UNFORGOTTEN FORCES
Supporting Scotland's Older Veterans

UWS UNIVERSITY OF THE WEST of SCOTLAND

The Unforgotten Forces Project Final Report:

An Evaluation of Support for Older Veterans in Scotland

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Foreword

The invitation to undertake an evaluation of the Unforgotten Forces Project – a consortium of 3rd sector organisations delivering services for older veterans in Scotland - as a critical friend was one that the research team at the University of the West of Scotland welcomed. Given that approximately 7% of the population of Scotland are veterans and that the majority of them are over the age of 65 it provided the opportunity to examine service delivery for this vulnerable group of individuals. It also provided the opportunity to examine how service delivery across a range of services under the umbrella of Unforgotten Forces might inform policy and service delivery in the future.

This group are perceived as being particularly vulnerable due to their geographical dispersal throughout Scotland and consequent difficulties for accessing much needed services to support them in later life.

With demand rising across all public services this evaluation allowed the opportunity to examine how the 3rd sector can and does respond to the needs of older veterans in community and care settings.

For support services to be effective and provide an integrated service delivery it is important to understand the complex and inter-related needs of those they are supporting in later life.

In order for service delivery to be effective and responsive for older veterans it needs to be:

- recognised by them that it is an option for them. It is important that there is clarity around who can and who cannot be helped as

the term veteran does appear to mean the same thing to all ex-service men and women

- accessible to them. It is vital that the necessary information on how to access services is available in the appropriate formats
- responsive to the older veterans' needs. Service delivery needs to be quick, efficient and effective due to the complexity of their needs and their age
- integrated so that additional support can be provided. Linkage with – apparently seamless - referrals is important in order to be able to address the urgency of needs
- available: availability of the services they need is crucial in many cases in securing a positive outcome for the older veteran. A six week or longer referral waiting time is not conducive to effective services for this particular cohort.

We would therefore encourage the UF partner organisations to consider the findings from this report and to act on them to provide as seamless, effective and efficient a service delivery as possible for older veterans who are residing in Scotland.

University of the West of Scotland Research Team
Liz Frondigoun, Ross Campbell, Murray Leith, John Sturgeon, Linda Thomas & Deborah Innes.

Key Findings

Here we provide a brief overview of the UF project and the key findings and recommendations emerging from the research evaluation.

Unforgotten Forces was a 3-year project delivered between 2017 and 2020. It was funded by the Aged Veterans Fund through the MoD Libor funds. The Unforgotten Forces project, an innovative Poppyscotland led consortium of complementary partners, aimed to deliver services to enhance the existing support for older veterans[1] in addressing loneliness and isolation by providing respite breaks, a new day centre, therapeutic programmes in care homes and advice on issues such as benefits, support for those in medical pathways and help with essential transport.

The research findings strongly support the following recommendations to ensure the continued support for older – and perhaps other – veterans living in Scotland. As previously acknowledged some of the recommendations made here may be of more relevance to other armed force partners. However, they are of significant importance for the older veterans and it is to be hoped that they will inform other relevant organisations who may read this report.

- Easy access to information for older veterans on what support services are available. They ask for a single point of contact for all veteran services where they can be directed to the correct service for their individual needs. Navigating through the plethora of organisations who offer support can be very daunting for older veterans.

[1]Older veterans are defined, for this project, as those aged 65 years of age or older at the time of accessing the services offered by the consortium partners.

- Information leaflets that are easily accessible and readable on what the Covenant is and what older veterans can expect from it would go some way toward mitigating their misconceptions/misunderstanding of it.
- Clear information on who a 'veteran' is including all the various categories such as regulars, reservists, national service personnel, Royal Fleet Auxiliary (RFA) and the Merchant Navy where appropriate etc. would also be helpful for the older veterans.
- Sharing of information and innovation between partners to enhance the service delivery for older veterans should be considered. The example of the Fares4Free use of an App in support of the Covid-19 experience is a good example.
- The support needs of those staff and volunteers working with this vulnerable community should also be acknowledged and where possible, services provided, such as bereavement counselling and training around dementia.
- Funding mechanisms need to be pursued if the consortium is to continue as such. It is unlikely that it will provide such a structured and holistic service if all the UF service providers are to rely on securing funding for their individual services. Without a cohesive funding mechanism to bring them together the continuation of close partnership working may become tenuous.
- Developing more community-based activities in partnership with, for example, the Men's Shed is to be encouraged.
- Exploring how as a consortium they can better advertise for, train and share volunteers should be explored.
- Services for those with impaired hearing and sight should be maintained as they have a significant impact on the day-to-day lives of the older veterans.

- Securing funding for transport services to support mobility and ability to attend hospital and other appointments is extremely important as it provides a much needed lifeline.
- Consideration should be given to other novel ways to include older veterans in line with the new service Age Scotland are introducing: a phone based service - Friendship Circles.

Chapter 1

Introduction

Research Context

This report is the final report on the experiences of older – over the age of 65 - ex-servicemen and women and service providers for the Poppyscotland-led Unforgotten Forces (UF) project. In 2014 Poppyscotland identified that there were approximately 280,000 Scottish older veterans (including their dependants), with the average age of the older veterans being 67 years[2], and that there was a need for improvement in their well-being. Similarly significant numbers of older veterans were also recorded by the Ministry of Defence for 2017: 2.4 million UK Armed Forces veterans in the UK, the majority of them – over two-thirds - aged 65 years and older, male, white and either married or in a civil partnership, and between 6-8% of those veterans resided in Scotland (MoD, 2019). Also, in that year, 2017, The Unforgotten Forces project, a 3-year funded project, was awarded £4 million from the MoD/LIBOR Aged Veterans Fund.

The Unforgotten Forces Project

The Unforgotten Forces project is an innovative Poppyscotland led consortium of 14 complementary partners delivering services to enhance the existing support for older veterans[3] in addressing loneliness and isolation, respite breaks, a new day centre, therapeutic programmes in care homes and advice on issues such as benefits, support for those in medical pathways and help with essential transport. Over the 3-year period one organisation withdrew from the project, SSAFA and another two organisations joined, RAFA and Combat Stress. In

[2] Health and welfare of the Ex-Service community in Scotland 2014. https://media.britishlegion.org.uk/Media/2274/poppyscotland-household-survey-report-final.pdf

[3] Older veterans are defined, for this project, as those aged 65 years of age or older at the time of accessing the services offered by the consortium partners.

total there were, over the 3-year funded period, some 17 member organisations of the consortium.

They were:

- Action on Hearing Loss
- Age Scotland
- Armed Services Advice Project
- Combat Stress
- Defence Medical Welfare Service
- Erskine Reid Macewan Activity Centre
- Fares4Free
- ILM Highland
- Legion Scotland
- Luminate
- Music in Hospitals and Care
- Poppyscotland Break Away Service
- Royal Air Forces Association
- Scottish War Blinded
- Scottish Older People's Assembly
- SSAFA the Armed Forces Charity
- University of the West of Scotland

Combat Stress, Scottish Older People's Assembly, Scottish War Blinded, SSAFA, and Royal Air Forces Association were all unfunded consortium partners and Defence Medical Welfare Services only received funding for the first two years of the project. SSAFA were the only partner to formally withdraw from the consortium during the first 3-years. To support those who are less familiar with the work of the UF partners a summary of the services provided can be found in Appendix 1.

The service delivery partners were keen to deliver where possible a more holistic experience for older veterans: ***'…it [shouldn't] matter what door you (the service user) arrived at, you [should] always … get [directed to] the service that was the right one for you'***. Consortium partners sought to fast track between services where appropriate or provide older veterans with the information on other support services to allow them to make an informed decision on whether or not they wish to self-refer to services within and outside the consortium for additional support needs. It aimed to put addressing the service needs and support of older veterans at the forefront of the service delivery experience. The aspiration for the Poppyscotland led UF project was for a partnership approach but they ***'didn't want competition from within the consortium, we wanted complementary activity, we wanted diversity ...[and]... we wanted them to be joined up'***.

To address this they worked together as a consortium to provide a wide portfolio of complementary activities, working in partnership with like-minded organisations to provide enhanced, well-defined and a diverse range of services, to enhance knowledge and understanding of what each of the partner organisations does, to ensure that irrespective of which organisation is approached the veteran will be assisted, supported and, where appropriate, signposted to the most apposite service for their needs. Such a model, they believed, would empower service providers to identify and support older veterans to ensure they receive the right service at the right time and in the right place as illustrated in the diagram below.

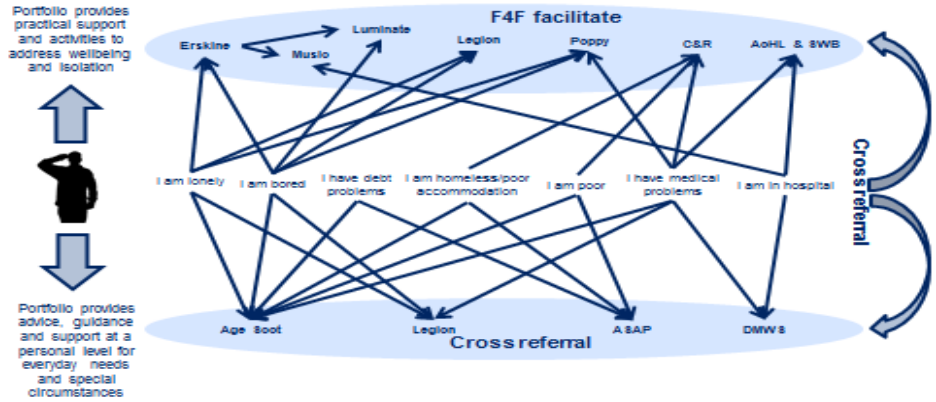

Figure 1 - Illustration of Cross Referral Model[4]

This UF project was officially funded from the 1st July, 2017. However, due to recruitment and organisational requirements a date of 1st September, 2017 was agreed for evaluation purposes.

Outline of the chapter contents:

Chapter one has introduced the topic, outlined the aims of the project and provided a brief overview of the Unforgotten Forces Project.

Chapter two provides an extensive literature review on what is known in relation to the needs and experiences of delivery of services for Scottish veterans and identifies similarities and differences in their requirements in comparison with other, similar jurisdictions.

Chapter three outlines the research framework in relation to the mixed qualitative and quantitative methodologies and discusses the research design. It informs readers on what we did, how we did it and how any difficulties were dealt with.

[4] This diagram is indicative of how the consortium cross-referrals were envisaged. It is not a representation of the actual working of the organisation. It was drawn up by Standard Life who were supporting Poppyscotland in developing the consortium bid.

Chapter four presents the quantitative findings of the research. It highlights the demographics of those who have accessed the Unforgotten Forces service, and where possible reports on the multiple use of the services provided. It also identifies the nature of the enquiries typically received and is beginning to make it possible to evidence the complexity of the needs of some older veterans.

Chapter five discusses the qualitative findings from the perspectives of the older veterans: their experiences of accessing and receiving support or advice from the UF partner organisations. It also examines the service providers' experiences of consortium working and delivery of services to the older veterans. It therefore adds context to the delivery of the services for older veterans and identifies good practice and where and what older veterans would like to see more of or additional services to better support them.

Chapter six reports on the effects of Covid-19 for older veterans and how the UF partners met the challenges of supporting this vulnerable group in the initial stages of the pandemic.

Chapter seven presents our conclusions and makes our recommendations for the continuing development of Unforgotten Forces.

Chapter 2

Literature Review

Introduction

The Unforgotten Forces consortium effort brought 17 organisations together with the aim of improving the well-being of older veterans (those aged 65 and over) living in Scotland. These like-minded organisations sought to work in partnership to provide veterans with easily accessible and seamless service provision and to guide both practical and policy developments to support such service provision across Scotland, so that veterans aged 65 and over living here were in receipt of the right service at the right time in the right place. In order to do this effectively, an understanding of the population being served, the context within which services are being provided, the needs of those delivering and using the services, and facilitators and barriers to accessing services is crucial. This literature review, therefore, sets the findings of our 'critical friend' analysis and research in a larger context. We do this by starting with a definition of what the term 'veteran' means in the UK and Scotland. We then move to estimating how many veterans live in the UK and Scotland, explaining and analyzing the Armed Forces Covenant (the UK's promise to the armed forces community (i.e., serving/ex-service personnel and their families) that they will be treated fairly), considering facilitators and barriers to delivering services in partnerships to veterans and finally, highlighting the specific needs of older veterans living in Scotland along with factors influencing their help-seeking behaviour.

Defining 'Veteran' and Numbers in Scotland

The problem of who is, and is not, considered a veteran is down to a variety of factors. An initial problem can be as simple as labelling. The term often

applied, and just as often regularly employed in official documentation, has been ‘ex-service personnel’ rather than veteran. This is because of the related issues and problems of definition and application. So, who, and what is a veteran of the UK Armed Forces?

The term veteran can be and is very differently defined at differing levels by various groups, organisations and even individuals (Burdett et al 2012, Cooper, Andrew and Fossey 2016, Dandaker et al 2006, Mumford 2012). Whomever the group or organisation, be it a government body, a military organisation or association, serving military personnel, ex-military personnel or the general wider public, a veteran can be a defined and considered very differently. Across different countries the term can also be interpreted and applied very differently and just because an individual has worn military uniform, does not automatically make that person a veteran. Some State militaries and governments require individuals to have served active deployment abroad (Danish requirement), some require a specific period of service time and an ‘honourable’ discharge (USA requirement), others require deployment to a conflict zone (Australian requirement), while others are much more inclusive or even more selective.

Many countries have struggled with defining a veteran, often making the distinction between such and the wider body of ex-military personnel. Some countries, such as the United States, even have differing interpretations depending upon the governmental department or organisation in question. For instance, the US Department of Veterans Affairs defines a veteran as a person currently serving in the US Armed Forces, or a person who has served a minimum of two years (with honourable discharge), or who is currently serving in the reserves or National Guard, or is a dependent of a qualifying Veteran for specific circumstances. However, the US Department of

Education, who play a key role due to the disbursement of financial aid, has a slightly wider definition and thus is more inclusive in providing those services. Nonetheless, both note the need for non-dishonourable discharge.

Within the British context, Her Majesty's Government (HMG; the formal reference to the Government of the United Kingdom) has taken on a very inclusive sense of the term, one which is very broad indeed; 'a person who has completed at least one day's service in uniform' (Mumford 2012 p821). Burdett et al (2012) agree that this is a very inclusive term and expand on this to illustrate that the official British government term is so much wider than most comparative definitions as it includes anyone 'who has performed military service for at least one day and drawn a day's pay' (Mumford 2012 p752).

There seems to be no barrier related to being negatively dismissed from service or discharged in any fashion other than formal retirement or resignation. It is however worth recognizing that definition is one that is evolving. As recently as December 2015, the Royal Fleet Arm Auxiliary and the Merchant Navy were included under the auspices of the Covenant to include only those who have served on a civilian vessel whilst it was supporting HM Armed Forces.

Like many wider general public considerations of the idea of who and what a veteran is, the British public are also very cautious about applying the term to individuals. It is often used to signify those who have been involved in active military operations per se and not just 'regular' service (Mumford 2012). In surveys undertaken in the 2010s it was found that 57% of UK respondents felt that only individuals who had served in either of the World Wars could be considered to be veterans, while 37% applied the term to all ex-military

personnel (Burdett et al 2012). It is worth noting that military activity in the areas of Iraq and Afghanistan may well have changed that perception. However, these surveys took place after the first Gulf War, and long after the events of the Falklands, which were both well publicized, publicly discussed and individuals who undertook service in these events have been publicly acknowledged and honoured. Yet the 57% of the British public in question did not seem to register such events as qualifying individuals to be considered as veterans, in their application of the term.

Such perceptions by the general public are important given the nature of the Armed Forces Covenant; as we will see below, the Covenant is perceived to be between the wider British society and the individuals who serve. Thus, the perception of the general public is key to interpreting, applying and supporting the delivery of the existing military Covenant itself. If the support for the Covenant is so evidently community based, then the community must be firmly behind and supportive of the delivery of such support.

Allied to this public consideration of how to define a veteran is the importance of how the term is applied by ex-military personnel to themselves – both as individuals and as a group. For individuals to seek support, it is imperative that they consider themselves to be veterans for, while they may meet the official guidelines, if they are not perceived as veterans by the wider public, how do they perceive themselves? As recent research (and our own research within this report) clearly illustrates, the perception by the public may not be the exception, but rather the norm for both the wider population and the ex-service population too. It may be that the government definition is the most broad and inclusive of all. This is not a negative, but a positive, but it is only a positive if it is agreed to be the definition that should be applied – by society and individual alike.

In data collected between 2004 and 2006, individuals who had left the military were questioned as to whether or not they characterised themselves as a veteran (Burdett et al 2012). With a supported and valid response rate of 99%, only 52% answered yes to the question of whether they were a veteran, with 48% answering no. Therefore, with only just over half of all official veterans including themselves as such, it becomes clear that self-inclusion/exclusion is a key issue for the delivery of veterans' services and the fulfilment of the Covenant. It is vitally important, as a result, to understand the reasoning behind why individuals tended to respond negatively to the idea that they were a veteran and fail to perceive themselves as such.

There are several factors that have an impact upon self-identification as a veteran. Those more likely to claim the veteran term were more likely to be male, have lower educational levels, have served full time (as compared to reservist status) and longer. However, the two key (and statistically significant in the research itself) factors were whether the individual was serving full time as a regular (or not) and education status. The lower the level of education, the more likely to self-identity as a veteran (and the opposite therefore also applies, as the more educated members of the ex-military population do not identify as veterans). Those who had served as reservist members of the forces are also less likely to identify as veterans.

Therefore, while it can be concluded that there is a clear disconnect between the official government definition of who is a veteran, and that of ex-military personnel themselves (Burdett et al 2012), we must issue a note of caution. There have been significant media and public considerations of the nature of the military Covenant, governmental action to advertise and engage with the Covenant, and considerations of who constitutes as a veteran since this study was undertaken. Since the start of this century, HMG and other governmental

organisations have focused strongly on emphasizing the public profile and general awareness among the public of both current service personnel and ex-service personnel. Initial plans for a Veterans Day were underway at the very time Burdett et al's research was ending, and the first event began in 2006. This event was renamed as Armed Forces Day in 2009, reflecting the involvement of both serving and ex-serving personnel, and has been held annually ever since. Furthermore, the recent 100-year anniversary of the end of WWI, and also activities involving VE and VJ Day and with the passing of the final veterans of those conflicts, the profile of the military, and those who have served, has also been a greater constant in the socio-media sphere.

The potential impact and influence of this emphasised socio-political importance around veterans and the idea of veterans and military service positives cannot be accurately measured at this stage, but it must not be discounted. The potential for impact upon the nature of both the public perception of who is a veteran and also the self-perception of those who have undertaken military service and thus may perceive of themselves as being a veteran may well have been significant.

A further point to note is that more than being an exercise in public or self-identification, defining of the term 'veteran' has a series of extremely important choices for the nature, depth and delivery of care to ex-service personnel. The wider the use of the term, the wider the potential pool of service users. Also, there has to be public support for the inclusive term to carry support for the application of public money, governmental costs, and specific services. This has been clearly impacted upon by the nature of governmental activity (such as the formation of the Office for Veterans' Affairs; see below) in recent times and is likely to do so in the future.

However, it is not just the general perception that will impact delivery and usage. Just as important is the perception among ex-military personnel themselves, as to who is and who is not a veteran. Identification as a veteran is the gateway to available benefits and support schemes (including war pensions and additional health support for older veterans due to service-related health issues). If those who have served do not express themselves as veterans or identify as such, despite being so within the official requirements, they will be unable to utilise benefits to which they are eligible. This means the loss of access to significant potential areas of support, from the government, charities, and associated military associations. There are a number of reasons that people do not identify as veterans (and we investigate them further below) but apart from those already discussed, it can also be as simple as a veteran being embarrassed to self-identify due to the nature of their situation – perhaps being perceived as weak, or in need of charity (Forces in Mind Trust 2017).

A related matter to the self-perception of veterans is the issue of how many current individuals can be considered as veterans, or as part of the veteran community. Unfortunately, while a number of studies exist, almost all focus on the population out with Scotland, and therefore it is difficult to provide an exact figure of the veteran population, or the potential reach required to support veterans in Scotland.

Various health studies have sought to identify veterans, employing NHS codes within individual health care records in Scotland. One such study identified the cohort of veterans as 56,000, due to military related ciphers in their NHS data. (Bergman et al 2017). However, this study only included individuals born from 1945 onwards and thus would miss a significant proportion of the population that the UF Consortium was designed to reach.

In 2017, the Scottish Veterans Commissioner stated that there were 230,000 veterans in Scotland (SVC 2017) which indicates that the potential size of the wider veteran community is still quite significant today. These figures contrast with an earlier claim that there were 280,000 members of the Scottish older veteran community (Ashworth, Hudson, & Malam 2014). Yet, the simple fact remains, that due to the lack of any centralized database or record system, there are no sources for individuals or organisations to consult, and no single set of data can currently identify the veteran community in any area of the UK. However, in July 2020 the UK Government announced that the 2021 census in England and Wales would include a question which would allow ex-service personnel to identify themselves as veterans.

Number of (Older) Veterans in Scotland

This complicates our ability to identify the exact nature and size of the veteran population in Scotland. Estimates remain broad, but far from precise. While other countries have a long history of recording service personnel, both during and beyond service (the US census has collected data about service members since 1840), such data collection is only set to start in Scotland with the 2021 census (Scottish Government 2020). Previous research, including large-scale surveys conducted by The Royal British Legion and Poppyscotland in 2014 suggested that the 'ex-service community' of Scotland was about 530-545,000 people, or about 10% of the wider population. The majority of those lived in private residences, although 64% of those were aged over 65 (280,000 people in 2014) and therefore considered 'older' veterans for the purposes of this study. More recent sources estimating the number of veterans in Scotland vary between 220,000 and 264,000. The Scottish Government (2020) report that there were 220,000 veterans in Scotland (9% of UK vets; 5% of all households in Scotland; with more than half – 129,000 or 58% aged 65 or over). Cole, Robson & Doherty (2020)

suggest there are an estimated 225,000 ex-service personnel living in Scotland (again, 9% of 2.5 million UK-wide ex-service personnel). The Scottish Veteran's Commissioner reported that there were 230,000 veterans living in Scotland (2017), while in 2019, this number increased to 240,000 (Wallace 2019), along with the suggestion that the majority of these veterans were currently over the age of 65. The Ministry of Defence (MOD), basing their statistics on the Annual Population Survey estimated there were between 216,000 and 264,000 veterans in Scotland (9 to 11% of the population of UK veterans, 60% of whom were age 65 or over; MOD 2019b). These numbers do not include estimates of dependents or family members of ex-service personnel, who, as noted below, are also included in the Covenant pledge and will have entitlement to have their needs met by armed forces charities. Thus, while we have an idea of the size of the population targeted, an exact figure of who armed forces charities are serving in Scotland remains elusive.

Conclusions: Defining a Veteran and Numbers in Scotland

It is very clear that the definition of a veteran, as stated by HMG and as perceived of within the parameters of the Armed Forces Covenant, is much wider and more inclusive than the perceptions of both the British general public, and the ex-service community itself. However, it is also important to note that the findings upon which we can base these assumptions are potentially dated and subject to re-consideration in light of very recent socio-political activity. The last two years in particular, have seen a variety of organisations and entities, from HMG, other governmental bodies, as well as the MOD and the wider third sector, place significant emphasis on the idea of veterans and veteran support, as emphasised through the establishment of service provision such as the UF Consortium itself. It may well be the case that the past two years and the last decade have been capable of producing a

shift in public and community self-perception that we have not yet been able to measure or assess.

Nonetheless, as we will discuss further in this report, the focus of the UF Consortium includes many individuals who served as a result of National Service, and thus may not (and did not) consider themselves as being 'regulars' and therefore may not (and did not) self-define as veterans. This, along with the inability to know for certain how many veterans there are in Scotland, highlights what was certainly a challenge for the Consortium, and will continue to be for the future provision of services to older veterans by this and other entities.

Armed Forces Covenant

Understanding the definition of 'veteran' and the size of that population is important within the context of the Armed Forces Covenant, as the Covenant sets out how all in the Armed Forces Community should be treated. In our initial report, at the point of the foundation and operation of the UF Consortium, we reported that the 'military Covenant is a stated obligation that establishes the relationship between the government and armed forces community of UK society' (UWS 2018). As we noted then the Covenant is not a legally binding contract and does not provide for any formal set list of obligations or expectations. Instead, the force of authority within the Covenant derives from the sense of moral obligation inherent in the relationship between serving military personnel and the State (McCartney 2010).

At its heart, the AF Covenant provides the basis of a relationship between serving military personnel, veterans and their families and wider community, whereby individuals (those who serve in the armed forces) surrender certain civil liberties for a period of time, and in return the Covenant provides a

certain level of protection for later periods of life. It has been stated that the biggest liberty forgone is that of potential loss of life during service (Mumford 2012) and this is certainly the most publicly recognised aspect of the possible impact of service life. At the same time, the general public and those with no connection to the military often fail to realise that there are numerous other impacts upon individuals who serve in the military (and their families), and many such impacts reverberate and impact long after the period of service has ended. Such impacts can include, but are not limited to, a negative effect upon family life, personal relationships, career progression once outside of the military, and very often on individual health, be that physical or mental. Thus the Armed Forces Covenant, as outlined by HMG includes 'an obligation for life'.

Furthermore, the Covenant, as recently outlined, argues that 'the commitment and sacrifices made by older veterans in the past, as well as their continuing value to society, should be properly recognised in the support they receive' (MOD). However, the actual and specific nature of the British Armed Forces Covenant itself was, for a long period of time, never fully, or firmly defined, and there had been many various explanations and definitions of both what the Covenant was, and what it provided for in actual outcomes. In addition, while both HMG and the MOD historically recognised the existence of the Covenant, there was, and is, no formal service contract between individuals who serve in the military and the State per se, but rather a wider series of regulations and legal obligations provided for across any number of announcements and statutes. This should come as no surprise to those who regularly engage with HMG as it reflects the nature the British State itself, which has no written constitution, and which operates along a wide range of statutes, laws and recognised procedures, which can be subject to change by a simple Act of parliament or Statutory Instrument.

In recent times, the form and focus of the Covenant has been subject to considerable attention and has undergone a significant change in terms of operation, and oversight. Twenty years ago, in 2000, the MOD published a document entitled 'The Military Covenant' which was when the term itself was 'officially utilised' (Mumford 2012). Thus, it is only within the last generation in which we have witnessed the first regulated recognition and, more importantly, a clear official definition as to what the Covenant entailed.

Nonetheless, it is important to note that even when officially provided for in 2000, the Covenant was actually quite limited in both term and scope. It was formulated as a document of the Army itself; Army Doctrine Publication 5 (McGarry et al 2012). Therefore, the legal application and status of the Covenant remained limited and it would not be until 2011 that the documentary basis of the Covenant was further amended and placed on a formal tri-service footing by being published to cover and address the full range of British military personnel.

Nor is this the only significant change that has taken place. Since the establishment of the UF Consortium, the Covenant has been significantly considered and impacted upon by further actions and activities of HMG. An annual report of the AF Covenant has been required under "the Armed Forces Act 2011 to ensure that Parliament, on behalf of the people of the UK, can understand how the Covenant continues to be delivered" (MOD 2019, p7). In addition, an infrastructure to support delivery of the Covenant has been developed. A 'Strategy for our Veterans' was jointly published by the UK, Scottish and Welsh Governments on 14 November 2018 stating that 'each home nation has subsequently conducted its own consultation to inform how they will implement said strategy'. This document lists 11 outcomes that are aimed to be achieved by 2028 (MOD 2019). In addition, the Cabinet Office now includes

the ‘Office for Veterans’ Affairs (OVA) which is the first ministerial level team to have oversight of the widespread delivery of the Covenant itself.

Therefore, with the establishment of a documentary basis for the Covenant, and oversight by ministerial level appointment, the situation begins to resemble other westernized societies such as Australia and the United States of America, where elected officials oversee government departments in the delivery of services to support veterans. However, there are clear differences between how the military Covenant operates in the UK. Foremost, it should be noted that the Covenant is not a list of ‘additional’ or ‘extra’ services to which military personnel are automatically entitled as a result of their service. Nor does it automatically provide for a wide range of services beyond those available to other citizens and legal residents of the United Kingdom. The Covenant does state that ex-service personnel should both expect and receive the same level of support as other members of society.

Indeed, the Covenant specifically states that ‘those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved’ (MOD 2019). This clearly indicates a situation in which service should not be detrimental to the receipt and provision of support in later life, beyond the period of military service. It does state that veterans should have access to advice and, in some cases additional support. Yet it is the source and nature of that support which sets the UK aside from, say the United States, which has an established Veterans’ service, the Veterans Administration, or VA, which provides support and services specifically aimed at veterans’ and their families.

This is because the perception of delivery is, on the whole, one of equality with the members of wider society, and the recognition of extra requirements that may arise as a result of military service is stated as being only for some cases. Thus, there are some specific obligations published with the Covenant document. Furthermore, it is the manner of how they are implied, and how they are delivered that are key aspects of the perceived responsibilities inherent in the document itself. The Covenant clearly embodies the idea of a moral obligation, and this is outlined as 'The Moral Component' (MOD 2005) in earlier issued drafts.

