Future Planning / Transitions development	12.1 Transitions / resettlement should start at the point of enlisting so that personnel do not lose sight of the time when they will leave the service. Leaving the service is inevitable and should not be a surprise therefore some degree of future planning should start as early as possible. 12.2 The process and support available for those leaving service would be deal for co-production, bringing those with past experience together with those who provide support, whether that be inside 'the wire' or outside. Using co-production approaches, services could better understand the needs, fears and emotions of veterans and together they would make improvements that are of mutual benefit. 12.3 Opportunities present here for awareness raising work that could be done with local organisations such as estate agents, housing, utility providers and VCFSE infrastructure organisations (e.g. around volunteering opportunities) that might help to connect newly transitioned veterans into their local community. Any

		awareness programme should consider including those potential touchpoints with newly transitioned veterans who are settling into a community. 12.4 Consideration should be given to what it would take to improve the collaboration between those working with serving personnel and those working with veterans to bridge the gap and sense of 'falling off a cliff' for those who leave the service. Joined up working would enable a smoother transition and ensure that there is insight, and improvements made where possible.
13.	Access to Support / Link Workers / Peer Support	13.1 An impact study should be undertaken regarding armed forces specialist Social Prescribing Link Workers, including sharing of good practice. Research should include the benefits and drawbacks of whether dedicated Social Prescribing Link Workers are at an advantage if they have personal experience themselves. 13.2 Opportunities should be made for general Support Workers working with veterans, to come together, network, share learning and be briefed on national and local agendas. There Support Workers are often the first contact for veterans and need to have the knowledge, information and insights to act as a form of Single Point of Contact. 13.3 It is not known to what degree Support Workers and Social Prescribing Link Workers relate directly to Op Courage and indeed all the available Op's support. A closer connection through opportunities to meet and share learning would enhance the quality of referrals and signposting that takes place. 13.4 The volume and role of Peer Support Workers was not clear through discussions and therefore would potentially benefit from the same level of consideration, identification and information sharing. 13.5 Veteran Mentorship should be developed through a programme where veterans who have successfully transitioned can mentor those who are currently navigating the process.
14.	Increased awareness of Veteran Aware scheme with GP Practices	14.1 Examples of good take up and excellent practice were shared regarding the Veteran Aware scheme, however that was much concern of the tokenism that presents in some areas, especially within Primary Care settings. Supportive awareness training and neutral promotional materials should be offered to health care settings to increase the visibility of the scheme. Improved awareness should especially be offered for Reception staff who may be the first port of call when visiting GP's / hospitals and are able to ensure either a positive or negative experience for veterans coming forward for support. 14.2 As examples of excellent practice were shared within some Secondary Care settings, there is a role here for awareness raising and possibly mentoring with Primary care colleagues, although it is acknowledged that all care settings are working at capacity.

		14.3 The Veteran Aware scheme requires increased publicity overall, as there is limited understanding of where there has been take up and what it means to patients. This could be supported by people with lived experience sharing their personal stories / case studies, for use within health and care settings to keep the Veteran Aware message alive.
15.	Improved sense of how support should feel for veterans using asset-based, non-judgemental and welcoming approaches.	15.1 The language we use when talking with and about people can have a huge impact on how they see themselves and the actions they take. It was noted that much of the language used about veterans was deficit based, focussing on their challenges and the support they need. VCFSE settings should further explore the use of asset-based language and approaches and the impact it can have. 15.2 Guidance should be developed on the value and application of asset-based approaches when working with veterans, with research and learnings shared. 15.3 Processes and systems for referral and support should consider the impact on the veteran regarding their autonomy and accountability for their own health and wellbeing. This would benefit from some individual case studies / theographs to understand the end of end process on individuals and how support offered has impacted on: o Maintaining their independence from services o Their feelings of self o Their progress on improved wellbeing
16.	Increased support for families / children such as: a. More information available for families b. Examples of good practice use of Pupil Premium in schools c. Support for children leaving school.	16.1 Transitions information for families is needed to ensure they have the appropriate levels of local knowledge to be able to resettle and access support that is available. 16.2 An overall review of information that is made available to families is needed to understand their experience. 16.3 Research / review of use of Pupil Premium for armed forces children should be carried out to better understand current practice and offer examples of best practice. 16.4 Any child leaving school is experiencing a transition in their lives, but military children experience additional challenges that may impact on their wellbeing. A review should be conducted as to whether specific, tailored support and information is available for these children and to understand the potential scenarios under which they may be leaving / changing education providers. 16.5 The voice of families and children should be set as a standard requirement of grant funding by DMWS and other funders.
17.	More joined up systems / IT	17.1 Digital poverty is not unique to veterans and therefore links should be made with wider VCFSE network.

