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Creative Research Creating Action

Evaluation of the Gateways for Veterans pilot project

Poppyscotland

Blake Stevenson's report

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Executive Summary

Blake Stevenson was commissioned to evaluate Gateways for Veterans, a pilot project delivered by the Scottish Association for Mental Health (SAMH) and funded by Poppyscotland and the Scottish Veterans' Fund to help veterans experiencing problems with alcohol in the Inverclyde area. SAMH ran and managed the pilot project which operated from early April 2009 to March 2010.

The Gateways for Veterans project was designed as a service to support veterans who misuse alcohol. Problems that can be caused by alcohol misuse can be physical, psychological and social.

Vulnerable veterans are particularly at risk of developing a dependence on alcohol, based on the following:

- the link between alcohol misuse as a coping strategy for dealing with unmet needs; and
- habits developed through the drinking culture prevalent in the armed forces.

In addition, vulnerable veterans in Scotland may be at particular risk of abusing alcohol due to the exacerbating factor of a culture of drinking in Scotland.

The project helped veterans to take up support to address their alcohol problems, and to direct them to a full range of community support.

The pilot had three key themes:

- **engagement** - with individuals to support them to access specialist and mainstream support organisations;
- **accessibility** – to improve access arrangements for veterans and their families to mainstream and specialist agencies; and
- **capacity building** – improving the ability of local agenices to understand and respond to the needs of veterans.

Study Methods

The evaluation was designed to provide stakeholders with a clear understanding of the value of work carried out by Gateways for Veterans and to identify the difference the pilot project has made.

We used the following methods to undertake the evaluation:

- meetings with project staff and management;
- data collation and analysis;

- interviews with four service users;
- interviews with stakeholders from Combat Stress and SSAFA Forces Help; and
- case studies to illustrate the experience of veteran engagement with the project.

Need for the service

Gateways for Veterans was piloted in Inverclyde because:

- it was estimated that there is a large number of vulnerable veterans in the area;
- vulnerable veterans are at risk of alcohol misuse; and
- there was a desire to improve knowledge and understanding of the unmet needs of vulnerable veterans.

During the evaluation, we used previous research by Poppyscotland and Blake Stevenson as the basis of estimating a potential population of 889 veterans with drug or alcohol issues in the Inverclyde area.

Number of veterans who accessed the service

Gateways for Veterans aimed to engage with 150 veterans over the pilot period. This figure was not based on any estimation of the number of vulnerable veterans in the area, but rather based on the number of veterans the project had the potential capacity to support.

By the end of the pilot the project had engaged with 46 veterans in total. This represents less than a third of the original target for the service.

The low uptake may not be a reflection on the success of the project, but an indicator of the challenges of engaging with vulnerable veterans, who are notoriously hard to reach. Some of the issues which may have contributed to this are explored further. Previous unsuccessful encounters with other services may have undermined the credibility of new services, and deterred them from attempting to engage in the pilot. It may have been the case that veterans who did not have issues with alcohol, but were vulnerable in other areas, did not feel that the service was aimed at them, and therefore did not access it. There may have also been a number of veterans who, despite being vulnerable, were not in crisis or at a stage which they felt ready to disclose their support needs, so did not approach the service. The location of the project, in a residential area of Greenock, may also have reduced the potential for the project to become known more widely in the community, as there were a limited number of passers-by in the area.

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Referrals were relatively steady over the life of the project. Over the 11-month period, an average of four veterans were referred to the service each month and they ranged from a low of two in August 2009 to a high of six in March 2010.

Needs of veterans accessing the service

The data collected demonstrated the range of issues affecting veterans, including social isolation, low levels of confidence, poor mental health including depression and suicidal thoughts, and housing issues.

The majority of veterans (37 of 46) identified that they had more than one need. Many of the needs were interconnected and complex. The severity of the needs experienced by veterans was highlighted by two service users who required suicide interventions.

Although the Gateways for Veterans service was primarily aimed at supporting those with alcohol problems, only 25 of the 46 (54%) of veterans who accessed the service reported alcohol misuse as an issue. All veterans who reported that they had problems with alcohol were supported to address the issue. Whilst some of the veterans may have had alcohol problems which they did not disclose, it is likely that some of the service users did not in fact have issues with alcohol. This means that the project supported veterans who, although facing multiple and complex needs, did not meet the original service criteria of requiring support for alcohol addiction.

The evaluation identified that many of the veterans who used the service had sought support from other agencies in the area. The fact that they went on to contact Gateways for Veterans indicates that their needs were not met by the other local agencies.

A further finding from the evaluation was that wider members of the veteran community – in particular, dependent spouses - may have needs that are not yet met by service providers. Whilst these needs may not necessarily relate to the original scope of Gateways for Veterans, we feel that it is an important finding from the project, and worth highlighting.

Support provided to veterans

Gateways for Veterans provided four main forms of support to veterans:

- information and signposting;
- referrals to local support agencies;
- advocacy or one off support – for example, telephoning the council on a veteran's behalf, or helping to fill in forms; and
- ongoing support through facilitation work.

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Service users commented on the ease of engaging with the bridgeworker.

Delivery of service by a civilian

Whilst it is not possible to draw conclusions for the veteran population as a whole from the small number of veterans interviewed during this evaluation, it is still interesting to note that three of the four veterans were positive about the fact that the service was not delivered by a veteran and had no connection to the armed forces. This finding contradicts the established perception that veterans prefer to use services delivered by other veterans who share an understanding of life in the armed forces and have had common experiences.

Outcomes for veterans

In total, 32 veterans engaged with the project on a one-off basis. After consultation, they were either given information, signposted or referred to support services.

It was not possible to identify the outcomes achieved for veterans who only engaged with the service once, as there was no follow up reporting mechanism in place. However, the monitoring system recorded the outcomes veterans sought from the service, and in all cases these clearly linked to needs.

We gathered data on outcomes for the 14 veterans who engaged with the service on a longer term basis. All of these veterans had more than one need – the number of needs identified by each veteran ranged from two to five. Nine of the 14 veterans who accessed ongoing support had issues with alcohol. Outcomes for these veterans included engagement with local services, increased awareness of support agencies, and accessing support.

Whilst overall the pilot did not engage with the target number of veterans, it did meet its objectives of providing information, signposting and support to all of the veterans who accessed the service.

Services for veterans do not neccessarily need to be delivered by veterans

Veterans commented on the delivery of the service by a non-veteran during interviews. This is a significant issue as there is a perception that people with armed forces experience can be more empathetic in delivering services to veterans than people with no armed forces experience.

Interestingly, three of the four veterans interviewed said that one of the things which attracted them to the service was the fact that it was not delivered by a veteran and did not have a connection to the armed forces.

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Referral pathways

There were five main sources of referrals to Gateways for Veterans. These were:

- self-referral;
- local veteran organisations;
- friend or family;
- local health or social work provider; and
- housing support.

Previous contact with support agencies

Each of the veterans was asked if they had previously sought help from other local services. Nearly all had done so, and many had engaged with more than one other local support service previously. Gateways for Veterans engaged 16 veterans who were not previously seeking help with an alcohol problem.

Engagement with referral organisations

All of the stakeholders recognised that the success of the project would depend to a great extent on the ability to connect to the existing network of veterans agencies in the area, in order to publicise the service effectively and establish referral pathways.

Despite the extensive efforts made to build referral pathways with veterans' organisations, including the referral of 25 veterans to other veterans' services, Gateways for Veterans received only six referrals from these sources.

There may be a number of reasons for the limited number of referrals to the project from local veterans' agencies. The first is duplication, another is a sense of "ownership" which sometimes develops when services are provided to a select group in the community by a small number of local agencies. In addition, there may have been a resistance to change or lack of capacity in other local services to make referrals.

The Gateways for Veterans bridgeworker attempted to overcome each of these barriers during the course of the pilot project. Stakeholders commented on a "new way of working" which had emerged between local veterans agencies, and suggested that Gateways for Veterans had helped to bring this about.

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Awareness Raising Activities

Extensive efforts were made throughout the pilot to increase awareness of Gateways for Veterans and further the reach of the service. These activities included: engagement with the Inverclyde Local Authority Veterans' Champion; meeting and speaking with veterans; distributing leaflets, posters and information packs in the local community; meeting with professionals from relevant referral agencies; following up contact by email and telephone; writing articles; attending events; and running stalls in busy public places. Through attendance at large scale events the project raised its profile nationally.

Findings from SAMH Research

SAMH conducted a separate piece of research into the Gateways for Veterans pilot project. Their findings were based on the bridgeworker's assessment of each of the veterans who accessed the service. These assessments took place in the final stages of the pilot, and were made retrospectively, without the input of veterans.

The SAMH research was based on an estimate of veterans' needs and progress prior, during and post engagement with Gateways for Veterans. Issues faced by veterans prior to engaging with the pilot were wide-ranging and included unemployment, housing difficulties, finding it difficult to ask for help, and a lack of awareness of support services. Outcomes for veterans who used the service included being "more focused", "more aware" and "involvement in the community". Outputs included changed GP, accessed community resources, and missed appointments. Overall, most of the veterans were positive about their engagement with the pilot.

Value for Money

The total cost of the pilot project was £27,478. The majority of the total was the salary and associated costs of the bridgeworker. It is our view that a cost of £597 per service user does not represent a good return on investment. This is in a large part based on the fact that the majority of veterans accessed the service on a one-off basis. In addition, only 54% of veterans who accessed the service reported that they had problems with alcohol. Whilst some of the veterans may have had alcohol problems which they did not disclose, it is likely that some of the service users did not have issues with alcohol. This means that resources were used to support veterans who, although facing multiple and complex needs, did not meet the original service criteria of requiring support for alcohol addiction.

Whilst return on investment, as measured by average cost, was limited, all stakeholder organisations commented on the added value of their learning from involvement in the pilot project. It is also worth emphasising that one of the key purposes of the pilot was to increase knowledge about the needs of veterans in

the area, and the project was successful in gathering useful information about the range, types and numbers of needs identified by the veterans who accessed the service.

Lessons from the Pilot

The bridgeworker highlighted a number of useful lessons from the pilot which may inform the development of new services for veterans. These included:

- identify need for the service;
- appoint workers with appropriate skills;
- put appropriate policies and procedures in place;
- listen to both veteran agencies and veterans themselves;
- use local veterans' knowledge;
- identify innovative opportunities for awareness raising;
- develop relationships with referral organisations and create pathways;
- establish an effective monitoring system;
- take a flexible approach to communicating with clients; and
- consider office environment carefully.

Legacy

Gateways for Veterans established a new way of working between specialist veteran organisations in the area.

The pilot raised the profile of the needs of veterans in Inverclyde, both across service providers and throughout the community more generally. It also raised awareness in wider areas through contact with services in Paisley, Ayrshire, Renfrew and Edinburgh.

Significantly, the project has produced data on the type and range of issues faced by vulnerable veterans, which may serve to influence the development of future services.