Such statements are due to the nature, style and source of the support being promised and delivered. The Covenant today states that as an agreement to support, the 'obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the armed forces' (MOD 2019). Thus, the formal Covenant document records that it is the 'whole of society' that has the responsibility of providing for the aftercare of veterans. As has been previously noted, this British society includes the MOD, the chain of command of the British military, the Westminster parliament and the wider British public itself (McGarry et al 2012). The argument has been made that the Covenant as a document thus distances and widens the Government-veteran relationship by including a number of additional actors, and is therefore more of a 'community Covenant' (Mumford 2012). This emphasis has often been reinforced by the Government itself, with statements such as those by the then Defence Secretary Dr Liam Fox in 2011, who stated that the Covenant should be seen as a 'framework' that could be flexible enough to ensure that 'not only the Government but all of society can fully pay the enormous debt they owe to our armed forces, their families and our veterans' (Hansard 2011). This is certainly the same ethos we find embedded in the Covenant today. In

that ethos, we see a reinforcement of not only the moral obligation aspect, but also of the wider community responsibility of the delivery of the Covenant itself.

We must also recognise that such a stance is a direct result of recent emphasis on the need to firmly establish and formally outline the Covenant. While, as a relationship, the military Covenant is the very central plank between veterans and the government, it often remained in a formal limbo for many decades. The publication of an explicit Covenant must be recognised as the result of pressure applied on HMG from a number of areas. It was only during the early years of the 21st century, when members of the military (past and present) began to push for a firmer, wider and better understanding of the Covenant, and a formal enunciation of such as an acknowledgement of the obligations to veterans inherent within it (Sands 2006), that HMG openly emphasised the formal aspects of the relationship.

While the military, and the role it has played in the history of the UK, has 'traditionally been revered by the British public' there has, nonetheless, been a clearly noted lack of understanding of the reciprocity inherent in the Covenant. Part of this may be due to the level of service members present within the wider population. With the ending of National Service in the 1960s, and the continued decline in general service numbers since the end of the Cold War in the 1990s, the result is a smaller percentage of everyday members of the public having a direct connection to the military, either by familial connection, or employment. Furthermore, the level of military activity in wider society has usually been 'inherently discreet' (Mumford 2012) and this often remains the case today, with the military only serving openly during times of difficulty or challenge. Likewise, the level of

deference given to members of the military is certainly less in the UK than in other westernised societies such as the United States.

In addition, there has been a significant emphasis by many scholars, reports and activists around the issue that the Covenant has not always been firmly met (Cohen 2003, Mumford 2012, McGarry et al 2012). Indeed, Mumford was quite explicit in stating that 'The Armed Force Covenant is arguably little more than a paper tiger' in 2012 (p825). This may have changed somewhat in more recent years, with the introduction of a formal Covenant and the establishment of the OVA. Certainly, the situation is that the issue of veteran care has received a significant focus in terms of publicity in recent years, both from the academic and policy sectors, but also, most importantly, from the general public. However, it is also an area that has become increasingly politicised in many regards as a result. The argument has often been around whether the government of the day is fulfilling its obligations to veterans and the idea of the military Covenant is at the heart of that debate. As our discussion above outlines, significant attention has been paid to the AF Covenant during the past twenty years by successive UK Governments. Much of the pressure that resulted in this attention was due to publicity such as the 'Honour the Covenant' campaign, organised by the Royal British Legion, and other wider activities.

At the same time, the last decade has clearly witnessed a shift in the 'balance of responsibilities' away from direct governmental service provision (be that by HMG or any of the devolved, regional or local authorities) to that of wider society. This shift firmly links into the idea expressed within the Covenant as an agreement between the individual and the community, or 'An Enduring Covenant Between The People of the United Kingdom' as the document

states (MOD 2019). This adds to the responsibility being simply that of that of HMG directly.

However, this enunciation of the relationship as a wider societal one has been seen as a less than positive move by a number of researchers, as the burden of responsibility has shifted more directly towards the third and voluntary sector, creating a situation that Mumford has described as 'potentially unsustainable' and also as 'counter-productive' (2012). One of the clearer results of this shift in Covenant emphasis has been the proliferation of military charities and the public profile of support. Certainly, one of the most visible of these over the last decade has been Help for Heroes. This example, represents just one of a huge number of recently established organisations that, according to the MOD, may now number around 2000, creating a vast and somewhat confusing environment for veterans in terms of where and who to contact for any help and support they may need. Indeed, as of July 2018, it was reported that there were 1888 charities focused directly on the Armed Forces, which represented 1.1% of all UK Charities, and of that 1888, 1489 were focused around welfare (Doherty, Robson and Cole 2019). However, it was also noted that the sector had constricted since 2016, with 65 charitable bodies closing completely during that two-year period. Associated branches of charities were also subject to reduction, with 173 local affiliates closing between 2012 and 2018. Overall, when considering the armed forces focus, from 2012, 38 new charities had opened, but in terms of overall activity 135 welfare charities had closed and 173 had opened.

Such a proliferation of service providers is also likely to create a competitive market for resources, which could impact on the quality of services that some of these organisations are then able to provide. As such, the UF consortium is itself a product of HMG activity and an example of the direction of service

provision in this regard. The delivery of services by such organisations is often a result of working closely with or being directly funded by the MOD or another department of HMG. This firmly fits in with both the practice and the ethos of the contemporary Covenant and is reflected in the wider activity of the third sector. In 2020, 97.2% of Armed Forces Charities report collaborating or coordinating their activity, usually with another such charity (67%), or with mainstream charities (34%) or directly with the MOD (37.7%) or a local authority (27.4%) (Doherty, Robson and Cole 2019).

So, while the emphasis on the Covenant, and the wider obligations to ex-service personnel have received the attention of HMG, the actual nature and delivery of services has often remained an issue. HMG has clearly sought to re-position the nature of the Covenant to one where the relationship is between society (not the Government alone) and the individual. There has also been a recognition that the contemporary nature of the hollowed-out state, with an increasing provision of non-state agencies and actors involved in core delivery of services, has had an impact. It has been openly argued that the shift towards a decentralised and privatised mode of delivery in regard to support for ex-service personnel has been a negative movement in which the 'armed forces Covenant has been breached' (Stewart 2017, p6). Stewart further states that at the heart of this situation is the issue that no 'civilian has any comprehension of life in the British military forces'.

At the same time, much activity has been undertaken since this claim. The Office of Veterans Affairs has firmly stepped into the role of a coordinating central organisation, and governmental organisations from the local through the devolved, to the UK wide area have begun greater coordination and activity in partnership with the third sector (Forces in Mind Trust 2017). It has been argued by Sir John McColl (who chairs a body (Cobseo) which represents veterans' organisations) that the military charities sector has been

‘the market leader in terms of cooperation and collaboration’ and that no other charitable sector can ‘hold a candle to anything in our sector’ (Hargrave 2020) and this reflects the argument made by The Forces in Mind Trust (FIMT) who noted general, overall improvement (2017).

As highlighted in the most recent Armed Forces Covenant Annual Report (MOD 2019), in tandem with the joint publication of the Strategy for our Veterans by the UK, Scottish and Welsh Governments in 2018 and resultant consultations undertaken in each home nation, the OVA was created to work with departments to “coordinate and drive government policy on veterans’ welfare, spanning mental and physical health, education, and employment” (p11). The OVA’s initial priorities have been to champion veterans’ issues within HMG, publish and deliver an action plan against the Strategy for our Veterans and ensure the delivery of the government’s commitments to veterans (HMG n.d.). While the delivery of this commitment will remain outwith the government’s purview, such activity and focus is clearly an attempt to address, in name if not in practice, the deficits associated with the Covenant to date.

Conclusions: Armed Forces Covenant

A review of literature around the focus of the military Covenant has provided a number of specific points for consideration. Firstly, the Covenant was, historically speaking, a vague, non-specific, and informal relationship founded on a sense of a moral obligation, rather than a firmly legal one. Clearly, this has been addressed and the Covenant is now a clearly stated government and military document. Secondly, the Covenant was and is firmly now not an explicitly recognised firm relationship between the Government and the serving/ex-serving individual directly. The Covenant involved seeing the ex-service personnel as part of wider British society, who should be

treated equally alongside their civilian counterparts. This seems to have grown out of the nature of the establishment of the Welfare State post WWII, when the British State sought to create a society fit for all those who supported the war effort, military and civilian worker alike. Thirdly, there has been a change related to point two as a result of the interpretation and application of the contemporary Covenant. Where once the delivery of services was centrally organised through the welfare state, this has changed significantly. These changes clearly began during the end of the 20th and very much so during the first two decades of the 21st century. This brings us to the fourth and perhaps most important point in regard to the Covenant. It would not be until the shift towards a more neo-liberal interpretation of support, and the focus on community care/third sector involvement, that the Covenant would begin to achieve a more formal and written basis. Thus, when the Covenant became firmly established, it has been in a manner which has seen the relationship as one between UK society as a whole, and the individual. This has therefore resulted in a shifting of the onus of support from HMG alone, to that of wider society; alongside this has come a much greater involvement of the third sector.

Consequently, the modern Covenant, in terms of the UK, is one on a firmer footing than it historically was, but it also remains one in which the actual delivery of the Covenant remains contested and complicated. While the historic application of the Covenant has been seen as weak, the contemporary one also remains challenged, and the nature of the actual support provided to, and available for, ex-service personnel has often been seen as inadequate or ill-directed. While recent government activity has clearly addressed this issue – it leaves the delivery of care in a much more complicated fashion – one which reflects the delivery of services in wider society as well though, it must be noted.

Service Delivery

Given the context in which the Armed Forces Covenant has been seen to be previously less than effective in terms of the core delivery of services as discussed above, it is important to consider how/if the Armed Forces Covenant operates in contemporary practical terms before moving on to discuss the key issues of care and support for older veterans within this context.

Research undertaken to examine and improve delivery of local Covenant pledges produced a 'core infrastructure' to allow local governments across the U.K. to deliver the Armed Forces Covenant and make it more visible in their communities (Forces in Mind Trust 2016, 2017). This infrastructure was developed in response to findings from surveys and 'deep dive' research visits to dozens of council areas which highlighted that Chief executives, council Armed Forces Covenant Champions, stakeholders and members of the Armed Forces community continued to hold mixed expectations about what the Covenant means. They further found that the Covenant is most likely to be reflected in policies and criteria rather than in actual targeted support and special entitlement. The infrastructure described among the most recent research nonetheless used their findings in relation to good practice and successful implementation of the Covenant. To improve practical and consistent delivery of the Covenant, it is suggested a clearer statement of the expectations associated with the Covenant, a checklist of issues to be addressed, and advice on how to meet those expectations would be welcome by councils especially (Forces in Mind Trust 2017).

Indeed, general recommendations are that improvements will require 'top-level work', such as 'improved service delivery by encouraging local partnerships to adopt the report's recommendations leading to better

implementation of policies' (Forces in Mind Trust 2017, p44). This includes mechanisms for collaborating and information sharing between relevant organisations (Forces in Mind Trust 2017). In this same vein, Shared Intelligence and National Centre for Social Research (2019) recommend that building networks, particularly between organisations that have signed up to the Covenant, will improve the delivery of Covenant pledges across the U.K. An evaluation of a training and consultancy event involving all local authorities across Leicestershire and Nottinghamshire that took place in 2019 (Charnwood, Melton and Rushcliffe Borough Councils Partnership 2019) also concluded that that event led to 'new and strengthened partnerships and support to charities which are the grass roots of supporting veterans and an increased understanding of and confidence in how local authorities and universities could support the Armed Forces community' (p11).

This research supports an argument that those areas in which strong partnership working amongst all sectors, in particular the local authority and the third sectors, can deliver the Covenant pledges more successfully. However, the dynamic nature of the third sector could create barriers to effective partnership-working. As touched on above, recent research looking at the Armed Forces charity sector in more detail revealed its constriction and expansion over the past decade or so in the UK. In 2014, Pozo and Walker identified 1818 registered Armed Forces charities in the UK, 18% of which provided welfare support through services or grants. In 2020, there were 1843 registered Armed Forces charities in the UK, representing 0.95% of all UK registered charities (Cole, Robson and Doherty 2020). Just over a quarter of these UK AF charities were classed as welfare charities (Cole, Robson and Doherty 2020). While some of this change is due to re-defining the inclusion criteria of what an Armed Forces charity is (cadet force organisations were included in 2014, but not 2020, for instance), this does not fully explain the

difference in these numbers. Doherty, Robson and Cole (2019) suggest that the Armed Forces charity sector has been shrinking since 2016 and also found that those considered to be welfare charities were more 'fluid' than other types of charities, and we have already discussed how many opened and closed during that period. Therefore, the inherent concerns about relying on charitable organisations and associations delivering specified support must be taken into account.

Scotland presents a similar, but more concerning, picture with regard to the fluidity in the Armed Forces charity sector. In 2014, there were 419 Armed Forces charities registered in Scotland (Pozo and Walker 2014) while in 2020 that number reduced to 284 (Cole, Robson and Docherty 2020). Again, some – but not all – of this decrease will be impacted by not including cadet forces organisations in the definition of 'Armed Forces charity'. However, the sector in Scotland was found to be shrinking at a faster rate than in the rest of the UK. Between 2012 and 2018, there were 111 charity closures in Scotland and only 56 openings (Doherty, Robson and Cole 2019). This means that Scotland's Armed Force charities were closing at double the rate of other areas of the UK. In this context, it is not surprising that almost one-third of 106 Armed Forces charities responding to a survey by the Directory of Social Change stated they expected their main challenges in the future to be funding and financial issues (Cole, Robson and Doherty 2020), a concern which will inevitably be increased as a result of the Covid-19 pandemic. Again, the success of consortium working must be weighed against the resilience of charitable organisations.

To be more specific, given this highly dynamic context in the AF charity sector, collaboration and partnership-working could very well be impacted negatively, even just in terms of keeping track of which services remain

currently available. Even though military organisations in particular in the third sector seem to have an established reputation for working well together as we have commented on above, such a volatile context has the potential to create barriers to the collaborations necessary to successfully deliver Covenant pledges to the Armed Forces communities, especially if future funding is neither available nor guaranteed.

Yet, being aware of the risks should not downplay the positives as there is evidence of partnership working amongst Armed Forces charities and other sectors. Our previous discussion clearly highlighted the positive outcomes of the report from 2019 in which 97.2% of Armed Forces charities respondents indicated that undertook some type of collaboration or partnership-working (Cole, Robson and Doherty 2020). To further interrogate these figures, we can illustrate the strong connections and interplay between a variety of organisations and bodies and effective partnership-working by Armed forces charities: other Armed Forces charities (67%), the Ministry of Defence (37.7%), mainstream charities (34%), community or welfare organisations (e.g., village halls or community groups; 31.1%), other AF Covenant signatory organisations (28.3%), local authorities (27.4%), membership organisations (26.4%), universities or higher education (21.7%), the NHS (15.1%), local or national business or corporations (12.3%), housing associations (12.3%) and the Ministry of Justice or other government departments or initiatives (7.5%). Furthermore, more than three-quarters of the respondents (76.4%) reported benefits from such partnership-working, including sharing information and best practice, sharing referrals, and sourcing and combining funds from different sources to support a single beneficiary. It is important to note, however, that as positive as these responses are, they come from a small sample representing a 9.6% response

rate to a survey delivered to 1,107 AF charities in total. Thus, these findings must be read with caution overall.

It is also the case the Cobseo, the Confederation of Service Charities, can provide many examples of collaborative approaches along with support for members to develop governance and facilitate communication between charities and wider organisations and have helpfully developed an on-line system of directing support in their Casework Management System (Cole, Robson and Doherty 2020). Larger organisations, such as SSAFA and The Royal British Legion, are also known in the sector to be instrumental in supporting networks to deliver services. Thus, the UF Consortium would seem to be replicating just such positive activity and undertaking partnership working in the very manner required. We investigate just such outcomes further in this report.

Making Partnership Working Effective

Necessary to successful collaborative approaches is not only partnership working at the front-line level, but also at top levels, such that collaboration includes mechanisms to support effective information sharing. While Cobseo provides one example of effective information sharing between organisations, an oft-cited barrier to collaborative working is difficulty in sharing information (Mayhew 2018). This must mean information at all levels – shared as openly and appropriately as regulations provide for.

Other barriers include different 'world views' and cultures in difference agencies (Morgan et al 2019), whereas shared aims, shared understanding of roles and effective and open communication facilitate collaborative working. The aims and objectives must be as open and obvious as the information sharing. While collaboration between all partner agencies might not occur at

the same rate – or might not go beyond information-sharing (as appropriate) – examples of successful collaborations point to the existence of a lead agency whose workers are able to establish and maintain trusting interpersonal relationships with other individual staff members in various organisations so that any agency differences could be negotiated (Morgan et al 2019).

Thus, while collaborative working is advocated, necessary to fulfilling the Covenant and likely achieved to some degree in particular amongst Armed Forces service providers, it is not necessarily straightforward in a dynamic context and with a poorly defined population. The picture is complicated further when the needs of the service users, the older veterans living in Scotland, are taken into consideration.

The Needs of (Older) Veterans

Older veterans represent a community that present with unique needs, some derived as a result of their military experiences and some derived through the natural process of aging (which can be impacted by that service). This makes a full and accurate representation of needs of older veterans and their dependents, specifically in Scotland, somewhat difficult to produce. However, as many armed forces charities provide services to individuals regardless of how or why their condition came about, the distinction of how the need came about becomes less necessary for our purposes. Equally, the needs of younger veterans may be more straightforward, insofar as they may be more clearly linked to their previous service or their transition out of military service, whereas older veterans may still have such needs in addition to those experienced by people aged 65 and over. Thus, all of these must be taken into consideration.

Needs Provided for by Armed Forces Charities

In the UK, Armed Forces charities provide services for both physical and mental health needs. Nationwide, 10% of Armed Forces charities provided physical health support and were estimated to support 250,000 people with a wide range of physical difficulties, not all of which incurred whilst in service (Doherty, Robson and Cole 2018). Only 7% of AF charities were said to offer support for mental health with a reach of approximately 7,000 to 10,000 people in the Armed Forces community (Cole, Robson and Doherty 2017). According to these reports the following needs were addressed for veterans of any age: physical health needs including, but not limited to limited mobility, loss of limbs, loss of sight, loss of hearing, respiratory problems, chemical exposure; and mental health needs such as PTSD, depression and anxiety; substance misuse (Doherty, Robson and Cole 2018, Cole, Robson and Doherty 2017).

In Scotland, Cole and Traynor (2016) reported that 248 AF charities provide relief in need, or practical support such as furniture or white goods; housing repairs, payment to meet expenses, etc. Another 47 provide health and well-being services such as respite and recreation, including support with issues of mental health such as counselling and therapy for PTSD; support for depression and anxiety; general non-clinical support for substance misuse, disability, healthcare and rehabilitation, and care homes. There were 37 AF charities in Scotland reported to provide advice and advocacy (Cole and Traynor 2016). Therefore it can be assumed that older veterans in Scotland will require some support in any number of these areas.

Needs of Older Adults in Scotland

With more than 11.9 million people aged 65 and over in the UK (Centre for Aging Better 2019), over 1 million people aged 65 and over in Scotland

(National Records of Scotland 2019) and that number projected to continue increasing over the coming years (ONS 2020), it becomes crucial to understand the needs of older adults writ large and also in terms of how having served in the military could impact needs in this age group. This may be why the Scottish Government has sought to include veterans in all of policy development, including "A Fairer Scotland for Older People: framework for action" (2019) and "A Connected Scotland" (2018), the Scottish strategies for tackling social isolation and loneliness and building stronger social connections. Furthermore, with 1 in every 14 people aged 65 years and over being diagnosed with dementia in the UK (including 66,000 people in Scotland), and the possibility that PTSD and major depressive disorder (MDD) could contribute to later diagnoses of depression (Rafferty et al 2018), the picture of the needs of older veterans in Scotland becomes increasingly complex. Therefore, when exploring the needs of older veterans in Scotland, the needs identified by the veteran community in Scotland themselves, including isolation, self-care and mobility (Ashworth, Hudson, & Malam 2014), alongside various mental health conditions including common mental disorders (depression and anxiety), PTSD and dementia, must be considered.

Loneliness and Social Isolation

Loneliness and social isolation are linked to poor physical health and well-being (Wilson, Hill and Kiernan 2018), and has been described as being as harmful to health as smoking 15 cigarettes a day (Horsfield 2017). Also, research suggests that people with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness (Wilson et al 2007). Along with Poppyscotland (Ashworth, Hudson, & Malam 2014), additional evidence from UK military charities suggests that loneliness and social isolation are prevalent issues for veterans of all ages

(Royal British Legion 2014, SSAFA 2017). According to a systematic narrative review of the literature on loneliness and social isolation in military veterans, common reasons for feeling lonely and isolated include losing touch with comrades, physical or mental health issues, and struggling to relate to civilians (Wilson, Hill and Kiernan 2018). Furthermore, this review suggested that older, less functional veterans are lonelier and more socially isolated than younger veterans and that, as in the general population, increased age is a risk factor for becoming more lonely and socially isolated (Wilson, Hill and Kiernan 2018). Additionally, a report on research with US veterans found that loneliness in veterans was linked also to functional limitations, as well as number of lifetime traumatic events, perceived stress and symptoms of depression and post-traumatic stress disorder (Leslie et al 2020).

Therefore, service provision that addresses loneliness and social isolation amongst older veterans in Scotland are clearly required. Whilst relationships are important across the entire individual lifespan, they can also be difficult, in particular for veterans who have had significant impactful experiences from their period of service. However, in older adults and for older veterans, the need to feel secure, to feel a sense of belonging and to feel confident that help is there when necessary are all important to being well in old age (Horsfield 2017).

Physical Health Needs of Older Veterans

Aging is a gradual, continuous process of natural change that begins in early adulthood, during which many bodily functions begin to gradually decline (Besdine 2019). It has been argued, in relation to England, that 'national service veterans are not at a greater risk' of health conditions than the general population (Woodhead et al 2011) but there are also other indications of negative implications of service on general health, especially in the mental

health areas (MacManus and Wessely 2013, Murphy et al 2017). In addition, while there is no illustration of length of service among our potential older veteran population, this in itself is not important, as studies have indicated that even a short period of service can have future implications for susceptibility to health issues late in life (Buckman et al 2012, Pinder et al 2012). Thus, in addition to physical health difficulties that may have been caused directly through their military service, such as limited mobility, loss of limbs, musculoskeletal difficulties, respiratory problems, chemical exposure and sensory impairments, equally, in older age, there is an increased risk for physical health difficulties such as decreasing mobility, sensory impairments and other, natural changes that aging brings with it. For example, one in six people in the UK (12 million people) have hearing loss, with more than 40% of that number being people over 50 years of age and 70% of them being over the age of 70 (Action on Hearing Loss 2020). This equates to approximately 850,000 people with hearing loss in Scotland, with almost 600,000 of them over 70 years of age (Scottish Government 2014). Equally, there are approximately 2 million people in the UK living with sight loss (approximately 171,000 of them in Scotland) and a majority of these people are aged 65 and over, which makes sense, as age-related macular degeneration is by far the leading cause of blindness in adults (RNIB 2020).

Physical changes associated with aging also do not come on their own. Though not experienced by all older people, the stressors associated with the physical aging process may increase the risk of mental health problems. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are healthy (WHO 2020). Though not particular to older adults, there is evidence that acquired hearing and sight loss can have a detrimental impact on well-being, particularly when difficulties associated with these losses are not addressed (Lamden 2020,

Holmstrom 2020). That aging veterans in Scotland need support for physical health issues, whether linked or not to their military service, is unquestionable. And, that these changes may come with emotional and mental health difficulties for older veterans should also be taken into consideration.

Common Mental Health Disorders, PTSD and Dementia

Whether or not older veterans have a history of mental health difficulties or whether these difficulties come about as a reaction to the natural aging process, it is important to consider the mental health needs of older veterans. As with determining the actual number of older veterans, there is very little research examining the specific rates of mental health difficulties amongst older veterans. Phillips et al (2020) undertook a systematic review in an effort to, amongst other things, determine the prevalence of mental health problems among serving and ex-Service personnel and their families. However this review, and the stakeholders they interviewed, acknowledged that prevalence estimates acquired may not be representative and that less is known about particular cohorts, such as older veterans (Phillips et al 2020). Other studies seek to determine if mental health difficulties occur to a greater or lesser extent in the veteran population when compared to the civilian population (e.g., Bergman 2015, Rhead et al 2020, Williamson et al 2018). Other studies examine rates of mental health difficulties among veterans who are seeking help (e.g, Karatzias and Murphy, 2019). Therefore, it is important to point out that the general nature of the information below can be helpful, but not definitive, in terms of what older veterans in Scotland in particular may be experiencing.

When considering the prevalence of mood disorders (e.g., depression and anxiety), reported rates amongst veterans again vary widely depending whether they consider those already seeking help, what age respondents are or

where they are from. For example, Stevelink et al (2018) suggest that levels of common mental disorder symptoms, such as depression and anxiety, have decreased over time in ex-service personnel, reporting a prevalence of 21.5%. On the other hand, a systematic review of the prevalence of mental health disorders in older U.S. military veterans, found a pooled prevalence rate of depression in veterans aged 65 years and older to be 13.5% (Williamson et al 2018). It is argued that, overall, UK veterans who had served in more recent military operations were more likely to report a significantly higher prevalence of common mental disorders than others, at a rate of 23% versus 16% (Rhead et al 2020). When considered by age group, it is suggested that 11.9% of ex-service personnel between the ages of 65 and 74 probably had a common mental disorder compared with 9.5% of their age-matched civilian sample. Any specific prevalence of anxiety alone amongst ex-service personnel is almost impossible to determine and we have few research indicators that highlight this area among veterans in general, let alone Scotland in particular.

Though not necessarily considered to be a common mental disorder, it is important to stress the prevalence of alcohol misuse amongst veterans. Studies have suggested that ex-service personnel have a higher prevalence of alcohol misuse disorders than civilians (Rhead et al 2020, Williamson et al 2018), with this being linked to a culture within the military where excessive alcohol consumption is normalised (Phillips et al 2020). Overall, UK veterans were more likely to report a significantly higher prevalence of alcohol misuse (11% v. 6%) than non-veterans, which seemed to continue into older age (Rhead et al 2018). Again, similar results amongst older U.S. military veterans are reported (Williamson et al 2018). Such findings, coupled with reports that in the U.K, people aged 65 and over report the highest rates of drinking alcohol (Horsfield 2017), means that alcohol use in particular may be

an issue to be aware of for the population of older veterans in Scotland as it may be linked to a specific physical or mental health need and the aggravation of those issues.

Most important, however, might not be the actual prevalence of common mental disorders or alcohol use disorders amongst older veterans, but the fact that older veterans might be at more risk for mental health difficulties due to exposure to combat and/or long-term difficulties adjusting to the process of aging (Williamson et al 2018). This also appears to have implications for the development of other difficulties, such as dementia, as there is a growing body of evidence that shows those with diagnoses of depression were significantly more likely to meet the criteria for possible dementia (Rafferty et al 2018, Williamson et al 2018), which we discuss below.

PTSD

While it is unclear how many older veterans experience PTSD, it is still a possibility within this population and has similar associations with other diagnoses, as does depression. According to Williamson et al (2018), the pooled prevalence of PTSD amongst older US veterans was 8.4 (with a range of 1% and 22% being reported in the literature). Overall, when comparing ex-service personnel of any age to the civilian population, Rhead et al (2020) found that, overall, UK veterans were more likely to report a significantly higher prevalence of PTSD (8% v. 5%) than non-veterans.

It is important to consider the prevalence of PTSD amongst older veterans, as it can have an impact on the loneliness and social isolation of older veterans (Wilson, Hill and Kiernan 2018), which our research among UF service recipients have highlighted as important issues that need to be addressed. Those older veterans who have lost touch with comrades are experiencing

symptoms of PTSD and are struggling to relate to civilians and therefore will be more likely to experience loneliness (Wilson, Hill and Kiernan 2018). Clearly, this exacerbates their experiences of mental health difficulties. Also, much like the link between depression and dementia, there are new investigations examining the association of PTSD and later diagnoses of dementia (Rafferty et al 2018). Initial studies of people who might suffer from PTSD (e.g., 9/11 or holocaust survivors) show that those survivors who do have PTSD show accelerated cognitive decline compared to those survivors who do not get PTSD (Rafferty et al 2018). Thus, it becomes imperative to ensure that ex-service personnel have access to the appropriate support to manage PTSD, at whatever age this may occur.

Dementia

As noted earlier, given that the population with whom we are concerned are aged 65 and above, it is important to consider difficulties common to those in this age group, and which may be impacted by previous military experience, in particular dementia. This is even more crucial when it can be seen that the risk for dementia may be higher for those who have experienced mental health difficulties like depression or PTSD.

According to the Alzheimer's society (2020), 1 in every 14 people in the UK aged 65 years and over have a diagnosis of dementia. In Scotland, there are an estimated 90,000 people with dementia, 87,000 of whom will be aged 65 or above (Alzheimer Scotland 2020). Bergman's (2015) study of Scottish veteran's health suggested that there was no statistically significant difference in the prevalence of dementia amongst veterans compared to the civilian population. Even with no statistically significant difference in the prevalence of dementia amongst veterans and civilians, using the estimated figure of

129,000 veterans in Scotland aged 65 or over, this would equate to over 9,000 veterans in Scotland being diagnosed with dementia.

