Combined Cornwall & Plymouth Veteran Support Project

Final Report

TABLE OF CONTENTS

GLOSSARY

The Armed Forces Covenant Fund Trust and Ministry of Defence uses some or all of the following terms to describe the Aged Veterans Fund:

Aged veteran	Veterans born before 1 January 1950 residing permanently in the UK. This includes surviving World War 2 veterans, those who undertook National Service and other voluntary enlisted veterans who need some focused support – this includes support with meeting their own health, care and wellbeing needs and/or supporting veterans who are carers. In this report aged veterans are referred to as 'older veterans'.
Delivery partner	Portfolio organisations worked closely with delivery partners to promote the project, ensure they referred beneficiaries into the project and supported the strategic management of the project. Delivery partners included representatives from Local Authorities, health and social care and military charities. There was no formal agreement with, or funding provided to, delivery partners who supported the project through their own existing resources.
Lead partner	For funding purposes the lead partner was required to be a registered charity with a track record of managing large, strategic projects, with capacity to manage and coordinate the provision of portfolios. Cornwall Rural Community Charity (CRCC) was selected as the Lead Partner.
Non-qualifiers	The participation of younger veterans and community members in portfolios was seen as important in raising the profile of older veterans in local communities. No formal monitoring or reporting requirements were required by the funder to measure the wider impact, outcomes and benefits that were delivered as a result of supporting people in the older veteran's community.
Portfolio	A linked collection of portfolios coordinated by the Lead Partner [CRCC] and provided by suitable organisations [portfolio organisations].
Portfolios	These are 5 portfolios that were offered by the project: Kernow Veteran Carers Support; Get F+IT for Vets; Home Guard; Veterans Together; and Plymouth Veterans & Carers Support.
Portfolio organisation	These are the individual voluntary and community sector organisations that delivered one or more portfolios i.e., the 3 organisations including the lead partner that delivered the 5 portfolios listed above.
Stakeholder	These are representatives from external bodies that were aware of the project and/ or may have indirectly supported it (e.g. signposting individuals or organisations to portfolios or portfolio organisations).

SUMMARY

What was the Combined Cornwall & Plymouth Veteran Support project?

The project aimed to provide 1,173 older veterans, their carers and family members with access to a portfolio of services to support their wellbeing. The project was delivered by Cornwall Rural Community Charity (CRCC) in partnership with two other organisations: Active Plus and Improving Lives [known as portfolio organisations].

The project provided support to clients in 5 main areas (known as portfolios):

CRCC

1. ***Kernow Veteran Carers Support (KCS)***: provided carers in Cornwall with one-to-one support and established veteran support groups.
2. ***Get F+IT for Vets***: ran digital courses for older veterans, their carers, families and dependents in Plymouth, Cornwall and the Isles of Scilly.
3. ***Home Guard (HG)***: provided older veterans and/or their carers living in Cornwall and the Isles of Scilly with one-to-one home visit to go through their energy/utility costs and tackle fuel poverty.

Active Plus

4. ***Veterans Together***: a series of 6-weekly course run by military veterans for older veterans to try new things, share experiences, learn new skills and have fun (e.g. through physical exercise, learning practical skills like first aid); leading to legacy peer groups.

Improving Lives

5. ***Plymouth Veterans and Carers Support***: provided carers in Plymouth with one-to-one support through carer's assessments, and the provision of information and advice, drop-in support groups, access to leisure and social activities and carer's card discounts.

Why carry out an evaluation?

By evaluating the project we can find out how well it has met its objectives, and how effective, efficient and sustainable the support it provided has been.

In January 2018 CRCC and Community First Yorkshire decided to commission a joint and independent evaluation of their two regional Veteran Support Projects.