The project developed knowledge and understanding within SAMH at a local and national level, as evidenced by the research undertaken by SAMH which is included in this report. This learning has improved the capacity of the organisation to support veterans.

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Gateways for Veterans has also provided a lasting legacy through the creation of a model for the establishment of specialist services for veterans in new areas.

In addition, a number of examples of good practice have been identified throughout the evaluation. These include the approach to working with veterans, and the innovative awareness raising strategy.

Recommendations

Recommendation 1:
In future, it might be more effective for SAMH and Poppyscotland to identify the take up of similar/supporting local services and use these figures as a proxy to establish appropriate targets for pilot projects.

Recommendation 2:
Services for veterans may increase the likelihood of client engagement if they are advertised as ***"a service to support and provide information to veterans"*** rather than a service designed to engage with a specific need, such as alcohol misuse.

Recommendation 3:
In future, SAMH and Poppyscotland could build in a preparatory phase for pilot projects, allowing for time to build referral pathways and publicising the service before the project starts. This will increase the time for potential service users to become aware of the project, and may mean that overall there is a higher take up of the service over the lifetime of the project.

Recommendation 4:
We include Veteran C's recommendation to "have a monthly veterans' meeting in each town, and host a meeting on a theme of need, such as housing, civilian life, dealing with taxes".

Recommendation 5:
Services which offer support to veterans could widen their reach and address unmet need by offering support to the veteran community, which includes dependents.

Recommendation 6:
In future, it may be useful for pilot projects aimed specifically at clients with alcohol issues to do some gentle probing with veterans about their drinking habits, and to quantify how many units of alcohol they drink per week. This will help services to identify alcohol misuse in cases where the veteran does not wish to disclose or does not perceive alcohol to be a problem.

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Recommendation 7:
We believe it will be useful for referral organisations to establish protocols for making referrals between organisations, at both local and national levels. A system of cross referrals will serve to increase the reach of services to veterans, and support efforts to overcome challenges in building relationships with other referral agencies, for example capacity and resistance to change.

Recommendation 8:
We believe it would be useful for further research to be done to establish whether or not vulnerable veterans prefer to access services which are delivered by veterans.

Recommendation 9:
Services for veterans might wish to incorporate a "buddying" service, provided by veteran volunteers, into their delivery model. This will give service users the choice of accessing a connection to the armed services, if they wish to.

Recommendation 10:
We believe that publicising the findings from this evaluation will serve to extend the legacy of Gateways for Veterans by supporting other services to build on the learning highlighted within this document.

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1 Introduction

1.1 In 2009 the Scottish Association for Mental Health (SAMH) was awarded a contract to deliver Gateways for Veterans, a pilot initiative to help veterans experiencing problems with alcohol in the Inverclyde area. The funding for the project was made by Poppyscotland and supported by a partial grant from the Scottish Veterans Fund.

1.2 SAMH ran and managed the pilot project which operated from early April 2009 and ended in March 2010.

1.3 The project was designed to help veterans to take up support to address their alcohol problems, and to direct them to a full range of community support, such as housing and health services.

1.4 The pilot had three key themes:

- **engagement** - with individuals to support them to access specialist and mainstream support organisations;
- **accessibility** – to improve access arrangements for veterans and their families to mainstream and specialist agencies; and
- **capacity building** – improving the ability of local agenices to understand and respond to the needs of veterans.

1.5 The pilot aimed to offer a better understanding of the needs of this group through data collection and analysis of the activity undertaken and the outcomes achieved.

1.6 The project was based in the SAMH Inverclyde office, which is located in a residential area of Greenock.

1.7 The pilot was overseen by a steering group of stakeholders from:

- Poppyscotland;
- SAMH;
- Combat Stress;
- the Service Personnel and Veterans Agency (SPVA); and
- the Soldiers, Sailors, Airmen and Families Association – Forces Help (SSAFA Forces Help).

1.8 A full-time project worker – or bridgeworker - was employed by SAMH. The worker had a professional background in mental health issues.

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1.9 Blake Stevenson was commissioned to evaluate the pilot project. This report sets out our findings from the evaluation and highlights the lessons learned.

1.10 The remainder of this chapter sets out the development of Gateways for Veterans, the need for the service and the context for the evaluation.

Need for the service

1.11 Gateways for Veterans was piloted in Inverclyde because:

- it was estimated that there is a large number of vulnerable veterans in the area;
- vulnerable veterans are at risk of alcohol misuse; and
- there was a desire to improve knowledge and understanding of the unmet needs of vulnerable veterans.

1.12 The remainder of this chapter explores each of these issues in more detail.

Large estimated number of vulnerable veterans in the area

1.13 A veteran is anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists). Veterans and their dependents make up the veterans community, which is estimated to be over 10 million strong in the UK[1].

1.14 Although there is no precise data on the number of veterans in Scotland, Poppyscotland[2] estimates that there is a veteran population of approximately 480,000 ex-Service men and women.

1.15 The community of veterans in Scotland extends beyond those who have served in the armed forces, and includes dependents, such as spouses and children. In 2006 Poppyscotland estimated that, in total, one in five of the Scottish population was a member of the veteran community. This figure incorporated 480,000 ex-Service men and women, and an estimated 363,000 dependent adults and 174,000 children.

1.16 There are no available figures on the size of the veteran population in Inverclyde. Whilst there is a general perception that the area is a popular recruiting ground for the armed forces, due in part to the area's historic connection to the Argyll and Sutherland regiment, data on the location of veterans is not collected so it is not possible to determine the number of former service men and women living in the area.

[1] Source: http://www.mod.uk/DefenceInternet/DefenceFor/Veterans
[2] Poppyscotland "Meeting the Need: A report into addressing the needs of veterans living in Scotland" (2006)

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1.17 We have used Poppyscotland figures as the basis of forming our own estimate of the number of veterans in Inverclyde for the purposes of evaluation. Poppyscotland estimates that there are 480,000 ex-Service men and women in Scotland. This figure represents roughly one in nine of all adults (those aged 16 or over) in Scotland[3] – or 11%. If we apply this percentage to the adult population of Inverclyde, (67,377) we could infer that there are at least 7,411 ex-service men and women in the area – potentially more if the perception about high levels of armed force recruitment in the area is correct.

Vulnerable veterans and the risk of alcohol misuse

1.18 Whilst many veterans settle back into civilian life without difficulty, it is recognised that some require support to make the adjustment, and that others develop support needs in the years after leaving military service. These needs are varied, and can include finding suitable or supported employment, sustaining successful relationships, obtaining housing, building a social network, and overcoming both physical and mental health difficulties. If these needs are not met, the veteran may be described as *"vulnerable"*. Vulnerable veterans are at risk of poverty, alcohol and drug misuse, homelessness and poor physical and/or mental health.

1.19 At present, there is no available data on the numbers of the veteran population who are likely to be vulnerable. 35% of the veterans surveyed in Poppyscotland's *"Meeting the Need report"*[4] had experienced some form of difficulty, with those aged 75 or over most likely to have experienced difficulty (45%), compared to 32% of veterans aged 55-57 and 31% of veterans aged 16-54. The most prevalent difficulty was mobility issues (experienced by 15% of the total sample), with financial difficulties (12%) and self-care/well-being issues (9%), followed by difficulties with relationship/isolation (6%), employment (6%) and housing (5%).

1.20 If we extend Poppyscotland's figure of 35% of veterans experiencing difficulty to the veteran population in the Inverclyde area, we can infer that there is a potential population of 2,594 veterans in the area who may have some form of support need.

1.21 Blake Stevenson conducted previous research[5] for Poppyscotland into the issues experienced by veterans since leaving the armed forces. Whilst the figures are not statistically representative due to the small sample size, the research found that more veterans who took part in the research and lived in Scotland experienced issues than veterans who lived elsewhere. For example, 12% of veterans living in Scotland reported that they had problems with drug or alcohol misuse compared to 9% of respondents

[3] The mid year population of people aged over 16 in Scotland in 2009 was 4,281,660. See http://www.gro-scotland.gov.uk/statistics/publications-and-data/population-estimates/mid-year/mid-2009-pop-est/index.html
[4] Poppyscotland: ibid
[5] Blake Stevenson Ltd. (2009) *"Research into the Employment Needs of Disabled and Vulnerable Veterans in Scotland"* Poppyscotland

living in other parts of the UK. Table 1.1 below shows the findings from the research:

Table 1.1: Issues experienced since leaving the services – respondents living in Scotland and those living elsewhere: online survey responses

Since leaving the Forces have you been affected at any time by any of the following issues, to the extent that it has made it difficult for you to find or to keep a job?	Respondents living in Scotland	Respondents living in other parts of the UK
Family or relationship problems	39%	30%
Problems with drug or alcohol misuse	12%	9%
A criminal record	7%	2%
Homelessness	14%	4%
Lack of relevant training or skills	26%	33%
Social isolation	24%	23%
Mental health difficulties	22%	14%
Problems with anger management	24%	21%
Financial problems	28%	23%

1.22 If we apply Blake Stevenson's figure of 12% of respondents living in Scotland with problems with drug or alcohol misuse to the estimated veteran population in Inverclyde, we can infer that there is a potential population of 889 veterans with drug or alcohol issues in the area. However, it is important to note that whilst drug and alcohol misuse are often correlated we do not have a breakdown on alcohol misuse. It may be the case that less than 12% of the veterans who took part in the survey experienced problems with alcohol, so our crude estimate of the potential population of veterans misusing alcohol in Inverclyde may be high.

Alcohol misuse

1.23 The Gateways for Veterans project was designed as a service to support veterans with alcohol misuse, and this section explores the issue in more detail.

1.24 Alcohol misuse, as defined by the NHS[6] *"is when a person drinks levels of alcohol that can cause them physical, psychological, and social problems - both in the short term and the long term"*.

[6] http://www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx

1.25 **Physical** problems that can be caused by alcohol misuse include:

- liver disease;
- heart disease; and
- stroke.

1.26 **Psychological** problems that can be caused by alcohol misuse include:

- depression;
- alcohol related brain damage;
- loss of memory; and
- impaired judgement.

1.27 **Social problems** that can be caused by alcohol misuse include:

- violence;
- isolation;
- domestic abuse; and
- losing jobs.

Increased risk for vulnerable veterans

1.28 Vulnerable veterans are particularly at risk of developing a dependence on alcohol, based on the following:

- the link between alcohol misuse as a coping strategy for dealing with unmet needs; and
- habits developed through the drinking culture prevalent in the armed forces.

1.29 In addition, vulnerable veterans in Scotland may be at particular risk of abusing alcohol due to the exacerbating factor of a culture of drinking in Scotland.

1.30 Each of these factors is explored in more detail below.

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Link between alcohol misuse and unmet need

1.31 There is not believed to be one specific cause of alcohol or substance misuse, but researchers have identified several important contributing factors. Two of these factors[7], are of particular relevance to vulnerable veterans:

1. People who have not learned to deal with the stresses of life are more liable to misuse alcohol.

2. Once somebody has become alcohol or drug dependent, other life difficulties such as unemployment, poverty or homelessness will impair their ability to regain control over their addiction.