		17.2 Joined up enablers is not reserved to IT platforms. Working practices should consider holistic and a 'team around the veteran' approach. Multi-agency meetings were given as examples of good practice in supporting veterans. It was not mentioned to what extent VCFSE partners are involved; however consideration should be given to appropriate representation. 17.3 Impact assessments on the impact of digital exclusion would support more informed decisions and improve services. 17.4 It is recommended that there is a mapping of apps and portals available to veterans to ensure there is consistent knowledge.
18.	Increased access to relevant data to inform funding applications and planning.	18.1 The benefits of data sharing amongst VCFSE organisation are unquestionable in building data-driven services however in practice there will always be challenges, including: o Legal considerations such as Data Protection and security will always need to be considered to ensure safety. o Trust, collaboration and culture of data sharing cannot be guaranteed. The VCFSE sector is forced into a mindset of competition when vying for funding and therefore this type of collaboration and sharing of intelligence might be difficult. o Quality / reliability of data – without standardised protocols for data capture and sharing, the quality and comparability of data cannot be confirmed. o Interoperable systems and standardised data formats will support compatibility and ease of access; however, this would require considerable investment of time, money and capacity to build at scale. o Ethical considerations would be needed to ensure the rights and privacy of veterans. 18.2 If these risks and challenges could be mitigated, data sharing across VCFSE and statutory sector would be an excellent tool for improved service delivery for veterans. 18.3 There is specific data required in relation to PTSD as many assumptions and myths were shared about the number of veterans with PTSD and its relationship to their service, compared with the public. 1.4 The requirement to share appropriate data with other partners should be set as a standard requirement of grant funding by DMWS and other funders.
19.	Improved volume and coordination of resources and investment for VCFSE to deliver sustainable support.	19.1 Often assumptions are made that activities must be organised and run by VCFSE or statutory organisations. The value of organic, self-directed support such as social activities acting as preventative peer support should not be underestimated. 19.2 A key principle to any funding should be that the long-term sustainability is founded on veterans' self-care and taking ownership instead of identifying themselves as part of a service

		forever more. By appropriately enabling and moving veterans on, more capacity is available to those who are not able to self-care / self-help. 19.3 Maximising opportunities for cross VCFSE and statutory sector consortia / alliances that will work together to access funding and resources. This collective approach can enhance the impact and sustainability of support services. 19.4 Development of data-driven decision making to inform resource allocation and program planning will ensure that resources are used effectively and efficiently. Consideration should be given to the balance of quantitative data and qualitative data to reduce the risk of services being delivered that are not needed or wanted. 19.5 A small-scale innovation grants programme would enable the advance of new practices and solutions based on data and shared learning. 19.6 As with any VCFSE grants, too often it is short term and time limited, one-off funding. Consideration should be given to a different relationship between funders and providers to build a long-term partnership, investment approach to funding, allowing some suitable risk-taking and genuine conversations, thereby reducing the chance of 'pop-up' initiatives that do not have time to learn and grow. 19.7 VCFSE organisations could be encouraged to explore Social Return on Investment and other tools that help to demonstrate impact and social value, something that is not always easy to demonstrate.
20.	Increased access to <u>information</u>	20.1 The format of information made available to veterans needs to be reviewed. Digital by default does not work for all veterans but equally, use of printed resources is costly, time consuming and does not always reach the intended individuals. 20.2 Collaboration should be encouraged between VCFSE to streamline the need for printed format, avoid duplication and reduce costs. 20.3 A set of quality standards for veterans' information should be considered to include for example: o Language o Frequency / timeliness o Accessibility o Content o Sensitivity e.g. risks of triggering o Involvement i.e. opportunities for veterans to engage in information sharing and content development o Breadth of information shared o Tone o Promoting diversity o Asset based information and promotion of self-care / self-help

		20.4 The requirement to share appropriate information with other partners should be set as a standard requirement of grant funding by DMWS and other funders.
21.	Sustainable Hubs / SPOCS needed to provide core point of information.	21.1 Hubs were seen as a vital ingredient to the information for and general support of veterans and their added value is beyond question. 21.2 When exploring Hub style initiatives, care needs to be taken to balance format, distance and natural political / social alliances to ensure the needs of veterans are prioritised. Assumptions need to be avoided such as: o Central locations are always best (i.e. taking care to understand what the definition of the centre is) o Physical or virtual Hubs are the only solution o Hubs must be run by / located in statutory or VCFSE 21.3 Assumptions should not be made that a single physical space is the only definition of a hub. In any location, the distance from home will be too much for most veterans, especially in rural areas. 21.4 Options to consider for hubs include: o Dedicated physical spaces that offer a range of services and support o A shared physical space that is co-located with other services. o Satellite hubs o Virtual spaces through online portals or apps. May have functions such as directory, virtual group support, service locators, notifications etc. o Activity based 'hubs' that are programme based and use multiple locations held together with a common theme and promotion. o Volunteer based 'hubs' that are centred around a group of volunteers who come together to network and share, but then go out into the community to share and support. o Mobile 'hubs' as physical resources that take information out and about into communities. o A mixture of the above. 21.5 It is recommended that no assumptions are made regarding hub spaces a whatever format is decided, they should be dynamic and welcoming spaces designed to meet the diverse needs of veterans within the context of location, geography and other social-economic factors. 21.6 It is recommended that a potential role is included for a hub type facilities in facilitating larger VCFSE / statutory providers in supporting the smaller scale, community led groups in ensuring safeguarding and supervision for their own welfare, in recognition of the feelings of being overwhelmed that some smaller providers shared as part of this engagement.