The external evaluation, undertaken by Rose Regeneration, began in February 2018 and completed in April 2020. The evaluation was both '***formative***' (taking place during the delivery of the projects), and '***summative***' (assessing the projects at the end) and used three components contained in HM Treasury's Magenta Book:

a) ***Impact evaluation*** – this is an assessment of the outcomes and achievements of the projects on older veterans, their family members and carers.
b) ***Process evaluation*** - this is an assessment of how the projects were implemented and if they were delivered as was intended at the outset.
c) ***Economic evaluation*** - this is an assessment of how much the project's cost and if they offered value-for-money.

A section contained later in this report summarises the main similarities and differences between the two projects, and the wider learning that could assist other Rural Community Councils and other Voluntary and Community Sector (VCS) organisations looking to develop a similar initiative.

a) What impact did the project have?
Between April 2017 and March 2020 the project supported 1,583 older veterans, carers and family members.

Requests for support matched the 5 main areas covered by the project. Many of the clients supported highlighted there always being someone at the end of the telephone to help them – with face-to-face activities/services highly valued.

The project supported older veterans to build friendships and become more connected and active in their local community (e.g. through physical exercise classes or IT courses).

The project sought to understand the real depth and impact of poverty amongst older veterans in rural, coastal and island settings – and offered support to the most vulnerable individuals/households to help them on a range of issues such as health, housing, money, debt and benefits.

The project highlighted how caring for someone can takes its toll on an individual's physical, mental and emotional health as well as on their social life, career and relationships. The project provided a

range of support to veteran carers and the carers of veterans; enabling them to take time out to look after themselves and carry on with their caring role.

"They have helped me complete forms for attendance and carers allowance as well as for council tax reduction."

"They have helped us to fill out forms…we get more help now as we get a higher rate [of benefits] because we are both disabled…they also arranged grab rails to help us get in and out of our house and have helped us keep our house warm."

"We meet as a group for lunch every few weeks…and we sometimes have talks."

"We've done IT and IPADs for veterans training…we've got advice and support from the Local Authority and the Police to sort a few things out."

"My husband struggles with walking…it had really affected his confidence and we didn't go out…we'd become really isolated but [name of organisation] has helped him to go to the veteran's drop-in and be confident in the group."

"We've been on trips, done quizzes, arts and crafts, have a monthly drop in, we've done exercise and games… We've worked as a group to solve a problem and we really gelled in working through that."

The evaluation identified 11 common outcomes achieved by older veterans, family members, carers and organisations participating in the project for which data was available:

I.   Volunteering
II. Feeling more confident
III. Talking to neighbours
IV. Joining a social group
V.   Advocacy
VI. Improved community wellbeing
VII. Support to carers
VIII. Increasing access to services in rural areas
IX. Providing information and advice
X.   Improved mental health
XI. Collaboration between partners and agencies

By measuring these outcomes using a tool called <u>The Social Value Engine</u> between April 2017 and March 2020 **the project delivered £8.70 of social value for every £1.00 invested**.

Portfolio organisations were able to quantify some of the financial savings and benefits clients were able to access. For example, 80% of the carers supported by Improving Lives were awarded a Personal Budget of £4,850. 166 clients were provided with grants and small measures to help them stay warm in their home (e.g. draft excluders, oil filled radiators). CRCC was able to access a £500 grant to help one older veteran in fuel poverty at risk of their utilities being cut-off.

"We have more money to do things which we couldn't before…and we have someone helping us with our garden…it's given us more opportunities to do things and we do not need to worry about where the money is coming from."

"It has put our minds at rest as we were struggling financially…the help that we now get has made life easier for us."

"We're doing things differently now. We're part of a group and help other veterans now."

"It's helping me with my bereavement and improves my wellbeing."

"The socials are the most helpful as I'm a carer. I've used IT and my IPAD to contact former ships and shipmates…I've come out of my shell…I see my neighbour more and we meet for coffee breaks…I've done some volunteering running a stall at a charity event… it's nice to be part of a bigger, wider group with people who speak the same language and have the same sense of humour."

"I feel comfortable with the people in the group…the social interaction is important."

"The journey is like a cracker with [name of portfolio organisation] in the middle providing inspiration and support…it can go in different directions depending on the needs of the veterans…the groups continue to meet with some light touch support from us."