Culture of drinking in the Armed Forces

1.32 A study published in 2007[8] found that men and women in the Armed Forces were the biggest drinkers in the country. The findings were based on a survey of nearly 9,000 service personnel. Explanations for the excessive drinking culture in the armed services included:

- peer pressure;
- boredom;
- the isolation of barracks; and
- the cheap price of alcohol behind the wire.

Culture of drinking in Scotland

1.33 There is also a perceived "drinking culture" in Scotland. Research has shown that on average, adults in Scotland consume more alcohol than in other parts of the UK. For example, sales data for the year 2007 estimated that Scots over the age of 16 drank, on average, the equivalent of almost 23 units of alcohol per week, compared to just over 19 units in England and Wales[9]. Recent research published by the Scottish Government[10] found that alcohol misuse could be costing £3.56 billion per year, with healthcare costs 7.5% of the total cost (£268.8 million) and social costs 6.5% of the total cost (£230.5 million).

[7] As identified by the Royal College of Psychiatrists – see http://www.rcpsych.ac.uk/campaigns/changingminds/mentaldisorders/alcoholanddrugmisuse.aspx
[8] Iversen, A et al (2007) *Factors associated with Heavy Alcohol Consumption in the UK Armed Forces*. Military Medicine.
[9] http://www.scotland.gov.uk/Topics/Health/health/Alcohol/culture
[10] http://www.scotland.gov.uk/News/Releases/2010/01/12093356

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Desire to improve knowledge and understanding of the unmet needs of vulnerable veterans

1.34 Whilst it is increasingly recognised that there are a number of vulnerable veterans with support needs, it has proven difficult to engage with veterans who are experiencing difficulties. An article published in *Community Care*[11] explained that: ***"the mental resilience instilled by military training has one unwelcome by-product: a reluctance to seek help when times are tough".***

1.35 Research suggests that a military background influences how people experience difficulties. For example, a recent report[12] into homeless services for veterans states that ***"they consider themselves better equipped to endure, and are less fearful of, the hardships of street life. They are also less inclined to seek help or accept help given their tendency to elevate the perceived "shame" of their situation".***

1.36 This challenge in engaging with the vulnerable veteran population has made it difficult to estimate the number of veterans with support needs, and to estimate the types of needs they have with any certainty.

1.37 In addition, it is known that people who abuse alcohol are often reluctant to approach support services. Some people experiencing alcohol dependency spend long periods of time denying that they have a problem with alcohol, either because they do not recognise they have a problem, or because they feel ashamed. One of the World Health Organisation's defining symptoms of Alcohol Dependency Syndrome is denial[13].

1.38 It is therefore extremely difficult to get veterans, a group who are known to be reluctant to access support services, to engage in alcohol support services.

Objectives of the evaluation

1.39 The evaluation was designed to provide stakeholders with a clear understanding of the value of work carried out by Gateways for Veterans and to identify the difference the pilot project has made.

1.40 Poppyscotland, the main funder of the Gateways for Veterans pilot, is a charity which provides support to the most vulnerable veterans. It is particularly important for the charity to ensure that resources are allocated efficiently and to maximum effect. In this context, the evaluation plays an invaluable role by demonstrating the project's return on investment.

[11] Andrew Mickle: (January 2010). *"Forces of Support".* Community Care Magazine.
[12] http://www.york.ac.uk/inst/chp/publications/PDF/HomelessExServiceinLondon.pdf
[13] http://www.who.int/topics/alcohol_drinking/en/

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Methodology

1.41 We undertook the following methods to carry out the evaluation:

- meetings with project staff and management;
- data collation and analysis;
- interviews with four service users;
- interviews with stakeholders from Combat Stress and SSAFA Forces Help; and
- case studies to illustrate the experience of veteran engagement with the project.

Report structure

1.42 The rest of the report is organised as follows:

- **Chapter 2:** Engagement with veterans
- **Chapter 3:** Engagement with support organisations
- **Chapter 4:** Awareness raising activities
- **Chapter 5:** Case studies: veterans' experiences of engaging with the pilot project
- **Chapter 6:** Findings from SAMH research
- **Chapter 7:** Value for money
- **Chapter 8:** Lessons from the pilot
- **Chapter 9:** Conclusions and recommendations

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2 Engagement with Veterans

Number of veterans who accessed the service

2.1 Gateways for Veterans aimed to engage with 150 veterans over the pilot period. This figure was not based on any estimation of the number of vulnerable veterans in the area, but rather based on the number of veterans the project had the potential capacity to support.

2.2 During the first quarter of the pilot, efforts began to build referral pathways and publicise the service. These activities included meeting and speaking with local veterans' groups; distributing leaflets, posters and information packs in the community; and meeting with professionals from relevant referral agencies.

2.3 The first veteran came to the service in the second month of the pilot, in May 2009.

2.4 In two cases veterans were referred to the project but did not present for any appointments. In another case, a veteran from outwith the Inverclyde area was signposted to relevant support agencies in their own area, but not counted as a Gateways for Veterans service user for the purpose of data analysis because they did not live in the pilot catchment area.

2.5 By the end of the pilot the project had engaged with 46 veterans in total. This represents less than a third of the original target for the service.

2.6 The table below shows the number of veterans who accessed the service each month.

Table 2.1: Veterans who accessed the service

Month	Number of new referrals each month
May 2009	4
June	5
July	4
August	2
September	5
October	4
November	4
December	5
January 2010	4
February	3
March	6
Total	**46**

2.7 The above shows that referrals were relatively steady over the life of the project. Over the 11-month period, an average of four veterans were

referred to the service each month and they ranged from a low of two in August 2009 to a high of six in March 2010.

Needs of veterans accessing the service

2.8 The Gateways for Veterans project was advertised as a service to support veterans with alcohol misuse, but it was anticipated that vulnerable veterans might disclose other needs during the course of their engagement with the pilot. Veterans self-reported their need during their first referral appointment, and were encouraged to discuss any problems with the bridgeworker. Some veterans disclosed their needs immediately, whereas others took time to build trust with the bridgeworker before full disclosure.

2.9 The table below summarises the issues self-reported by the service users.

Table 2.2: Issues self-reported by service users

Issue faced	Number of veterans experiencing this issue	% veterans who accessed the service
Current/previous alcohol misuse	25	54%
Poor physical health	21	46%
Social isolation	20	43%
Poor mental health*	20	43%
Financial difficulties	13	22%
Housing problems	7	15%
Seeking employment/voluntary opportunities	7	15%
Drug misuse	5	11%
Low levels of literacy	4	9%
Relationship difficulties	4	9%
* In two cases, the bridgeworker had to perform a suicide intervention		

2.10 Although the Gateways for Veterans service was primarily aimed at supporting those with alcohol problems, only 54% of veterans who accessed the service reported alcohol misuse as an issue. This is a significant finding. It shows that 46% of the client group did not meet the basic criteria for the project and in purely economic terms would be classified as 'deadweight'[14]. We recognise however that the project has delivered other benefits, not least the support to veterans with a range of other problems.

2.11 At the midpoint of the pilot, managers discussed the low levels of engagement from veterans with alcohol problems. The steering group noted that whilst the project aimed to address the issue, alcohol misuse was also being used as a "route in" for veterans, who might find it difficult to self-identify or address other needs such as social isolation or poor

[14] Deadweight refers to non-additionality, or providing a service to clients who did not meet the original service criteria

mental health. The steering group agreed that the service should offer support to all veterans who approached it, whether or not they identified themselves as having issues with alcohol.

2.12 It was also recognised that some veterans might be reluctant to reveal their drinking behaviour due to stigma and denial, or in some cases, not considering their misuse of alcohol to be a problem. The bridgeworker noted that they suspected many of the veterans who accessed the service *did* have alcohol issues but chose not to disclose them.

2.13 The majority of veterans (37 of 46) identified that they had more than one need. Many of the needs were interconnected and complex – for example, a person who identified that they had poor mental health also expressed feelings of social isolation. The severity of the needs experienced by veterans was highlighted by the two service users who required suicide interventions.

2.14 The table below summarises the total number of needs identified by each veteran.

Table 2.3: Needs identified by each veteran

Total number of needs identified	Number of veterans	% of veterans
1	9	20%
2	7	15%
3	14	30%
4	12	26%
5	4	9%

Family members also have support needs

2.15 Although the service was specifically aimed at supporting veterans, during the course of the evaluation we identified that other members of the veteran community may also have needs which are not currently identified or supported. Whilst these needs may not necessarily relate to the original scope of Gateways for Veterans, we feel that it is an important finding from the project, and worth highlighting.

2.16 Two of the four veterans interviewed said that they felt that family members, as part of the veteran community, had unmet support needs. One said: ***"in some cases, it's worse for the wives"***. He explained ***"some wives move around with their husband and kids during service and they find it just as hard to leave, especially as most of their friends are other army wives. They all face the same challenges in settling back in "civvy street". Others stay at home while their husbands are in service, and when they leave have to deal with living with a man who maybe has difficulty adjusting and finding work".***

2.17 Another veteran suggested that ***"it's difficult to learn to budget in the army – and a lot of families struggle when the period of service ends. That's when their problems start"***.

2.18 These interviewees suggested that family members could have many of the same support needs as veterans: alcohol and drug misuse, poverty, risk of homelessness, social inclusion and mental health issues.

Support provided to veterans

2.19 Gateways for Veterans provided four main forms of support to veterans:

- information and signposting;
- referrals to local support agencies;
- advocacy or one off support – for example, telephoning the council on a veteran's behalf, or helping to fill in forms; and
- ongoing support through facilitation work.

Information and signposting

2.20 Information on local support services was provided to each person who engaged with Gateways for Veterans. Nearly half of the people who accessed the service (21 of the 46) requested information or signposting only.

2.21 The types of information given to veterans corresponded with the needs they identified. For example, if a veteran reported that they had issues with alcohol misuse, they were given information about local alcohol support agencies such as Alcoholics Anonymous and Inverclyde Alcohol Services.

2.22 Some of the veterans looked for *general* information about services available to help them address their needs. Others were already aware of the support services available, but sought *specific* information such as contact details.

2.23 Overall, veterans were signposted to the following services:

- Alcoholics Anonymous
- Breathing Space
- Choose Life
- Combat Stress

- Erskine
- Gryffe Alcohol Unit
- Inverclyde MoneyMatters
- Jericho House
- Health services – for example, GP, NHS 24
- Houses for Heroes
- Other housing services – for example, RiverClyde Housing
- Local social services
- Local community learning centres
- Poppyscotland
- SAMH - Gateways To
- SPVA
- SSAFA Forces Help
- Veterans First Point

Referrals

2.24 The bridgeworker referred 25 veterans to the following support providers.

Table 2.4: Bridgeworker referrals

Support Agency	Number of veterans referred
SAMH (Gateways To)	17
SSAFA Forces Help	10
SPVA	6
Combat Stress	5

Advocacy or one-off support

2.25 The bridgeworker acted as an advocate for six of the veterans who accessed the service. In these cases she made telephone inquiries on the veteran's behalf or assisted the veteran to complete forms over a period of time.