		21.7 Parity is needed between physical health and mental health. Hubs may have a part to play in ensuring veterans are seen as whole people with physical health needs as well as mental health and that the two cannot and should not be separated.

8. Facilitator Reflections

As an independent facilitator my overarching reflections are:

Discussions

- In general themes that arose were consistent across sites and groups regardless of which region they were from.
- Frustrations were borne out of experience of being unable to support veterans and families in ways they felt were appropriate and honoured the service that had been given.
- All were unanimous in the need for improved transitions support and this was seen as a key enabler and preventative solution to a number of issues.
- The repair of the fractures within the VCFSE sector would go a long way to supporting veterans and families but also improving the efficacy of services that would address some of the frustrations of providers – collaboration is key to this.
- References were made to 'the Covenant' with little or no distinction between the Armed Forces Covenant Fund Trust and the Armed Forces Covenant (2011, updated 2022). This may provide further evidence of the wider need to promote what each does and what the difference is.
- Content of discussion in the Midlands were generally less positive.
- Co-production and the voice of veterans directly involved in design of services was noticeable by its absence. There was sadly no discussion of bringing veterans and families around the 2table to design and shape services. More could be done to involve veterans (beyond those involved in running groups / services) to work together to meet local needs.
- Many of the challenges raised were not unique to Armed Forces related VCFSE organisations. Learning from the wider sector may benefit discussions as a whole.

Attendees

- There was great passion and understanding from attendees who were themselves veterans or family members of veterans.
- Whilst participants were speaking as a representative of the VCFSE, many were themselves Veterans and it proved difficult at times to separate the two aspects.
- The VCFSE (and statutory sector) partners that attended were happy to share the positives and the challenges of their work and offer a range of potential options for improvement.
- There was an overall balanced mix of (sub)sectors represented (i.e. armed forces specialist VCFSE, non-armed forces specialist VCFSE and statutory sector)
- Although targeted at VCFSE, all sites has some statutory sector partners also in attendance. Whilst not part of the target audience, they brought very helpful perspectives to the discussion as many rely on working with VCFSE partners.
- Some sessions had two participants from the same organisation, but this did not give rise to any undue weight in the discussions.
- The voice of women was relatively strong with a number of participants being women who have themselves served.
- The voice of Reservists was limited by the profile of the participants

- The voice of BAME veterans felt limited and did not come through in discussion in any depth.
- The voice of the LGBTQ+ veterans did not feel represented.
- Additional value to this engagement was the amount of networking and connecting that was done. In almost all sessions, people met new contacts, swapped details and learnt something new about their own local area. This also illustrated some of the frustrations identified by participants, that no-one knows everyone and therefore support is needed to continuously bring people together.

Methodology

- More time was needed to ensure depth of discussions across all 4 outcomes but especially the additional question regarding the VCFSE sector specifically.
- An online, post-session reflective survey was offered, however only two people added to their comments through this method. It is not certain if being an online only format presented a barrier, whether everyone had already had sufficient chance to say what they wanted to say, or whether it is a symptom of everyone being just too busy to pick up further thinking after the sessions.
- Capturing of equality monitoring data of participants, may have helped to better understand perspectives and balance of representation which may have led to the overall lack of discussion on the needs of LGBTQ+ veterans specifically.

9. Contact Details

We welcome your feedback, comments and suggestions on this report:

DMWS

Michelle Woolman-Lane
E: MWoolman-Lane@dmws.org.uk

Independent Facilitator

Vicky Thomson, Chief Executive, Every-One
E: vicky.thomson@every-one.org.uk

10. Appendices

The following supporting documents are available below:

Issued to Hubs

- Partner Briefing (Midlands) –
- Partner Briefing (North-East) –

Issued to participants in advance

- Welcome Information (Midlands)
- Welcome Information (North-East)

Issued to participants on the day

- Session handouts (Midlands and North-East)

Used by Facilitator

- Facilitators Guide (Midlands and North-East)

Attendance

- List of organisations represented

VPPP ENGAGEMENT with VCFSE Partner Briefing – June / July 2024

THE ARMED FORCES COVENANT FUND TRUST
Funded by HM Government

DMWS Defence Medical Welfare Service Supporting the frontline

STEPWAY Supporting all Veterans in civilian life

TRI SERVICE AND VETERANS SUPPORT CENTRE

VETERANS Wellbeing HUB

FIGHTING WITH PRIDE

About the VPPP Programme
In 2024, the Armed Forces Covenant has made a further £10 million available to fund the Veterans Pathways, Places and People Programme (VPPP) for a further 3 years.