However, taking into account the potential co-morbidity and/or risk factors reported above, this may be something to investigate further. According to Williamson et al (2018), those with diagnoses of depression may be more likely to meet the criteria for possible dementia. Also, socio-economic status seemed to have a moderating effect, such that those with lower income have higher dementia prevalence (Williamson et al 2018). This is consistent with past research that has found low socio-economic status to be a risk factor for dementia. In this context, it is notable that Scottish veterans aged 65 or older appeared to be at less risk of deprivation than younger veterans, whereas those veterans classed as 'early service leavers' were over-represented in the 3 most deprived deciles in Scotland (using the Scottish Index of Multiple Deprviation; Murphy, Palmer and Ashwick 2017). This, along with emerging evidence that female veterans may be at increased risk for dementia, in particular due to traumatic brain injury, PTSD or depression (Yaffe et al 2018), suggests the need for further investigation and perhaps prospective studies with veterans of all ages, if only to work towards prevention of potentially negative outcomes in older veterans.

Conclusions: The Needs of (Older) Veterans

Therefore, among the veteran community, we have highlighted major themes of concern that have been noted as issues existing among the older veteran community. Of course, such issues have been previously reported by Poppyscotland as problematic, especially isolation, self-care, and mobility. The health problems especially indicated a clearly higher percentage of long-term illness and related conditions among Scottish veterans, with 53% (230,000) reporting wide-ranging issues. These included mental health issues,

with 10% reporting a long-term condition, such as depression or PTSD. It has been argued, in relation to England, that 'national service veterans are not at a greater risk' of health conditions than the general population (Woodhead et al 2011) but there are also other indications of negative implications of military service on general health, especially in the mental health areas (MacManus and Wessely 2013, Murphy et al 2017). In addition, while there is no illustration of impact due to length of service among our potential older veteran population, this in itself is not important, as we have highlighted that studies indicate that even a short period of service can have future implications for susceptibility to health issues late in life.

In addition, it has been projected that while the overall the population of veterans would decline significantly over the next decade (Woodhead et al 2009) in England and likewise, it is predicted that the veteran community in Scotland will decline over the next decades, this decline will not be equivalent among the sexes. While the majority of veterans in Scotland are male, similar studies in England indicated that the decline among veteran males would be up to 72% by 2027, English veteran females would increase as a percentage of the veteran population by 125%, from 25,691 in 2007 to 57,700 in 2027 (Woodhead et al 2009). This finding, if generalised to Scotland, has clear implications for future service provision that must be considered. The veteran population could see a shift to include a higher percentage of female veterans and it will see an upward shift in the average age. Both of these findings have implications for the provision of care towards the veteran population, although they are roughly in keeping with the general trend of the wider population.

As the Royal British Legion and Poppyscotland have noted in previous research reports in 2014, the veteran community is impacted by a wide-

ranging number of issues across the health and welfare spectrum. Furthermore, these difficulties peak among the 75+ group. The care that veterans receive will be directly impacted by changes in the wider social provision. As discussed above, the shift has been towards a more general provision of services by a wider variety of actors, as HMG has increasingly outsourced provision of support and care to veterans to the third sector, as it has done in a number of other areas. There are several potential problems considering this trend that must also be considered. First, despite a recognised need for specific training, especially among nurses who 'need educational preparation to understand the specific needs of veterans' (Cooper et al 2016, p68), it was noted by the same research team that 'we are not aware of any planned educational programmes or initiatives to introduce… veteran health-specific issues' (2016, p72). This indicates that the need of provision of services must reach beyond the meeting of immediate needs that are presented in crisis and also consider strategic, longer term developments.

What Kind of Service? Facilitators and Barriers to Accessing Services

This brings us to a short consideration of the kind of service that veterans may require and what kind of service they would be more likely to access. As noted, the general aging of the wider Scottish community will also occur among the veteran population. As this group ages, their health needs are likely to become more acute. At the same time, the general welfare aspects of the group must also be considered. As research has indicated the provision of specific support for veterans within the health service setting, and the attendant training for such provision, will be a future requirement. At the same time, in dealing with other health matters, such as mental health issues, veterans often do not present in such areas until long after the event, and often when it is a crisis situation (MacManus and Wessely 2013, Phillips et al 2020). In addition, several studies have indicated that, whatever the health

issue, veterans with military related conditions do prefer an approach that is ‘military-sensitive’ (Fraser 2017, Karatzias and Murphy 2019) and this fits in with findings that indicate the need for dedicated services for veterans, within wider social provision, wherever possible (Ben-Zeev et al 2012, Leslie et al 2020).

In other areas, especially in relation to general welfare and home support, similar findings are reported. Veterans indicate a strong level of support can be gained from social interaction with other veterans (Hunt and Robbins 2001, McDermott 2020) and while family support is generally useful, veterans tend not to share experiences, especially traumatic experiences with their families, using groups and therapy providers for such support. Such findings also relate to key issues such as social isolation or loneliness. There are a number of factors that can make an individual more vulnerable to suffering from such social problems. Influencing factors for loneliness and isolation include being male, being older, divorced or never married. Furthermore, men are much less likely than women to access and engage with social sources of support (Davidson, Daly and Arber 2003). It is argued that voluntary associations need to ensure that they offer ‘appropriate facilities and activities for older men’ to ensure social integration and independent living (p88). Armed Forces Veterans’ Breakfast Clubs work in the eyes of veterans because they like the informality and had approached these clubs because they felt lonely and/or had experienced loss and were missing service friends (McDermott 2020). Veterans felt misunderstood by others and yearned for aspects of military life particularly comradeship and a sense of belonging. It is also important to note that these clubs need to be set in convenient and easily accessible locations for maximum impact upon the wider veteran community (McDermott 2020).

Studies such as McDermott's indicate that there are important facilitators that allow older veterans to access services. Likewise, there are also several aspects that may prevent older veterans in particular from seeking out or approaching services that deserve attention and understanding. As noted above, it has been found that veterans often wait to ask for support, or access services until they are presenting in crisis. It has been suggested that, in particular in relation to mental health services, this is due to veterans' fear of stigma, both public and internalized along with a lack of recognition that they are experiencing a mental health difficulty (Coleman et al 2017). Stigma, both anticipated and experienced, and a lack of awareness of possible symptoms were also found to be key barriers to help-seeking amongst military personnel by Phillips et al (2020) who also suggested additional barriers of difficulties identifying appropriate treatment options and difficulties attending appointments.

In particular, veterans were reluctant to seek treatment due to a lack of understanding and awareness of PTSD (Karatzias and Murphy 2019), and veterans reported feeling unworthy of support, and held a fear that clinicians would be too distressed upon hearing their experiences. Organizational issues, such as long waiting lists, limited and sporadic appointments that did not directly meet veteran needs, feeling dismissed by professionals, struggling to build a rapport with clinicians and/or having to repeat requests/reasons for seeking help, also served as barriers to veterans seeking treatment (Karatzias and Murphy 2019).

Veterans may also be inhibited to seek treatment or services for other reasons, specific to their experiences of having served in the military. McGarry, Walklate and Mythen (2015) suggest that "…the philosophies and principles of Army Doctrine Publications: Operations provide a 'cultural narrative' for

British service personnel" such that they to be 'effective' as soldiers, they must have personal and mental resilience (pp358-359). In this environment, veterans learn to 'soldier on' in the face of difficulty and to react in such situations with stoicism and acceptance that suffering is required; indeed, it is part and parcel of being 'resilient' (McGarry, Walkate, Mythen 2015).

According to this theory, effective soldiers are thus consistent and predictable, do not complain and do not draw negative attention to themselves, as individuals 'having been inculcated into the total military institution, will therefore conduct themselves knowingly sensitive to the fact that physical weaknesses and emotional impairment are likely to be identified as 'stigma symbols' and convey information that they are vulnerable, not resilient. When considered in relation to the expectations of the resilient body of military masculinity this 'creates difficulties for men in expressing feelings, leaving them isolated and unable to ask for support' (p363). Therefore, attitudes can create barriers to care seeking and such behavior is consistent with self-reports of veterans who claim they do not seek treatment due to the military culture of self-sufficiency, resilience and duty (Phillips et al 2020). This highlights a particular area that may require specific attention, as such attitudes are not often negative, and individuals report that 'others are more needy' than they and they do not wish to use up what they perceive as limited resources. We have noted such attitudes among UF service users, and these are discussed further in this report.

This may also make it even more imperative that any service provided to older veterans takes cognizance of the military culture and, when possible, includes veterans in the delivery of programmes (Leslie et al 2020). Further, to enhance participation in services, older veterans suggest that practical support, such as the provision of transportation, along with purposeful

activities, including learning independent living skills, undertaking crafts or hobbies and having opportunities for social activities would increase their likelihood of attending (Leslie et al 2020).

In addition, an applicable caveat is noted among the research around social isolation, and that is that when men join clubs or groups at a younger age, they tend to continue their membership and are not as susceptible to such problems as they age (Davidson et al 2003). This indicates a potential route that would need to be employed by/for veterans at an earlier stage, which could aid the avoidance/development of issues such as loneliness and isolation.

General Conclusions

There are several inferences that can be drawn from this discussion of previous research and changes around veteran service provision in the UK and Scotland. First, there remains the ongoing, wider conversation around the definition of who is, and is not a veteran, and the public perception of veterans and the difficulty of determining how many people constitute this population. This is inextricably linked to the Armed Forces Covenant, and the focus and aim of governmental activity. The AF Covenant has clearly become a more specific government aim in recent years, although HMG has designed a Covenant between society, government and veteran, that requires the active participation of not only formal public bodies such as the NHS, but also charitable and other third sector organisations. Therefore, while clear moves to address what was widely argued to be a governmental tendency to 'neglect' ex-service personnel (Burdett et al 2012, Dandeker et al 2006, McGarry et al 2012, Mumford 2012, Stewart 2017), this has been done in a manner to avoid a centralised, public services approach. This should not be surprising, as this has been much like the wider UK provision of welfare itself during the

previous decades. At the same time, recent research and activity have noted the efficacy of such provision, and the positives of partnership and consortium working; although the fluidity and inherent change around AF charities has been noted as a concern. It remains to be seen what impact the last decade's movement towards a strong governmental focus on support for veterans and the creation of the OVA as an oversight organisation will have in addressing such concerns.

So, it can be ascertained that the direction of travel is firmly towards a service provision for veterans that draws upon the whole social fabric, including public bodies, charitable bodies, and wider third sector support, operating within a partnership forum to maximize not only delivery, but effectiveness and range. Therefore, our focus also included a consideration of the current status of such activity – even though this report will itself add to an understanding of that very issue. The UF Consortium represents just such an arrangement and perhaps a prime example that will inform future developments UK wide.

As a part of our analysis we have presented an insight into not only the issues that aged veterans may face and which the UF Consortium has had to consider, but we have also considered the barriers that exist to accessing such care, and the very nature of the care that is needed. Below we will provide examples and illustrate whether the current understanding within the sector is fully appreciating and understanding of these issues.

Chapter 3

Methodology

Introduction

In this chapter we outline our research design, problems encountered and overcome and the mixed methods we used to capture, analyse and interpret our data: both qualitative and quantitative methodologies were used (Robson, 2011). The importance of collecting quantitative data for enhancing the validity and ensuring the rigour of qualitative data cannot be overstated. While qualitative studies can provide both depth and 'information rich' insight to any study, the need for wider, comparable, measurable, and above all testable and verifiable data requires the use of quantitative methods. The nature of the UF project, with services aimed at a numerically significant sub-group within a wider population, lends itself admirably to a mixed-methods approach.

This project presented methodological challenges that were significant, accumulating and reinforcing. One of our primary aims was to understand the inhibitors and facilitators of access to the Unforgotten Forces (UF) consortium. This would have been challenging in the best of circumstances. The demographic was elderly, predominantly disabled and in many cases in poor health.[5] But in many cases they simply proved to be unreachable. There is no publicly accessible sampling frame from which a representative sample could have been drawn (Scarbrough and Tannenbaum 1997: 3-5). As a consequence, it is not possible to generalise our findings to the broader population of veterans. But even if a sampling frame was available, the research rejected an approach premised on 'descriptive excess' (Lofland and Lofland 1995: 164-5). We opted for a less structured and more open-ended approach, with immersive

[5] There is also an important point here in that the last six months of the data collection coincided with the global coronavirus pandemic and the variety of lockdown procedures used limited our ability to collect data.

methodology, to cast light on the motivations and interconnections that commonly lie beyond tightly delimitated enquiries (Bryman 2004: 84-7). The research team recognised that we had limited awareness of the social reality of those we were investigating and that there were likely to be 'emerging' concepts, which were particularly important to older veterans living in Scotland, but had not yet crossed the minds of the research team (Sapsford 2007: 46).

The project thus adopted a 'mixed' methods approach. This offered the flexibility to produce data as comparable as could reasonably be achieved, whilst also creating opportunities to establish a rapport with service providers and veterans and submerge the research in their social reality. As far as possible, it aimed to provide a general picture of the issues older veterans faced, their demographics and geographical locations and establish 'thick' analysis of their social settings (Hazelrigg 2009: 68). To do this, a twin approach was adopted. Veterans were accessed through the partner organisations within the UF consortium. As veterans contacted organisations to seek assistance, they were made aware of the project and asked if they would take part in a short standardised survey. The survey was limited to 17 questions, the last of which asked if they would consent to further contact from the research team. Where provided, follow-up semi-structured interviews were conducted by telephone and focus groups arranged and held. We also attended a number of events that were hosted for these older veterans such as Breakfast Clubs and Music in Hospitals and Care Scotland concerts and undertook observation visits with some of the service providers and to care homes. Additionally we engaged with the service providers to enhance our knowledge of the issues on which these older veterans were seeking advice and/or support from them, but also to understand from the service providers' point of view what might be the enabling or contributing factors to older veterans seeking the help and support that they are both entitled to and need. This enabled the research to establish the general

challenges veterans encountered, whilst supplementing this with rich analysis of their situational contexts. The more conversational and free-flowing style, in turn, revealed streams of interdependent issues which validated our methodology.[6] All in all, we collected a very extensive body of data on older veterans in Scotland. Over the three years of the project, 3000 surveys were returned, 34 Focus Groups, 95 interviews and 16 observation visits were undertaken.[7] Some questionnaires were obtained from the same veterans using multiple organisations and some were the same veterans using the same organisation. But this enriched the analysis: we were able to pinpoint if and when veterans returned to organisations.

The study is also supported by a literature review of what is known both within the UK context and other similar jurisdictions. What lessons can be learned from service provision in other countries where the evidence suggests similar contexts and experiences to those of our own veterans will be considered.

Our Remit

Our evaluation of the project was to provide an independent evidence base, drawn from the service providers and older veterans who are using the services to support the sustainability and/or future development of the Unforgotten Forces project. In order to do this, the need for a consistent quantitative data collation matrix was recognised alongside a variety of qualitative interview methods. The desire was to use a performance management framework to enable us to collate information and data and provide analysis through a wide range of metrics irrespective of those organisations who had indicated that they

[6] This depended on cooperation from those working in the UF partner organisations. They alone could facilitate access to the required data, but there were sensitivities that required to be handled carefully. A number of written communications were sent and meetings were held to address concerns of those in the front-line of the organisations. These were useful and, in general, enabled greater cooperation.

[7] As expected, there was a great deal of missing data, suggesting comprehension and technical problems administering the survey. This should not, therefore, imply 3,000 *fully* completed survey returns.

were intending to do additional, individual project-specific, evaluation work to inform the development of their own service.

Mixed Methods – Design

The research was a 3-year longitudinal study. A primary aim of this research project was to maximise understanding of the issues veterans confront. A 'mixed-methods' approach had clear strengths. By utilising qualitative methods, we aimed to create a free-flowing discussion that included the setting up of the UF project and contextual issues, barriers to support, gaps in provision and the level and quality of contact between veterans. The complexity and overlap in these areas suggested qualitative research would be appropriate. At the same time, however, we wished to establish the general picture and this was a task more suited to quantitative methods. The research with a questionnaire was administered by the partner organisations.

The challenges of this, however, were formidable. As stated above there is no direct way of contacting veterans and thus no sampling frame from which a representative sample could be taken. The questionnaire depended on partner organisations asking veterans to participate as and when they made contact.[8]

This maximised the reach of the survey, but meant that it was not conducted in a standardised way. Aspects of the administration of the questionnaire were not under the direct control of the research team, nor was the data entry process centrally coordinated.[9] In addition, a large amount of missing data was obtained, possibly attributable to a combination of inexperience in survey research, resource issues, wider staffing priorities and/or confusion about the questionnaire itself. Ideally, the questionnaire would have been piloted and the

[8] We accept that this placed difficulties on the partner organisations and gratefully acknowledge their help.

[9] Not all partners adhered to the response scales set out in the questionnaire and some rescaling had to be conducted.

questions and response options carefully refined, but time constraints prevented this. The final tally of survey responses is almost 3000, but not all are complete cases. It is also crucial to emphasise that the data are not representative or generalisable. Since they were not conducted via random sampling procedures, no inferences may be made to the population (older veterans).[10]

Despite these challenges, the data constitute the largest body of survey returns collected on older veterans of the armed forces living in Scotland. We acknowledge the assistance of the partners in securing these returns, but it would also be remiss of us if we did not acknowledge the differentiation in the number of returns received for the partner agencies (see appendix 2 for a breakdown of partner returns).

Funding and contractual arrangements took slightly longer than had been anticipated. These contractual issues affected the ability of some of the service providers to recruit and meet the planned start date for the provision of new services. Consequently a start date of the 1st September for evaluation purposes was agreed with UWS and Poppyscotland. During July – September 2017 UWS worked closely with the partners in designing a robust data collection tool to meet the requirements of the research. Despite this, there were numerous difficulties encountered in that each organisation had existing but very different recording mechanisms in place. Furthermore some of the organisations expressed concern at having to provide additional quantitative data for the research evaluation purposes. We reviewed the various systems in operation by the organisations but there was little, if any, cross-over and significant inconsistency in data collection undermines the validity and confidence levels of the research. Therefore, to ensure good research practice and maintain our

[10] This point is extremely important and we would ask that the reader bear it in mind when reviewing the findings. We also acknowledge, however, that obtaining representative data on this population is far from straightforward, particularly since there is limited prospect of finding a sampling frame.

independent but critical friend identity within the project we adapted and designed a data collection tool that was accepted by all the partner organisations. However, our request for the volume of calls/cross-referrals to be recorded was rejected unanimously by the other consortium members.

Consequently we can record only the number of veterans that contacted the project and agreed to take part in the study. While this design falls short of the most effective, and informative, performance management framework we can still provide a robust but more generalised evaluation of the number of veterans accessing the services and the types of issues they are seeking to address. What we cannot assess, as a result of the rejection of our volume request, is the total demand for services experienced by consortium partners nor can we robustly assess complex/repeat caller issues.

Also, UWS firmly recognised the need to be adaptive in our methodological approaches, based upon the format, organisation and provision of delivery differences between partners. For instance, the organisational structure and nature of delivery of service of Fares4Free required an adaptation of data collection; likewise, Luminate also required a slightly different approach in analysis and data collection. Nonetheless, we sought to ensure maximum information and effectiveness of the service point contact data collection by requesting 100% adherence to quantitative data collection and recording among partners wherever possible, and Fares4Free were able to address these concerns. However, despite these adaptations, data collection was not successfully incorporated into Age Scotland's mode of delivery.

The research project involved conducting an evaluation of the specific services identified within Unforgotten Forces - Scottish Older People's Assembly, Scottish War Blinded, SSAFA The Armed Forces Charity - and the two

organisations who joined the consortium during the 3 year period – Combat Stress and Royal Air Force Association – did not engage in the quantitative data collection although Scottish War Blinded did facilitate access to older veterans attending their day services.

Nonetheless what we provide here is a robust evaluation of the 3-year service delivery of the UF consortium services. We have provided 4 Interim Reports and 6 Briefing Sheets for the consortium partners who requested one. We have also responded to requests from the consortium partners and provided them with short pieces on their work or aspects of their work when requested on specific topics such as loneliness and isolation.

The following chapter provides a quantitative analysis of the research.

Chapter 4 –
Questionnaire Findings and Results

Introduction

This section of the report presents the findings from the questionnaire. We do this in three sections. First, we focus on the veterans themselves, dealing with their attributes, background characteristics and the type (and longevity) of their service within the armed forces. This provides a socio-demographic profile of the client base accessing the services. Some do so on multiple occasions and we outline this in more detail in appendix 2. Second, we turn to the challenges and issues veterans face, particularly disability. The data confirm that the vast majority of veterans who accessed services are disabled, with some experiencing multiple disabilities. Third, we focus on how veterans access the services, examining the overlap between organisations and the degree to which veterans are referred by other partners – or by other agencies or services. We accept that the distinctions between these sections are not hard and fast, but have adopted them to ensure clarity of presentation.

Section One: Who are the Veterans?

This section examines the profile of the older veterans who participated in the questionnaire. Summarising the findings, respondents are overwhelmingly white Scottish (73 percent), males (80 percent), with a background in the British Army (58 percent). They are geographically dispersed across Scotland (see, figure 4), living in local authorities spanning Fife and Glasgow to Moray and the Highlands.

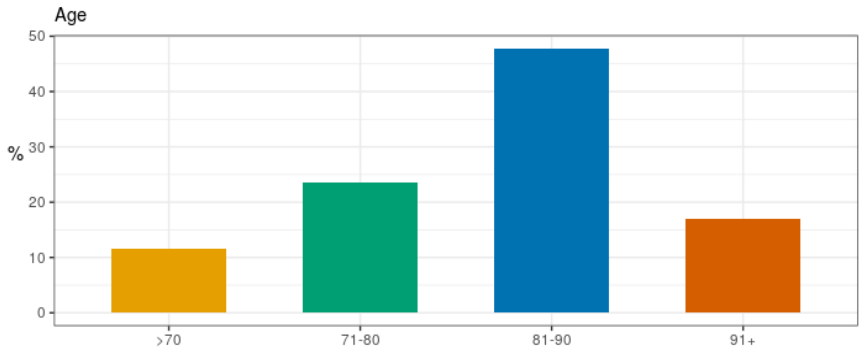

Figure 2: Age of Older Veterans

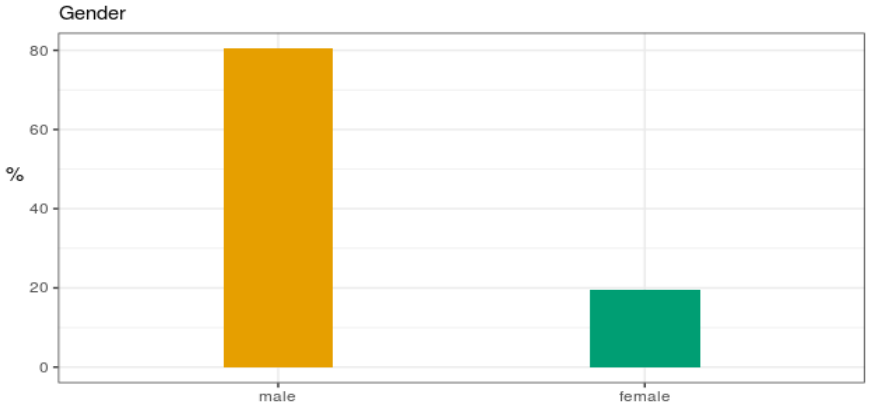

Figure 3: Gender of Older Veterans [11]

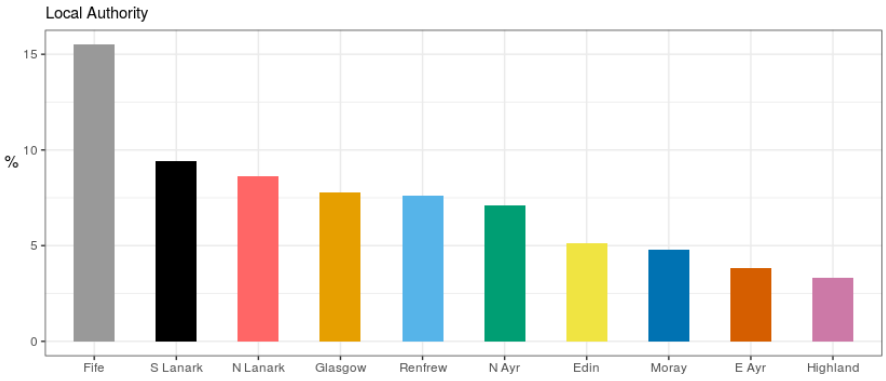

Figure 4: Local Authority where Older Veterans Live

[11] This figure refers to the gender of older veterans accessing the consortium services.

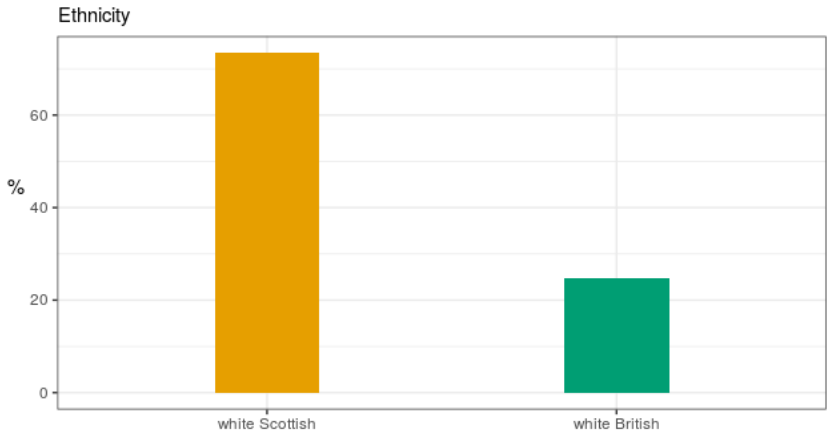

Figure 5: Ethnicity of Older Veterans

Figures 2-8 provide more detail on the socio-demographic patterns of the sample. They show that a plurality of respondents are from the 81-90 year old age group (49 percent) and the average age of the sample is 83. Significant proportions fall within the cohort up to the age of 70 (10 percent) and a solid proportion are over the age of 91 (17 percent). In addition, the sample is male dominated (figure 3), with 80 percent male and almost 20 percent female.[12] The graphs also reveal that 58 percent of respondents come from the British Army (see figure 7), but significant proportions also served in the RAF (22 percent) and Royal Navy (20 percent). The average length of service was just over 7 years. Data on respondents' ranks suggest that they are skewed towards comparatively lower ranks (see figure 8), with a majority from Able Rate/Private/Airman (59 percent) or Leading Rate/Junior NCO (20 percent) rate. But this is not the full picture. Solid proportions also come from Senior Rating/Senior NCO (10 percent), Junior Officer (7 percent), Warrant Officer (3 percent) and Senior Officer (1 percent).

[12] Figures rounded.

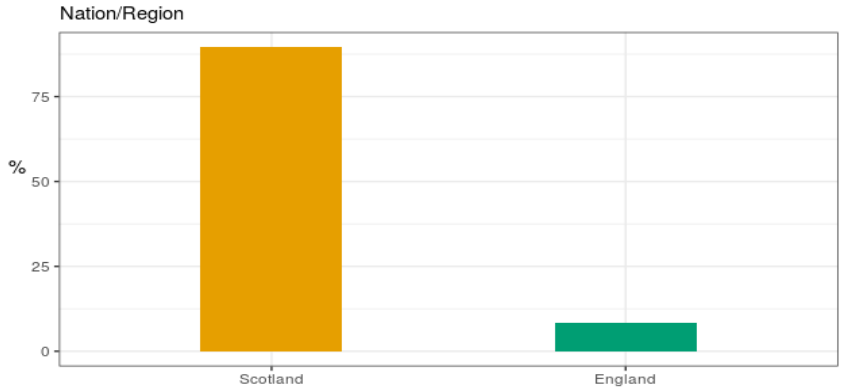

Figure 6: Nationality of Older Veterans

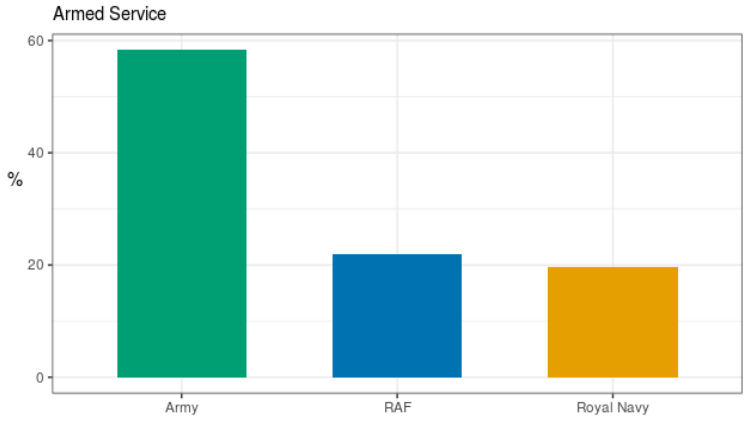

Figure 7: Armed Services of Older Veterans

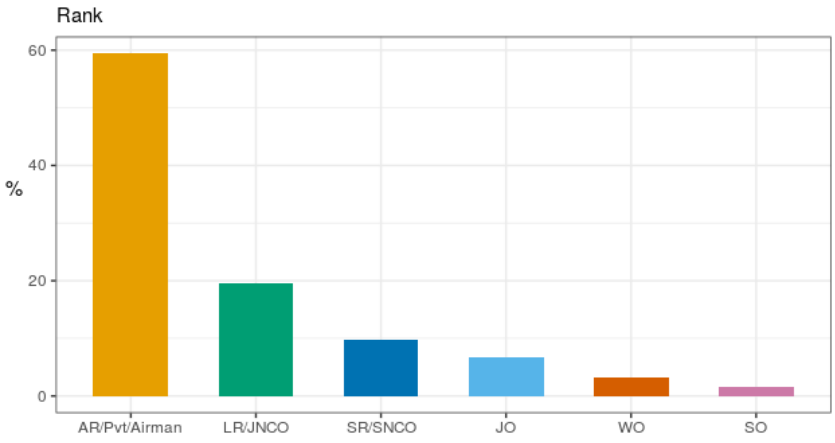

Figure 8: Rank of Older Veterans [13]

[13] For clarity, the abbreviations used in figure 7 reflect the following rankings: (1) AR/Pvt/Airman: Able Rate/Private/Airman; (2) LR/JNCO: Leading Rate/Junior NCO; (3) SR/SNCO: Senior Rating/Senior NCO; (4) WO: Warrant Officer 1 or 2; (5) JO: Junior Officer; and (6) SO: Senior Officer.