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Ongoing support

2.26 Fourteen veterans received ongoing facilitation support from the bridgeworker. In these cases, a personal development plan was agreed between the project worker and the veteran to identify the steps which would be taken to address the needs identified.

2.27 The bridgeworker assisted these veterans to engage with support services by providing any help necessary, for example:

- making appointments;
- planning journeys;
- checking on progress;
- encouraging attendance at appointments; and
- providing an opportunity for feedback.

2.28 The bridgeworker also liaised with support agencies on the behalf of veterans when requested, and helped veterans to identify resources and any further sources of support available.

Outcomes for veterans

2.29 In total, 32 veterans engaged with the project on a one-off basis. After consultation, they were either given information, signposted or referred to support services.

2.30 It is not possible to identify the outcomes achieved for veterans who only engaged with the service once, as there was no follow up reporting mechanism in place. However, the monitoring system recorded the outcomes veterans sought from the service, and in all cases these clearly linked to needs. For example, a person who identified that they were experiencing social isolation wished to ***"become more socially active"*** and a veteran with physical health issues wanted ***"improved health"***.

2.31 We gathered data on outcomes for the 14 veterans who engaged with the service on a longer term basis. All of these veterans had more than one need – the number of needs identified by each veteran ranged from two to five. Nine of the 14 veterans who accessed ongoing support had issues with alcohol.

2.32 Outcomes for these veterans included engagement with local services, increased awareness of support agencies, and accessing support.

2.33 Outcomes for the 14 clients who engaged with Gateways for Veterans more than once are shown in the table overleaf.

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Table 2.5: Outcomes for clients

Veteran	Needs	Outcomes
1	Alcohol support Financial difficulties Social inclusion Poor mental health Poor physical health	Engaged with alcohol services and accessed financial support from other local veteran agencies.
2	Alcohol support Poor mental health Social isolation Financial difficulties	Engaged with community resources and accessed financial support from other local veteran agencies. Increased awareness of local support services. Engaged with SAMH Gateways to service.
3	Alcohol support Poor mental health Low levels of literacy Poor physical health	Engaged with Combat Stress. Accessed literacy support providers. Increased support accessed from local health services.
4	Alcohol support Poor mental health Poor physical health Low levels of literacy Financial difficulties	Engaged with financial literacy support. Accessed financial support from local organisations.
5	Alcohol support Social isolation Poor physical health Seeking voluntary opportunities	Engaged with SAMH Gateways to service.
6	Poor mental health Social isolation Drug misuse	Engaged with Combat Stress. Accessed support from GP, Social work and housing support providers.
7	Alcohol misuse Poor mental health Poor physical health	Engaged with local alcohol support services. Engaged with Combat Stress. Engaged with SAMH Gateways to service.
8	Alcohol misuse Social isolation Financial difficulties	Raised awareness of local support services.
9	Social isolation Poor physical health Poor mental health Seeking voluntary work/employment	Engaged with SAMH Gateways to Employment service. Accessed local volunteering opportunities. Accessed local befriending services. Accessed local training opportunities.
10	Poor mental health Social isolation	Engaged with SAMH Gateways to service.
11	Seeking voluntary work/employment	Raised awareness of local volunteering opportunities.
12	Alcohol misuse Poor physical health Financial difficulties Social isolation	Engaged with SAMH Gateways to service.
13	Alcohol misuse Poor physical health Poor mental health Social isolation	Engaged with SAMH Gateways to service. Accessed support from other local veteran agencies. Engaged with alcohol services.
14	Poor mental health Housing problems Unemployed	Accessing local support services, including SAMH Gateways to Employment service. Engaged with Combat Stress.

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Approach to engaging with veterans

2.34 Service users commented on the ease of engaging with the bridgeworker. They noted the efforts made to ensure they were able to access the service, and the fact that she used a mobile phone to remind them of appointments made and support them to make travel arrangements. The bridgeworker also assisted one of the service users to access the support services of Combat Stress in his home, by attending to make the introductions and reassure the veteran.

Services for veterans do not neccessarily need to be delivered by veterans

2.35 Veterans commented on the delivery of the service by a non-veteran during interviews. This is a significant issue as there is a perception that people with armed forces experience can be more empathetic in delivering services to veterans than people with no armed forces experience.

2.36 Interestingly, three of the four veterans interviewed said that one of the things which attracted them to the service was the fact that it was not delivered by a veteran and did not have a connection to the armed forces. One said:

> ***"I hate the way the army treated me – I don't want anything to do with it".***

2.37 Another veteran said that he "liked" the fact that the project worker did not have an army background. He explained:

> *"**she's willing to ask questions, and doesn't assume anything. I've enjoyed teaching her".***

2.38 Another veteran suggested that Gateways for Veterans benefitted from adopting a person-focused approach to providing support. He said:

> ***"it helped me to address the small things, which matter…. what I needed to make my flat feel like a home – things like a duvet cover, and a carpet".***

2.39 On the other hand, the other veteran we interviewed said he believed that the service might have benefitted from the presence of a veteran – either to directly provide the service, or to serve in a "buddying" capacity. Their views reflect a perception often repeated by service providers– that veterans prefer to access services provided by veterans, because they share an understanding of life in the armed forces.

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3 Engagement with Support Organisations

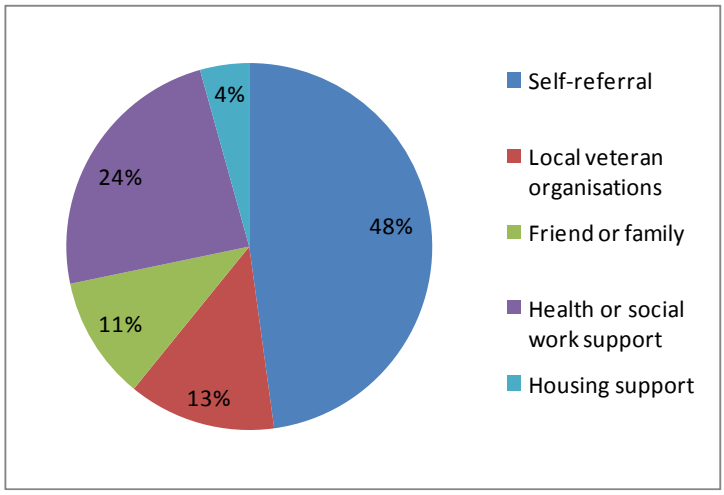
Referral pathways

3.1 There were five main sources of referrals to Gateways for Veterans. These were:

- self-referral;
- local veteran organisations;
- friend or family;
- local health or social work provider; and
- housing support.

3.2 The chart below provides a breakdown of referral sources.

Figure 3.1: Breakdown of referral sources



3.3 The most common pathway to engagement with the service was self-referral. In total, 22 veterans (48%) self-referred. Six of these veterans attended through surgeries run by the project worker, for example, at Inverclyde Alcohol Services, and the others came by appointment.

3.4 The second largest source of referrals was through local health services. Eleven veterans, or almost a quarter of those who engaged with the project (24%), were referred by local health services.

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Table 3.1: Referrals made

Referral organisation	Number of referrals made
Alcohol detox services	5
Mental health services	4
GP	1
Social work	1

3.5 Six veterans (13%) were referred to the service by the following local organisations.

Table 3.2: Referrals by local organisations

Referral organisation	Number of referrals made
SAMH	2
Army Careers Information Office	2
SSAFA Forces Help	1
The Salvation Army	1

3.6 Five veterans were referred to the service by a family member. In one case, a sister approached the service on behalf of her brother, and in another, a wife approached the service on behalf of her husband. Another three veterans self-referred at the behest of family members.

3.7 Two veterans were referred to the service by local housing support services.

Previous contact with support agencies

3.8 Each of the veterans was asked if they had previously sought help from other local services. Nearly all (44 of the 46 veterans seen) had done so.

3.9 The table below shows the services accessed by veterans before going to Gateways for Veterans for help.

Table 3.2: Services accessed by veterans

Support agencies	Number of veterans
SSAFA Forces Help	23
Alcohol/drug services	9
Social work	8
SAMH/other mental health support	7
GP	6
Housing support	6
Other local agencies (non-specified)	5
Combat Stress	3
Salvation Army	3
SPVA	2
Inverclyde MoneyMatters	1

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3.10 It is noteworthy that only nine of the veterans had previously sought help from local alcohol and drug services. We established earlier that 25 service users had current or previous alcohol problems and this is significant because it shows that 16 of them had not sought help elsewhere. This demonstrates that the project has engaged 16 veterans who were not seeking help with an alcohol problem and the 16 veterans represent approximately 35% of the total caseload.

3.11 Many of the veterans who accessed Gateways for Veterans had engaged with more than one other local support service previously. The table below shows the total number of agencies each veteran engaged with before accessing support from Gateways for Veterans.

Table 3.3: Number of agencies veterans engaged with

Total number of support agencies contacted before Gateways for Veterans	Number of veterans	% of veterans
None	2	4%
1	13	28%
2	7	15%
3	9	20%
4	3	7%
5	2	4%
Unspecified	10	22%

3.12 Some of the veterans described previous unsuccessful attempts to get support from local agencies. Themes included difficulties in communication, such as ***"unanswered phones"***, problems for those with low levels of literacy, for example ***"no help filling in forms"***, and a lack of feedback, for example ***"unsure if my referral [for financial support] was made"***.

Relationships with referral organisations

3.13 All of the stakeholders recognised that the success of the project would depend to a great extent on the ability to connect to the existing network of veterans agencies in the area, in order to publicise the service effectively and establish referral pathways.

3.14 It became apparent that there were challenges in establishing effective connections with local veteran organisations, and in particular, with the local branch of SSAFA Forces Help. We believe the difficulties, which were overcome during the course of the evaluation, reflect the challenges which any new veterans' service may face. We therefore include a brief summary of the barriers experienced by Gateways for Veterans, and how these were overcome, for the purposes of learning from the pilot project.

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"Ownership" of clients

3.15 A sense of "ownership" sometimes develops when services are provided to a select group of the community by a small number of local agencies. In these cases, service providers may not wish to "share" clients – sometimes because of fear of losing clients to other organisations, or because of a "protective" instinct. They may not refer onto new services until they feel comfortable with the new staff or organisation, and have established that it provides a successful service.

3.16 Gateways for Veterans attempted to overcome the barrier of "ownership" by meeting with other local service providers who shared the same client group. This highlighted the fact that they offered a new service for veterans, which did not duplicate that of other agencies in the area. They tried to publicise success stories and demonstrate the impact that engagement with the service could make.