Aim of the consultation
The consultation aims to understand how the VPPP Programme can work together with partners so veterans and families / carers can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. It aims to get the voice from the ground to inform future change.

Focus Group Recruitment
As per industry best practice, we would like to invite a wide range of VCFSE support organisations from your local area. These can include:

- Armed Forces organisations actively engaging locally with you
- Armed Forces organisations not actively engaging locally with you
- Non-Armed Forces organisations actively engaging locally with you
- Non-Armed Forces organisations not actively engaging with you

There will be two workshops and we request a maximum of 12 attendees at each.

DMWS trust you to help us recruit participants who will be willing to talk in a group, listen and respect the views of others and wish to have their say on how services for veterans and families should look over the next 3 years of the VPPP Programme. We would prefer a mix of ages and backgrounds, but you know the veterans best. If in doubt, please get in touch.

We really want to hear from attendees but acknowledge that taking part is voluntary, and a participant can withdraw before or during the process.

If a participant requires additional support to take part, please let us know in advance, and we can discuss on a case-by-case basis.

Please share in advance any information about attendees that you think facilitators may need to know, e.g. triggers, tensions, time constraints.

We intend consultation to be part of our approach as the VPPP Programme continues, so there will be other opportunities. As part of this consultation, we will be carrying out separate focus groups for veterans, families / carers and third sector partners.

We will be carrying separate groups for veterans, families / carers and third sector partners.

Timing
We would like to schedule the consultation starting late May, ending early July, with the majority taking place in June.
To allow the facilitator to reach you, we are suggesting starting the first group at **10.30hrs**, a shared lunch in between with a second group that will commence in the afternoon at **13:00hrs.** If other timings would better suit the participants, please let us know and we will seek to work around that.

Recording
There will be one facilitator per focus group, so taking an audio recording of the discussion is a really important part of the process. The recording will not be shared outside of the research team.
As part of the recruitment sign up, we will ask that a participant signs to give their permission for recording to take place.

Format
Face to face. We want people to feel relaxed and able to talk, so a quiet space is essential. Chairs in a semi-circle or horseshoe please. Flipchart and pens if available.

Duration
90 minutes – with food either before or after the discussion. Access to refreshments during the discussion would be preferred, for example if anyone wishes to take a break.

Content
We want to talk about the following four intended outcomes of the next phase of the VPPP programme.

- Delivering person-centred support through a no wrong door approach facilitated by cross sector partners actively working in collaboration.
- Significant improvements in help-seeking behaviour among the veteran community.
- Reducing the stigma associated with mental health and seeking help and support.
- Better holistic approach to supporting veterans focusing on mental and physical health services and activities.
- Improved support for veterans' carers and veterans' families.

For each we will consider:

- What's already working well.
- What barriers or challenges are there.
- What could be changed or improved.
- What difference would this make.

Triggering
The discussion will not delve into the mental or physical health of those attending. Instead, we will be looking forward to consider together about how services can be designed so veterans can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. However, we appreciate that any conversation about support for veterans and families and carers will draw on the lived experience of those taking part. If a participant wishes to leave or take a break they can do so at any point.

How will the results be used?
Focus groups are taking place in 7 locations. The overall results from your area will form an important part in a report and strategy plan by DMWS to the Armed Forces Covenant (August 2024). This engagement will inform how VPPP funding will be spent in the region over the next two years to support vulnerable veterans and their families. No comments in the report will be linked to a named organisation or person.

DMWS contact details
Simon Cooper - Veterans and Families Network Programme Manager for VPPP in North and North-East England
Tel: 07825866832 Email: scooper@dmws.org.uk

A big thank you for your help and support with this important piece of work.

Facilitated by:

Every-One is leading the consultation with third sector partners. They have a team of 3 people, Vicky Thomson, Jane Mason and Colin Hopkirk.

Every-One is a registered Charity based in Lincolnshire that works towards 'Making Wellbeing Personal'.

You can find out more about us at www.every-one.org.uk

T: 01522 811 582
E: hello@every-one.org.uk

every one making wellbeing personal

VPPP ENGAGEMENT with VCFSE Partner Briefing – June / July 2024

THE ARMED FORCES COVENANT FUND TRUST
Funded by HM Government

About the VPPP Programme
In 2024, the Armed Forces Covenant has made a further £10 million available to fund the Veterans Pathways, Places and People Programme (VPPP) for a further 3 years.

Aim of the consultation
The consultation aims to understand how the VPPP Programme can work together with partners so veterans and families / carers can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. It aims to get the voice from the ground to inform future change.

Focus Group Recruitment
As per industry best practice, we would like to invite a wide range of VCFSE support organisations from your local area. These can include:

- Armed Forces organisations actively engaging locally with you
- Armed Forces organisations not actively engaging locally with you
- Non-Armed Forces organisations actively engaging locally with you
- Non-Armed Forces organisations not actively engaging with you

There will be two workshops and we request a maximum of 12 attendees at each.