Section 2: The Challenges and Issues which Veterans Confront

The second section examines the challenges and issues that older veterans confront. This section shows that, generally speaking, older veterans are disabled and their disability tends to be physical, some have more than one disabling conditions. In addition, they live alone and engage with partner organisations for a variety of reasons, some of which are health related.

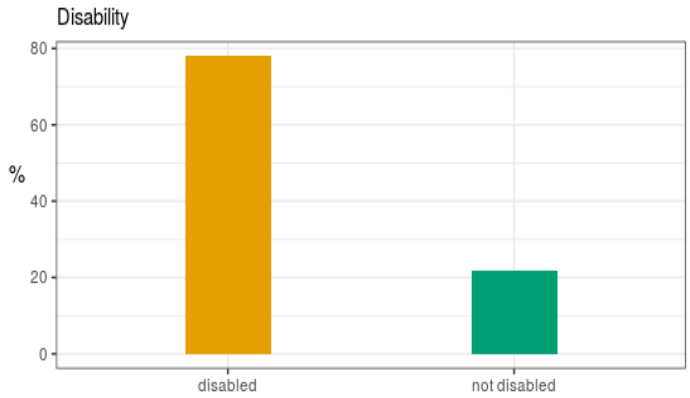

Figure 9: Disability of Older Veterans

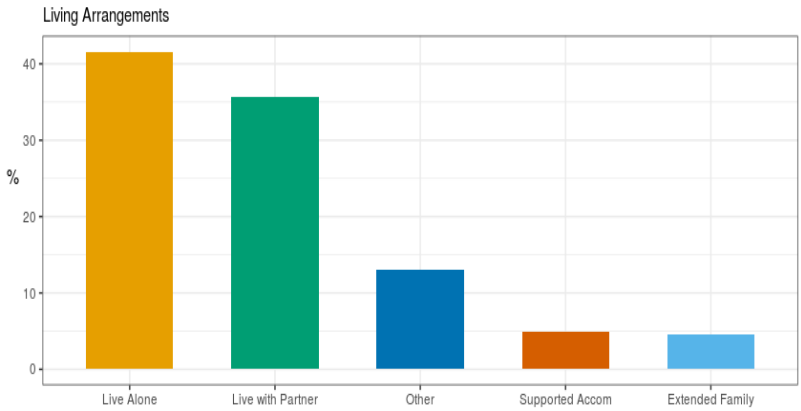

Figure 10: Type of Disability of Older Veterans

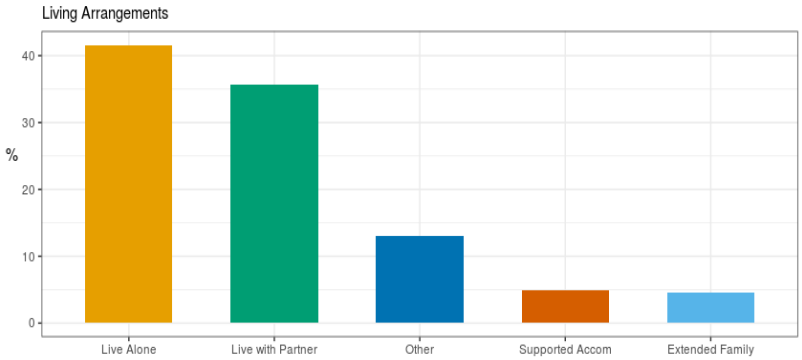

Figure 11: Living Arrangements of Older Veterans

As shown in figure 9, more than three-quarters (78 percent) are disabled. In addition, figure 10 shows that a plurality are physically i.e., bodily disabled (42 percent). Yet this should not overshadow the proportions with visual (31 percent), mental (13 percent) or hearing (11 percent) disabilities, and suggests that partner organisations are responding to a diversity of needs surrounding a clientele with physical and non-physical disabilities. These needs may be further understood when viewed in the context of respondents' living arrangements. A plurality live alone (42 percent), or with a partner (36 percent).

Given the average age of the sample, it is not wholly surprising, therefore, that clear pluralities cite health-related issues (28 percent) as their primary reason for seeking assistance. But there are other reasons. These include, as evidenced in figure 11 below, people who are seeking assistance for loneliness (18 percent), recreation (13 percent) or have issues with benefits (9 percent) or require social support (8 percent). As can be seen in figure 12, additional reasons for seeking support divide between health (41 percent) and social support (22 percent).

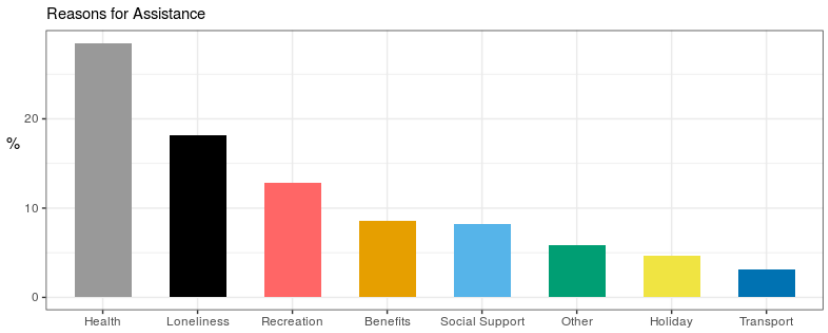

Figure 12: Reasons for Seeking Assistance

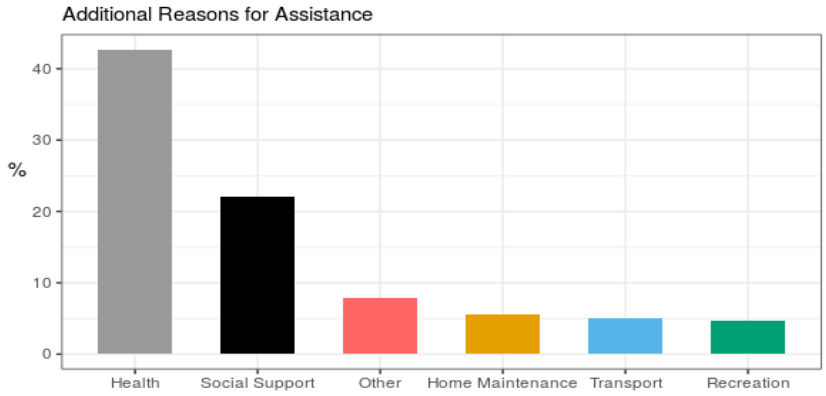

Figure 13: Additional Concerns and Needs for Assistance

Section 3: How Veterans Connect with Partners

This section examines how veterans connect with partner organisations. There are two principal findings: First, there is evidence of cross referrals, suggesting that organisations are taking a coordinated approach to service delivery. Because there may be other evidence of this in the qualitative research, we do not wish to make further comment on this at this point. Second, where clients are not referred by partners, they receive referral information from other veterans or the health service.

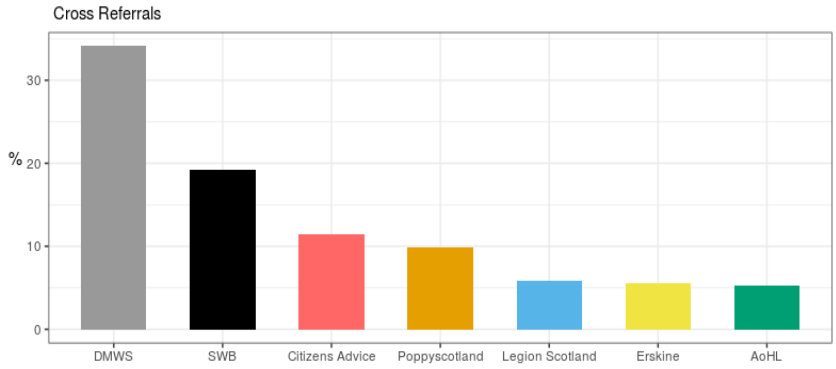

Figure 14: Cross Referrals from UF Partners[14]

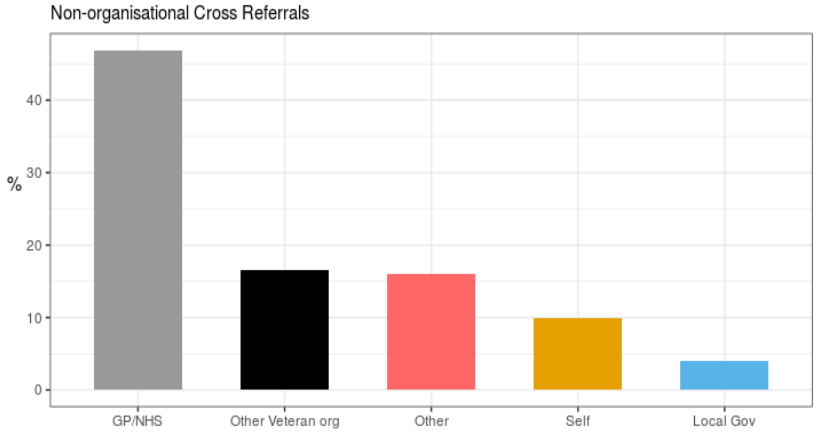

Figure 15: Cross Referrals from Organisations outwith the UF Consortium

As shown above in Figure 13, there is evidence of partner cross referrals. The majority derive from DMWS (34 percent)[15], but are supplemented with solid evidence of referrals from Scottish War Blinded (19 percent), Citizens Advice Scotland (11 percent), Poppyscotland (10 percent), Legion Scotland (6 percent), Erskine (5 percent) Action on Hearing Loss (5 percent). These represent

[14] The data in figure 13 are not exhaustive. Other UF consortium partners had smaller numbers of referrals and rather than clutter the graph, we have shown where the vast majority are occurring.
[15] This is clearly influenced by the high proportion of DMWS clients within the sample.

additional access points for veterans and confirm the cross-fertilisation of delivery. Not all clients, however, are referred from partner organisations (Figure 15). Where this is the case, 47 percent are referred from their GP and/or the NHS. This raises questions that could be investigated in future research projects. There is a pressing need to more fully understand the interface between service provision and the health sector – and the degree to which the health sector is aware of veterans' needs and can facilitate access to organisations.

Conclusion

This aspect of the research has contributed data on three core areas of the Unforgotten Forces. First, the socio-demographic profile, which is overwhelmingly drawn from those aged 81-90, who are white Scottish males with a background in the British Army. Second, generally speaking, respondents are physically disabled, live alone and seek assistance for health-related reasons. Third, they connect to organisations via other partners, veterans and/or the health service.

Chapter 5 –
Qualitative Findings

Introduction

This chapter examines the experiences of both the consortium partners and the older veterans they supported. Initially it explores the set up and operational practices of the consortium partners, the issues they found in working with a complex elderly group of clients and highlights examples of good practice. It then examines the experiences of the older veterans and gives a voice to their concerns and frustrations, support needs and positive experiences of service delivery.

Setting up the UF Services

In 2017 when the UF proposal was successful and the funding arrangements agreed between the MoD and lead partner Poppyscotland, there was a delay in the delivery of UF bespoke – between receiving the funding in March and all services being fully operational in September – while the consortium organisations recruited staff. With hindsight the majority of the consortium partners would, if they were to be involved in the setting up of such an enterprise again, ***'give more time to the forward planning'*** in relation to recruitment before the launch of the UF project.

During this period work was also undertaken with the University of the West of Scotland to design a data collection tool that was suitable for all the organisations to use with a few caveats as discussed in the methodology section. More generally amongst the service delivery partners discussions began and protocols were put in place to facilitate sharing of information for cross-referral of those older veterans who needed or wanted additional support. Flyers and the Unforgotten logo were also developed and adopted during this time, as were UF

web pages on each of the organisations home pages. Staff training days were organised, and agreement reached for all the consortium UF partner leads to meet on a quarterly basis. A consortium coordinator was appointed by Poppyscotland to oversee the day-to-day coordination of the project and ensure that connections with other relevant agencies were made to raise awareness of the UF project and where appropriate to make formal and informal connections to enhance the range of services available to older veterans. This was no small task as the UF partner agencies had been in discussion with Poppyscotland for some considerable time in the development of the proposal for the project. Therefore the coordinator took up post, having to guide a project, with very little time to understand the backdrop to the development of the UF project.

The consortium coordinator also set up a shared folder which all the UF partners could access for the sharing of information regarding the project including events that were forthcoming, partner agencies' newsletters, minutes of meetings, UF newsletters, etc. These UF Newsletters were published periodically[16], their content being pulled from the information collated by the UF organisations themselves as they reported on the good news stories of each of the partner agencies. The coordinator also had the responsibility for the monitoring of the funding and compilation of the quarterly report for the MoD which were also drawn from the same source independently of the University's evaluation.

The newsletters were widely distributed throughout the wider veterans community to raise awareness of the project and the type of work they do and the type of support they were able to offer older veterans.

[16] For example, the Unforgotten Forces Newsletter No. 3 – Autumn 2018 can be found at: www.veteransscotland.co.uk/docs/Newsletters?Unforgotten%20Forces%20Newsletter520No.3%20 Autumn%2018.pdf.

Overall the structural working of the consortium partners indicates that there were good relations between the agencies and the personnel representing them at both the management and service delivery interface. However they were felt by some to be remote both geographically and from the day to day delivery of services so as a result Local Forums were set up, initially in the North of Scotland; then, based on the evidence of the good local working practice that it produced and on the advisement of the ongoing formal evaluation by UWS, another two were set up – in the West and East of Scotland.

These meetings were chaired by and mostly held in local Poppyscotland offices in the North and West and at Age Scotland's office in the East. They provided an opportunity for the local partner agencies to come together: to initially get to know each other on a professional level; to better understand what each of the agencies could offer; to share information and contacts on what other supports were available in the area; and where appropriate to discuss issues of concern.

For example, the Fire and Rescue Service gave a presentation of the nature of the home support visits they can do for safety checks and on another occasion a local Scout group came along as they were interested in discussing how they might be able to help by supporting UF older veterans with some gardening work. Links with statutory organisations such as NHS and Occupational Health, Housing Agencies, and Benefits Agencies were also established.

Perhaps of most significance for the UF project was the ability to meet and discuss where appropriate responses to local issues and individual cases which provided support for the older veterans but also for those who were working with them. Those who attended the local forums reported that often '***a lot of good work could get done'*** that directly impacted on the experience of the older veteran community they were serving.

Emerging Operational Issues for UF Partners

One of the first issues to the structural working of the consortium partners indicates that there were good relations between the agencies and the personnel representing them at both the management and service delivery interface. However they were felt by some to be remote both geographically and from the day to day delivery of services so as a result Local Forums were set up, initially in the North of Scotland; then, based on the evidence of the good local working practice that it produced and on the advisement of the ongoing formal evaluation by UWS, another two were set up – in the West and East of Scotland. What some of the partner agencies reported was that in their conversations with older veterans they were looking for services that were not available in their area and that was leading to disappointment for some older veterans and frustration for those who were delivering services. Local UF staff were making cross-referrals on behalf of older veterans only to discover the ***'service was not available at that time'*** which meant older veterans were ***'having to wait longer than had been anticipated for support from another partner'***. Service staff felt that the system in place for cross-referral and advertising of service while in theory good, in practice didn't quite operate as smoothly as they had hoped and was having a negative impact on their client group.

There was a call for more detail to be given on the flyers - ***'timescales and or indication of where the services are available would be helpful'*** - but following discussion at the consortium lead meetings this was rejected as the availability of services was changing continuously as the project was rolled out. What was decided was that all changes would be rolled out by each of the consortium leads to all the staff involved in the delivery of their service. While this was understood it left service providers having to ***'rescind their advice': 'Oh, I'll cross that one out, I'm sorry also cross that one out'***.

Duplication of referrals or requests was reported by some of the organisations and there was a call for a shared data-base to try and overcome this. What this showed was that on occasions where older veterans were in touch with one or more agencies they were being ***'referred to an additional service by both agencies'***. At the local forum level the partners requested that consideration be given to a shared data-base to help address this issue and ensure a more coordinated service delivery. However, while this issue was investigated by the UF project coordinator the decision of the consortium, based on the information available to them, was to reject the idea on the grounds that it could, potentially, breach GDPR rules and regulations.

There were also concerns amongst almost all of the service providers about the recording mechanisms for service delivery of the UF project, in particular regarding the number of cross-referrals and the volume of demand for their services. Our observation at the local forums was that the organisations were working, and working very well, together. Cross-referrals were taking place between many of the organisations but much of this was on an ad hoc basis as it was not formally recorded. Similarly, the demand for services was not being accurately recorded because as the local service providers argued, ***'repeat and complex cases were only recorded once at point of entry to the service'***. Recording in this way had been strongly advocated by the UWS research team but was rejected by the UF consortium leads at the developmental stage of the data collection tools which is regrettable as it would seem that a number of the organisations were collecting this data but not consistently across all partners. The unfunded partners' engagement in the UF project is not in question but it cannot be evidenced in the data. Although it was clear at the local forums that they were integrated into the service delivery provided for older veterans and that they had good working relations with the other partners there was some

frustration expressed by SWB, and SSAFA reported that they were 'disappointed in the number of referrals they were receiving from the other partner agencies'. Both of these organisations stated they were referring to UF partners but in their experience the number of referrals from partners was very low. This issue, however, was not confined to these two organisations; many were concerned about the low referral rates between some of the larger organisations in the UF partnership.

Partners also reported some concern that older veterans appeared not to be receiving sufficiently clear advice and support from Age Scotland.
For example, cases were cited where older veterans had received incorrect advice regarding entitlement to pensions and were referred to the DWP rather than to another partner agency who specialised in this type of advice.

Amongst those dealing directly with the older veterans there was considerable frustration around this because of the impact it had on some older veterans. For example, it causes confusion for them resulting in them '***believ[ing] that the DWP have told them [they don't qualify for a particular benefit or pension] and then you [an advisor] say that is wrong, you are entitled and they – the older veteran/s - become really confused and worried. .... They are scared they are doing something wrong and that the DWP is going to come down on them like a ton of bricks. ... with the military people, you know, somebody in a suit tells them something. ... they don't question.'*** The perception of the service providers is that veterans perceive statutory agencies as a ***'power, like they did their corporal or sergeant .... You go to the font of knowledge, they tell you something, you believe it. You've got no reason not to'.*** Furthermore, this is extended beyond welfare issues and is evident in the medical setting too - ***'they would never challenge anything they were told, you know, in a medical set-up either, they just accept it'.***

This meant that in many cases the service providers had to overcome the fears and concerns over eligibility of the older veterans in the first instance before they could begin to address their needs.

Recruiting volunteers also proved to be problematic. One of the issues was that getting PVG, an essential requirement for working with vulnerable groups, was challenging and in some cases led to the loss of some volunteers who took up other volunteering opportunities while waiting on their PVG coming through. The other was a concern amongst several of the partner agencies for a number of reasons: principally in that getting the correct person for these volunteering posts was difficult because when you are dealing with a vulnerable population there is a need to have someone who is committed to the role of volunteering and can be depended upon to turn up and to ***'stay the course'*** in order to develop a rapport and trust with those they were supporting. Previous experience of these organisations had identified that ex-service personnel, those who had served in the armed forces, provided an enhanced support experience for older veterans. They were able to understand the context of being in an armed force and therefore could empathise with the various experiences and concerns that some of these older veterans were living with. It was also interesting to find that some of the volunteers – who were also older veterans - found the befriending experience therapeutic too and enhanced their own feelings of health and well-being – ***'having something to do and having a purpose to life, meeting and supporting people is very rewarding'***. These befriending relationships had a purpose, but in many cases built ***'strong friendships'*** with those they were assisting. However, with such a vulnerable population it is inevitable that some of the older veterans who have received support from the UF project passed away. Saying ***'goodbye'*** was reported for some as quite a difficult experience, especially where a strong relationship had

been fostered or when one or more of the older veterans being supported passed away within a short period of time. The request from those involved was for access to support or bereavement counselling. However, while this was pursued by the UF project coordinator, such a link was not realised and the consensus of opinion was that each of the partner organisations should have their own support system for such issues.

Another difficulty some of the smaller organisations found in relation to recruiting volunteers in their particular area was the competition both from within, and from organisations external to, the consortium. As the shift, or drift away from statutory provision of services, generally towards third sector provision, more and more organisations are looking for, recruiting and relying on volunteers to provide community based support services. Consequently competition in some of the higher demand areas was rife. This was not helped by the different operational modes of the organisations within the UF project. The smaller organisations didn't have the infrastructure nor the funds to be able to provide a remuneration for their volunteers – expenses were paid – whereas the larger and wealthier organisations were able to do so. Thus the impression was that while there often was interest in volunteering for an organisation the drift was towards those organisations that could afford to provide a small financial payment. In order to try and support each other and reduce this internal pull on scarce resources there was a request for consideration to be given to having a UF volunteer scheme. While this has a considerable degree of merit it was rejected on the grounds that some of the service providers offered very specific support and information and it would not be possible to a) train every volunteer linked to the UF project to the required standard and b) ensure all UF volunteers were then keeping themselves informed of any changes in for example, benefits and delivering at the standard required. However, there is evidence within the consortium of cross-over of service delivery and perhaps

for those organisations that believe they can share to do so. For example, ILM Handyman's service employee, who operated in and around the Inverness/Moray areas of Scotland undertook training with Action on Hearing Loss and was therefore able to assist older veterans with cleaning of the tubes or changing batteries in hearing aids when he was visiting to do small domestic jobs. Such a sharing of resources and training should not necessarily have to be mandatory but for those volunteers who were willing to have additional training it could help to address some of the demand issues, particularly in the more remote rural areas.

Furthermore, in the more rural locations, volunteering was a significant commitment. As one of the volunteers pointed out:

> ***'I am a volunteer and I will continue to be a volunteer because I believe it is vital service. Where I live, it is a day's commitment to provide a service for one older veteran. I have a 30 mile (approximately) drive to get to him, then a drive back to take him to the Men's Shed, return back to his home and then the 30 or so miles back home to my own home. It was around a 5/6 hour commitment'.***

While expenses were paid, the extent of the commitment, it was reported, would put a significant number of people off and the suggestion was for a basic UF remuneration for all volunteers. Additional to this there was some concern and discontent amongst those who were employed by the various UF partners about the disparity in pay between organisations when they were all working for the same project. This was felt not to be an issue for the UF project to address but one that the partners themselves should, if they felt it necessary, address.

Midway through the project a Policy Group was formed but the focus of this seems to have mainly been on pursuing externally driven veteran issues as opposed to taking up the challenges being identified within the consortium. A number of the UF partners were unsure of the remit of the policy group and on the occasions that the research team were invited and able to attend there were only a few of the organisations present. Membership of this group we understand was limited to those organisations who had a designated Policy Officer. Nonetheless, some of the organisations felt that this group should be taking up the issues they were reporting as having come from the veteran community itself, such as, The Covenant, defining who a veteran is, access to service support and advice. This forum was disbanded towards the end of the UF project and produced an Impact Report on its work (see Appendix 4). Policy matters and issues will now be discussed at the newly established Veterans Scotland Policy Group. Overall in terms of policy and statutory provision of support services for older veterans the UF partners found that the older veterans were unhappy and felt somewhat ***'forgotten'*** by the MoD and official Government agencies. This was especially so in relation to the Covenant. Older veterans, the UF partners reported, felt it was not being honoured, or at least it was not measuring up to their interpretations and expectations of it.

Despite the challenges reported on here what is unquestionable is the value of the local forums. They fostered close and enduring partnerships between the various organisations and our observations of them would suggest that they were effective in establishing extremely good working relationships at the local level. Frequently, references were made to calling each other when help and support was needed for particular cases and to get advice on where best to seek additional support. They also provided informal support for each other when times were difficult, like losing - ***'saying good bye to'*** - an older veteran.

Testimony to the respect for the work undertaken by the UF project can be seen in the expansion of services provided. Some of those who had left the project to take up employment elsewhere then encouraged their new organisations to become involved with the UF project. Recognition of the value of the partnership approach and the quality of the personnel associated with the UF services was part of their reasons for doing so.

Issues Raised with the UF Partners by Older Veterans

In delivering their services there were, in addition to the challenges of developing and fostering partnership working as discussed above, a number of issues raised of significant concern to the older veterans they were supporting. We outline them below before moving on to consider the experiences of service delivery of the older veteran community themselves.

Identity was a significant factor in reaching and supporting older veterans. Service providers reported that many they were supporting had been unsure of their status as a 'veteran'. They reported that they feel the term **'veteran'** does not necessarily reflect the meaning that it once had. To put it simply the term is now used in many different contexts – ***'veteran athlete, veteran driver, veteran studies, and veteran golfer, etc'*** - that it became unclear to the older veterans they were supporting. It was suggested by many of the organisations that the term should be revisited and that perhaps replacing it with something more specific like ex-serviceman and ex-servicewomen would be more appropriate. This was a general issue and not one that was solely connected to the UF project. Nonetheless this confusion about who a veteran is, it was reported, meant that many of the vulnerable older veterans were not presenting or seeking support until they were ***'in crisis'***.

All services were keen to try and move support and advice from a crisis to a preventative intervention but how that was/is be addressed remains a difficult issue. Reaching the older veteran population is challenging for a number of reasons: their misunderstanding of what constitutes a veteran, their stoic independence fostered in their armed forces experiences, and a lack of knowing where to go to get the information they need. Most statutory and 3rd sector organisations are moving towards a more digital presence but for many of the older veterans the UF project was supporting this mode of dissemination was lost to them. They either did not have or were unable to use technology to access information and assistance.

Also the sparse geographical distribution of services for older veterans in the early stages of the project was quite difficult to manage and while the uptake in the very early stages was quite slow within the first 3 months or so ***'demand was exceeding what they were able to deliver'***. For example, the very popular F4F service was mainly concentrated in the central belt of Scotland and although it developed over the 3-year period, and it is now possible to offer this service on all of mainland Scotland, many older veterans were disappointed. Similarly, the ILM service which was only available in and around the Inverness/Moray area was something that many veterans were asking for in other parts of the country. Consequently, the challenge was a case of ***'managing the expectations of the older veterans'*** as much as signposting or offering support to them.

While there were many challenges there was also a determination to keep the service delivery older veteran focused: to address their needs and to respond to their requests for specific types of services. For example, the F4F taxi service assisted with hospital visits, trips that otherwise the older veterans couldn't undertake, and in partnership with other organisations organised trips to

commemorative events. Day centres like ERMAC put on a variety of activities asked for by the older veterans attending such as photography, family history sessions, and they worked in partnership with other organisations, such as Music in Hospitals & Care Scotland to put on concerts, ASAP to provide benefit support, Age Scotland on a range of issues they can advise on. The sessions delivered by Music in Hospitals & Care Scotland led in some cases to active participation and to song-writing with some groups, while the activities provided in a care home setting by Luminate were well received and linked to the needs of the veterans. For example, one elder veteran, who had very severe and complex needs, found some peace in engaging in metalwork with the artists – at the time of visiting he was making a necklace for his daughter. The patience of the artists, and the relationships between them and the older veterans who were suffering from, amongst other ailments, dementia underscored the importance and perhaps difficulty of recruiting the right people for the posts created by the funding of the UF project.

UF Partners also responded to the calls from their older veterans for access to other veterans through such avenues as breakfast and lunch clubs. Loneliness and isolation is more than just living alone: it is about having the opportunity to talk and discuss issues that you can't discuss with other family and friends who have not experienced a time in the armed forces. At these events it was clearly evident that strong relationships between the UF staff and the older veterans who were in attendance had been created.

One of the constantly revisited issues reported by the UF partners was the restriction on the age limit of aged 65 and over in order to access the UF services. Many struggled with this for a number of reasons. Both at the managerial level and the face-to-face service delivery level the age restriction posed some issues. This restriction is also one that some of the older veterans

picked up. An example of its impact can be evidenced in the difficulties DMWS had in trying to secure its service with that of the NHS which, in the majority of local authority areas, simply rejects the age restriction. Similarly, there were cases where support was being sought by those, perhaps with greater medical and social needs, but who were under 65. There were discussions and calls from within to consider removing this restriction once the initial funding period was complete.

Conclusion to the Setting Up and Implementation of the UF Partnership

Despite the difficulties highlighted above partnership working was overall extremely good though it could have been formally developed further in its structure. There is the basis of what could be a blueprint for closer partnership working amongst the UF partners in the future. There is a real willingness amongst those who are actively involved in the delivery of the services within the UF consortium to work and share older veteran information to ensure a more seamless and speedy response for them and in order to evidence the complexity of the demand for services in support of this older age group. It is to be hoped that this can be something that is allowed to develop in the years ahead.