3.17 Interviews with project stakeholders at the end of the pilot established that the services delivered by local veteran agencies in Inverclyde were not perceived as duplicating those of the Gateways for Veterans service

Resistance to change

3.18 Some local referral organisations may have found it difficult to encourage their staff to make the changes to their ways of working which would lead to referrals. For example, staff may not have wished to make the change of considering the wider needs of veterans accessing their specific service, and may have been reluctant to assess whether or not veterans might benefit from support from Gateways for Veterans.

3.19 Gateways for Veterans addressed the issue of "resistance to change" by approaching other veterans' organisations on a "service by service" basis. This helped them to establish a rapport with local referral partners, and supported efforts to get staff to "buy in" to the benefits that would arise from making referrals – for example, better outcomes for veterans.

Capacity

3.20 A further challenge to building effective referral pathways between local organisations is the capacity of other services to make referrals. Many of the local veteran organisations in Inverclyde operate on a small scale, and are staffed by volunteers. In these cases, office hours are limited, and there may be a high turnover of staff/volunteers. The willingness of volunteers to take on new responsibilities, for example to make referrals or engage with new services, may be low, and in some cases they may not have the skills to use equipment through which referrals are made – for example, staff may not feel comfortable using a computer.

3.21 In addition, services with low capacity may have limited resources. For example, there may not be a computer, so it is not possible to contact these services by email. In such circumstances it can be challenging for new pilots to establish effective referral pathways.

3.22 As with the issue of resistance to change, Gateways for Veterans tackled the issue of capacity by approaching other veterans' organisations on a "service by service" basis. This helped them to establish the best means of communicating and making referrals.

A new way of working between local veteran agencies

3.23 Stakeholders commented on a ***"new way of working"*** which had emerged between local veterans agencies, and suggested that Gateways for Veterans had helped to bring this about. One of the stakeholders said that this was largely due to the fact that the bridgeworker was ***"was easy to work with"*** and ***"full of ideas"***. The Combat Stress representative noted ***"it is so important for specialist agencies to work together to find ways to identify and engage with their client groups. We now have closer links between key support agencies – Combat Stress, SAMH, SSAFA and SPVA, which is an extremely positive outcome from the Gateways for Veterans project"***.

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4 Awareness Raising Activities

4.1 Extensive efforts were made throughout the pilot to increase awareness of Gateways for Veterans and further the reach of the service. These activities included:

- engagement with the Inverclyde Local Authority Veterans' Champion;
- meeting and speaking with veterans;
- distributing leaflets, posters and information packs in the local community;
- meeting with professionals from relevant referral agencies;
- following up contact by email and telephone;
- writing articles;
- attending events; and
- running stalls in busy public places.

4.2 The bridgeworker also undertook work to improve her own awareness of local agencies and resources which might support Gateways for Veterans. For example, she completed a mapping exercise to identify local community resources, and job shadowed the 'Gateways To' worker that many veterans were referred onto.

4.3 Through attendance at large scale events such as the conference 'Unchartered Territory: the mental well being of Scotland's veterans', the project raised its profile nationally.

4.4 The table in Appendix 1 provides a list of all the organisations and individuals that the Gateways for Veterans project engaged with.

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5 Case Studies

Veteran A

Profile: Veteran A is 55 years of age. He left the army in 1988, after 12 years of Service in reconnaissance. Since leaving the army, the veteran experienced prolonged periods of unemployment, began drinking heavily, and his marriage ended.

Need: The veteran sought support from Gateways for Veterans to overcome social isolation and build self-confidence. He also wanted help to improve his physical and mental health.

Support provided: The bridgeworker referred the veteran to the SAMH service, Gateways To. They identified local volunteering opportunities and encouraged him to participate in a computer training course.

Outcomes: The veteran said that his confidence levels had increased and that he had ***"come out of his shell"***. He told us that because of the new skills developed in his computer course, he had gained a volunteer position in a local veterans' association. He no longer felt socially isolated.

Veteran A told us he had helped to raise awareness of the pilot amongst the veteran community. He said:

> ***"I've told them about the help I got, so now all the boys know that support is available, and where to get it from".***

Veteran comments: The veteran said that he was reluctant to approach the service at first, but that the bridgeworker had encountered him at a local veterans' meeting and encouraged him to take the first step and make an appointment.

He explained that the one to one support provided to him was very important. He said:

> ***"many veterans do not have phones or computers – and they need the face to face contact. A list of telephone numbers or agencies to contact doesn't do it – you need to have someone to explain your problems to, face to face, who can tell you who to go to for help, and make the introductions for you".***

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Veteran B

Profile: Veteran B left the Army in 1993 after seven years of Service.

Need: The veteran was at risk of homelessness, had poor mental health, and experienced panic attacks. He had a history of alcohol and substance misuse.

Support provided: The veteran was referred to Combat Stress and supported to access their help. The bridgeworker also acted as an advocate for the veteran and helped him to access council housing support by making appointments and telephoning on his behalf. The bridgeworker used text messages to communicate with the veteran, and helped him to manage his anxieties by making plans and breaking activities down into small stages.

Outcomes: The veteran felt that his mental health had improved, and said he intended to engage with support from Combat Stress in the future. The veteran had also changed doctors and said that his new GP had a better understanding of his mental health issues.

Veteran comments: The veteran said:

> ***"there was nothing for us [veterans] in Inverclyde before Gateways for Veterans. Ever since I came here things have really got better. I'd otherwise just be sitting in the house…I've had panic attacks…but it is better now I know she's here. If I feel at risk of an attack she'll meet me off the bus, or if I can't leave the house she'll come out for me."***

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Veteran C

Profile: Veteran C is 54 years old. He left the army in 1991, after 15 years of Service as an infantry soldier. Some years after discharge, the veteran sustained an injury which led to a lengthy period of unemployment. He became depressed, and suicidal, and was eventually diagnosed with PTSD. The veteran had already engaged with a number of local services, including mental health support, before accessing support from Gateways for Veterans. He was referred to Gateways for Veterans by his psychiatrist.

Need: Veteran C wanted help to improve his mental health, increase social interaction and take up volunteering opportunities. He had a history of alcohol misuse.

Support provided: The bridgeworker referred the veteran to the SAMH service, Gateways To. They identified local volunteering opportunities and encouraged him to participate in a computer training course.

Outcomes: The veteran was engaged with new support services and accessed a local training course.

Veteran comments: The veteran said he thought Gateways for Veterans would benefit from involving another veteran as one of the support providers – either as a bridgeworker or in a "buddying" capacity. He explained:

> ***"people in the forces are completely different to civilians, we understand each other, and know what we need and want. One of my first questions [to the bridgeworker] was 'were you in the forces?' and when they said no, I thought 'well what's the point in talking with you?' It took me a while to realise they could help me".***

He also made the following suggestions:

- Have a monthly veterans' meeting in each town, and host a meeting on a theme of need, such as housing, civilian life, dealing with taxes.
- Offer a service which members of the veteran community, for example, wives can access too.

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Veteran D

Profile: Veteran D is 56 years old. He left the army in 1990, after 9 years of service as an infantry soldier. He was referred to Gateways for Veterans by local alcohol support services.

Need: The veteran experienced financial difficulties and had low levels of literacy. He had poor mental health, poor physical health and alcohol problems.

Support provided: The veteran was referred to Combat Stress and SSAFA Forces Help. The bridgeworker acted as an advocate by helping him to complete forms and apply for financial assistance to get furniture for his home. The bridgeworker encouraged the veteran to attend a computer course.

Outcomes: The veterans engaged with new support agencies. His housing condition was improved through the purchase of specialist equipment to help him with his physical mobility. He also attended local training and improved skills. The veteran explained that he felt more confident, and that relations with his family members had improved. The veteran has recently changed the medication he was taking and said he felt better because of it.

He explained that now his domestic situation was improved and said:

> ***"I've started to decorate the house, because I know I have new furniture coming"***.

Veteran comments: The veteran emphasised the importance of the fact that the service was not connected to the army. He said:

> ***"I would not have talked to the bridgeworker if she was from the army…the army didn't give a damn about me".***

He explained how he had helped to advertise the service locally and said:

> ***"I helped her with the local knowledge; I told her where to put the posters – in the local pubs and clubs where the veterans go".***

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6 Findings from the SAMH Research

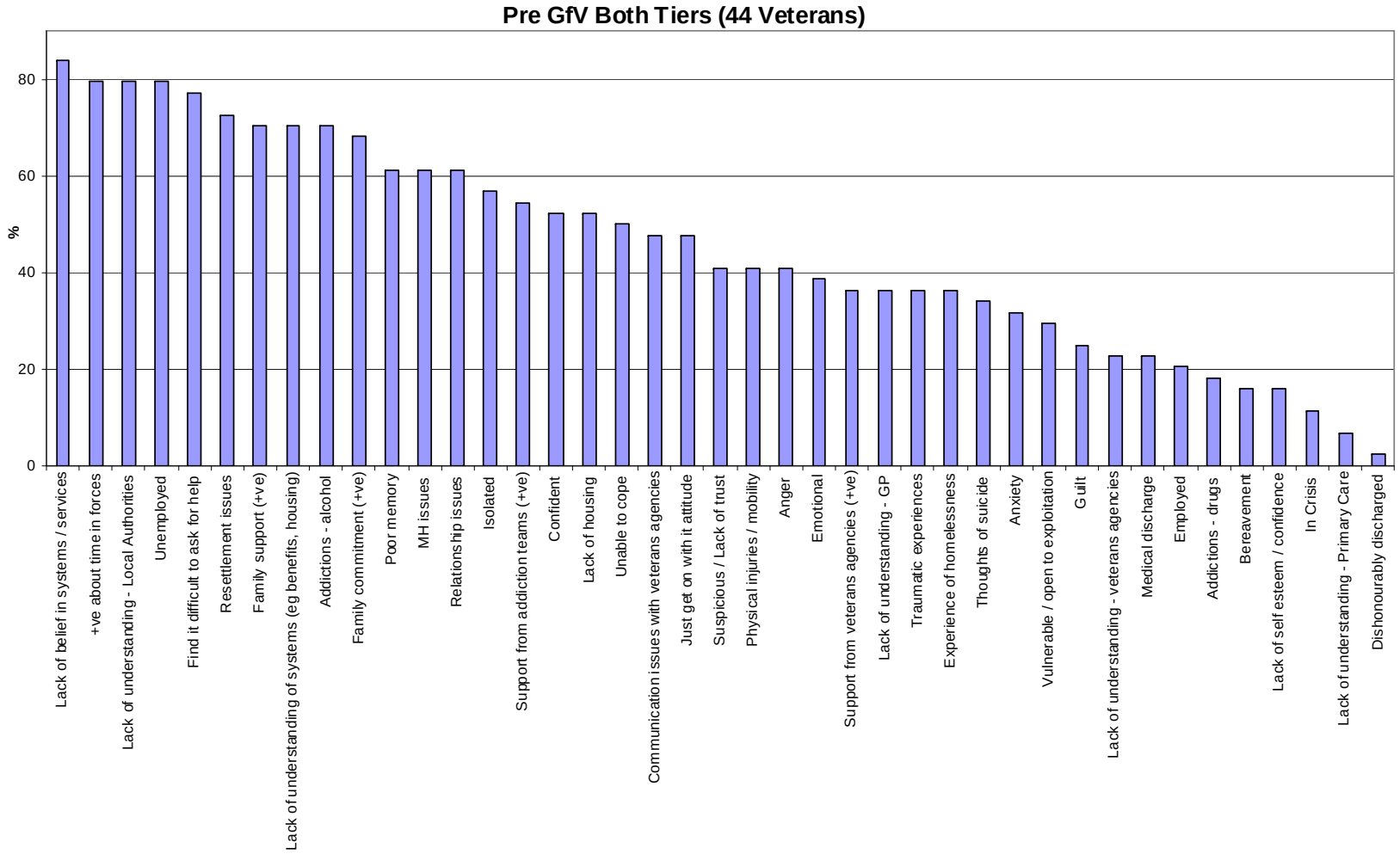
6.1 SAMH conducted a separate piece of research into the Gateways for Veterans pilot project. Their findings were based on the bridgeworker's assessment of each of the veterans who accessed the service. These assessments took place in the final stages of the pilot, and were made retrospectively, without the input of veterans. The findings therefore serve a useful illustrative purpose, but are not necessarily statistically robust. SAMH and Poppyscotland are willing to include these findings in this report in order to maximise the learning from the pilot.