What made the difference?

- All three portfolio organisations had experience and **track records** of delivering services to older people and other vulnerable groups (e.g. people with multiple and complex health

conditions). All three organisations had **worked together** before the project – and were therefore familiar with each other's activities and reach.

- The project offered portfolios that ensured **geographical coverage**, and individual and group based activities could be offered. Devon acts as a catchment for many people in South East Cornwall and **operating across administrative boundaries** – offering activities in Plymouth, Cornwall and the Isles of Scilly – was seen as important in ensuring clients accessed the project at the right time and in the right place. Portfolios were delivered near to where older veterans live or felt comfortable travelling to.

- **Referrals** came from existing community links, local intelligence, awareness of other services available to older veterans and word of mouth. Portfolio organisations also had a physical presence at events (e.g. pop up shops, stands). The project had a '**single point of contact**' for self-referrals and for agencies to refer people in to the project. The project therefore **reached new clients** who had not previously identified themselves as veterans and people who were not on the radar of military/service charities and the public bodies.

- The project took an **integrated approach**, meaning clients were able to access some or all of the portfolios offered. Portfolio organisations actively promoted all 5 portfolios and made cross-referrals.

- Clients were seen as **individuals** and not expected to conform or participate in the project in a set or standard way.

- **Loneliness** and **social isolation** emerged as key issues during project design and delivery. To tackle this, the project sought to achieve multiple outcomes for clients (e.g. improving their digital skills alongside doing some sports/physical exercise and/or joining a local group).

- The project led to **peer-to-peer support**, in providing clients with a chance to talk, share experiences and socialise with others who also served in the military. Portfolio organisations continue to provide **light touch support** to some of these groups.

- CRCC provided statutory **carers assessments**, with the assessment forms submitted to Cornwall Council and CRCC then providing any relevant help agreed in the support plan signed off by the Local Authority. In Plymouth, all of the statutory carer's assessments and subsequent access to personal budgets and support plans was administered by Improving Lives. This was important as evidence shows many carers find it easier to continue in their caring role if they can get some support – and the project played an important role in helping clients to identify as carers.

- Portfolio organisations recognised the need to **avoid clients waiting** when they were in need of support and/or if they were reluctant to seek support. Where portfolios were scheduled to take place on a certain day/time/place, they were also **flexed** to meet additional need and to respond quickly to referrals.

- Many of the clients had not participated in veteran specific initiatives before. Some clients were vulnerable, because of their health and care needs or because of where they live. Because of existing links and partnership working with the statutory sector portfolio organisations were able to **make urgent referrals** and **help people in crisis** (e.g. liaising with Local Authorities, Police, Fire & Rescue, NHS).
- The project supported a small number of clients who did not meet the funder's eligibility criteria [known as 'non-qualifiers']. This included veterans or carers of veterans where the veteran was slightly younger than 65 years of age; as well as carers where the cared for had recently deceased. Local residents were also able to attend Get F+IT for Vets IT courses. This work was **intergenerational** and veteran-to-wider-community work was seen as important in **raising the profile of veterans within local communities.**

b) What systems/processes did the project set up and use?

At the outset, CRCC and Community First Yorkshire worked together to develop a 'quality checklist' for use across both projects.

CRCC and portfolio organisations designed and implemented systems to support the everyday operation of the project. This included:

- Mapping a **typical client journey** through the project – seeing how older veterans, family members and carers would go into, through, out of and/or back into the project.
- Producing a **Client Initial Needs Assessment** and **Referral Forms** – completed with every client. These provided an **initial diagnostic of the client's needs** and helped to identify the support they required.
- Recording information on client record files if they had been **signposted** to other support/ initiatives.
- Where possible, an **exit form** was completed with clients when they left the project.
- **Basecamp**, an online project management tool, was used by portfolio organisations to record and share information about the project.
- CRCC collated information from this platform on how many clients were being supported (older veterans, their carers or family members) and evidence of activities and their impact.
- CRCC carried out an **annual review** with clients to understand the longer-term impact of the project on their health, care and wellbeing. Improving Lives undertook an annual review (normally a telephone conversation) with carers they had supported to see if their needs had changed, remained the same or improved.
- Portfolio organisations had **policies and procedures** around risk, safeguarding, data protection, financial viability and intellectual property in place as well as **insurance** policies.