DMWS trust you to help us recruit participants who will be willing to talk in a group, listen and respect the views of others and wish to have their say on how services for veterans and families should look over the next 3 years of the VPPP Programme. We would prefer a mix of ages and backgrounds, but you know the veterans best. If in doubt, please get in touch.

We really want to hear from attendees but acknowledge that taking part is voluntary, and a participant can withdraw before or during the process.

If a participant requires additional support to take part, please let us know in advance, and we can discuss on a case-by-case basis.

Please share in advance any information about attendees that you think facilitators may need to know, e.g. triggers, tensions, time constraints.

We intend consultation to be part of our approach as the VPPP Programme continues, so there will be other opportunities. As part of this consultation, we will be carrying out separate focus groups for veterans, families / carers and third sector partners.

We will be carrying separate groups for veterans, families / carers and third sector partners.

Timing
We would like to schedule the consultation starting late May, ending early July, with the majority taking place in June.
To allow the facilitator to reach you, we are suggesting starting the first group at **10.30hrs**, a shared lunch in between with a second group that will commence in the afternoon at **13:00hrs.** If other timings would better suit the participants, please let us know and we will seek to work around that.

Recording
There will be one facilitator per focus group, so taking an audio recording of the discussion is a really important part of the process. The recording will not be shared outside of the research team.
As part of the recruitment sign up, we will ask that a participant signs to give their permission for recording to take place.

Format
Face to face. We want people to feel relaxed and able to talk, so a quiet space is essential. Chairs in a semi-circle or horseshoe please. Flipchart and pens if available.

Duration
90 minutes – with food either before or after the discussion. Access to refreshments during the discussion would be preferred, for example if anyone wishes to take a break.

Content
We want to talk about the following four intended outcomes of the next phase of the VPPP programme.

- Delivering person-centred support through a no wrong door approach facilitated by cross sector partners actively working in collaboration.
- Significant improvements in help-seeking behaviour among the veteran community.
- Reducing the stigma associated with mental health and seeking help and support.
- Better holistic approach to supporting veterans focusing on mental and physical health services and activities.
- Improved support for veterans' carers and veterans' families.

For each we will consider:

- What's already working well.
- What barriers or challenges are there.
- What could be changed or improved.
- What difference would this make.

Triggering
The discussion will not delve into the mental or physical health of those attending. Instead, we will be looking forward to consider together about how services can be designed so veterans can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. However, we appreciate that any conversation about support for veterans and families and carers will draw on the lived experience of those taking part. If a participant wishes to leave or take a break they can do so at any point.

How will the results be used?
Focus groups are taking place in 7 locations. The overall results from your area will form an important part in a report and strategy plan by DMWS to the Armed Forces Covenant (August 2024). This engagement will inform how VPPP funding will be spent in the region over the next two years to support vulnerable veterans and their families. No comments in the report will be linked to a named organisation or person.

DMWS contact details
Simon Cooper - Veterans and Families Network Programme Manager for VPPP in North and North-East England
Tel: 07825866832 Email: scooper@dmws.org.uk

DMWS Defence Medical Welfare Service Supporting the frontline

EAST DURHAM VETERANS

HULL 4 HEROES SUPPORTING THOSE WHO HAVE SERVED

MILITARY COMMUNITY VETERANS CENTRE MCVC VETERANS SUPPORTING VETERANS

North Tyneside ageUK

Facilitated by:

Every-One is leading the consultation with third sector partners. They have a team of 3 people, Vicky Thomson, Jane Mason and Colin Hopkirk.

Every-One is a registered Charity based in Lincolnshire that works towards 'Making Wellbeing Personal'.

You can find out more about us at www.every-one.org.uk

T: 01522 811 582
E: hello@every-one.org.uk

every one making wellbeing personal

A big thank you for your help and support with this important piece of work.

Veterans' Places, Pathways & People Programme
Engagement with VCSFE
Welcome Information – June / July 2024

THE ARMED FORCES COVENANT FUND TRUST
Funded by HM Government

DMWS Defence Medical Welfare Service Supporting the frontline

STEPWAY Supporting all Veterans in civilian life

TRI SERVICE AND VETERANS SUPPORT CENTRE

VETERANS Wellbeing HUB

FIGHTING WITH PRIDE

What is the 'Veterans Pathways, Places and People Programme' Programme?

In 2024, the Armed Forces Covenant has made a further £10million available to fund the Veterans Pathways, Places and People Programme. We call it VPPP for short.

Aim of the consultation

The consultation aims to understand how the VPPP Programme can work together with partners so veterans and families / carers can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. It aims to get the voice from the ground to inform future change.

What is the plan?

We are planning to hold 7 discussion groups for veterans in total, 7 with families / carers and a further 7 with third sector delivery partners. An independent facilitator will run the sessions.

Why are you asking me?