6.2 The SAMH analysis was based on an estimate of veterans' needs, engagement and progress at three stages:

- pre-engagement with the pilot project;
- during engagement with the pilot project; and
- post engagement with the pilot project.

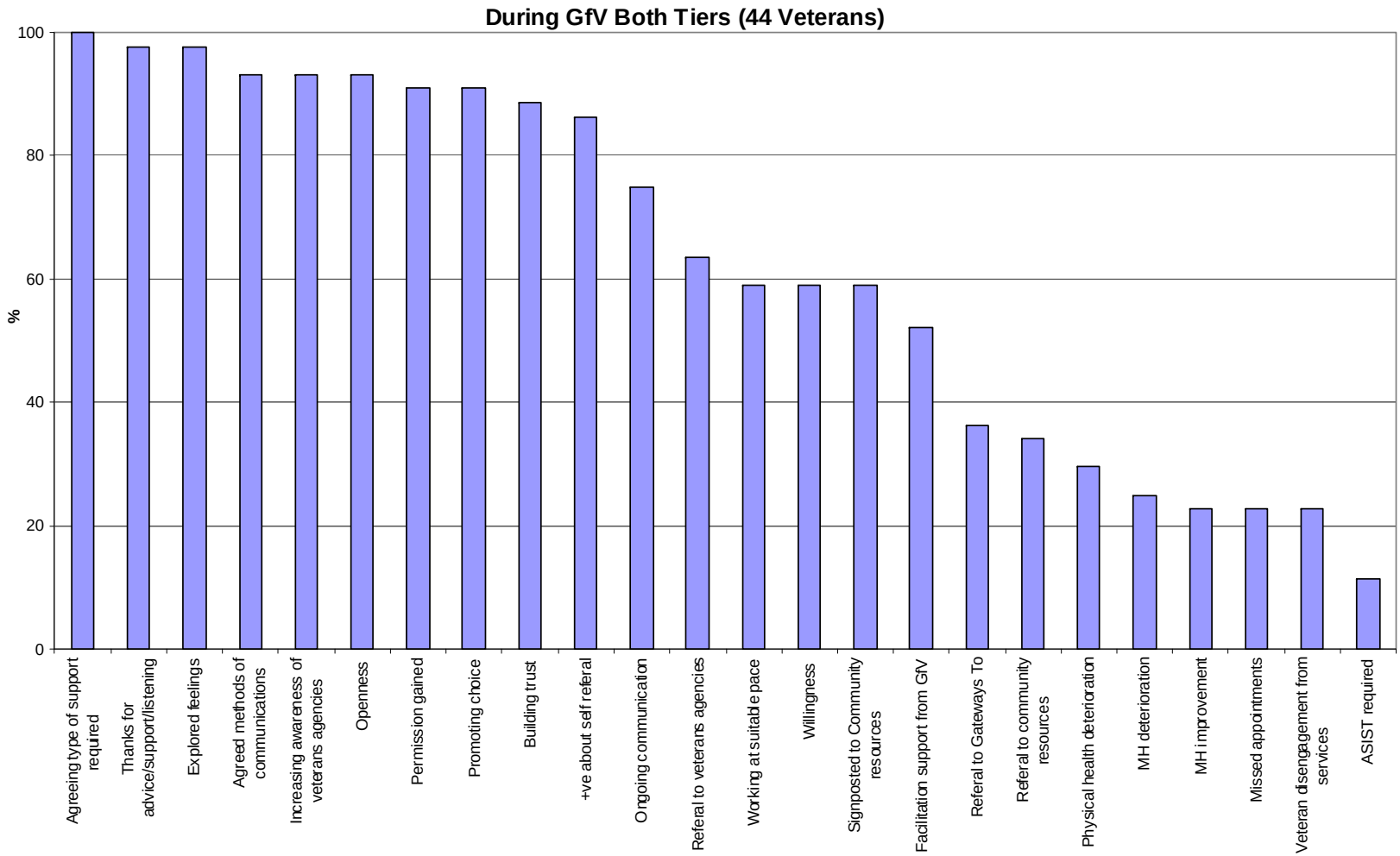
Pre-engagement

6.3 The chart overleaf illustrates the bridgeworker's assessment of the issues each veteran faced prior to engagement with the pilot project. For example, the bridgeworker concluded that almost 90% of the veterans demonstrated a lack of belief in the ability of systems/services to help them.


Pre GfV Both Tiers (44 Veterans)
%
0
20
40
60
80
Lack of belief in systems / services
+ve about time in forces
Lack of understanding - Local Authorities
Unemployed
Find it difficult to ask for help
Resettlement issues
Family support (+ve)
Lack of understanding of systems (eg benefits, housing)
Addictions - alcohol
Family commitment (+ve)
Poor memory
MH issues
Relationship issues
Isolated
Support from addiction teams (+ve)
Confident
Lack of housing
Unable to cope
Communication issues with veterans agencies
Just get on with it attitude
Suspicious / Lack of trust
Physical injuries / mobility
Anger
Emotional
Support from veterans agencies (+ve)
Lack of understanding - GP
Traumatic experiences
Experience of homelessness
Thoughts of suicide
Anxiety
Vulnerable / open to exploitation
Guilt
Lack of understanding - veterans agencies
Medical discharge
Employed
Addictions - drugs
Bereavement
Lack of self esteem / confidence
In Crisis
Lack of understanding - Primary Care
Dishonourably discharged

During engagement

6.4 The second chart produced by SAMH illustrates features of veteran engagement with the pilot project. For example, all veterans agreed the type of support they required with the bridgeworker when they accessed the service.


During GfV Both Tiers (44 Veterans)
%
100
80
60
40
20
0
Agreeing type of support required
Thanks for advice/support/listening
Explored feelings
Agreed methods of communications
Increasing awareness of veterans agencies
Openness
Permission gained
Promoting choice
Building trust
+ve about self referal
Ongoing communication
Referal to veterans agencies
Working at suitable pace
Willingness
Signposted to Community resources
Facilitation support from GfV
Referal to Gateways To
Referal to community resources
Physical health deterioration
MH deterioration
MH improvement
Missed appointments
Veteran disengagement from services
ASIST required

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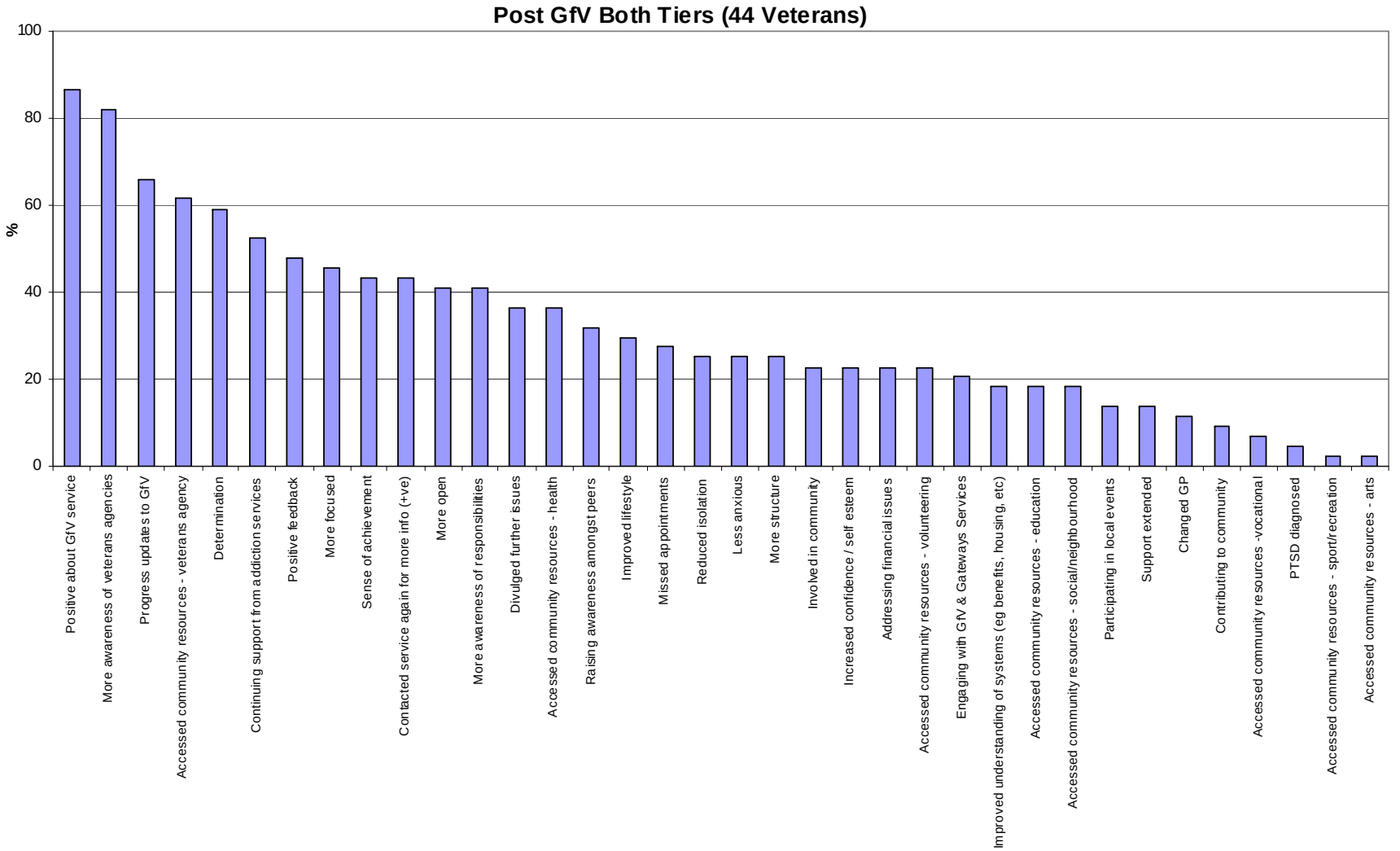
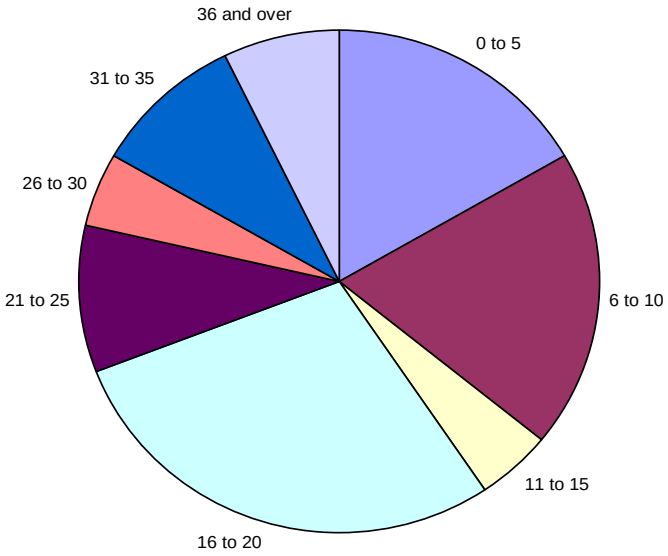
Post engagement