During delivery refinements to project systems were recorded by CRCC, portfolio organisations and the evaluation team. These included:

- Providing Get F+IT for Vets '***taster sessions***' in community venues so clients could find out more about the project and the IT course before signing up for sessions.
- Supporting clients to access other services through **recording referrals** to other agencies.
- Running **workshops for staff** delivering on the project to provide updates on systems and processes [highlighting how, when and why data about the project needed to be collected].
- Developed a **template for case studies** – which portfolio organisations adapted for individual veteran stories, by portfolio or geography.
- Produced an e-form to help client's **feedback** on the support they had received from the project.

"[These project systems] show how we have worked collectively as a team…across our organisations…to come together and to deliver – they show how we have fitted support around the veteran so they receive support at the right time and they know there's onward support too."

"[Name of portfolio organisation] is a well-established charity and we are recognised for the quality and consistency of our work. We designed the job descriptions [for delivery staff] to encompass providing a quality service."

c) How much did it cost and where did the money come from?
The project received £574,204 from The Armed Forces Covenant Trust.

When setting a budget for the project CRCC and portfolio organisations took into account the funding available and what they wanted to deliver. All three organisations worked within the budget available. Some found management and overheads were not fully represented and/or other costs had been under-estimated (e.g. publicity) or not included at all (e.g. providing light touch support to groups established through the project).

"From the money we have received and the delivery we have done we have done it but it's cost us but we fully understand veteran support and if the need is there we make sure we do it."

"You do it because it's what you do. People are not commodities."

What difference does a VCS partnership leading a veteran project make?

The evaluation looked at whether the portfolios were different from mainstream health, care and wellbeing provision; and also from the support offered by military/service charities.

When designing the project all three portfolio organisations carried out research to find out about the support currently available for older veterans and their families. During project delivery these relationships were enhanced – with CRCC, Active Plus and Improving Lives facilitating access to, and joining up with, other services.

"We've worked in partnership…and have spent time together conducting ward rounds and picking up referrals for both organisations. I refer into the project when veterans need support in the community and they refer into me when they are in a care pathway and in hospital."

"We are not duplicating what is already there…The capacity of other mainstream providers can be limited. We are also utilising other services and activities available in local communities. This project is meeting a missing piece of people not at work and not in the GP surgery."

"The Local Authority and NHS see us as supporting the work they do…as taking the burden off statutory service."

The portfolios were delivered as close to the clients as possible [or where they are comfortable to travel to]; and used local community venues. All three portfolio organisations already had a presence and were linked into the places where activities took place. The project sought to raise the profile of veterans in local communities and the VCS organisations focused not only on one-to-one support but on better linking veterans into their community.

"The [portfolio] organisations see the bigger picture – they not only work with military organisations but also work veteran to local community and bring everything together."

"The VCS is about empowering people to help themselves – to look at life differently – military charities are doing great work but can be narrower in their remit."

This evaluation was jointly commissioned with Community First Yorkshire as both areas received funding from The Armed Forces Covenant Trust to deliver veteran support projects. A section of the main report summarises the main similarities and differences between the two projects, and the

wider learning that could assist other Rural Community Councils and Voluntary and Community Sector (VCS) organisations looking to develop a similar initiative.

Where next?

Portfolio organisations considered dependency and sustainability from the outset:

"When each group is set up we are already looking at sustainability and people don't know if the funding is there or not…This means there is no cliff edge when the funding ends."

"We manage expectations when people enter the project. We've encountered dependency in other service areas so we've got better at that. We know what people are looking for from the project – it's about getting the referral right so they get what they are looking for or are referred on to what they are looking for."