The policy group has now been disbanded and it was perhaps, despite the work they did do, a bit of a lost opportunity to take on more of a lobbying/campaigning role on the issues that were being reported by the partners as of significant concern to the veterans, such as the apparent disconnect between what the older veterans believed the commitment of the Covenant to be and their experience of it outside the forces. It is anticipated that these issues can be discussed at the Veterans Scotland Policy Group.

At the time of writing the UF project is in a transition period. It was not possible to secure the same level of funding as had been in place and therefore there are significant changes afoot. There is a strong commitment amongst the partner organisations to continue to work together but how that cohesive, group working will be maintained when the funding structure is very different remains to be seen. The Scottish Government has promised funding of ***'£250K per year for the next 3 years but this is only equivalent to around 15%-20% of the total funds that were needed for the first 3 years'*** of the UF project. Poppyscotland are standing down as the lead organisation and Age Scotland are to take on this role. What the impact of reduced funding and its distribution may be is unknown but we wish Age Scotland as the lead organisation and their partner organisations every success in the future and hope that the findings of this evaluation will help to inform how they might continue to work closely for the benefit of the older veteran community. At least one of the services – Break Away - has been removed from the portfolio and this is discussed in the Covid-19 section.

In the following section we examine the experiences of the older veterans who received help and support from the UF project.

<u>Older Veterans' Experiences of UF Services</u>

The older veteran age group in our cohort as described above ranged from 65 years of age to 90 and older. They lived and served in a very different era from those who are currently serving or who have recently served in the armed forces. They have very different views and opinions to those that many of the younger generations might have in relation to accessing and seeking help. While some of the linked concerns they have in relation to this lie beyond the initial remit of the UF project they are interlinked with the experiences of UF service providers in seeking to support an aging and vulnerable section of the

population. The impact of this is that in many cases older veterans were slow to ask or were in denial of the need for support in later life. There were a number of issues identified with this: uncertainty of what the term 'veteran' referred to and uncertainty on their status as a 'veteran'. This issue was raised by older veterans with both UF service providers and the research team. Similarly, their discontent with and understanding of the Covenant impacted on perceptions of eligibility for support. While the definition of a veteran, as discussed in the literature review, by the Government and the MoD are considered to be clear and inclusive, as was the definition adopted by the UF project, the veterans themselves were seeking confirmation on their eligibility for support.

We report here on the experiences of older veterans who were in receipt of the UF services and examine their experiences of access to and barriers for engagement with services for veterans; availability of services for older veterans; loneliness and isolation; experiences of services provided; quality of services; where next; and examples of good practice, before moving onto the Conclusions and Recommendations in the next chapter.

<u>Access to and Barriers for Engagement with Services for Veterans</u>

One of the most significant issues for the older veterans was in their understanding of whether or not they could be considered to be a veteran and this was in many ways linked with their understanding or misunderstanding of the Covenant. They had understood that being an ex-service person meant that the Covenant would effectively support them throughout their lives once they had left the forces. This, as discussed in detail in the literature review, is a misconception although the Covenant is a promise made on behalf of the country towards those who have served. This misunderstanding manifests itself in a number of ways. In particular there was resentment among many older veterans who stated: ***'they cut the umbilical cord the day you were discharged***

and you never heard from them [MoD] again'. Consequently, the disconnect between their expectations of what the Covenant meant, and their experiences of support impacted on their understanding of who is a 'veteran' too. These misunderstandings/misinterpretations sadly left older veterans finding themselves in later life in need of support and help, not having a sense of belonging, not knowing where to go for support or who to ask about it but feeling very alone and isolated.

They reported feeling dismissed and divorced from the ***'military family'*** but it also impacted on how they then defined themselves. Lack of communication and the type of support they had expected led them to question if they were a veteran. Was there a specific service, length of service, rank, type of service that differentiated or defined a veteran that their own experiences in the armed forces did not match?

For example, they questioned if ***'national service'*** qualified them as a veteran. ***'I never saw active service'*** so can I be classed as veteran? ***'I only served for a short period of time – a few years' -*** would that still qualify them as a veteran? '***I have been out of the forces for over 30 years'*** - do they still count as a veteran?

These types of questions were raised by the veterans throughout the 3-year period with both the services they were in contact with and with us the research team in interviews and focus groups: ***'Can I just check that I should be here?'*** was a common question put to us. However this was not an indication of reluctance to be included but a genuine concern that they might not qualify for inclusion in the research.

These concerns were embedded in their life experiences. The longer it was since they were discharged from the services appears to be a significant factor in their ability and confidence in their identity of being a 'veteran'. It would be fair to say that the contact these ex-servicemen and ex-servicewomen reported they had with the MoD is very tenuous. It would appear, from what they tell us, that the MoD/individual services have an assumption that all ex-service personnel will know or be in contact with one or more of the ex-service clubs and therefore have access to any information on support they may need. Our research shows that this is not the case. While it has to be acknowledged that this issue lies outside the direct remit of the UF project it is nonetheless something that the older veterans who are in receipt of UF services felt was important.

Similarly many of the older veterans were concerned about the support provided by the MoD and had strong criticisms about the Covenant. Therefore some consideration should be given by the MoD on how to improve communications with their ex-service personnel after they have left the service. A newsletter perhaps would be one way to begin to address this. Perhaps one of the UF services - SOPA might be the most appropriate one - could advocate on behalf of the veterans to ensure that their concerns are taken to the appropriate level.

The other significant barrier to older veterans accessing UF services was the geographical disparity in availability of all the services. While this changed over the 3-year period and in some cases gaps were filled, in others some older veterans felt let down as they didn't have access to the full range of services advertised as UF. For example, the ILM Handyman service was only available in the Inverness and Moray regions of the Highlands and it was a much asked for service by many of the older veterans living across Scotland. What is more, on observational visits with the Handyman service what was clearly apparent

was the added value of this service beyond that of doing a small job such as fitting a handrail or replacing external light bulbs. Visits from the Handyman service to support older veterans also allowed for relationships to be built and it was obvious the trust that older veterans had in this service. It gave them confidence in getting small jobs done and removed the concerns some had about living alone and unknown workmen coming in to do jobs. There was a strong rapport between the handyman and older veterans and as one reported – ***'I love when …. comes and I get to hear about his family and things……it gives me something to talk about'***. This elderly lady also insisted in us having a cup of tea before we left and as she put out the biscuits instructions were issued about which ones you could eat because the other one was the favourite of the handyman. It was clear this service provided company and support and the warmth with which the older veterans spoke of it was palpable – they saw him as a friend not just as a service.

Fares4Free was another service which was very much in demand across the whole of Scotland but in the initial stages of UF it was mostly based in the central belt and primarily in the west. However, it has to be commended for the rate at which it expanded and by the end of the 3-year period they were pretty confident that they could provide cover across the whole of the mainland and in some of the islands. It should also be recognised that while this service depended on the good will of taxi companies buying into the concept of Fares4Free the drive and determination of the service lead cannot be faulted. Not only did the service expand but opportunities for training for drivers were also made available to ensure that both the older veteran and the driver were aware of how best to support them on journeys. It was frustrating for other service providers in the early stages of the UF project that the service was not available for all due to the high demand for it, and it left clients in the more remote areas feeling further disadvantaged.

Dealing with statutory organisations, whether that be in relation to health, benefits or whatever, many found problematic due to an increasing number of changes both in the benefit system, and the move by many Government and statutory organisations to online application forms was preventing or excluding them from applying for support. The advice and support that was available through the UF project from services such as ASAP, Legion Scotland and DMWS was particularly relevant in helping to support older veterans in accessing what they needed and were entitled to, as we discuss in more detail below.

Given the reticence of older veterans to seek support, and their lack of understanding of who a veteran was, knowing that there were unmet needs and support required demanded a strategy of reaching out to the older veteran community in order to inform them of the UF project. As discussed in both the literature review and the methodology sections this was not easy due to the lack of a data base of older veterans living in Scotland. However a successful dissemination strategy was adopted through a variety of events including a launch event and a series of information events in various locations across Scotland. Some of the organisations were already working closely with veterans of all ages and were therefore able to promote the UF project by word of mouth too. While uptake in the initial stages was reported to be 'quite slow', within the first couple of months of service delivery demand for UF services was increasing rapidly and in some cases outstripping supply. Some of the partners had to be quite creative in how they went about engaging with the older veteran community. One such example was how the newly appointed ILM Handyman went about advertising UF: he contacted the local clergy who were able to make information available through their networks in this rural part of Scotland. This proved to be a really shrewd move and very quickly this service was virtually working to capacity.

The new service delivered by Luminate for the older veterans who lived in the Erskine Care Homes aimed to provide creative art opportunities for the residents in their care homes, many of whom are living with dementia. This unique service enhanced the well-being of the residents in the home - when they enter the shed, they stated, the older veterans ***'waken up'*** and become quite engaged with the activity they are involved in. The opportunity to work on a ***'1-to-1 basis'*** is quite unique as most projects of this type are short-lived. Our observations also noted that while the activities were very much geared to meet the ability and likes of the older veterans they also sometimes had added extras, in that engaging in arts and crafts type activities helped to keep some dexterity and use of their hands, which in turn can help to maintain some dignity in later life. They were keen too for it to be recognised that they are currently working with a group of people, older veterans, who hitherto had been ***'hidden'*** in that they were institutionalised within the care home setting.

While it has to be recognised that there is a broad range of needs required to enhance support for older veterans, one of the central issues is that of loneliness and isolation. This as previously examined in the literature review is not an unknown issue but what this project has identified is the ways in which loneliness and isolation are experienced by the older veterans and that in some cases they themselves ***'self isolate'***.

The key emerging issue here is that loneliness and isolation is much more complex than living in a remote geographical area or living alone. It is about experiences and relationships regardless of location or living arrangements. Life in the armed forces, and particularly for those in the older age groups, is about issues that many in civvy street have either forgotten or never knew about. It is about situations and experiences and mental ill-health conditions that some thought they had left in the past which seem to collide in older age to

bring increased feelings of vulnerability and in some cases fear of being in locations they are unsure of. Their experiences can be summed up in the comments made below by veterans:

> ***'You are in the forces and you do what you have to. You leave, return home, get married and have a family. Life is busy. The family grow up and leave home. You retire. Life quietens. Then the night terrors begin. You have space for the things you thought you had forgotten about to return. You can't talk to family and friends about them because they wouldn't understand.'***

Such experiences leave older veterans feeling ***'alone, even in a crowded room'***.

Another veteran reported how he cannot talk to his family about his experiences of being in the forces because it would, he fears, destroy his identity of being a loving husband, father and grandfather. He reported:

> ***'I live with my family, we have a very good relationship and a loving home. I think I am a good husband and father but I need to discuss my time in the forces and I can't with my family so that sometimes I feel as if I am outside looking in and very lonely. I can't tell them what I did in conflict [essentially the activities he reported would be understood, out of context, in civilian life as illegal and that is what concerns him]…… how would they react if they knew that? They see me as a kind and gentle loving person.'***

He went on to say that there is a need for continued support upon exiting the Armed Forces, and it needs to be accessible at any time after leaving

because **'*you think you have left all these things behind you and then you discover you haven't*'.**

Another reported he never talked about his service experiences because like others he had been exposed to detainments and torture and for example, **'France and Belgium …. was a mass slaughter wasn't it?'**. Our participants reported having experience of action in relation to WW2 or having been deployed in a variety of different places, for example Burma, Kenya, Korea, Suez, Belfast, Malaya, and even in the Yangtse incident. Coping in action was the stated norm and they really hadn't expected to have to cope again in later life. Sadly, families and carers of older veterans tell us they often only find out that their elderly relatives were in the forces once they have passed away and they find medals and other memorabilia when clearing our their properties.

While these are but a few examples, they represent the shared experiences of many of the older veterans in this study. Others have different experiences that can cause them to live restricted lives which impacts on loneliness and isolation but also other areas of their life. For example, in rural parts of the country not all services are available in all towns and villages. Being old and vulnerable can and does have an impact on mobility and travel but also it would appear manifests itself in fear. Our analysis of this suggests that it is the feelings of vulnerability, of being on their own, of losing their identity and feelings of worth that make them fearful. When this is compounded by remembering situations that are distressing it leads them into making decisions about staying in their ***'safe places'*** - their homes. For example, ***'I like my own company'*** *and* ***'I really don't like noisy places. They are not for me.'*** While another older veteran reported that even though he has a car and can drive he only leaves the village he lives in when it is absolutely necessary to go to the doctor's. The

doctor's it transpires is only a few miles down the road in another village but he fears that something may happen to him and no one in the other village would know who he is or who to get help from.

Loneliness and isolation is also about jargon. They miss the services' humour and this was clearly evident in the laughter about the comment below in one of the focus groups. This older veteran was talking about his experiences in the services and coincidentally telling this story while questioning if he could be considered a veteran. It also represents the type of banter that they are very familiar with.

> ***'So apart from that, Royal Naval, RNVR which when I got in among the real Navy guys I was told that RNVR meant really not very reliable. (laughter) … Aye. And when I, when I was promoted, if you like, to RNR, in other words we were no longer volunteers for the Navy, designated us as the really not required. (laughter) … So that was the, what my connection to the Royal Navy, which I kept on in the reserves for quite a lot, quite a while, in fact I think I was aged sixty something when I got a letter saying that they might not, they don't need me any more really. Which is just as well'.***

Addressing these issues is therefore about more than provision of activities but about correct information to help those who need the support to seek it out and accept it.

One of the significant issues reported by the older veterans in dealing with situations brought to the fore their stoicism – the strong attitude fostered in the armed forces of resilience and strength, being able to cope and dealing with

situations impacted on how they coped: even if that meant isolating themselves. They were still in charge and coping but in a very limited way. One of those in the study at the beginning of the project reported in a telephone call that he lived in a lovely flat in a nice place. However there were issues: he was on the ground floor and so he lived in his bedroom – it had an en-suite – and he lived with his son but he kept the curtains closed and never went out. Later in the study he was met outside in a café having coffee with his befriender: yes he was supported and not alone, a testament to how change can be managed given the correct type of support.

The value of the support given by the befriending services cannot be overstated in that it provides someone to talk to who understands the armed forces, who can assist with visits - and many of the befrienders we spoke to do assist by accompanying older veterans to benefits appointment, tribunals and medical appointments, for example, which makes a huge impact on the life of the older veterans. One female older veteran remarked that the support she had had and the change it had brought about for her was so marked that ***'my family are phoning ….. asking [her befriender] where I am and if she knows when I will be in'*** she went on to remark they [her family] can never get me in now when they call by.

Additional to this is the demand for opportunities for older veterans to engage with the wider population in social settings and clubs. The sterling work carried out by ERMAC and SWB are examples of really good veteran hubs. The activities are focused around the needs of the veterans and in some cases activities are driven by the veterans who attend. Those who support the older veterans in these settings report that it not only enhances social interaction but also addresses some of the less overt challenges faced by vulnerable veterans, such as ***'confidence, so when … I mean, to see the guys come in and join, and***

they are very withdrawn a lot of the time …. And you know you see they have come on….it's like, wow'. Furthermore on visits to these facilities we witnessed the camaraderie amongst the older veterans but also the pride they had in learning new skills. One particular older veteran was immensely proud of having been able to develop a family history tree which we were encouraged to look at as he told us all about it. He was also extremely proud of the fact that he had managed to compile it by using a computer and accessing the internet.

It should not be underestimated how much value the older veterans reported they got from the services they received and there was almost without exception a little add-on. For example those who attended visits arranged by their befrienders or received a Fares4Free journey often reported on how the activity was great but so was the journey there and back – ***'just to get out and see the countryside would have been enough but to get to ……. too made it really special'***

One of the concerns amongst many of the older veterans we talked to was in their perception of the relationship between social activities and alcohol. While our data suggests that there were relatively few links with the types of activities provided to alcohol or access to alcohol, among the older veterans this was not the perception and it is perhaps an additional barrier to them engaging in some activities. There is a perception that activities put on in the armed forces clubs are related to alcohol, and for a variety of reasons, including alcoholism, age and medications, many of them do not want to be in or on facilities that sell it. Consequently there is a strong call amongst this age group for more activities that are alcohol free. They have asked for more drop-in facilities where they can meet for a coffee and chat and which offer the ability to engage in activities they want to. While the research team recognise this is logistically not an easy ask to meet it is what the older veterans are asking for, it is recognised that

ERMAC are looking to develop a further day facility EVAC[17] and we wish them every success with that.

Given the age range of the older veterans it is hardly surprising to find that mobility is a consistent issue. The need for adequate transportation for the veterans cannot be emphasised enough but also the range of equipment available can be a significant support too. The collective (and coordinated) action of the UF consortium partners like Legion Scotland, DMWS, AoHL, ILM Highland Handyman service and SWB with Fares4Free has allowed for the provision of transport for veterans in rural areas of Scotland. For instance, a veteran who served in the army cited the problems he and his wife experience due to the lack of transport. He recently discovered that he has no vision in his left eye and vision in his right eye is down by 12%. He is now registered as partially blind and is also registered with SWB. The local authority he lives in provides partially sighted individuals with a 50/50 taxi fare service. While he receives tokens, which are given to the driver for the fare and distance, this is limited to a certain distance and once this limit is passed, the person has to pay the full fare which is often very expensive:

"if we wanted to go to the city from here, we would have to pay the full fare, about £70-80...

The veteran further stated that he does not go to his local town any more, not just due to the cost of the taxi fare but also due to poor bus service. He pointed out that in his local authority there is a double decked bus service which has been converted for wheelchair access. However, as there are no seats in the lower section of the bus there is no place for his wife to sit. She uses two walking sticks and this poses further difficulties. He is disappointed with the provision as it is difficult for both him and his wife to travel. The bus is the only

[17] Erskine Veterans Activity Centre (EVAC)

way for them to get to the city apart from using a taxi. It is a 15 minute walk to the bus station from his home, he has a zimmer frame and his wife has two walking sticks, so this is clearly a very limited option. It should be noted that another form of transport is a local bookable bus service which takes him and his wife to the local Tesco, but this aside, there are no direct bus services where he lives. He has tried using his zimmer frame a few times to go to the town, but it tires him out. This limited transportation has meant that there are fewer members in his local SWB and veteran group as many are unable to make the commute. This has exacerbated both his wife's and his isolation:

> ***'this is it, we've been to Tesco's we are isolated, but at the same time we are in the town, if you get what I mean?'***

Another veteran noted that he has received assistance with transportation from DMWS in Aberdeen. He has been living in a remote sheltered housing complex for over two years and he cannot walk due to arthritis and kidney problems. This veteran's remote location has meant that transport to and from his nearest clinic is restricted:

> ***"My biggest problem is if I ever have to go into clinics in Forester Hill, it's getting into hospital. I can get locally into my doctor's surgery, I've got my own scooter which I can drive down to the village and get into the banks, the chemist's and my doctor's surgery. But if I wanted to go to Aberdeen I've got a problem…But the guy I dealt with was (DMWS Welfare Officer), and I'm sure he used to live in Elgin, but he's moved from there now. And a woman took over his job…. But that's what I really got from them. With my difficulty in getting into Aberdeen which is 18 miles away, when I need to go to a clinic,***

because I can't walk and I can't take my scooter all that distance".

Other evidence of the clear challenges towards the provision of services is demonstrated by an RAF veteran who suffers from age-related macular edema and has lost most vision in one of his eyes. His other eye is rapidly deteriorating. Due to his age and the condition of his heart he will not be receiving corrective eye surgery or have surgery for his left knee. He stated that SWB used to organise trips every week, however this has now been cut down to once in four weeks. This has increased the feelings of loneliness he experiences.

The value of engagement in creative activities is widely understood and some of them have been discussed above but the joy of music should not be underestimated either. Music in Hospitals & Care Scotland put on, in a variety of locations across Scotland, music events. The aim of these events was to deliver the music that meant most to the audience and co-produce the content of the concerts with the older veterans as opposed to delivering a predetermined programme of music. Therefore through their "Play it Again SAV!" project they have enabled older veterans to develop musical programmes full of their own personal choices. Their professional musicians work with those living in designated care homes for retired personnel and community groups to co-produce playlists which will be played live to them and for other audiences in the future. They have also piloted a songwriting project with older veterans at Scottish War Blinded Linburn and Hawkhead Centres, Erskine Reid Macewen Activity Centre and Royal British Legion Scotland Saltcoats, Ardrossan and Stevenston branch. The result of this was four songs co-written by Music in Hospitals & Care Scotland musicians and older veterans: https://www.youtube.com/playlist?list=PLWweb0iuX8sx4bXROop8afwjF9xmbo86A.

Observations made by the research team attending some of these sessions have provided evidence that shows the impact on some of the older veterans: for example, quiet and withdrawn individuals who become part of the voice/s in the room singing along. We observed a discernible change in attitude from the responses of the residents. They appeared to be thoroughly enjoying the music and very clearly demonstrated the impact of the entertainment on them. Playing bespoke songs, there was greater interaction with the residents, it appeared to bring them together and helped stimulate their memories.

Sadly as a result of the pandemic one of the popular services, Break Away, has had to be withdrawn from the UF portfolio. The appreciation that the older veterans expressed in relation to this service which supported them up to the value of around £1000 for a short break for 2 people cannot be overestimated. The Poppyscotland co-ordinator for the Break Away service worked with The Travel Company Edinburgh and the veterans who have been on breaks talk highly of both the co-ordinator and The Travel Company. For some the trip is about getting away from the 'humdrum' of everyday life and giving them new experiences or revisiting places that have a particular memory for them. In particular they like the bus trips because each day there are trips planned to local places of interest, all the hotels are nice, staff are very pleasant and helpful and they get their breakfast and dinner included, or they travel to a new place each day. One trip that was remembered fondly was a Scottish Island tour which took in Oban, Mull and Iona. They can sit back, relax and enjoy it! Furthermore for some it also has gone some way to addressing their loneliness and isolation as new contacts/connections have been made and new friendships have been forged. In other cases trips have been organised with other partner agencies such as the Legion Scotland and Fares4Free. In particular the trips to Gairloch to commemorate the Atlantic Convoy were highlighted as a really special experience. Not all holidays are associated with bus trips or

commemoration services. One couple had never been to London and they wanted to go. A trip was organised which included their train travel, hotel accommodation, a visit to one of the London Theatres to see a show and a boat trip on the Thames. They loved it! Other examples are of older veterans having trips arranged to the likes of Jersey and Basingstoke which were linked more to personal memories of the older veterans. One of these veterans remarked that their trip to Basingstoke was 'Fantastic for the whole, whole week". Another veteran's comment sums up both their experience and the sentiment expressed by several others: 'it was just lovely to be away and not think about, you know, hospital or consultants or anything like that!'

Overall the experience of the older veterans was that the UF services were outstanding and had made a huge impact on their lives, enabling them to reduce stress in travelling to and from appointments, in negotiating the bureaucratic process and procedures of the benefit and health care systems, in enabling small jobs that older veterans were incapable of doing, in meeting and attending events and commemorative ceremonies, and in having assistance to hear and see better which in many cases went a long way towards addressing feelings of social exclusion – they could once again hear what was going on and read books and documents. They particularly liked the camaraderie of attending these events but also the interaction with all the service providers whether they were being visited by a befriender or a volunteer to service their hearing aid and this only serves to underline the need for making sure that those who are dealing with and support these older veterans are the right people with the right skills for their role.

One final point to make is the impact that the likes of the informal breakfast and lunch clubs provide for the older veterans. All of these meetings are lively events, the banter – often alien to non-armed forces individuals – flows and

laughter with it. The engagement of all who attend is clear to see and many of them tell of having made new friendships and/or of finding older veterans they hadn't met, seen or heard of for many, many years. They were also a place where issues they were having could be shared and often led to support mechanisms being put in place. One particularly touching case is summarised below.

This older veteran told of how his wife had been for a considerable number of years virtually bed-ridden due to health issues. He had been persuaded by a friend to go along to one of the local ex-veteran lunch clubs. There he came into contact with the DMWS support worker. He discussed his situation with them and they were able to support him in getting a range of household aids that allowed his wife, amongst other things, to get downstairs for the first time in years. This was quite an emotional story for the older veteran to retell but he wanted to and he ended it by saying ***'….made my wife's life tolerable for the last few months she had left and I will be forever grateful for that'.***

Conclusion

In conclusion our analysis supports the need for such a range of services and the need for closer partnership working in order to provide where necessary a holistic package of care for these stoic, vulnerable older veterans. In the next chapter we examine the response UF forces services made in relation to the Covid-19 pandemic which was unforeseen and unprecedented.

Chapter 6:

UF Experiences of the Social and Service Restrictions Imposed in Response to the Pandemic.

Introduction

In March 2020 Great Britain found itself in the grip of the Covid-19 pandemic which impacted hugely on the lives of everyone. All service delivery in the health sector was affected and in the more common day-to-day working and living of UK citizens severe restrictions were imposed – 'lockdown'. This meant that visits between households and all but essential travel were banned and work that could be undertaken at home was moved on-line; schools were closed as were all social clubs and activities. For Unforgotten Forces this meant the suspension or radical changes to the mode of delivery of many of its services for older veterans.

Significantly the older veterans we were able to contact by phone all referred to the situation – social restrictions and lockdown of much of the economy - as being similar to being at war. Furthermore the impact on both older veterans and service providers within the consortium was severe and affecting a group of older individuals who in many cases were in the most vulnerable or 'shielding group' due to their age and ailments. What we report on in this section is specifically focused on how it affected older veterans and how the UF consortium members met the challenge of supporting a significantly vulnerable group of people in the initial stages of the pandemic – March 2020 to June 2020.

UF Partners' Responses

As has been discussed in the previous sections the services provided to older veterans under the consortium of Unforgotten Forces were to address the specific needs of older veterans living mostly but not exclusively in community settings. Many of the services were delivered face-to-face and were aimed at addressing loneliness and isolation. However due to the advice and information from the NHS and Scottish Government, the older populations and in particular those with underlying health conditions were identified as the group most at risk from Covid-19. The advice from the Scottish Government was clear that face-to-face contact with all individuals including the most vulnerable outwith one's own household should not take place – all UF partners' day centres, home visits and care home services were cancelled with immediate effect. However, the initial response from the UF consortium partners cannot be faulted and indeed should be commended for the speed at which they reacted and adopted different approaches to their service delivery where appropriate to do so.

Inevitably some negatives were felt by the older veterans as quite abruptly their established day routines were fractured with the closing of such facilities as the Scottish War Blinded Centres, and the Erskine/Reid Macewen Activity Centre. Music in Hospitals and Care (Scotland), the Luminate artists and all but emergency or absolutely essential taxis were suspended as were home visits by the Legon Scotland's befriending service, Defence Medical Welfare Service, ILM and Action on Hearing Loss. One casualty of the pandemic was the closure of the Break Away service as it was no longer practicable for a service of this type to continue. The Covid-19 measures included restrictions on travel and a close-down of the hospitality industry removing the possibility of a Break Away holiday before the end date of the funding for the consortium of June, 2020. As a consequence of this the service was withdrawn and those who had been anticipating a short, supported holiday through the scheme were informed.

This news, while understood by the older veterans, was quite a blow as they had been so looking forward to their trips. During the initial stages Poppyscotland undertook to maintain phone contact with these individuals to ensure that their day-to-day living needs were being met. This contact was maintained and incorporated into Poppyscotland's core welfare offering.

The Poppyscotland UF coordinator undertook to keep all the UF partners updated on the changes to delivery of services, links to resources as and when they were made available, and up to date contact lists for each of the services involved. What we narrate below is a summary of these significant changes and the effects of them on the older veterans. In appendix 3, is a list – not exclusive – of the types of activities and information flow that was available to all the organisations through this period.

The most immediate concern for the organisations was the impact these changes and closures were liable to have on the older veterans they had been supporting. Very quickly they adapted their delivery models to provide a range of opportunities and contacts for both their partner agencies and their older veterans.

For example, Luminate and Music in Hospitals and Care suspended their services with immediate effect but made a range of activities available online for anyone, including the older veterans, to access. ERMAC and the Scottish War Blinded day centres also had to close but offered telephone calls and zoom meetings, quizzes and the like for all those who attended their Activity Day Centre. They were conscious that for some of the veterans attending the day centres provided hot meals, company and the opportunity to engage in various activities so the closure was likely to have quite an impact on feelings of health and well-being. As has been reported in the previous section those who attended

these centres very much appreciated the opportunity to meet and engage with other older veterans in a safe social environment. Attending and meeting like-minded ex-service personnel was very important for the older veterans: as one female older veteran reported, ***'I get up at 5am on the days I attended. I want to make sure that I'm ready for the bus and I don't miss it.'*** She went on to say that sometimes on the days she wasn't at the day centre she didn't bother to get up but spent all day in bed.

Other services such as Action on Hearing Loss, Defence Medical Welfare Services, ASAP, and Age Scotland moved to an online delivery, and ILM and F4F found that their ability to deliver services was severely compromised by the Covid-19 restrictions. What emerged from these changes to working practice has to be commended.