6.5 The third chart illustrates some of the outputs and outcomes for veterans who engaged with the service. The chart highlights outcomes such as being “more focused” “more aware” and “involvement in the community”. Outputs included changed GP, accessed community resources, and missed appointments. Overall, most of the veterans were positive about their engagement with the pilot.


Post GfV Both Tiers (44 Veterans)
%
100
80
60
40
20
0
Positive about GfV service
More awareness of veterans agencies
Progress updates to GfV
Accessed community resources - veterans agency
Determination
Continuing support from addiction services
Positive feedback
More focused
Sense of achievement
Contacted service again for more info (+ve)
More open
More awareness of responsibilities
Divulged further issues
Accessed community resources - health
Raising awareness amongst peers
Improved lifestyle
Missed appointments
Reduced isolation
Less anxious
More structure
Involved in community
Increased confidence / self esteem
Addressing financial issues
Accessed community resources - volunteering
Engaging with GfV & Gateways Services
Improved understanding of systems (eg benefits, housing, etc)
Accessed community resources - education
Accessed community resources - social/neighbourhood
Participating in local events
Support extended
Changed GP
Contributing to community
Accessed community resources -vocational
PTSD diagnosed
Accessed community resources - sport/recreation
Accessed community resources - arts

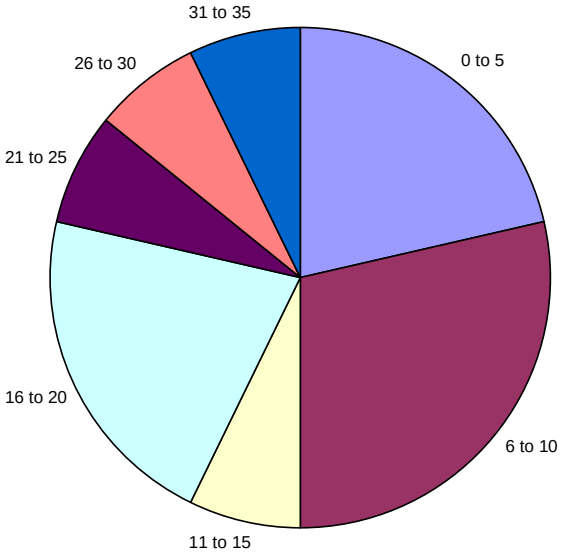
6.6 SAMH also collected data on the length of each veteran's service in the armed forces. The chart below provides a breakdown.

Length of Time Since Leaving Forces (years)



6.7 The chart below shows the length of pilot engagement for service users who required ongoing support.

Length of Time at GfV - Tier 1 Only (weeks)



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7 Value for Money

Financial review

7.1 The total cost of the pilot project was £27,478. The majority of the total was the salary and associated costs of the bridgeworker. The table below illustrates overall expenditure on Gateways for Veterans.

7.2 By dividing total costs by the number of veterans supported by Gateways for Veterans we have calculated an average spend per veteran of £597.

Table 7.1: Total costs of Gateways for veterans

Cost	£
Total Cost: (Staff salary; national insurance; pension; life cover and insurance; staff travel; mobile phone; stationery; capacity building fund; management fee 5%)	**£27,478**
Average cost per veteran*	£597
* This represents total annual costs (£27,478) divided by the total number of veterans who accessed the service (46).	

Value for money

7.3 Whilst we do not have figures on a similar service with which to compare the cost of the project against, it is our view that a cost of £597 per service user does not represent a good return on investment. This is in a large part based on the fact that the majority of veterans accessed the service on a one-off basis. If the project had achieved its target of 150 veterans the cost per service user would have been £183.

7.4 In addition, only 54% of veterans who accessed the service reported that they had problems with alcohol. Whilst some of the veterans may have had alcohol problems which they did not disclose, it is likely that some of the service users did not have issues with alcohol. This means that resources were used to support veterans who, although facing multiple and complex needs, did not meet the original service criteria of requiring support for alcohol addiction.

7.5 Whilst return on investment, as measured by average cost, was limited, all stakeholder organisations commented on the added value of their learning from involvement in the pilot project. It is also worth emphasising that one of the key purposes of the pilot was to increase knowledge about the needs of veterans in the area, and the project was successful in gathering useful information about the range, types and numbers of needs identified by the veterans who accessed the service

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Duplication

7.6 The key consideration here is whether Gateways for Veterans provided a service for veterans with alcohol problems that the service users could not or chose not to access from other local service providers. To assess this, we first consider the existence of other services and secondly, the propensity of veterans to use these services.

7.7 Other services exist for people with alcohol problems in Inverclyde, such as Inverclyde Alcohol Services (IAS). IAS is based in Greenock and includes the Hub Project. It provides one to one counselling, assessments, and home-based detoxification and rehabilitation. The Hub provides intensive support to people during the initial stages of recovery and support such as group work and seminars is available seven days a week. The service is open to anyone seeking support with alcohol problems and can be accessed via self-referral or referral from other services. It is not known how well used the service is by veterans.

7.8 It has been shown that nine of the 25 Gateways for Veterans service users with current or previous alcohol problems had accessed support from other local services. It is not known which services they used. However, the fact that 16 service users had not used other services suggests low awareness or propensity to use other services among the target group.

7.9 Interviews with project stakeholders established that Gateways for Veterans was not perceived as duplicating other local services in Inverclyde.

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8 Lessons from the Pilot

8.1 The bridgeworker highlighted a number of useful lessons from the pilot which may inform the development of new services for veterans.

Identify need for the service

8.2 Ensure that there is a need for the service and that realistic and achievable targets are set by doing research before the pilot begins. Make sure that the service being offered meets the needs of the client group – but be prepared to be flexible if new needs emerge during the course of the pilot.

Appoint workers with appropriate skills

8.3 Good project workers are the key to the success of any new initiative. Make sure that the workers have the right skills in place. The Gateways for Veterans pilot drew on the following skills:

- self-motivation;
- working with a vulnerable client group in a sensitive, non judgemental and engaging manner;
- marketing; and
- engaging with high level stakeholders and developing partnership arrangements with other services.

Put appropriate policies and procedures in place

8.4 These are necessary to protect both clients and project workers, and are vital for working with a vulnerable client group whose needs may include alcohol or substance misuse and poor mental health.

Listen to both veteran agencies and veterans themselves

8.5 Whilst it is important to draw on previous research and the knowledge of other service providers, it is useful to engage directly with veterans to identify what they want from services and how they want their services delivered. For example, there is a perception that veterans prefer to have services delivered to them by other veterans. However, 14 veterans were happy to have ongoing support from a non-veteran, and three of the four veterans interviewed said they liked the fact that the service was not delivered by a veteran.

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Use local veterans' knowledge

8.6 Use local knowledge to identify the local places that potential service users often go to, for example, by asking veterans to list popular pubs. This will help you to know where to advertise.

Identify innovative opportunities for awareness raising

8.7 Develop a marketing strategy which includes monitoring local events to identify new opportunities for raising awareness. Whilst new projects may not have a large advertising budget, there are ways to get messages across to the public. For example, Gateways for Veterans was highlighted in a large feature in The Greenock Telegraph, by an article which included a photograph of a service user and the bridgeworker. See example below.

Pioneer project saves Thomas

Vet wins war with alcohol

By Lorraine Tinney

A VETERAN Greenock soldier survived the horror of the troubles in Northern Ireland but felt suicidal when faced by Civvy Street.

Thomas Cummings, a former Gordon Highlander, hit the bottle and split up with his wife after leaving the army in 1990.

But the 56-year-old grandfather says a pioneering project called Scottish Association for Mental Health Gateway for Veterans, run in conjunction with Poppyscotland, has given him the lifeline he needed and he has turned his life around.

The initiative was launched in Greenock in May as a pilot because of the high number of veterans in Inverclyde, which is estimated at 3,000.

Despite his improvements, Thomas is bitter he was given just two months notice by the army because, he claims they wanted younger blood.

He said: "I had relationship, housing and financial problems. I was drinking heavily and I wasn't in a good place at the time.

"After my marriage broke up, I tried to get help but I felt as if nobody wanted to know."

Thomas had managed to cope with the terror of the notorious Falls Road in Belfast, where he and his colleagues where shot at by snipers, ambushed by youths lobbing bricks and spat on.

He said: "A lot of my mates were injured. Then, if someone was killed, you just had to carry on."

But coming home was worse than anything Thomas experienced on the front line.

He said: "I felt isolated and suicidal. I was drinking more and more, getting into trouble with police and my health suffered. I wasn't prepared for Civvy Street. I tried to get a house, but the housing associations said they didn't do anything for the forces."

The Gateway for Veterans project offers specialist support to ex-servicemen and women experiencing problems with alcohol abuse.

Thomas, of Whinhill Court, added: "I wouldn't be here without the support of SAMH. I got a warm and friendly welcome."

Thomas took the first steps to get sober himself, inspired by the birth of his grandson, and through SAMH he was referred to Combat Stress.

Experts there revealed he was suffering from post-traumatic stress.

Thomas said: "If I heard a car back-firing, I would dive down to the ground. The memories never leave you."