Portfolio organisations put in place plans for some portfolios to continue beyond the funded period (e.g. carers support, carer's assessments). In other instances portfolio organisations developed new funding bids to meet gaps identified through this project (e.g. CRCC has been funded by The Armed Forces Covenant Trust Local Grants Programme to run a **veteran outreach support service**; and will be working with younger veterans, carers and families across Cornwall over the next 2-years).

In Plymouth one of the portfolio organisations co-designed a **Veteran and Family Hub** with older veterans. The Hub is run by, and for, veterans and their families. It provides an informal space for veterans to drop-in and access services from a range of partners (e.g. Local Authority, health bodies) that are co-located there.

"Every veteran I have referred [into the project] has been so positive about the service… they've enjoyed being with other veterans and the delivery staff have a wealth of knowledge to answer all questions."

"The project acts as a one stop shop for veterans and their families…it provides a place for veterans in their local community".

 "We've helped them to move forward…reduced isolation, helped them to access other services and welfare benefits to benefit their physical and mental wellbeing…we've positively supported people with whatever need they've had."

1. INTRODUCTION

This is the final report of the evaluation of the Combined Cornwall & Plymouth Veteran Support Project, an initiative funded by The Armed Forces Covenant Trust. The project provided a range of wellbeing services, practical help, social activities and friendship to older veterans (over 65 years of age), their carers and family members.

1.1 The Background to the Evaluation

In January 2018 Cornwall Rural Community Charity (CRCC) and Community First Yorkshire decided to commission a joint and independent evaluation of their two regional Veteran Support Projects.

The **Combined Cornwall & Plymouth Veteran Support Project** was delivered by CRCC in partnership with two other charities across Cornwall, Plymouth and the Isles of Scilly. The project aimed to provide 1,173 older veterans, their carers and family members with access to a portfolio of services that support their wellbeing.

The **Ex-Forces Support North Yorkshire project** was delivered by Community First Yorkshire in partnership with 16 other voluntary and charitable organisations across the county. The project aimed to provide 1,000 older veterans with support to meet their health, wellbeing and/or social care needs – responding to their requests for practical help, social activities and friendship. The project also supported 500 family members and 400 carers.

Both projects were funded by The Armed Forces Covenant Trust and took place between 1 April 2017 and 31 March 2020.

Rose Regeneration responded to the Invitation to Tender (ITT) and was appointed to carry out an external evaluation of both projects in February 2018.

1.2 An Overview of the Research Questions and Methodology

The overall purpose of the evaluation was to answer the key Armed Forces Covenant Trust research question: *'have the proposed outcomes of the projects improved the lives of Aged Veterans and, by extension, their families and carers?'*

To answer this research question CRCC and Community First Yorkshire set out some underpinning questions for the evaluation:

- Have the projects achieved their original proposed outcomes?
- What have been the key success factors (what made the difference)?
- Are there any areas for improvement and lessons (what didn't work as planned)?
- What has been the overall impact on veterans, their families and carers?
- What is the sustainability and legacy of the projects?

The ITT also included a requirement to undertake a Social Return on Investment (SROI) or Cost Benefit Analysis (CBA).

The evaluation was both '***formative***' (taking place during delivery of the projects) and '***summative***' (assessing the projects at the end). This is important because it provided CRCC and portfolio organisations with ongoing feedback which they used to make real-time modifications during delivery.

HM Treasury publishes guidance on what to consider when designing an evaluation (the 'Magenta Book'). This identifies three methodologies which were used to evaluate both projects:

I. *Impact evaluation* – this is an assessment of the outcomes and achievements of the projects on veterans, their families and carers.
II. *Economic evaluation* - this is an assessment of how much the project's cost and whether they offered value-for-money.
III. *Process evaluation* - this is an assessment of how the projects were implemented and if they were delivered as intended.