We are asking you to get involved in this consultation for a reason. We are about to start the next part of the VPPP programme. So, it is shaped around the needs and preferences of veterans and their families / carers – we need to listen to what you have to say before VPPP starts (from October 2024). It is important that we understand how we ensure person-centred support through collaboration between Armed Forces and non-Armed Forces organisations working together to affect positive outcomes.

How long will it last?

90 minutes. We'll sit somewhere quiet so we can hear one another. It will be informal, and the discussion will be confidential. No comments in the report will be linked to a named organisation or person.

What are we going to be talking about?

You don't have to prepare anything, but as no one likes surprises, the main things we'll ask about are included below. We want to understand your views and ideas on how the VPPP Programme can achieve its objectives. These are:

- Delivering person-centred support through a no wrong door approach facilitated by cross sector partners actively working in collaboration.
- Significant improvements in help-seeking behaviour among the veteran community.
- Reducing the stigma associated with mental health and seeking help and support.
- Better holistic approach to supporting veterans focusing on mental and physical health services and activities.
- Improved support for veterans' carers and veterans' families.

For each objective we will consider:

- What's already working well.
- What barriers or challenges are there.
- What could be changed or improved.
- What difference would this make.

How will the results be used?

Focus groups are taking place in 7 locations. The overall results from your area will form an important part in a report and strategy plan by DMWS to the Armed Forces Covenant (August 2024). This engagement will inform how VPPP funding will be spent in the region over the next two years to support vulnerable veterans and their families. No comments in the report will be linked to a named organisation or person.

This process is completely separate from the procurement process to secure a team of delivery partners for phase 2 of VPPP.

This consultation is going to inform a Regional Strategic Plan and delivery phase will include a number of funded projects.

There will be more opportunities for engagement once delivery begins.

A big thank you for your help and support with this important piece of work.

Facilitated by:

Every-One is leading the consultation with third sector partners. They have a team of 3 people, Vicky Thomson, Jane Mason and Colin Hopkirk.

Every-One is a registered Charity based in Lincolnshire that works towards 'Making Wellbeing Personal'.

You can find out more about us at www.every-one.org.uk

T: 01522 811 582
E: hello@every-one.org.uk

every one making wellbeing personal

Veterans' Places, Pathways & People Programme
Engagement with VCSFE
Welcome Information – June / July 2024

What is the 'Veterans Pathways, Places and People Programme' Programme?

In 2024, the Armed Forces Covenant has made a further £10million available to fund the Veterans Pathways, Places and People Programme. We call it VPPP for short.

Aim of the consultation

The consultation aims to understand how the VPPP Programme can work together with partners so veterans and families / carers can access effective and coordinated support when needed, moving seamlessly between statutory services and the third sector. It aims to get the voice from the ground to inform future change.

What is the plan?

We are planning to hold 7 discussion groups for veterans in total, 7 with families / carers and a further 7 with third sector delivery partners. An independent facilitator will run the sessions.

Why are you asking me?

We are asking you to get involved in this consultation for a reason. We are about to start the next part of the VPPP programme. So, it is shaped around the needs and preferences of veterans and their families / carers – we need to listen to what you have to say before VPPP starts (from October 2024). It is important that we understand how we ensure person-centred support through collaboration between Armed Forces and non-Armed Forces organisations working together to affect positive outcomes.

How long will it last?

90 minutes. We'll sit somewhere quiet so we can hear one another. It will be informal, and the discussion will be confidential. No comments in the report will be linked to a named organisation or person.

What are we going to be talking about?

You don't have to prepare anything, but as no one likes surprises, the main things we'll ask about are included below. We want to understand your views and ideas on how the VPPP Programme can achieve its objectives. These are:

- Delivering person-centred support through a no wrong door approach facilitated by cross sector partners actively working in collaboration.
- Significant improvements in help-seeking behaviour among the veteran community.
- Reducing the stigma associated with mental health and seeking help and support.
- Better holistic approach to supporting veterans focusing on mental and physical health services and activities.
- Improved support for veterans' carers and veterans' families.

For each objective we will consider:

- What's already working well.
- What barriers or challenges are there.
- What could be changed or improved.
- What difference would this make.

How will the results be used?

Focus groups are taking place in 7 locations. The overall results from your area will form an important part in a report and strategy plan by DMWS to the Armed Forces Covenant (August 2024). This engagement will inform how VPPP funding will be spent in the region over the next two years to support vulnerable veterans and their families. No comments in the report will be linked to a named organisation or person.

This process is completely separate from the procurement process to secure a team of delivery partners for phase 2 of VPPP.

This consultation is going to inform a Regional Strategic Plan and delivery phase will include a number of funded projects.

There will be more opportunities for engagement once delivery begins.

A big thank you for your help and support with this important piece of work.