Thomas advises other veterans not to suffer in silence. He said: "I would tell them to come here. It's a lifesaver."

Gateways for Veterans is based at 7/8 Broomhill Way, Greenock. For more information, call Bernie McKee on 806013 or email gatewaysforveterans@samh.org.uk

HELPING HAND: Bernie McKee, above right, of Gateway For Veterans has been a great source of support to Thomas, right, as he turns his life round.

Main image: George Munro

ARMY DAYS: Thomas on patrol in Belfast in 1985.

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Develop relationships with referral organisations and create pathways

8.8 It is very important to build relationships with other local agencies that provide services for your client group. This will raise awareness of the pilot and increase the number of clients engaging with the project.

Establish an effective monitoring system

8.9 Put a monitoring system in place at the start of the pilot so that you can measure progress throughout the project, and identify the impact of the service on veterans.

Take a flexible approach to communicating with clients

8.10 The delivery of services in a formal style during traditional office hours, might prevent veterans with needs such as alcohol abuse engaging with new projects. Make sure that the methods of communication used are accessible. For example, text messaging is a good way to ensure that the reach of your support is maximised.

Consider office environment carefully

8.11 It is important to make sure that veterans feel comfortable in the places where services are delivered to them. Create a welcoming atmosphere, and identify venues which can accommodate veterans with mobility issues.

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9 Conclusions

Introduction

9.1 The evaluation has produced extensive evidence about the delivery, uptake and impact of the pilot service. This chapter sets out the key issues identified in the evaluation. It considers the strengths and weaknesses of Gateways for Veterans against the three key purposes of the pilot; engagement, accessibility, and capacity building. It also provides recommendations which may inform the development of other services for veterans in Scotland.

Engagement with veterans

Uptake of service

9.2 The pilot had a target of supporting 150 veterans over a one year period. By the end of the project, only 46 veterans had accessed support from the service. As noted in chapter three, the target number was not based on an estimation of the veteran population in the area who might require support, but rather on the capacity of the project. If we compare the number of veterans who engaged with the project against our crude estimate of the potential number of veterans in the area who have experienced issues with alcohol or drug misuse (889) we can conclude that the uptake was extremely limited – engaging with only 5.2% of the total estimated number of veterans who might require support in the area. However, as noted in chapter one, whilst drug and alcohol misuse are often correlated we do not have a specific estimate of alcohol misuse within the veteran population – so it may be the case that the potential population of veterans with alcohol use is lower.

9.3 However, the low uptake may not be a reflection on the success of the project, but an indicator of the challenges of engaging with vulnerable veterans, who, as noted in chapter one, are notoriously hard to reach. Our interviews with stakeholders from other local veteran services revealed that their organisations have experienced similarly low levels of contact from veterans – engaging with approximately 60 veterans in the past year. These numbers might have been even lower had it not been for the referrals made by Gateways to Veterans.

9.4 In addition, as chapter three explained, most of the veterans who engaged with the pilot had already been in contact with other local services, in some cases with up to five different organisations. This too might be a factor which explains the low number of veterans who approached Gateways for Veterans – for some veterans, previous unsuccessful encounters may have undermined the credibility of new services, and deterred them from attempting to engage in the pilot.

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9.5 A further factor is that the pilot project was advertised as a service for veterans with alcohol issues. Both SAMH and Poppyscotland believed that alcohol abuse is an indicator of a range of hidden needs, and that promoting the service on this basis offered a "route in" for veterans. However, it may have been the case that veterans who did not have issues with alcohol, but were vulnerable in other areas, did not feel that the service was aimed at them, and therefore did not access it.

9.6 As chapter one explains, it is also recognised that stigma and denial often deter people who misuse alcohol from disclosing their need, and that these people only seek support at a crisis point. There may therefore have been a number of veterans who, despite being vulnerable, were not in crisis or at a stage which they felt ready to disclose their support needs, so did not approach the service.

9.7 The location of the project, in a residential area of Greenock, may also have reduced the potential for the project to become known more widely in the community, as there were a limited number of passers-by in the area.

9.8 One of the veterans interviewed (case study: Veteran C) suggested that it would be beneficial to "have a monthly veterans' meeting in each town, and host a meeting on a theme of need, such as housing, civilian life, dealing with taxes".

Recommendation 1:
In future, it might be more effective for SAMH and Poppyscotland to identify the take up of similar/supporting local services and use these figures as a proxy to establish appropriate targets for pilot projects.

Recommendation 2:
Services for veterans may increase the likelihood of client engagement if they are advertised as ***"a service to support and provide information to veterans"*** rather than a service designed to engage with a specific need, such as alcohol misuse.

Recommendation 3:
In future, SAMH and Poppyscotland could build in a preparatory phase for pilot projects, allowing for time to build referral pathways and publicising the service before the project starts. This will increase the time for potential service users to become aware of the project, and may mean that overall there is a higher take up of the service over the lifetime of the project.

Recommendation 4:
We include Veteran C's recommendation to "have a monthly veterans' meeting in each town, and host a meeting on a theme of need, such as housing, civilian life, dealing with taxes".

Needs of veterans

9.9 One of the key purposes of the pilot was to gather evidence on the needs of veterans in the Inverclyde area. Despite the low levels of engagement with the project, the data collected demonstrated the range of issues affecting veterans, including social isolation, low levels of confidence, poor mental health including depression and suicidal thoughts, and housing issues.

9.10 This evaluation also identified that many of the veterans who used the service had sought support from other agencies in the area. The fact that they went on to contact Gateways for Veterans indicates that their needs were not met by the other local agencies.

9.11 A further finding from the evaluation was that wider members of the veteran community – in particular, dependent spouses - may have needs that are not yet met by service providers.

Recommendation 5:
Services which offer support to veterans could widen their reach and address unmet need by offering support to the veteran community, which includes dependents.

A service for veterans who misuse alcohol

9.12 The service aimed to support veterans experiencing problems with alcohol. Our analysis of need showed that 54% of the veterans who accessed the project self-reported that they had issues related to alcohol. As explained in chapter one, many people are reluctant to reveal their drinking behaviour due to stigma and denial, and in some cases, people who misuse alcohol do not perceive it to be a problem. The bridgeworker noted that she suspected many of the veterans who accessed the service *did* have alcohol issues but chose not to disclose them. It is therefore difficult to say with any certainty how many service users had a problematic relationship with alcohol, although we know that at least half did.

9.13 All veterans who reported that they had problems with alcohol were supported to address the issue. Whilst some of the veterans may have had alcohol problems which they did not disclose, it is likely that some of the service users did not in fact have issues with alcohol. This means that the project supported veterans who, although facing multiple and complex needs, did not meet the original service criteria of requiring support for alcohol addiction.

Recommendation 6:
In future, it may be useful for pilot projects aimed specifically at clients with alcohol issues to do some gentle probing with veterans about their drinking habits, and to quantify how many units of alcohol they drink per week. This will help services to identify alcohol misuse in cases where the

veteran does not wish to disclose or does not perceive alcohol to be a problem.

Outcomes for veterans

9.14 Without follow up data, it is only possible to attribute the outcome of *"increased awareness of local support services"* to the veterans who accessed the Gateways for Veterans once for information and signposting. However, we identified a number of positive outcomes for veterans who engaged with the service on an ongoing basis. Outcomes for this group included engaging with local support services, accessing financial support, and taking up local voluntary opportunities.

9.15 Whilst overall the pilot did not engage with the target number of veterans, it did meet its objectives of providing information, signposting and support to all of the veterans who accessed the service.

Accessibility

Engagement with referral organisations

9.16 Chapter three looked at the pilot's engagement with other referral organisations. Despite the extensive efforts made to build referral pathways with veteran's organisations, including the referral of 25 veterans to other veteran's services, Gateways for Veterans received only six referrals from these sources.

9.17 There may be a number of reasons for the limited number of referrals to the project from local veterans' agencies. The first is duplication - organisations may not have felt it necessary to refer veterans to a signposting service if they themselves provided this service. However, as identified in chapter three, interviews with project stakeholders established that the services delivered by local veteran agencies in Inverclyde were not perceived as duplicating those of the Gateways for Veterans service.

9.18 Another reason is a sense of "ownership" which sometimes develops when services are provided to a select group in the community by a small number of local agencies. In addition, there may have been a resistance to change or lack of capacity in other local services to make referrals, as many operate on a small scale, with limited resources, and are staffed by volunteers.

Recommendation 7:
We believe it will be useful for referral organisations to establish protocols for making referrals between organisations, at both local and national levels. A system of cross referrals will serve to increase the reach of services to veterans, and support efforts to overcome challenges in

building relationships with other referral agencies, for example capacity and resistance to change.

Delivery of service by a civilian

9.19 Whilst it is not possible to draw conclusions for the veteran population as a whole from the small number of veterans interviewed during this evaluation, it is still interesting to note that three of the four veterans were positive about the fact that the service was not delivered by a veteran and had no connection to the armed forces. This finding contradicts the established perception that veterans prefer to use services delivered by other veterans who share an understanding of life in the armed forces and have had common experiences.

9.20 This finding suggests it may be beneficial to explore the reasons for vulnerable veterans accessing/not accessing services. If it is true that some veterans are "put off" by services which have a connection to the armed forces, it would explain part of the difficulty of identifying and engaging with vulnerable veterans.

9.21 One of the veterans interviewed (case study: Veteran C) suggested that it would be beneficial to for veterans' service to employ veteran volunteer who would offer a "buddying" service, for veterans who wish to access services which have a connection to the armed forces.

Recommendation 8:
We believe it would be useful for further research to be done to establish whether or not vulnerable veterans prefer to access services which are delivered by veterans.

Recommendation 9:
Services for veterans might wish to incorporate a "buddying" service, provided by veteran volunteers, into their delivery model. This will give service users the choice of accessing a connection to the armed services, if they wish to.

Capacity building

Legacy

9.22 Gateways for Veterans established a new way of working between specialist veteran organisations in the area.

9.23 The pilot raised the profile of the needs of veterans in Inverclyde, both across service providers and throughout the community more generally. It also raised awareness in wider areas through contact with services in Paisley, Ayrshire, Renfrew and Edinburgh.

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9.24 Significantly, the project has produced data on the type and range of issues faced by vulnerable veterans, which may serve to influence the development of future services.

9.25 The project developed knowledge and understanding within SAMH at a local and national level, as evidenced by the research undertaken by SAMH which is included in this report. This learning has improved the capacity of the organisation to support veterans.

9.26 Gateways for Veterans has also provided a lasting legacy through the creation of a model for the establishment of specialist services for veterans in new areas.

9.27 In addition, a number of examples of good practice have been identified throughout the evaluation. These include the approach to working with veterans, and the innovative awareness raising strategy.

Recommendation 10:
We believe that publicising the findings from this evaluation will serve to extend the legacy of Gateways for Veterans by supporting other services to build on the learning highlighted within this document.