First and foremost, the UF staff were concerned for the most vulnerable older veterans they had been supporting and how they could maintain contact with them. ASAP and Age Scotland moved to home working and as their services were telephone based they were by and large able to keep their service active. Phone calls were the most appropriate means of communication with the majority of older veterans they had supported and commitments were made by most of the UF organisations – The Legion Scotland, Action on Hearing Loss, Scottish War Blinded, ILM and Defence Medical Welfare Services - to make contact with them at least once a week. However, some staff were well aware of the vulnerability of some of them and undertook, for example, to pop along and visit the older veteran: ***'I pop along and stand in the garden and talk to them just to make sure they are ok'***. All of the UF staff stated that while face-to-face contact was not possible under the restriction in the case of an emergency they would do a self-risk assessment and if at all possible undertake a house visit.

Action on Hearing Loss and Scottish War Blinded were able to provide support on the phone for maintenance of equipment: ***'to talk the older veterans through how to maintain equipment'*** and they were also able to send out equipment and or batteries etc if equipment became defective. What they all reported was that they detected increased levels of anxiety, loneliness and depression amongst those they were continuing to support as many of them lived alone and in quite remote locations, some distance from any family.

F4F, the taxi service embedded within the UF delivery, found demand for services reduced due to the cancellation of medical, day care and social appointments but almost immediately recognised that there would be a need for support for those older veterans who were house bound, had complex needs, were less mobile or removed from access to shops, etc. They quickly adapted their service to accommodate this and to deliver medical supplies and groceries to those who needed it. They also set up an App for the partners to use for referring across those in need of this type of support. It also occurred to them that some older veterans might not be seeking the support they needed during the pandemic and in partnership with Poppyscotland set up 'Token Gesture' calls. They called on those who might be feeling low or they thought might be in need and not getting it and dropped off a small gift – a box of shortbread, chocolates or a bunch of flowers - and postcard from Poppyscotland. This allowed for **'*an informal welfare check to be carried out on the most vulnerable'*** older veterans. They report the gifts were well received and helped to alleviate the feelings of loneliness and isolation some older veterans were dealing with – it showed they were thought of and cared about.

While it is difficult to compensate for face-to-face interaction the service providers from the UF project did all they could to maintain a good quality of service in what were unprecedented times for us all.

Older Veterans' Experiences

Interestingly the response from those older veterans whom we were able to contact was quite positive in that they approached the 'lockdown' with a determination of it being something that they would get through. The discipline and control of a life in the forces they suggested had taught them how to accept and adapt to the unforeseen and unprecedented circumstances brought about by the Covid-19 pandemic. However, despite this stoic attitude, for some the cessation of the face-to-face activities in the day centres, the befriending services and cancelled outings brought with them quite severe feelings of loneliness and isolation. In particular as a research team we found that our telephone interviews with the older veterans were taking two and three times longer as long as they previously had. Typically a research call lasted around half-an-hour to forty-five minutes but during the lockdown some calls lasted well over an hour and on several occasions well over an hour-and-a-half.

The degree to which some older veterans were feeling the impact of the lockdown was clearly evident, particularly for those living on their own and in the quieter/more remote rural locations. Heightened feelings of isolation were expressed. Several of them told us of how they missed the visits from their befrienders. They said that a phone call, while welcome, was not the same as seeing people and significantly they pointed out that on some occasions neither they nor the person calling had much to say. This underscored the value of home visits for those living with complex mental and physical conditions. Visits from befrienders, the ILM handyman service, and day carers created conversations: they brought with them stories that the veterans could then

relate/discuss with others in conversation but with everyone being at home that stream of information had dried up and therefore, while receiving the call from one or more of the UF services was welcomed there was little to talk about. As one veteran reported ***'no one has anything to talk about….we are all staying home… where I live even when you look out the window you hardly see a person or even a car go by'*** so there is nothing to tell and focusing on Covid-19 in discussions was depressing. This is specifically interesting as we had reported that contact with consortium personnel in a variety of different contexts – befriending, handyman service, assistance with maintenance of hearing equipment, taxi-rides to and from medical appointment – had enhanced both health and well-being but also provided opportunities for making conversations. Homebound and isolated older veterans had something to tell their carers and/or families about and now that avenue for conversation had been significantly reduced for them.

Another example of how Covid-19 impacted on the feelings of isolation – one older veteran's experience - encapsulates the feelings of many.

> He lived on his own in a rural location and on the edge of the village. His neighbours were not immediately accessible to him. Nonetheless he classed himself as lucky because he had a niece who lived and worked nearby and was ensuring that he had all the shopping he needed. However, she also worked in the local supermarket and as a consequence of this she was extremely cautious about dropping shopping off for her uncle. He commented that ***'she is very good but I'd love a cuppa and a blether'***. What she did was drop the shopping off at the door and retreat to the gate, but his hearing is affected and he often couldn't hear what she was saying. Despite this the stoic characteristics of older veterans of

> ***'getting on with it'*** were evident. He also had a befriender calling him. In a sense he felt he was well cared for but in conversation it was clear that he was quite upset by the situation he found himself in and that he was experiencing increased feelings of loneliness.

On a more positive note we also heard from older veterans about how they were discovering the benefits of technology. This was indeed encouraging to hear as hitherto the majority of the older veterans who had taken part in this research were resistant to engaging with technology and consistently asking for conventional means of communication. Posters, letters, flyers and telephone calls were, they told us, their preferred means of communication as discussed in the previous section. However, the impact of the pandemic encouraged some to embrace the technology they had, but hadn't used independently, to seek support in order to communicate with friends, family and services.

> In one case it was a veteran being selected for an interview with HRH Princess Anne as part of one of the commemorations that took place during lockdown. He was really delighted to have been picked and to be able to participate in this interview. He reported that he was really nervous that the technology wouldn't work, but it did, and he had his interview. He was extremely proud about this and absolutely delighted that HRH Princess Anne had called him by his first name. He also stated that he hoped he would be able to continue using the technology successfully in order to talk with family and friends.

Other older veterans also talked of how using technology they had hitherto avoided was allowing them to better communicate with their family and friends. One joked about the process of getting on to Zoom.

One of his children had talked him through the process on the phone – the impression was that it had been a rather lengthy process and that his child had been very patient! But as a consequence of embracing technology one older veteran suggested that he would now be able to help with some of the younger family members' homework/home schooling.

However for those with severe hearing loss and blindness the pandemic posed additional problems due to dexterity issues when batteries for equipment ran out. Getting the necessary parts by post was great but they were still reliant on other family members to replace the parts.

What is significant is how both older veterans and UF service providers responded to the sudden shutdown by adapting. For some there have been new and rewarding opportunities but for some others it has been an extremely difficult time and Combat Stress along with other UF partner agencies have reported that feelings of isolation, loneliness, depression and heightened effects from conditions such as tinnitus have been reported to them. While the partners worked together too, exchanging information on useful web sites or activities that could support individuals at home who were struggling with mental ill-health or chronic conditions, the expectation is that while the pandemic continues the demand for help and support with these and other conditions discussed above will only increase.

The response and range of activities that were available and the willingness and compassion of the service providers was never in doubt. However, those who were not able to benefit from these on-line services were still very vulnerable.

Conclusions

What the UF consortium response to Covid-19 has shown is that there is a deep appreciation amongst all the service providers of the vulnerability of this group of older veterans and their dependency on services for many of the things that the wider population may take for granted. It is also clearly evident from the way in which organisations worked closely together, sharing information and using technology – the App for example – to ensure that there was no known unmet need, evidence that within the consortium there is a willingness for even closer partnership working than had been achieved prior to the pandemic. It is to be hoped that as the consortium members move forward into a new era that they are able to embrace and embed the excellent shared partnership working that they established during these unprecedented times.

While the overall response from the partners has generally been positive, along with the stoic attitudes of the older veterans towards coping with the extreme implications of the lockdown and disruption to normal service delivery of both the UF consortium and statutory services, some vulnerability has also been highlighted. It is the expectation of the UF partners that demand for services will increase during this time and immediately after the restrictions are lifted.

Those older veterans who are living alone, in rural areas, with limited support from family or friends and who are not digitally competent do report finding it difficult. Additionally if they also suffer from a hearing or sight problem then the opportunity to engage in many of the excellent activities being delivered by consortium members is inaccessible to them. This has highlighted the value of the face-to-face services of, for example, the befrienders but also the need for other opportunities to engage in supportive and collegiate environments. It is hoped that the new Age Scotland service – discussed in the previous section – telephone based Friendship Circles' – can go some way towards addressing this.

It is also hoped that those who were disappointed at the withdrawal of the Poppyscotland Break Away service can have their disappointment alleviated by one of the other organisations who also offer respite and short breaks such as RAFA and Scottish War Blinded once the pandemic restrictions are lifted.

Overall the Covid-19 response from the consortium partners has been outstanding and it is very encouraging to have witnessed how they put the health and well-being of the older veterans at the heart of what they did and for that they rightfully should be highly commended.

Chapter 7

Conclusions and Recommendations

Conclusions

In conclusion we found that there were many similarities with that which was previously known in relation to the support needs of older veterans and their experience of the UF service. However, what our evaluation of the services has added is a much more nuanced understanding of how the needs for support are contextualised in the day-to-day lives of older veterans. It has highlighted the demand for services and the need for these services to be continued and if possible to be expanded to support the wider veteran community too. It has also identified some areas where other service providers could be included and where UF could further develop their partnership working. Essentially the experiences of this project highlight how like-minded organisations can work together for the benefit of a vulnerable group without the loss of their individual organisation's identity.

Interestingly, at a time when HMG are moving to formalise in statute the promise contained in the Covenant, many of the older veterans were expressing their discontent with it. As the literature review pointed out the Covenant does not give ex-service personnel priority treatment or status as a given but this was not how older veterans had interpreted it and consequently there was a lot of discontent with their experiences of lack of continuous support after they had left the forces. Interestingly, they were at pains to say that while they had been in service the support they received, when needed, was often first class. It is hoped that the developments highlighted in the literature and the embedding of the Covenant will go some way towards addressing the misgivings the older veterans have with it.

Our findings suggest that this discontent with the Covenant impacts on older veterans' confidence in identifying as a veteran and consequently in their ability and willingness to seek support in later life. Their disillusionment with it in part is what makes them question their status as a veteran despite the inclusiveness of the definition. As discussed in the Literature Review both the official HMG/MoD definition and that adopted by the UF project are very inclusive and clear that it refers to anyone who has drawn a day's pay from one of the armed forces. Older veterans' reluctance or inability to define as being a 'veteran' clearly shows that there is a need for more information that is easily accessible by them, in a variety of formats and locations, to better inform them on these issues in order to encourage them to seek support before they are in crisis.

The majority of older veterans in this cohort were over 70 years of age with multiple ailments for which they were in need of support but they also grew up, and lived the majority of their lives, in a non-technological age. Thus some are very resistant to using any technology other than a telephone and depend on either television/radio advertising or posters in local libraries and doctors' surgeries for their information. It is understandable in a technological age that the young generations are more likely to prefer web based information but a range of options should be considered to ensure that this group are not further isolated and effectively denied the services they could benefit from. Furthermore, the accessibility of web based resources does not take cognisance of the some of the ailments our older veterans were suffering from, for example loss of or very poor eyesight.

Our findings suggest that consideration should be given to engagement with other services in other areas to ensure that access to all the services, in all areas of Scotland, is available. Examples of this would be the Handyman service and the services offered by DMWS. Both have made significant differences for

older veterans in the areas where they were operating and many more could be supported by them if they were available.

The additional support that DMWS have been able to provide has also indicated how central a role they could have in supporting transitions from hospitals to home care. The need for such support can benefit the older veteran and the NHS in supporting it by providing an additional service which reduces demand on the already stretched NHS services. Building stronger links with the NHS would seem like a prudent move and one that should be encouraged. Having older veterans settled back in their homes with the support packages they need hugely benefits their feelings of health and well-being. However, age limits are difficult for the NHS to embrace and therefore extending this service to include all veterans should be considered. Many of the older veterans and UF staff also have identified that in some cases younger veterans have extensive and critical support needs too.

The benefits of face-to-face contact with service providers, befriending, attending events, taxi journeys and visits from support services such as AoHL and the Handyman service all enhance the feelings of health and well-being of the older veterans and provide avenues for more than just service delivery. In the case of befrienders, many older veterans report forging close and enduring friendships with them. The befrienders also report that they too have positive experiences in supporting older veterans.

Bringing together like-minded individuals with shared experiences at breakfast and lunch clubs, day centres and a variety of other contexts provides a relaxed but supportive environment where older veterans claim they get a sense of being part of the ***'armed forces family'*** again. These activities allow them the space to talk and discuss issues that they can't talk about with those who haven't

experienced them. Therefore, the services they are in receipt of have added value and are more than the sum of the parts: providing comradeship but also an avenue for release of some of their internal pressures and concerns. Having this has in many cases has led to increased confidence or a regaining of their confidence.

Interaction with other service providers in a less intensive way, such as getting a small repair done, or the batteries replaced for their hearing aids, helps lonely and isolated veterans socially too. As discussed in our qualitative findings, these types of visits help to create conversations for the older veterans: giving them something to talk about.

The need for a variety of experiences is clearly evident to meet the diverse interests of older veterans. Being able to engage in creative activities is something that many report as really enjoyable and indeed asked for more of. A significant number reported they had stopped going to established veterans' clubs because of the association with alcohol. While this link is disputed by some of the organisations, the perceptions of the older veterans differed and what they wanted was more social, activity-based opportunities such as drop-in centres where they could get a cup of tea and a chat or engage in some arts and crafts. Distance from places they associated with alcohol was important for some due to their being recovering/recovered alcoholics or an inability to take alcohol due to medications or simply because they no longer had a desire to have an alcoholic drink.

The research has also shown that the experience of loneliness and isolation is more than living alone, or a lack of activities. Loneliness and isolation can be a very personal experience closely linked with active service experiences that socially distance them from family and friends even in densely populated areas.

It is the trauma of their service experiences that for many create the feeling of isolation which as evidenced in our findings is something that many feel they can only to discuss with other ex-armed forces personnel.

In other cases loneliness and isolation is associated with mobility, sight and hearing difficulties. If you can't hear you can't engage in conversations and if you have poor sight you begin to lose your confidence and, as they put it, you ***'self-isolate'***. Sometimes it is a combination of geography, experience and medical conditions that, combined, emphasise the need for a range of services to be readily available.

While PTSD is well understood and recognised as a condition associated with ex-service experiences there is a need to continue the open conversation around this type of mental ill-health as many of the older veterans denied this diagnosis. Mental ill-health was a sign of weakness and therefore they rejected the diagnosis and the help and support they could have had. Consideration of extending services to include an Occupation Health service to supplement the services already available through UF and Combat Stress might also help to support them.

The UF service providers have provided excellent support for the older veterans during the 3-year period. The demand is for this service provision to be continued if not expanded. Our research has evidence that need for more support for the organisations is there. The UF service providers all expressed extreme concern at the lack of clarity over future funding streams and in particular at how they would continue to support those who depended on them if future funding was not forthcoming and the project was to effectively disband. The aspiration of all services involved was that they would in some capacity still be able to work together and to be able to continue to deliver

support even if that had to be at a reduced level. Therefore, while at the time of writing it has been announced that under the new funding stream there will be a change from Poppyscotland to Age Scotland as the lead organisation for UF, we have no detail as to how service delivery is to be continued or how the funding secured from the Scottish Government is to be dispersed. We would urge that serious consideration be given to pursuing additional funding and consideration as to how service provision can continue across the range of services. We wish the UF partners well in their future endeavours and hope that they can continue to provide the excellent support we witnessed for older veterans.

Recommendations

The research findings strongly support the following recommendations to ensure the continued support for older – and perhaps other – veterans living in Scotland. As previously acknowledged some of the recommendations made here may be of more relevance to other armed force partners. However, they are of significant importance for the older veterans and it is to be hoped that they will inform other relevant organisations who may read this report.

- Easy access to information for older veterans on what support services are available. They ask for a single point of contact for all veteran services where they can be directed to the correct service for their individual needs. Navigating through the plethora of organisations who offer support can be very daunting for older veterans.
- Information leaflets that are easily accessible and readable on what the Covenant is and what older veterans can expect from it would go some way toward mitigating their misconceptions/misunderstanding of it.
- Clear information on who a 'veteran' is including all the various categories such as regulars, reservists, national service personnel etc. would also be helpful for the older veterans.

- Sharing of information between partners to enhance the service delivery for older veterans should be considered. The example of the Fares4Free use of an App in support of the Covid-19 experience is but one example.
- The support needs of those staff and volunteers working with this vulnerable community should also be acknowledged and where possible services provided, such as bereavement counselling.
- Funding mechanisms need to be pursued if the consortium is to continue as such. It is unlikely that it will provide such a structured and holistic service if all the UF service providers are to rely on securing funding for their individual services. Without a cohesive funding mechanism to bring them together the continuation of the close partnership working may become tenuous.
- Developing more community-based activities in partnership with, for example, the Men's Shed is to be encouraged.
- Exploring how as a consortium they can better advertise for, train and share volunteers should be explored.
- Services for those with impaired hearing and sight should be maintained as they have a significant impact on the day-to-day lives of the older veterans.
- Securing funding for the F4F or a similar type of service to support mobility and ability to attend hospital and other appointments is extremely important as it provides a much needed lifeline.
- Consideration should be given to other novel ways to include older veterans in line with the new service Age Scotland are introducing: a phone based service - Friendship Circles.

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Appendix 1

UF Consortium Partnership and Service Information

Partner organisations

The Unforgotten Forces consortium has been led and co-ordinated by Poppyscotland and consists of the following organisations:

- Action on Hearing Loss
- Age Scotland
- Citizen's Advice Scotland/Armed Services Advice Project
- Defence Medical Welfare Service (Unfunded Partner since June 2019)
- Erskine/Reid Macewen Activity Centre
- Fares4Free
- ILM Highland
- Legion Scotland
- Luminate
- Music in Hospitals & Care Scotland
- Poppyscotland/Break Away Service
- Royal Air Forces Association (RAFA) (Unfunded partner)
- Scottish War Blinded (Unfunded partner)
- Scottish Older People's Assembly (Unfunded partner)
- SSAFA, the Armed Forces charity (Unfunded partner)
- Combat Stress (Unfunded partner)
- University of the West of Scotland (not a service provider, but 'reviewer/critical friend' within the consortium)

Several organisations above joined the consortium as unfunded partners: SSAFA, RAFA, Combat Stress. What follows is a brief description of each

partner's service, what it brings to the UF portfolio and links to partners' websites.

Action on Hearing Loss (AoHL)

Action on Hearing Loss is a UK charity supporting deaf people and those with hearing loss and tinnitus. They provide information and support, undertake equality campaigns and fund research about all aspects of hearing loss and tinnitus. As part of the UF consortium, they deliver the ***"Hearing Forces"*** service in Scotland, designed to work specifically ***'with veterans and their families/carers over 65 who have'*** been diagnosed with a hearing loss and/or tinnitus. This service supports veterans through 'the hearing loss journey' from diagnosis and supporting medical appointments, to going to audiology, to aftercare, which includes advice on how to use hearing aids/equipment, support with battery provision, and support groups. They have three members of staff dedicated to the UF consortium, one each based in Perth, Dundee and Glasgow, but operate throughout Scotland. Further information is available at: https://actiononhearingloss.org.uk/information-and-support/local-support-services/get-help-with-hearing-aids/support-for-older-veterans/

Age Scotland

Age Scotland supports people over the age of 50 and works to improve their lives and promote their rights and interests. They aim to improve later life through the health and well-being of older people, whatever their circumstances. They provide a wide range of services and support and operate a nationwide helpline 5 days a week. As a consortium partner, Age Scotland provides networking opportunities between members and information publications to member organisations and to the wider public. They are the only UF partner

funded to deliver an element of public policy. Age Scotland used the funding to enhance their helpline, to research the needs, rights, and entitlements of veterans and to up-skill the call handlers so that they are "fully aware of the support that is out there from Unforgotten Forces partners and more widely."

Over the course of the partnership, Age Scotland have been actively involved, producing monthly email news bulletins for veterans and developing awareness training modules for other partners, groups and services. In tandem with other partners, they have also created guides and information sheets for veterans and those who work with veterans, such as the Housing for Older Veterans in Scotland and The Veterans Guide to later life in Scotland. They have also developed various projects with other partners specifically targeting veterans, such as The Age Scotland Veterans Project, developed to combat loneliness among older veterans through comradeship circles and local community connecting services and the Love Later Life Veterans Project. Further information is available at: https://www.ageuk.org.uk/scotland/what-we-do/supporting-older-veterans/age-scotlands-veterans-project/

Armed Services Advice Project (ASAP)

ASAP is a free, independent, confidential and non-judgemental project which delivers its services in ten regions across Scotland through Citizens Advice Scotland. Their national telephone helpline, delivered by Advice Direct Scotland, complements the regional offering. This service was not created specifically for the UF consortium but has been running since 2010. ASAP provide both home visits and a telephone helpline and recognise that veterans, like everybody else, have multiple and complex advice needs which on occasion will require face-to-face visits to help with form filling etc. ASAP also works closely with veterans and with statutory and other veterans' organisations such

as SSAFA, Veterans UK, Legion Scotland and Poppyscotland to address veterans' complex support needs. ASAP have developed an e-learning module so others can learn about the Unforgotten Forces project as well as one looking at the advice needs of older people and includes information about targeting older veterans. Further information is available at: https://www.adviceasap.org.uk and https://www.adviceasap.org.uk/unforgotten-forces

Break Away Service

The Break Away Service, delivered by Poppyscotland, provides bespoke holidays to older veterans and their spouse, long-term partner or carer. This service offers funding of up to £1000 for a break for two people with an additional £300 spending money per couple. While this service is similar to a wider breaks programme available from Poppyscotland, Break Away is specifically for veterans 65 years and older. Unfortunately, as at March 2020, this service was suspended with immediate effect due to the global pandemic, and by June 2020, this service was terminated as an offering provided by Poppyscotland.

Combat Stress

Combat Stress joined the consortium a year or so after it had been established. This organisation operates throughout the UK and provides specialist treatment and support for veterans of any age experiencing complex mental health issues, such as post-traumatic stress disorder (PTSD), anxiety and depression. With 3 treatment centres, one located in the west of Scotland, Combat Stress provides a wide range of residential and outpatient treatment programmes, therapies and support delivered by specialist therapists and clinicians. They also provide peer

and community support and a 24-hour helpline. When appropriate, they refer to different agencies depending on an individual's specific needs. Since March of 2020, Combat Stress have been offering their services remotely, via their 24-hour helpline and on-line resources due to the global pandemic. For more information, see: https://www.combatstress.org.uk

Defence Medical Welfare Service (DMWS)

DMWS providing a confidential medical welfare service to the Armed Forces, veterans, NHS staff, blue light services, the Merchant Navy and their immediate family when they are in hospital. As part of the UF consortium, DMWS provide a service to older veterans, their family and carers in Scotland. They operate out of 4 hospitals across Scotland in the following NHS Health Board areas: Ayr, Fife, Grampian and Lanarkshire, with referrals to their welfare officers being triggered when a veteran enters hospital. DMWS's remit is to provide welfare support to veterans 65 years or older and/or their families and carers, should they be faced with hospitalisation or medical treatment. They provide both practical and emotional support tailored to suit individual need and as part of the consortium, they are able to further optimise patient outcomes through seamless referrals. They have produced a leaflet about the support they are able to offer older veterans which is available on-line. Further details can be found at: https://www.dmws.org.uk/veteran-support-scotland

Erskine Reid Macewen Activity Centre (ERMAC)

Erskine has provided support to veterans in Scotland since the first world war, now through four care homes and a Veterans Village, comprising of 44 cottages, an Activity Centre, five Assisted Living Apartments and 24 Single Living Apartments (currently under construction). The Erskine Reid Macewen Activity Centre (ERMAC) is a relatively new initiative set up to enhance the

quality of life and well-being of veterans in the community. Developed as part of the Unforgotten Forces Project, the centre opened in January 2018 as a community resource rather than a residential service. It is open every weekday and operates as a hub, offering veterans the opportunity to socialise together, learn and develop new skills, enjoy a variety of activities as well as access support services. ERMAC runs on a drop-in basis where all the activities offered are free of charge but there is a small charge for lunch. They also provide a base for other partners, such as Luminate, who provide Artists in Residence running series of creative activities in which the older veterans can participate. Further information about ERMAC and its work within the Unforgotten Forces consortium can be found at: https://www.erskine.org.uk/aged-veterans-fund-supports-erskine-veterans/

Fares4Free

Fares4Free is a Scottish charity that works with taxi drivers and companies to organise free fares for veterans and their family members to help them access essential services and combat social isolation. They aim to provide free transport to veterans, mainly taxis, for essential journeys. These journeys can range from helping individuals who ordinarily wouldn't get out to be able to go and have a coffee and a chat at social club to those who need transport to hospital appointments or for therapeutic treatments. This free service is provided by soliciting help from taxi companies and taxi drivers, some of whom are themselves veterans, to provide Fares4Free with some journeys. For example, individual taxi drivers might offer 45 hours, or 4 fares per week while a taxi firm might offer a credit (never

to be paid back) line. Initially this service was available from South Ayrshire throughout the central belt of Scotland, Perth, Stirling, Dundee, Aberdeen and most recently Inverness and the Highlands. Cover is now available across virtually the whole of Scotland with the support and agreements they have from some 50 taxi partners. They accept referrals from a variety of organisations both within the consortium and outwith the UF consortium. They are also keen to refer veterans to other service, or at least advise them of the other services that are available. From March 2020, when government restrictions were implemented in response to the global pandemic, Fares4Free continued to operate to ensure that older veterans and their family members were still able to access essential medical services. They also expanded the range of their service provision to include the Delivery of prescriptions and essential supplies of food and hygiene materials. At the time of writing, this remains the case. Further information can be accessed at: https://www.fares4free.org and https://www.fares4free.org/partners/

ILM Highland

ILM Highland is an independent charity and social enterprise established in 1994 as a service to support people into sustainable employment In the years since, ILM Highland's services grew to include home improvement services, an electrical recycling service as well as an electrical retail shop based in the Scottish Highlands. The organisation aims to keep vulnerable people within their local community living independently at home whilst maintaining their safety and well-being. ILM Highland provides a handyperson's service to those aged over 65 or those

who have a disability. As part of the UF consortium, ILM Scotland have been able to extend their service provision by establishing their Veterans Handyperson Service. Through this service, a veteran aged over 65 or with a disability, who lives in Ross and Cromarty, Sutherland, or Moray can have a handyperson come to their home to undertake small repairs required around the house for the cost of materials only. This can include a range of services, from installing grab-rails to picture hooks or shelving, painting or help with clearing out clutter, so long as the job takes no longer than 2 hours to complete and the materials are under £50. Referrals are made to the service from the NHS, Occupational Therapy but individuals can also self-refer. The service is supported by 2 part-time administrative staff. Further details can be found at: https://www.ilmhighland.co.uk/home-improvement-services/highland-veterans-handyperson/

Legion Scotland

The Royal British Legion Scotland have been providing support to veterans and their families since 1921. A membership organisation, Legion Scotland provide community, friendship and practical advice for veterans and their family members, aiming to make life better for the ex-service community. They provide referral options, a pensions and advocacy service, support visits as well as comradeship events for the Armed Forces community. As part of the UF consortium, Legion Scotland has been able to extend their offering to include befriending services to veterans across Scotland with the addition of five new employed Veterans' Community Support Co-ordinators around the country. This service focused on person-centred delivery, treating older veterans according to their individual needs so that they could get the support they needed to address any of the potential problems and issues that they face. Working in the consortium also allowed Legion Scotland to streamline service

delivery and prevent duplication of the same types of services. Legion Scotland services are available to any veteran regardless of membership status. For further information, please see:
https://www.legionscotland.org.uk/unforgotten-forces

Luminate

Luminate, was created in 2012 as 'Scotland's creative ageing organisation,' with the vision that all older people can take part in high quality arts and creative activities, whatever their background and circumstances and wherever they live. As part of the UF consortium, Luminate have worked in collaboration with Erskine and older veterans who are resident in the care homes, many of whom are living with dementia. Two freelance artists were appointed to work with the veterans on creative projects in a variety of different contexts. As noted above, the Artists in

Residence at ERMAC took classes in the Activity Centre and were able to work with larger groups of older veterans. On other occasions they would work within the Erskine care homes with smaller groups or on a one-to-one basis with those with higher demand needs. Luminate operate on a flexible basis to best meet the demand for their service and the needs/abilities of the veterans with whom they are working. The kinds of activities the veterans took part in

include, film-making, sculpting, jewellery making, working with models including cement cats and creating poems from cast letters. Other activities have included nature books and poems, which have helped engage residents in conversations, and collage and drawing workshops inspired by personal travel and nature. Further details can be found at: http://www.luminatescotland.org/news/luminate-and-erskine-unforgotten-forces-artists-residence

Music in Hospitals & Care Scotland

Music in Hospitals & Care (MiHC) is a UK-wide charity that has provided live music sessions for people who are receiving care or treatment in healthcare settings across the UK since 1948. They aim to break down the barriers which prevent people from accessing the benefits of live music.