THE ARMED FORCES COVENANT FUND TRUST
Funded by HM Government

DMWS Defence Medical Welfare Service Supporting the frontline

EAST DURHAM VETERANS

HULL 4 HEROES SUPPORTING THOSE WHO HAVE SERVED

MCVC MILITARY COMMUNITY VETERANS CENTRE VETERANS SUPPORTING VETERANS

North Tyneside ageUK

Facilitated by:

Every-One is leading the consultation with third sector partners. They have a team of 3 people, Vicky Thomson, Jane Mason and Colin Hopkirk.

Every-One is a registered Charity based in Lincolnshire that works towards 'Making Wellbeing Personal'.

You can find out more about us at www.every-one.org.uk

T: 01522 811 582
E: hello@every-one.org.uk

every one making wellbeing personal

VPPP Focus Groups

Session Handouts | June / July 2024

Veterans' Places, Pathways and People programme

DMWS Defence Medical Welfare Service Supporting the frontline

Welcome

Thank you for joining us today

- There are no right or wrong answers.
- Everything you say will be treated anonymously. We will not share or attribute anything to you or your organisation – any quotes we use will be de-personalised.
- This is a safe space for all of you to share experiences and talk openly.
- Please do not repeat anything that you hear in this room once the session is over. Please respect the privacy of others in the group.

Some practical bits

- Today's session will last 90 minutes
- There are refreshments, so please top up as you wish.
- We will be audio recording today. Please be assured this is just to refer back to during analysis and **will not be shared** outside of the research team (which includes DMWS).

Please introduce yourself:

- Your name
- Your connection to the Armed Forces
- If you were involved in the first phase of VPPP
- What you like to do to relax

Today's questions

Five Outcomes

1. Delivering person-centred support through a 'no wrong door' approach, facilitated by cross-sector partners actively working in **collaboration**.
2. Significant improvements in **help-seeking behaviour** among the veteran community.
3. Reducing the **stigma** associated with mental health and seeking help and support.
4. Better **holistic approaches** to supporting veterans focusing on mental and physical health services and activities.
5. Improved support for **veterans' carers and veterans' families**.

Questions

A. Assets: What's working well?

B. Barriers: What gets in the way?

C. Changes: How can support be improved?

D. Difference: If the VPPP Programme delivered these ambitions, what difference could it make?

Reflective Thoughts

We know what it is like to walk out of the room and remember the things you wish you had said!

We understand that some people welcome time to reflect on the questions posed and to share their thoughts after the sessions.

This short questionnaire is based on the same questions asked during the session you attended.

There are no right or wrong answers. Everything you say will be treated anonymously and we will not share or attribute anything to you personally – any quotes we use will be de-personalised.

https://forms.office.com/e/rTdZkhw9rb

We would be grateful if you can submit this form no later than **23:59hrs** on **16th July 2024**.

Thank you for your support.

A spreadsheet of the key focus group findings by each of the intended outcomes has been shared with DMWS as a separate output.

The discussion guide is reproduced below.

Veterans Places Pathways and People Consultation: FACILITATOR'S GUIDE (NOT FOR SHARING)

Space to write / add participant names

Any information shared pre-group to add here

- **Supportive Organisations:** We empower the backbone of veteran aid—organisations dedicated to their welfare. By amplifying their collaborative efforts and enhancing their service delivery capabilities, we're not just aiding veterans; we're elevating the standards of care across the board.
- **Wider Veterans' Support Networks:** By fostering a vibrant community of knowledge sharing and best practice, we're elevating the entire ecosystem that surrounds our veterans. It's about creating a lasting legacy of care, support and unwavering commitment to those who've served.

Session 1	**10:30am – 12:00pm**
Session 2	**1:00pm – 2:30pm**

Give out handouts

Welcome & Context Facilitator To welcome people and explain the role of the facilitator.	Introduce yourself. Hello and welcome this consultation to shape the next phase of Veterans Places, Pathway and People. Explain that you are an independent facilitator asked by DMWS to help them with this part of a wider consultation. We are running 21 days-worth of sessions, 7 with veterans, 7 with families and carers and 7 with third sector groups. We are running focus groups over the next month or so. Today will be a 90-minute session. There are refreshments, so please top up as you wish. If you need to take a break for any reason, please feel free to do so. The next phase of the Programme has 4 key aims. I want to ask you about each one in turn. The input from this group of third sector partners, and others will help to co-design and deliver the next phase of the VPPP Programme. There are no right or wrong answers. Everything you say will be treated anonymously. We will not share or attribute anything to you or your organisation – any quotes we use will be de-personalised. Please also remember that this is a safe space for all of you share experiences and talk openly – please do not repeat anything that you hear in this room once the session is over. Please respect the privacy of others in the group. *Explain purpose of audio recording and provide reassurance where needed (just to refer back to during analysis and will not be shared outside of the research team (which includes DMWS).* Section on back of handouts – link to reflective questionnaire. Before we start does anyone have any questions?	*Space for interviewer notes* *REMEMBER TO PRESS RECORD !!!*
ICEBREAKER (10 MINUTES) *Introductions and getting to know each other*	Now that I've introduced myself and explained how today will work, please could you start by telling me about yourselves: Your name Organisation What your organisation does If you were involved in the first phase of VPPP An example of what your organisation does best	*ON THE HANDOUTS FOR REFERENCE*
FACILITATORS NOTES	We are now going to work through the five intended outcomes. Please feel free to vary the sequence to suit the participants and the flow of the conversation. Delivering person-centred support through a 'no wrong door' approach, facilitated by cross-sector partners actively working in collaboration. Significant improvements in help-seeking behaviour among the veteran community. Reducing the stigma associated with mental health and seeking help and support. Better holistic approaches to supporting veterans focusing on mental and physical health services and activities. Improved support for veterans' carers and veterans' families.	*ON THE HANDOUTS FOR REFERENCE*
Outcomes C.15 mins per outcome	We are now going to get your thoughts on the first key outcome. We'll take each one in turn and ask you a few questions for each. Achievements: What's working well Thinking about this outcome, what's working in the support available in this area for veterans and their families	*Space for interviewer notes*