In Scotland, as an UF consortium partner, Music in Hospitals & Care Scotland deliver live music sessions tailored for veterans by working with them in groups and individually to build music programmes that are specific to their tastes. They aim to explore what additional tools can enhance the experience for the veterans – for example, which tools would enhance the musical experience for a veteran with a sensory issue. As well as regular music sessions, Music in Hospitals & Care Scotland musicians have provided live music for special events e.g. St Andrews Day (Coming Home Centre, Govan) Remembrance Day (SWB Hawkhead, Paisley) and festive celebrations at a number of centres. Through their 'Play it again SAV!' programme, they have supported and conducted several participative sessions, including a performance of 'The Vetrobates', a group of veterans, at the Lothian Veterans Centre for Edinburgh Erskine Home residents. They also piloted a songwriting project with veterans from other UF consortium partner organisations (i.e., Scottish War Blinded,

ERMAC and Legion Scotland), resulting in four new songs, co-written by MiHC musician Jason Sweeney and veterans from the centres (hear them here: https://mihc.org.uk/sav-songwriting). Further information about Music in Hospitals & Care Scotland and their work through the UF consortium can be found at: https://mihc.org.uk/unforgotten-forces-project/ and https://mihc.org.uk/play-it-again-sav/

Poppyscotland

Poppyscotland is the lead organisation for this consortium. It was the driving force behind its formation and its current role is in the consortium coordination of resources to ensure that the grant-funding is delivering services for older veterans. It hosts partnership meetings, collates partners' quarterly returns, and compiles the quarterly reports for the Armed Forces Covenant Fund Trust. Further details can be found for Poppyscotland at: https://www.poppyscotland.org.uk and for the Unforgotten Forces Consortium at: http://www.poppyscotland.org.uk/get-help/unforgotten-forces/

Royal Air Forces Association (RAFA)

The Royal Air Forces Association, also a membership organisation, is committed to providing confidential, professional and fair services to members of the wider RAF family from the youngest recruit to the oldest veteran and their families. On-going training and support for welfare volunteers and staff ensures services are consistent and of the highest possible standard. They aim to treat everyone with dignity and respect at all times. Services offered include welfare contacts and personal support, pension and compensation advice, respite services, sheltered and supported housing, opportunities to engage in

policy development and various ways to keep families connected. Further details can be found at: https://www.rafa.org.uk/what-we-do/

Scottish War Blinded (SWB)

Scottish War Blinded is a registered charity, established in 1915 to support blinded soldiers returning from World War 1. They provide free support to anyone who has served in the Armed Forces who has a visual impairment, whether they lost their sight during or after service. As an unfunded UF consortium member, SWB's aim was to reach a wider veterans community than they currently do. They identified their dual role as signposting veterans who already receive support to other, relevant services and offering veterans referred from other partners specialist guidance in adapting to sight loss. Thus, while offering a service, SWB also aimed to raise their profile and reach out to more veterans who would benefit from their service. They offer both emotional and practical support in providing specialist equipment to the visually impaired along with social activities and referrals to other agencies to get these veterans involved in local groups to help overcome issues of loneliness and isolation. SWB adopt an enabling approach to allow people to stay in their own homes and be independent longer - finding safe ways for veterans to deal with declining eyesight. Further details can be found at: https://www.royalblind.org/blog/scottish-war-blinded/unforgotten-forces-launched-to-support-older-veterans

Scottish Older People's Assembly (SOPA)

SOPA is an organisation that gives a voice to older people within Scotland for presenting concerns and achievements to the Scottish Government. As an unfunded UF partner, SOPA did not deliver a service specifically for this

consortium. However, with its partnership in this project, SOPA provided the opportunity to disseminate information about the UF services through its members and for older people generally. It also allowed for older veterans to be connected to the politicians, civil servants and the Scottish Parliament so they could put their issues, concerns and achievements forward. Further details can be found at:
http://www.scotopa.org.uk/news.asp?intent=viewstory&newsid=91031

SSAFA - The Armed Forces charity

Founded in 1885 to provide funds and support to help the military families left behind at home, what has become the SSAFA (Soldiers', Sailors' & Airmen's Families Association) provide personalised support to the Armed Forces community whenever they need it, wherever they need it. They aim to understand need to provide effective support with awareness and understanding through a sustainable resource and collaborative working. Though the SSAFA is not a funded consortium member it is closely linked to the work of the consortium as a referring agency to the consortium partners and one of the main external organisations the partners are likely to refer to. They provide lifelong support for veterans, both Regulars and Reserves, of the Royal Navy, the Royal Marines, the British Army, the Royal Air Force and their families. For more information on the types of support they offer to veterans please visit:
https://www.ssafa.org.uk/help-you/veterans

University of the West of Scotland (UWS)

The UWS provided the evaluative arm of the consortium and therefore a critical friend for the development of the services being provided in the Unforgotten Forces consortium. The UWS conducted an action-based evaluation of the

consortium to provide an independent evidence base drawn from service providers and older veterans who used the services to better understand and support the sustainability and/or future development of the UF project. Through this research, the UWS team sought to identify and understand the key issues for policy development and service delivery and to highlight examples of best practice throughout the consortium. Ultimately, the role of the UWS was to use a critical lens to identify how consortium efforts add value and best meet the needs of older veterans, their families and carers in Scotland to add to the positive impact of such work on a national – and perhaps international – level.

Table with Client Partner Returns[ab]

Organisation	Returns	Percentage
Action on Hearing Loss	299	10
Age Scotland	19	0.6
ILM Highland	58	1.9
Citizens Advice Bureaux	256	8.6
Defence Medical Welfare Services	987	33
Erskine	329	11
Fares4Free	604	20
Legion Scotland	165	5.5
Music in Hospitals & Care	110	3.7
Poppyscotland	162	5.4
Total	**2989**	**100**

a: returns shown in table may not match the total submitted by partners, as some questionnaire had to be excluded due to insufficient amount.

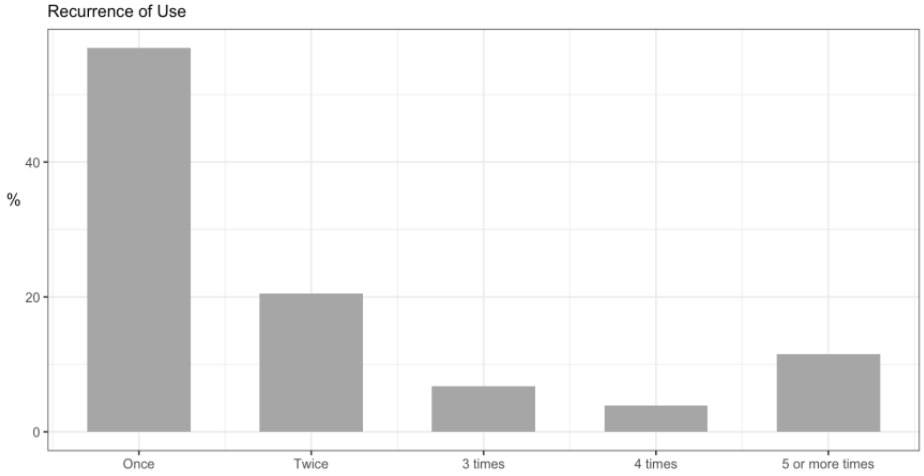
b: returns included until January 2020.

Graph about Recurrence of Use

As part of the questionnaire, organisations recorded clients' service number. Not all users, however, provided this information, meaning that the following graph must be read carefully.

Fifty-six percent featured once, with strong proportions recurring twice (20 percent), three times (7 percent) and 5 or more times (12 percent). This suggests strong proportions of those using services return to them and/or use different

services in addition. This supports the findings of previous sections which outlined that clients seek assistance for multiple issues.



Appendix 3

Summary of UF Covid-19 Impact

Below we provide an overview of the kinds of updates and activities of the UF partners as they adapted to the Covid-19 restrictions.

Age Scotland

- 10th March 2020: Age Scotland cancelled their national conference scheduled to take place on 25th March, due to Covid-19.
- 26th March 2020: Age Scotland has due to the crisis enhanced its Helpline service with Scottish Government support. The Age Scotland Veterans' Project team have temporarily suspended their normal UF activities and have now been folded into the charity's ramped up Helpline effort.
- 14th April 2020: UF project coordinator reminded that in line with the Scottish Governments commencement of a new national helpline for those most vulnerable to coronavirus, Age Scotland also operates a Helpline which is available to all older veterans and, during the Covid-19 crisis supported by the Age Scotland Veterans' Project team and can connect callers with local services across Scotland. (Helpline: https://www.ageuk.org.uk/scotland/what-we-do/tackling-loneliness/age-scotland-helpline/)
- 22nd April 2020: UF project coordinator informed partners that capacity at the Age Scotland Helpline (0800 12 44 222) has been ramped up following a funding boost from the Scottish Government. It has a special advice page relating to the outbreak. The Veterans' project team continue to provide a more general project service including: a postal newsletter for older veterans on a monthly basis until June 2020; monthly email updates for organisers of vet groups and services; a new edition of

veterans guide to later life; and video-based alternative to cancelled outreach activities.

- 8th May 2020: UF project coordinator circulated information about Age Scotland's Spring Roadshow training programme with free sessions on Veterans' and Dementia Awareness now switched to a virtual online format and for which tickets can be booked online via Eventbrite. Courses are limited to 12 participants, and are being held on 18th, 19th, 21st 22nd, 26th 27th, 28th and 29th May 2020.
- 15th May: UF project coordinator shared partners update that the older Veterans and Dementia Awareness virtual training sessions which can be booked online via Eventbrite. Details are available via this link here.
- 20th May 2020: UF project coordinator shared information to partners on behalf of Age Scotland about the charity "The Food Train". A new service they are launching soon to collect and deliver groceries for people aged 65 and over during the Covid-19 pandemic.
- From mid-June the Veteran's Project had returned to full-time project delivery. Veteran's Awareness training had continued throughout. Quarterly 'Veterans News' updates were increased to monthly during the months of lockdown and continue to be made available on the website. Age Scotland responded to the coronavirus outbreak by providing more information for older people in general and signposting them to services that they may have required due to the lockdown restrictions. Further details are available at: https://www.ageuk.org.uk/scotland/information-advice/health-and-wellbeing/coronavirus/

Action on Hearing Loss

- 19th March 2020: They emailed to update on their business continuity plan for those that rely on the service, and which would continue to be reviewed in response to the situation and guidance change.

- Impacted services: All face-to-face local engagement services, including information stands and talks, hearing screening services and training in community settings and care homes. They were in talks with the NHS and local authority commissioners about different ways in which they could deliver specialist equipment service in Scotland and the provision of hearing aid batteries and repair services. They were exploring alternative ways to deliver this service.
- AoHL national Information Line would remain open as usual between 9-5pm Monday-Friday, where possible. However, they were adapting this service to be home-based and therefore may have limited staff at times and may be slower to respond than normal. Alternative contact included: email to information@hearingloss.org.uk, or message on Facebook or Twitter. Information Line: 0808 808 0123, textphone 0808 808 9000 and Tinnitus Helpline on 0808 808 6666. Live Chat facility here: www.actiononhearingloss.org.uk
- Communication support services, including access to BSL interpreters will continue to run as normal. Hearing assistive technology products will still be available to purchase via our shop.
- 2nd April: UF project coordinator informed partners that all AoHL staff are working from home and the services delivered to older veterans in the local communities and at home have at present ceased although staff can still be reached by telephone, email and text message.

Coronavirus page last updated 25 August 2020. Face-to-face service provision and events remain paused, including hearing aid support drop-ins and home visits; information stands and talks; face-to-face befriending and support group meetings. The website has information for hearing aid users, those who need support with tinnitus or those who need communication support, and the

organisation continues to run its information line and on-line shop. Further details are available at: https://actiononhearingloss.org.uk/coronavirus-response/

Armed Services Advice Project

- 11th March 2020: A request for data collection with clients at ASAP was sent.
- clinic at The Hub was cancelled due to strict instructions for the vulnerable age groups to self-isolate. ASAP are not be able to run any drop-in sessions for a number of months.
- 25th March 2020: UF project coordinator issued revised contact arrangements for ASAP. ASAP is continuing to support clients remotely. Helpline open as usual on 0808 800 1007, Monday to Friday, 9am to 5pm, and will continue to provide support over the phone and email as usual. Clients can also request a call back via the form on the ASAP website https://www.adviceasap.org.uk/
- The regional ASAP advisers are working from home, and will support clients remotely. Also issued a revised contact list with email addresses and mobile numbers so liaison can be continued with local adviser/s.
- The Citizens Advice network in Scotland has ceased to offer face to face advice, in line with Government social distancing guidelines. All bureaux are providing support remotely and all helplines are open. Additionally, Coronavirus related information is available from the CAS website https://www.cas.org.uk/
- 14th April 2020: Service Lead issued an update that the ASAP helpline, 0808 800 1007 is also available to support members of the Armed Forces community of all ages with a range of issues including income maximisation, access to benefits, debt, housing and access to charitable grants. Further information is available via the ASAP website,

https://www.adviceasap.org.uk/ which also has a contact form for people to request a call back if they would prefer.

As at 7 September, according to the ASAP website, services remain remote. Thus, support is delivered by telephone and email and veterans can ask for a call back via an on-line contact form or get in touch directly with advisors via the Citizens Advice local advice pages.

Breakaway

- March 2020: UWS research team noted that breaks for several veterans had been cancelled due to the virus. For instance, two Break Away veterans that were contacted reported that their breaks were cancelled due to Covid-19.
- 14th April 2020: Upon contacting Break Away, it was confirmed that breaks had been paused due to the virus.
- 12th May 2020: Research team informed that Break Away had no quants data for 2020 as there were no new applications.
- 15th May 2020: UF project coordinator updated all partners that Break Away has been terminated with immediate effect. Break Away coordinator would be employed until 30th June to help with winding down the service in an orderly manner and to support veterans.

Combat Stress

Combat Stress seemed to respond relatively quickly to the coronavirus pandemic, shifting service provision from face-to-face to remote in Ayr before the 2 treatment centres in England followed suit. Remote service provision is on-going as at 7 September 2020 and includes therapy, peer support, webinars and their 24-hour helpline. They also created an on-line self-help resource that provided information and guidance on mental health support for veterans during

lockdown. Further details are available at: https://www.combatstress.org.uk/get-help and https://www.combatstress.org.uk/mental-health-support-during-covid-19

Legion Scotland

- 18th March 2020: UF project coordinator informed partners that the Legion Scotland annual conference that was scheduled to run on 22nd and 23rd May in Perth was cancelled due to the virus.
- 22nd April 2020: UF project coordinator informed partners that Legion Scotland veteran community support services have creased home visits and face-to-face support for the time being. However, the service continues to provide essential support during the crisis maintaining contact with older veteran clients by telephone and in some areas running essential errands for them such as picking up and delivering groceries and pharmacy prescriptions etc. This is also being done in conjunction with F4F with coordinators and volunteers offering the services should they be required. Service Lead for the UF project has been listed as the main point of contact.

As of 7 September 2020, it appears that Legion Scotland service provision continues as described above. They did put together quite a comprehensive listing on their website of the revised service provision across all the UF consortium partners in response to Covid-19 in early April (see: https://www.legionscotland.org.uk/News/unforgotten-forces-consortium-revised-provision-during-covid-19). There is no indication on their website that anything has changed as of yet.

Luminate

- 24th March 2020: UF project coordinator informed partners that Luminate were introducing online films on Tuesday and Friday afternoons demonstrating creative activities for people to do at home, or indeed in care homes. This was further confirmed with an email from Luminate's Community Engagement Officer.
- First activity – led by visual artist Christine Hilditch: https://www.facebook.com/LuminateScotland/
- Films will be posted every Tuesday and Friday at 2pm on their website and Facebook page as well as on our Vimeo and YouTube channels. Once posted, the films will be left online so that they can be accessed at any time.
- 22nd April 2020: UF project coordinator informed all partners that the "Art Adventures in Nature" project for older veterans at Erskine's homes delivered by the two contracted artists in residence has had to be suspended for the time being and project is therefore in abeyance for the foreseeable future.
- 23rd April 2020: UF project coordinator shared email from Luminate about a dance party invite on 24th April. Invitations were sent to invite you to a dance party in your own home. Dance in your living room, your kitchen or your hallway, to your favourite music. This video dance party is fun, relaxed and allows you to go at your own pace and dance in whatever way feels good to you.
- Another event: 25th April, percussionist invites you to grab the wooden spoons and get drumming! We'll take a look at the four main types of percussion sound and how to recreate them from household objects. We'll then jump in to the rhythm together with some musical warm-ups, followed by a play-along drumming jam!

- All videos are released at 2pm on their Facebook page and Vimeo and YouTube channels.
- Activities, resources and entertainment from across the world to enjoy at home:

Hospitalfield are now hosting their Free Drawing School online, with guest artists presenting a drawing challenge each Monday for you to do from home.

The Sofa Singers is a free and weekly **online singing event** that brings together hundreds of people from around the world.

As part of their **'Art is where the home is'** programme, **Firstsite** are creating free to download Artist Activity Packs. With contributions from well-known artists including Antony Gormley, Gillian Wearing, Jeremy Deller and more.

Our friends at Tricky Hat have launched a digital collaboration with Japan, releasing the short film HOME**.**
What do you do when you can't leave home? How does your perception of the world changes?
View the film here until Friday.

For those who want to continue learning in lockdown, the **Culture, Health & Wellbeing Alliance** have devised a **free online course** for professionals working in arts/culture and health/well-being. The

course will help you develop, deliver and evaluate the impact of arts and culture on health and well-being.

- 6th May: UF project coordinator shared more activities by Luminate:

In the latest Luminate@Home film, artist Lydia Beilby takes you on a fun and enjoyable journey through your memories and your own personal archives.

Find the film on our **Facebook page here** or on **Vimeo here**.

On Friday, we welcome back Chris Stuart-Wilson. This time he's taking us back to the 1960s for a dance session which you can do seated, though there are also standing options.

Next Tuesday, in "Poems that Count", Ken Cockburn shows you how to write poems starting with the numbers 1 to 5 and using a few objects from around the house.

Films are posted every Tuesday and Friday at 2pm. More info at **www.lumminatescotland.org/luminateat home**

Calling all LGBTI+ Elders and allies – the LGBTI+ Elders Social Dance Club is now ONLINE!

Join us for a free dance club, that you can go to in your own home.

The clubs run monthly on a Sunday through the online site ZOOM and the next one is **this Sunday**,
10th May at 2pm.

You can find all the information here and if you want to join please send an email to
thecomingbackoutball@nationaltheatrescotland.com
You'll then be sent the link and instructions on how to join.

There's also a great video to give you a flavour of what the elders social dance clubs are like. Watch it by clicking here!

The LGBTI+ Elders Social Dance Clubs are a National Theatre of Scotland and All the Queen's Men co-production, in partnership with Luminate, Eden Court Theatre and in association with Glasgow City Council.

- 13th May: UF project coordinator shared another update from Luminate

We've got two new Luminate@Home films for you this week.

We've recently posted "Poems That Count", led by Ken Cockburn. You can learn how to write a poem starting with

just 1 to 5!
View the film here**.**

On Friday, Tracy Gorman returns to show you how to make beautiful paper ornaments. Use the marbled paper you made in Tracy's last film,
or any paper you have at home.

The films are released at 2pm on Tuesdays and Fridays on our Facebook **page and** Vimeo **and** YouTube **channels.**

We have sourced a selection of activities, resources and entertainment from across the world for you to enjoy at home.

Have a go at Weaving at Home with **Dovecot**, the world-renowned tapestry studio. You can also follow instructions to make your own Woven Rainbow to display in your windows.
Join in with Dundee Contemporary Arts' **#DCAmakes**. You can try Papermaking, or make a Magical Mobile inspired by the work of artist Katy Dove.
Inspired by the 1937 Mass Observation project, **FORMAT** is inviting you to join in the @massisolationFORMAT project, a **visual record of the Covid-19 Crisis** on Instagram.

This week we can continue to enjoy the Scottish Mental Health Arts Festival, now online, featuring live-streamed events, film screenings and new artist commissions.
Supporting artists and creatives, Creative Edinburgh are now offering regular **Covid-19 Support Sessions** and their monthly **Creative Circles** have moved online.

As can be seen above, early on in the pandemic, Luminate moved their service offerings on-line via Luminate@Home with the aim of providing new and different activities in the home to help people stay active and connected (see: https://www.luminatescotland.org/news/luminatehome). There is no mention of/provision for older veterans, though all older people are included. It is not clear when – or if – face-to-face service delivery will continue in partnership with Erskine Reid Macewan Activity Centre or as a consortium member. This may be another 'casualty' of the pandemic.

Music in Hospitals & Care Scotland

- 2nd April 2020: UF project coordinator informed partners that Music in Hospitals & Care Scotland were going to stream live music online soon. With their musicians they were reaching out to find alternative ways to bring music to those who will need it most and are currently working on a plan to provide some live streaming online music sessions in the hopefully not too distant future and more details of this will be promulgated as soon as available.
- 23rd April 2020: UF project coordinator informed UF partners that Music in Hospitals & Care Scotland have had to put their Play it Again SAV!

Project (providing live music for older veterans) into abeyance for the time being and the project coordinator has been furloughed. They are still planning to provide some online live music streaming sessions during the current crisis. The charity can be reached via their temporary point of contact as follows: Isla Campbell Lupton, Head of Fundraising and Communications who can be reached on t. 07494 986878 or isla@mihc.org.uk.

- 8th May 2020: UF project coordinator shared VE day celebrations from Music in Hospitals & Care Scotland on 6th May. Performances: https://mailchi.mp/mihc.org.uk/ve-day2020?e=fdb1027039

As of 7th September 2020 the dedicated co-ordinator for Play it Again SAV! completed her contract at the end of June 2020, before leaving she gave an update to the team at the UWS. Following negotiation with the UF project coordinator a portion of the remaining underspend has been repurposed to share live music with older veterans online and if possible in outdoor settings. This work is ongoing and the charity continue to engage with the UF consortium. Music in Hospitals & Care have pressed pause on their in person live music sessions however, they continue with a programme of live stream sessions, including open concerts for everyone and personalised sessions for specific groups.

Poppyscotland

- 20th March 2020: Nina Semple informed that the **Poppyscotland Inverness Welfare Centre** is now closed to the public and partners. At present staff continued to work from the centre and can be contacted via

phone/email in the usual manner – the intention is to do this until directed otherwise.

- 23rd March 2020: Poppyscotland Inverness Welfare Centre has been fully closed as of Tuesday 24 March and the team are all working from home until directed otherwise. Their office phone lines have all been redirected to their individual work mobiles so that they can still be contacted by landline and of course, email.
- 23rd March 2020: UF project coordinator emailed all partners to inform on revised arrangements for delivery of Poppyscotland's welfare services during the current Covid-19 situation. This included the temporary suspension of the Break Away service for the time being.
- Further email on 23rd March: UF project coordinator provides a summary of the situation across the partnership. For as long as we can continue to provide support, partnership working may become even more important in the very changed circumstances we now find ourselves in. For example, your staff/volunteers may be concerned about a particular older veteran client and whether he or she can still access the essential groceries and pharmacy prescriptions they need and your team may not immediately have the resource available to help with this. *However, other partners may well be able to help.* Good use of the collaborative practices and relationships already worked up by the three local UF forums and of the latest UF Staff Contact List (PDF: Unforgotten Forces – Partners' Staff & Contact Details List Version 12 Feb 2020; Doc: Unforgotten Forces – Revised Service Provision During Coronavirus Outbreak).
- 30th March 2020: Another update from the UF project coordinator due to further changes and new guidance from the Scottish Government. This meant that previously issued information has become out of date. Revised provisions by partners (Doc: Unforgotten Forces – Revised Service Provision During Coronavirus Outbreak, Date 23rd March).

- 30th March 2020: UF project coordinator informed partners of the Shoulder to Shoulder project about an initiative to provide online mentoring and support for veterans via video link technology – including where necessary the provision of tablets by post to help facilitate it.
- 2nd April 2020: UF project coordinator circulated an update to UF service provision.
- 14th April: UF project coordinator emailed UF partners to inform that the Scottish Government has today (Tue 14th Apr) commenced operation of a new Helpline specifically for those most vulnerable to coronavirus including, amongst others, those over 70 years of age and who do not have family or community support. Full details including the 0800 number itself plus information on whom exactly this intended for and what it can help with etc. is provided via the below attached link. https://www.gov.scot/news/support-for-those-at-high-covid-19-risk/
- 1st May 2020: UF project coordinator shared details of VE Day commemorations for 8th May, which although cancelled due to the virus Poppyscotland and Legion Scotland in partnership with the Scottish Government have just announced plans for a series of virtual and other events and initiatives to mark the occasion. www.poppyscotland.org.uk/VEDayParty
- In addition, Poppyscotland has a digital learning resources and activities for younger people to learn about the importance and significance of VE Day. learning.poppyscotland.org.uk/VEDay75
- 29th April 2020: UF project coordinator circulated information from the DWP via the MOD's Veterans Welfare Service (Document saved on G drive: Coronavirus Special – 24 April 2020.docx).
- 13th May 2020: UF project coordinator shared information about a recently established source of pastoral support for veterans in Scotland in

the form of Veterans Chaplaincy Scotland which has been set up. https://youtu.be/VpG1V9zbQFY

As can be seen above, Poppyscotland provided regular updates for partners throughout the pandemic lockdown period. The most recent update (as of 7 September 2020) was posted on the 7th of August and provides a listing of revised service provision across the UF consortium partners. Further details are available at: https://www.poppyscotland.org.uk/wp-content/uploads/2020/08/Unforgotten-Forces-Covid-19-Revised-Service-Provision-Update-6-dated-7th-Aug-20-External.pdf

Defence Medical Welfare Services

- 2nd April: UF project coordinator informed UF partners that the three front-line DMWS staff in Scotland have now had to withdraw from their usual working discharge hub bases within NHS hospitals in both Fife and Lanarkshire. They are also no longer able to routinely visit veterans who have been discharged from hospital but, now working from home, they continue to support them as best they can remotely via telephone etc. and, on occasions they are being requested by NHS staff to visit and support individual veterans in hospitals.

As at 7 September, and according to their website, DMWS set up an emergency response line accessible by email or telephone at the end of April 2020. This was to further support the welfare of veterans who may be experiencing additional difficulties due to the Covid-19 pandemic. There is no additional information available on their website to describe how service provision has necessarily changed over the course of the pandemic. At the end of May, 2020, DMWS launched a fundraising campaign "Help us care for those who care for us" to help the organisation meet the increased demand for services during the pandemic.

Further details available at: https://dmws.org.uk/welfare-support-during-covid-19-outbreak/ https://dmws.org.uk/help-us-care-for-those-who-care-for-us/

Erskine

- 2nd April 2020: UF project coordinator informed UF partners that the Erskine Reid Macewen Activity Centre has been forced to close until further notice. However, the team continues to offer support remotely by keeping in touch with ERMAC members by phone and through offering to run essential errands for them such as picking up and delivering groceries and pharmacy prescriptions etc.
- 22nd April 2020: UF project coordinator informed UF partners that whilst the Erskine Reid Macewen Activity Centre has had to close their doors during lockdown the team have been working on adapting the service to allow them to continue the invaluable support that they provide for their Veterans. They continue to maintain regular telephone contact with members, they have established an online Zoom community where members can meet and continue to socialise with those they met on a regular basis in the centre.
- 22nd May 2020: UF project coordinator shared email from Esrkine with details of a potential grant funding opportunity which may be of interest to other partners in the context of supporting older veterans during the Covid-19 pandemic. This related to invitations for a share of £2m by Independent Age. This was shared as small charities working with older people in challenging situations or who could be overlooked during the Covid-19 crisis. The national older people's charity plans to run four funding rounds, offering a total of £500,000 in June, July, August and September to charities across the UK working with older people affected by Covid-19. More information can be found here.

As at 7 September 2020, and according to the website, services provided by the Erskine Reid Macewan Activity Centre continue to operate on a remote basis, as described above. Contact info and additional resources are available at: https://www.erskine.org.uk/getsupport/reid-macewen-activity-centre/

Fares4Free

- 2nd April 2020: UF project coordinator informed UF partners that Fares4Free continues to provide essential support during the crisis maintaining contact with older veteran clients by telephone and offering to run essential errands for them such as picking up and delivering groceries and pharmacy prescriptions etc. Where necessary for essential reasons they are still able to drive individual veterans for medical appointments and/or to homeless accommodation centres etc.
- 15th May: UF project coordinator informed that Fares4Free is busier than ever during the Covid-19 pandemic lock-down providing essential support through maintaining contact with older veteran clients by telephone and offering to run essential errands for them such as picking up and delivering groceries and pharmacy prescriptions etc. Where necessary for essential reasons they are still able to drive individual veterans for medical appointments and/or to homeless accommodation centres etc. They are however also finding time to help care for the mental well-being of their regular passengers and service users by delivering "Token Gestures" to them. With the assistance of Poppyscotland they now have access to some funding which is enabling them to provide veterans and their families with small tokens such as a delivery of "afternoon tea for two", flowers, chocolates or small treats etc. that can brighten their time isolation and help assure them that that they are "Unforgotten"!

As can be seen above, Fares4Free have continued to operate throughout Scotland for the duration of the Covid-19 pandemic. Offering much needed and additional services, such as meal and prescription deliveries in addition to transport to essential medical appointments, this practical service has become a lifeline to older veterans who may have otherwise been completely isolated from face-to-face contact, even if it's provided at an appropriate social distance. Further details about their service provision during the pandemic can be found at: https://www.fares4free.org

ILM Highland

- 2nd April 2020: UF project coordinator informed UF partners that The Highland Veterans Handyperson Service continues to operate in the Moray, Ross and Cromarty, Sutherland, Nairn and Inverness areas with the Handyperson undertaking external DIY jobs and, where only absolutely necessary, essential internal jobs for older veteran clients at their homes and gardens, maintaining contact with them by telephone and offering to run essential errands for them such as picking up and delivering groceries and pharmacy prescriptions etc.
- 20th May 2020: One member of staff was currently working in the office and finally getting around to catching up with everything. Everyone else was either working from home or on furlough.