60 MINS IN TOTAL *To consider each outcome in detail.*	What was it about the support that helped? What are the enabling factors? Barriers What gets in the way (for services, veterans / their families?) Changes What needs to change so that support for veterans and their families in this area be improved? To deliver this outcome for veterans and families, what do we need to do more / less / differently? [Potential additional prompts on raising awareness, 'no wrong doors' pathways, moving seamlessly from one provider to another, Does the entire local support ecosystem need to change, or specific parts?] How would support ideally be offered, 'to', 'for' or 'with' veterans? What changes would take us in that direction?	
CONTEXT and Difference (all outcomes) (10 MINS)	How will the Programme need to adapt to work effectively around here? What are the things we can see coming up in the future that might affect VPPP delivery? How can VPPP partners best position ourselves to benefit the people we exist to support? Is there anything that we can be doing differently to adapt to future changes and ensure we survive / thrive? Difference What difference would this make to your staff and volunteers? What support will partners need?	
Extraordinary performance [if time] (10 MINS)	What needs to happen so extraordinary results can be achieved by partnership?	
SUM UP, THANK YOU and close (5 mins)	Any final words of advice? Any other feedback you would like to share?	

- **Remind about post session Reflective Questionnaire**
- **Group PHOTO**

Attendance

Thank you to all the participants who took part.

Midlands	**North-East**
• SSAFA (Norton House) • LLR Samaritans • Turning Point Leicester • RNRMC • Leicester City Council – Public Health • RBL Oakham, Rutland • DWP • Age UK, Leicestershire & Rutland • Loughborough Wellbeing Centre • East Midlands Veterans Advisory & Pension Committee • P3 Charity • Royal British Legion • AFVBC • Stepway • The Cart Shed • City of Wolverhampton Council • Age UK Herefordshire & Worcestershire • Tri Services Veterans Support • Harplands Hospital • Saltbox Restart • Battleback Centre • Stars (Staffordshire Treatment and Recovery System) • Op Courage • Congleton War Memorial Hospital • New Pastures Housing • General Practitioner (retired) • Military Mindset Thrive Programme • Walking With The Wounded	• Hull & East Yorkshire Mind • Hull KR • The Not Forgotten • Hull 4 Heroes • Cat Zero • NHS Humber Health Partnership • Modality General Practice • CAB • Royal Naval Association • NCC • Wansbeck PCN • Fusiliers • NCC Heart of Blyth Project • Northumbria Royal British Legion • BRIC • SSAFA Northumberland • DDHF • Military Veterans Football Club • HMP Durham • AFOS - Gateshead • SSAFA • The Rotherham NHS Foundation Trust • Op Courage – WWTW • Voluntary Action Rotherham • Age UK Rotherham • Men Actually Talking Together • Airedale NHS Foundation Trust • Care After Combat • ROADS • Casting Innovations • Thurcroft Veterans Association • Sheffield AFVBC

"When I registered with GP practice and declared I was a veteran, they recoiled."

"When you leave the military, they wash their hands of you. They teach you to be a good soldier, sailor or airmen but they don't teach you to be a civilian."

"Mental health? It is engrained into you to not ask for help."

"A community space when you're a bit troubled and willing is far better than an expert space when you are desperate"

"The responsiveness of small organisations is what will save people."

"In the military, it's like playing a game of Monopoly, you have good days and bad days, but you know the rules. You come out and find yourself in a game of chess, which is great unless you only know the rules for Monopoly."

"The pathways aren't about the person; they are about the organisation"

"As a charity we don't do enough about children, we are too busy working with mum and dad."

Thank you to all session attendees, Hub organisers and DMWS for sharing your experiences and ideas to enable the contents of this report.

Disclaimer:

The information presented in this research report is presented in good faith and deemed to be accurate at time of submission (11th October 2024), however the author cannot accept responsibility for errors or omissions.

To feedback or to ask questions about this report, please contact:
Vicky Thomson, Chief Executive, Every-One:
Email: vicky.thomson@every-one.org.uk