According to their website, ILM is fully open for business again, with government recommended social distancing and additional hygiene measures with hand sanitiser stations now in place. There is a 'news announcement' posted on 25th June 2020 to advise how all services provided by ILM Highland are operating (https://www.ilmhighland.co.uk/important-covid-19-announcement/).

Scottish War Blinded

- Research meetings organised to meet SWB and AoHL vets at Hawkhead for the 12th March 2020 were cancelled. SWB, Hawkhead had decided to close the Centre for 4 weeks due to the risk of Coronavirus to their members, who are a high-risk group.
- 2nd April 2020: UF project coordinator informed UF partners that SWB activity hubs at Linburn and Hawkhead have now closed and all social events and groups have been suspended, as have home visits by the outreach team and rehabilitation officers. The staff teams continue to maintain telephone contact with all members to ensure their safety and well-being. To reduce social isolation, staff are chatting to members on a regular basis and providing activities such as quizzes, crosswords and even Name That Tune sessions.
- 22nd April 2020: UF project coordinator updated contact details (email) of SWB as the team are working remotely.
- 25th May 2020: UF project coordinator shared information about a Q&A session on the pandemic's impact on blind & visually impaired people' with National Clinical Director, Professor Jason Leitch. View the session on our website.

Though there is no information about a specific Covid-19 response via the Scottish War Blinded website, there is information about what services will continue remotely via the Royal Blind website (https://www.royalblind.org/royal-blind/news/coronavirus-covid-19/scottish-war-blinded). This includes remote assessments, regular welfare checks for vulnerable members and a continued, though maybe more limited, ability to provide members with necessary equipment.

Royal Air Forces Association

- 2nd April 2020: UF project coordinator informed UF partners that RAFA Welfare case workers and befrienders are continuing to provide support via telephone and online communications rather than in person.
- Additionally, from next week, RAFA will also be launching four new emergency projects (telephone outreach service; a friendship helpline that anyone in RAF community can call if they feel isolated; a daily RAF-themed online entertainment slot that people can look forward to as part of their routine while they are isolating; and bag drops of vital provisions to the doorsteps of the most vulnerable members of the RAF family.
- To support this further, RAFA have begun to redeploy employees and volunteers.

As of 7 September, the 4 projects noted above continue to run under the moniker "Operation Connect". These are called Project Outreach (a volunteer-operated telephone outreach service undertaking welfare checks and signposting vulnerable individuals to other support services); Project Helpline (a number anyone in the RAF community can contact if they are feeling isolated, have any questions or just want a chat); Project Bag Drop (a service that provides doorstep delivery to the most vulnerable in the RAF community); and Project Entertain (a daily on-line entertainment programme). Further details available at: https://www.rafa.org.uk/operation-connect/ .

Scottish Older Peoples' Assembly

- 2nd April 2020: UF project coordinator informed UF partners that SOPA's previously scheduled programme of regional engagement events bringing together and consulting with older people around Scotland have now been postponed for the time being.

As of 7 September 2020, there is no further update. In response to Covid-19, SOPA have moved their monthly trustee meetings on-line and have released a series of short films mid-July produced to counter the stereotypes of older people as ‘frail,’ ‘weak’ or ‘a burden.’

SSAFA

- 2nd April 2020: UF project coordinator informed UF partners that all SSAFA branches should continue to be contacted through existing emails and telephone numbers for local support.

There is nothing specific to the UF Consortium on this website. However, as noted above, SSAFA moved to remote working and seem to have continued to provide amended, remote services throughout the lockdown. There is no information with regard to how they work / have worked with UF Consortium members throughout lockdown to accept or provide referrals. Specific Covid-19 response information available at: https://www.ssafa.org.uk/about-us/our-response-to-covid-19 and https://www.ssafa.org.uk/about-us/our-response-to-covid-19/covid-19-frequently-asked-questions

Appendix 4

Unforgotten Forces Policy Group – Impact Report

UNFORGOTTEN FORCES
Supporting Scotland's Older Veterans

UNFORGOTTEN FORCES – IMPACT REPORT AUG 2020

BACKGROUND, ORIGINS AND CONCEPTION

Unforgotten Forces has been funded by a grant from the Aged Veterans Fund which came about as a result of money being allocated by HM Treasury from bankers' Libor fines. The Aged Veterans Fund was established for organisations wishing to deliver services to veterans aged 65 and older.

In 2016 Poppyscotland issued an open invitation to organisations to join a consortium with the aim of securing funding to deliver services in support of Scotland's older veterans. Consortium membership was not restricted to ex-Service organisations as Poppyscotland wanted to work with a wider field of

organisations that had specialist skills that could improve the quality of life of Scotland's Older Veterans.

In parallel with submitting an expression of interest to the MOD, Poppyscotland received an approach from Standard Life asking if they had any projects in the offing that a group of their future leaders could work on as part of an accelerated management programme. The group decided that they wanted to work with the consortium on the Aged Veterans Fund application. The stage 1 application was successful and Standard Life worked with consortium members to fine tune each partner's delivery plan as well collating the final application.

On 29 March 2017 news was received from the MOD that the consortium bid had been successful to the tune of £4M. The funders described the application as an exemplar for collaborative working evidencing the diversity of the membership of the consortium and the input from the corporate sector in developing the bid.

The funding period commenced on 1 July 2017 and the consortium continued to meet regularly to ensure that services could be operational at the earliest possible time.

CONCEPT & SERVICE PROVISION

Unforgotten Forces is a consortium of 16 organisations of which nine are Armed Forces charities, six are charities whose client groups include older people, and one is an academic partner. The mix of partners gives Unforgotten Forces a unique strength in depth for improving health, well-being, and quality of life for veterans aged 65 and older. The Armed Forces partners enhance their support by drawing on civilian charity specialisms; from arts engagement, to

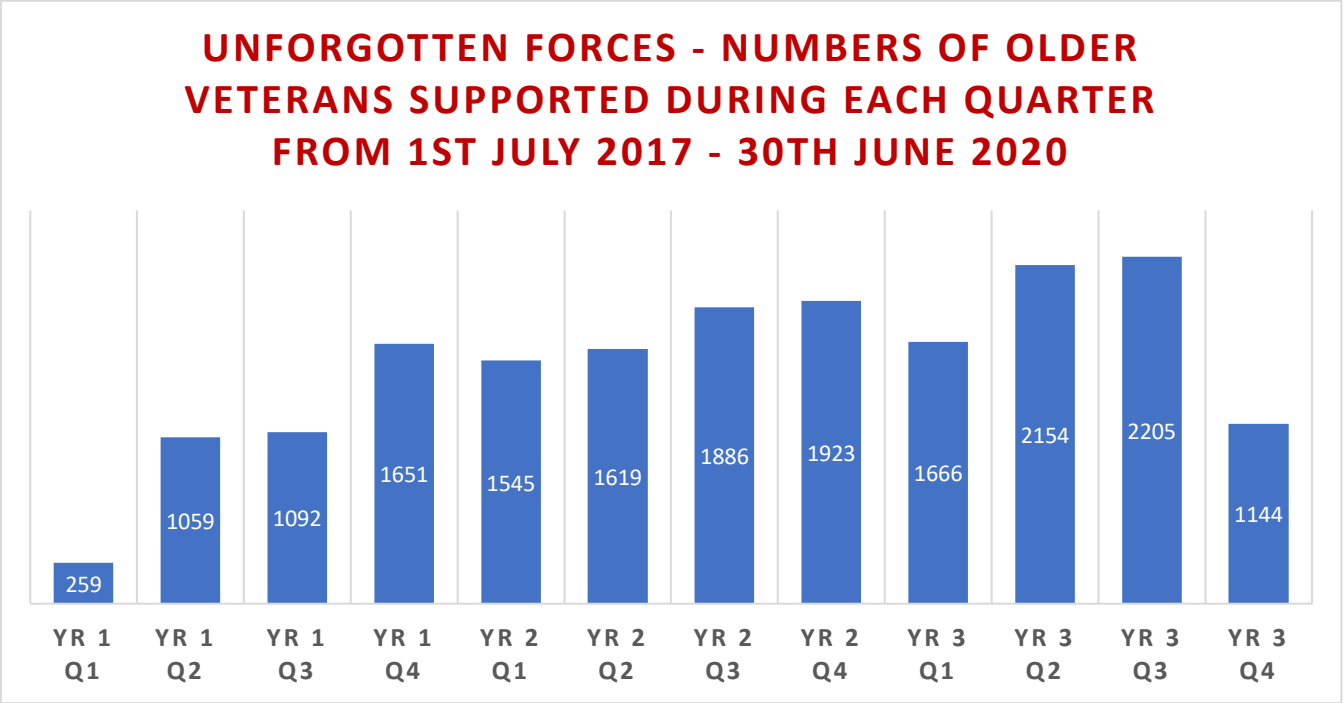
hearing loss support, to later life advice, to empowering older people to have a say in policies and decisions affecting them. Conversely, the civilian charities can identify older military veterans in the community and help them access specialist support.

For Unforgotten Forces the priority is meaningful collaboration and 'joined up' working by staff on the ground. Referral to one partner is a gateway for the provision of the services of other partners depending upon need. Partners make case referrals to each other; ensuring that older veterans receive tailored packages of support from across the partnership, and without having to retell their story to each service. Intelligence sharing and collaborative problem-solving take place nationally at consortium meetings, and locally, at practitioner forums for the east, west and north of Scotland. Having commenced the provision of services in July 2017, the consortium has delivered 13,224 episodes of support for older veterans across Scotland over the last three years.

THE NUMBER OF EPISODES OF SUPPORT PROVIDED TO OLDER VETERANS BY UNFORGOTTEN FORCES IN THREE YEARS

At the Unforgotten Forces Public Policy Round Table partners with a policy influencing remit have collaborated to identify and address issues affecting older veterans. The partnership has elicited Scottish Parliamentary discussion - including a bespoke MSP's debate - of older veterans and submitted to consultations on the UK-wide Veterans' Strategy and the Scottish Government strategy for tackling loneliness and social isolation. It has advocated for screening of older veterans for early signs of hearing loss, in tandem with the launch of an advice guide for older veterans with sight and hearing loss.

Consortium partner the **Scottish Older People's Assembly** (SOPA) garnered the views of a cross section of veterans at a "Voice of Veterans" engagement event and followed this up by holding a bespoke workshop on older veterans' issues its Annual Parliamentary Assembly at Holyrood in October of 2019.



This collaborative approach has boosted the health and well-being of large numbers of older veterans in five areas of service provision: practical support, information and advice provision countering loneliness and social isolation, health and wellbeing related support, and arts engagement. In practice however there are no barriers between these areas. For instance, practical support with transport can allow an isolated older veteran to benefit from comradeship, arts participation can boost his or her health, and access to the right information and advice is often vital for a smooth transition from hospital to home.

FIVE AREAS OF SERVICE PROVISION

1. Practical Support for Older Veterans Five of the consortium's parners contribute in this area as follows:

Fares4Free provides and coordinates free taxi journeys for older veterans with a need for essential travel, such as to and from hospital appointments. The charity's network of partner taxi firms enables it to cover all major cities and extend far into Scotland's rural areas. During the last three years Fares4Free has provided 4,654 free taxi journeys and driven 60,500 miles for 312 older veterans through Unforgotten Forces which would otherwise have cost them a combined total of approximately £125,000.

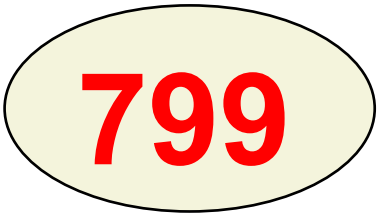
Poppyscotland's Break Away service provided free holidays for 246 older veterans and their spouses or carers who benefited from this either because they were unable to afford a holiday, had not been able to take a holiday for many years or because they were no longer confident or sufficiently mobile to arrange and enjoy a holiday themselves.

"…….this week away has made such a difference to our life. My husband was so relaxed that he did not suffer from any of his mini strokes. It was a fantastic week, fantastic place and we had a lovely week away. Everyone commented on how well I looked when I came home." **Mr & Mrs Kelso following their break at Crathie Cottages on Royal Deeside.**

The Royal Air Forces Association, which joined the consortium as a non funded member in 2019, assesses the needs of older RAF veterans in their homes and provides a range of welfare and financial support, including a

befriending service and comeradeship support, holiday accommodation and retirement accommodation.

ILM Highland's Veterans Handyperson Service provides practical help to older and disabled veterans in the Inveness and Moray areas with safety related work and modifications, small repairs and odd jobs around their homes in many cases enabling them to live independently and safely for longer in their own homes



THE NUMBER OF OLDER VETERANS WHO HAVE BENEFITTED FROM THESE PRACTICAL SUPPORT SERVICES OVER THREE YEARS

2. <u>Advising Older Veterans</u> Two of the consortium's partners contribute in this area:

The **Armed Services Advice Project** (ASAP) offers free advice for older veterans and their families, including ongoing support where needed. It offers face-to-face advice in 11 regions across Scotland, as well as a free helpline covering the whole country, and has so far supported 700 older veterans and their families through Unforgotten Forces. Matters it can advise older veterans on include benefits, debt and money advice, housing, utilities, consumer issues and relationships. Over three years from Jul 2017 to June 2020, 383 older veteran clients have benefited financially, with a total client financial gain of £1,239,869. In total over the period ASAP supported 957 older veteran clients with 4571 pieces of advice. 50% of the advice related to benefits, and 10% to debt.

ASAP is provided by the Scottish Citizens Advice Bureau (CAB) Service, a highly trusted network with decades of experience delivering advice.

Hamish's Story. Hamish, an older Army veteran, approached a bureau for help as he was homeless. He was seen the same day by the ASAP Unforgotten Forces adviser, who obtained temporary accommodation for the client from the local authority, and involved Unforgotten Forces partner, SSAFA. The client then received lots of support from both ASAP and SSAFA, who visited him regularly in his new home to help him manage his tenancy, finances and daily activities such as shopping and cooking, as well as organising community support from another local organisation.

£1,239,869

VALUE OF FINANCIAL BENEFIT TO 383 OLDER VETERANS FOLLOWING ASAP

HELP & ADVICE OVER LAST 3 YEARS

The **Age Scotland** helpline is a free, confidential phone service for older people, their carers and families in Scotland. It provides information, friendship and advice. Between January 2018 and February 2019 the Age Scotland helpline took enquiries from almost 1,700 older veterans and their dependants. Many had benefits checks undertaken on their behalf, identifying in total almost £85,000 in unclaimed entitlements.

in tatty

"I wish I'd had this guide in 1974 when I got demobbed and ended up in tatty squads for three years!"
Older Veteran

Partnership-working has enabled the charity to publish a suite of advice guides for older veterans. A "Combating Sight and Hearing Loss" guide, which informs older veterans about the signs of sensory loss and available support, was possible thanks to the expertise of **Action on Hearing Loss Scotland** and **Scottish War Blinded**. A "Housing for Older Veterans in Scotland" guide was produced jointly with the Housing Options Scotland 'Military Matters' project, and their "Veterans' Guide to Later Life" was checked by specialists at **Poppyscotland** and the **Armed Services Advice Project.**

THE NUMBER OF OLDER VETERANS PLUS CHARITIES' STAFF & VOLUNTEERS ADVISED, REACHED AND SUPPORTED OVER THREE YEARS BY AGE SCOTLAND

3,657

3. **<u>Countering Loneliness & Isolation</u>** Most of the consortium's parners contribute in this area but three of most note are:

Erskine's Reid Macewan Activity Centre (ERMAC) gives veterans an opportunity to socialise with their peers, learn new skills, explore interests and access support services. It has 85 veterans amongst its membership aged 65 and above and supports on average 25 veterans per day with an average age of 67. It has delivered over 2,000 activity sessions including woodwork, art, holistic therapy, boxing, bowls, archery, IT and genealogy with over 7,000 attendances.

"I never had much human contact when sitting at home and was starting to get depressed. Then I came here and it's turned my life around".

Older veterans enjoy company at the ERMAC

Older Veteran ERMAC member Billy

Reducing isolation among visually impaired veterans is key for **Scottish War Blinded**: a 2018 survey by the charity of more than 250 of its members found that two thirds felt sight loss had directly contributed to feelings of loneliness. In addition to the charity's two activity centres, its outreach team runs lunch groups all over Scotland that enable members and their families to get together regularly.

Legion Scotland deploys Community Support volunteers to visit socially isolated older veterans. These volunteers provide friendship, and support and encouragement for veterans to connect with wider community and comradeship opportunities. A network of local Community Support Coordinators enables the

service to recruit volunteers, and reach older veterans, across Scotland. Unforgotten Forces partners are a vital source of referrals into the service. 610 older veterans have been supported by this service during the first 18 months of the project.

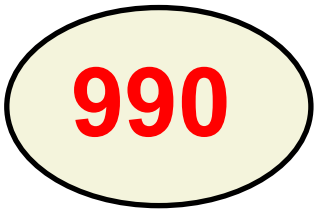
THE NUMBER OF OLDER VETERANS SUPPORTED BY LEGION SCOTLAND'S COMMUNITY SUPPORT SERVICE OVER 3 YEARS

The **Age Scotland** Community Connecting service supports older people to benefit from local clubs and activities matching their interests. The charity is identifying and promoting Community Connecting opportunities that offer an especially warm welcome to older veterans. Some are specifically for veterans, including activities and services offered by Unforgotten Forces partners. However, through a programme of Older Veteran Awareness Training, Age Scotland is also badging up older people's groups and services as offering a 'Veterans' Warm Welcome'. Over the last year it has also mounted a very successful project and competition to encourage physical activity amongst older veterans and has very recently launched a new "Comradeship Circles" programme to connect groups of older veterans on the phone as a means of countering loneliness and social isolation.

4. **Health and Wellbeing** Three of the consortium's partners operate in this area:

The **Defence Medical Welfare Service** (DMWS) has been funded through Unforgotten Forces for just two years and provided practical and emotional support to older veterans receiving medical treatment in four health board areas: Ayrshire and Arran, Fife, Lanarkshire and Grampian. Following the

discontinuation of this funding DMWS have been able to secure alternative funding to maintain these services in Lanarkshire and Fife and these services will again be funded via Unforgotten Forces in the period July to September 2020 and they have also recently launched a new service in the Scottish Borders. DMWS Welfare Officers take referrals from NHS staff, Unforgotten Forces partners and other services. After making an independent and impartial early needs assessment, support is tailored to the individual. It can include a confidential and impartial listening ear, explaining and helping to resolve any medical care issue, and signposting and referrals to other organisations for further support. As well as supporting veterans directly Welfare Officers can liaise and support family members and the bereaved.



THE NUMBER OF OLDER VETERANS SUPPORTED BY DMWS DURING THE FIRST 2 YEARS

Scottish War Blinded (SWB) supports visually impaired veterans. Most of its 1,200 members have age related sight loss. Support can include rehabilitation and training to adapt to sight loss, grants for equipment to assist with independent living, funded respite care, home modifications and sports, recreation and social activities. Scottish War Blinded does not receive Unforgotten Forces funding but has derived considerable benefit from belonging to the partnership in terms of referrals for the uptake of its services, and easy cross referral of its older veteran members for various forms of support from the other Unforgotten Forces partner organisations. Partners Action on Hearing Loss, Age Scotland and the Armed Services Advice Project have also provided advice sessions for members of Scottish War Blinded.

Gordon's Story. SWB has supported Scots Guards older veteran Gordon for some years. He had not been registered as visually impaired as his eye condition, Diplopia, is not listed on the form as a specific condition. Registration opens up a host of new options, including enabling someone with sight loss to claim concessions and makes it easier to claim welfare benefits as Personal Independence Payments. SWB Outreach Worker Anne Garry noticed that the certificate of visual impairment form had been updated to list Diplopia as a condition eligible for registration. Anne referred Gordon to Defence Medical Welfare Service. DMWS Welfare Officer Emma Gration supported Gordon at an eye clinic appointment to re-assess his sight loss and helped him complete the certification form. The Armed Services Advice Project explained to Gordon how he could get the correct benefits entitlement and helped him to apply. Gordon has started to regain his confidence and feels more financially secure.

The **Action on Hearing Loss Scotland** (AOHL) 'Hearing Forces' service supports veterans with mild to severe hearing loss or tinnitus. Hearing Forces offers hearing checks and screening, hearing aid maintenance and support on using aid, advice on useful equipment to improve everyday life and support both before and after hearing aids have been fitted. Support is provided in group settings such as Poppyscotland welfare centres, with home visits for veterans who struggle to get out.

1991

THE NUMBER OF OLDER VETERANS SUPPORTED BY THE AOHL SCOTLAND "HEARING FORCES" PROJECT OVER THREE YEARS

In recognition of the importance of mental as well as physical health and well-being for older veterans the consortium was delighted when Combat Stress, the Veterans' Mental Health Charity joined the consortium as a non-funded member in the latter part of 2019.

5. **<u>Arts Engagement for Older Veterans</u>** Two of the consortium's partners have contributed in this area:

Scotland's creative ageing organisation **Luminate** is working in partnership with Erskine on a 3-year artist-in-residence programme in Erskine's four care homes. Two artists are collaborating with residents on a wide range of creative activities including filmmaking, sound recording, storytelling, creative writing, poetry reading, model making, sculpture, stone carving, painting and drawing. The extended length of the residency is giving the artists the opportunity to build a very strong relationship with residents and staff and is enabling them to design activities personalised for each individual.

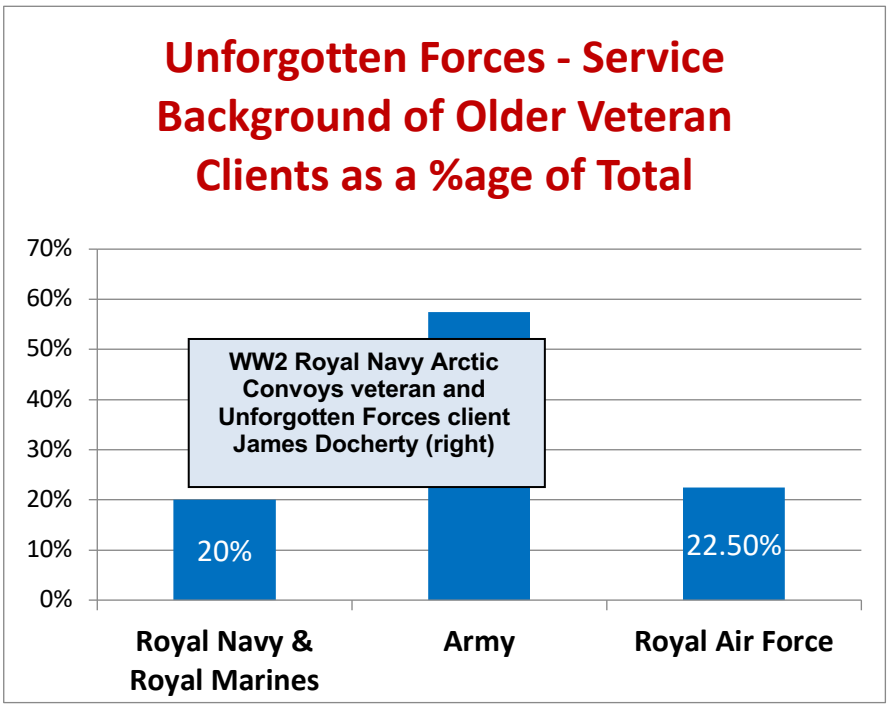
"One of the most inspiring arts projects with people living with dementia that I have ever experienced." **Professor Brendan McCormack, Queen Margaret University.**

Music in Hospitals & Care Scotland (MiH&C) has brought interactive live music sessions to people receiving care or treatment in healthcare settings across the UK. Through its Unforgotten Forces project, 'Play it Again SAV' it has reached beyond hospital and care settings to bring live music to 3,613 older veterans, family members and staff etc. in community settings such as Scottish

War Blinded day centres. Through its song-writing project it has also offered older veterans opportunities to create and perform as well as listen to music.

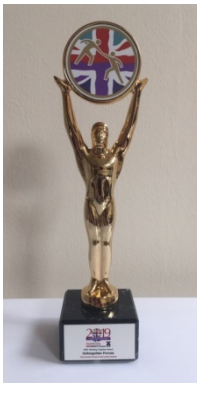
3613

THE NUMBER OF OLDER VETERANS AND FAMILY MEMBERS ETC. REACHED BY THE "PLAY IT AGAIN SAV!" PROJECT OVER THREE YEARS.

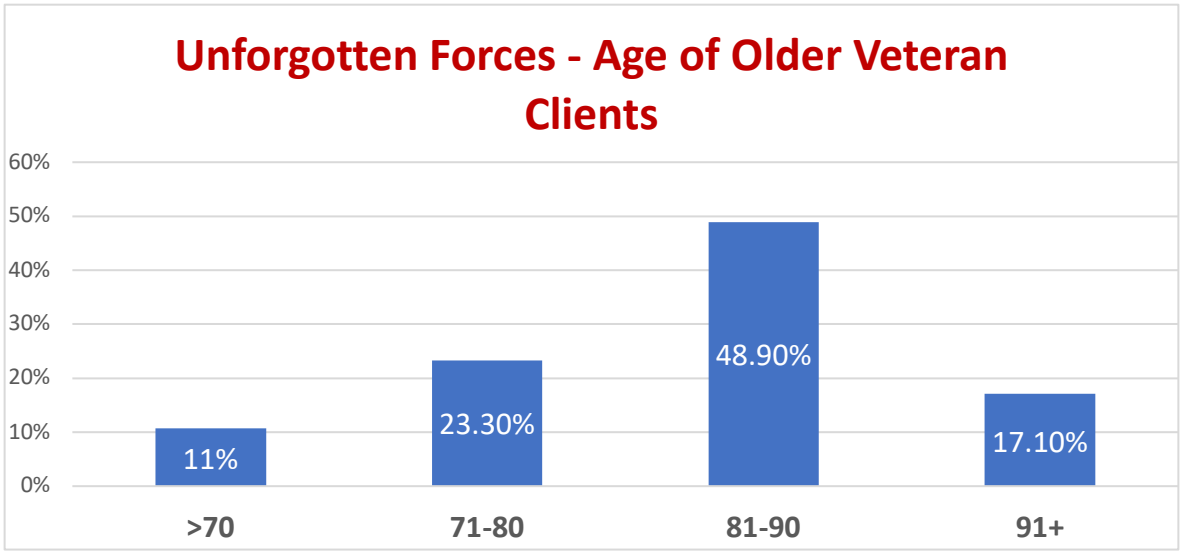


"The concerts make an enormous impact on our members' lives, making them feel happy, bringing back memories and giving them the opportunity to boogie on the

UNFORGOTTEN FORCES WINS AT 2019 SOLDIERING ON AWARDS



The Soldiering On Awards recognise the outstanding achievements of those who have served their country, and the diverse people and groups who work together in support of the Armed Forces Community. On 5 April 2019 the Unforgotten Forces consortium was announced winner of the 'Working Together' category at the 2019 Soldiering On Awards ceremony in London. The award, sponsored by the Forces In Mind Trust, was presented by Lt Gen Richard Nugee, Chief of Defence People



UNFORGOTTEN FORCES DURING THE COVID-19 PANDEMIC

In recent months the Unforgotten Forces partnership quickly adapted many of its services to continue supporting older veterans during the coronavirus lock-down. Although the majority of direct "face to face" services were suspended and the numbers of veterans supported over the period has been thereby unavoidably more limited, most partners have innovated to provide remote support via telephone, e mail, helplines and other virtual media plus direct "doorstep" support with deliveries of groceries and prescriptions etc.

That said, the pandemic has unfortunately resulted in the temporary suspension of two of the consortium's projects namely: Music in Hospitals & Care

Scotland's "Play it Again SAV!" music project and Luminate's art engagement work at the Erskine homes, both of which can only be delivered by working in close physical proximity to veterans. It is also with much sadness that Poppyscotland was left with no option but to terminate its Break Away holiday service for older veterans as the pandemic means that the service is simply no longer viable either now or in the foreseeable future. Details of the full range of services still provided and revised referral details etc. are available on our website here and a copy of our recent newsletter with articles about how the consortium has adapted and continued to provided its services despite the pandemic may be viewed here.

UNFORGOTTEN FORCES – THE FUTURE

Looking forward the Armed Forces Covenant Fund Trust has given approval for a remaining portion of the project's LIBOR funding to be carried forward into a fourth year and the majority of the projects' range of services are therefore continuing until the end of September 2020 providing the capacity for a further circa 2000 episodes of support for older veterans. Looking still further ahead the Scottish Government has pledged £750,000 to help maintain its services over the next three years.

Whilst this is very welcome news, the shape, size and capacity of the consortium will inevitably have to change towards the end of this year in line with this more limited future funding stream. Nevertheless, it clear that Unforgotten Forces will continue to provide vital support for Scotland's older veterans in future and its partners are determined to carry on working collaboratively together to achieve this.

Having stewarded the Unforgotten Forces project from its conception and implementation through to successful service delivery over the last three years,

Poppyscotland will relinquish this role on 30th September after which Age Scotland will assume leadership of the consortium.

APPENDIX

UNFORGOTTEN FORCES – THE PARTNERS

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