The table below provides a summary of the methodology the evaluation followed to answer the research questions:

	Evaluation question	Evaluation component	Evidence	Measurement
	Have the projects achieved their original proposed outcomes?	Baseline	- The issues facing older veterans at the start of each project. - Whether/how the	- Interviews/focus groups with a representative sample of older

1. Impact evaluation	Overall impact on veterans, their family members and carers	SROI	practical, social and holistic support offered by the projects responded to these issues. - Monetising the value of these changes.	veterans. - Using the outcomes data collected by the projects to measure the social value they have delivered.
2. Economic evaluation	Development Sustainability Legacy	Recommendations for future development	Assessing the views of portfolio organisations, older veterans, family members, carers and stakeholders.	- Project costs. - Responsiveness of delivery (effectiveness). - Value-for-money.
3. Process evaluation	Approach	The establishment of the projects - development of systems, outputs and outcomes data.	Joint inception meeting and visits to CRCC and Community First Yorkshire.	Evaluation Framework.
	Key success factors (what made the difference?)	Theory of change	Mapping the design and delivery process for each project – including through older veterans journeys into, through and out of the projects.	- Interviews with portfolio organisation staff. - Older veteran, family members and carers interviews/ focus groups. - Delivery partner / stakeholder interviews.
	Key areas for improvement and lessons (what didn't work as planned?)	Strategic Added Value		
Reporting	Overall evaluation question Recommendations	Conclusions	Findings from impact, economic and process evaluations.	

The table below provides a breakdown of the evidence we collected and the work we undertook with CRCC and portfolio organisations over the duration of the evaluation:

	Year	Activities	Outputs
Formative	1	• Inception call with CRCC and Community First Yorkshire. • A visit to CRCC and interviews with staff. • A review of data and documents used to prepare the application. • A review of monitoring information. • Partnership meeting attendance.	Baseline report
	2	• Discussions with portfolio organisations. • Interviews/focus groups with veterans, their family members and carers. • Partnership meeting attendance.	Interim Report
Summative	3	• Interviews with referral partners / stakeholders. • Social Return on Investment (SROI) analysis. • Partnership meeting attendance.	Final Report

Separate reports were produced for the CRCC project and the Community First Yorkshire project. A section contained later in this report summarises the main similarities and differences between the two projects, and the wider learning that could assist other organisations looking to develop a similar initiative.

1.3 The Purpose of this Document

This report is divided into four main sections:

I.   ***Impact evaluation***: this section considers the outcomes and achievements made by the project.

II. ***Economic evaluation***: this section looks at how much the project cost and whether it was responsive and offered value-for-money.

III. ***Process evaluation:*** this section considers whether the project followed the approach established at the outset.

IV. ***Conclusions:*** this section provides answers to the underpinning research questions, and includes some overarching reflections.

2. IMPACT EVALUATION

This section of the report considers the outcomes and achievements made by the project on the wellbeing of older veterans, their family members and carers. This includes an estimate of the social value delivered by the project.

2.1 Outputs and Outcomes

The following overall output was agreed with the funder at the outset: <u>1,173 individual veterans, their carers and family members will have access to a portfolio of services that support their wellbeing</u>. The project comprises a lead partner (CRCC) and two other portfolio organisations (Active Plus and Improving Lives) delivering 5 portfolios to achieve the following outputs:

CRCC
1. *Kernow Veteran Carers Support (KCS):* 12 awareness & promotion activities leading to 276 carers in Cornwall receiving one-to-one support and 4 veteran support groups established.
2. *Get F+IT for Vets:* 46 digital courses for 368 veterans, their carers, families and dependents in Plymouth, Cornwall and the Isles of Scilly.
3. *Home Guard (HG):* 175 veterans and/or their carers in Cornwall and the Isles of Scilly receiving a one-to-one home visit to go through their energy/utility costs and tackle fuel poverty (average 3 visits with follow up support).

Active Plus
4. *Veterans Together:* 12 awareness raising activities, supporting 72 veterans, their family members or carers in Plymouth and Cornwall over four 6-weekly courses each year (a total of 12 courses over 3 years) and 8 legacy peer groups.

Improving Lives
5. *Plymouth Veterans and Carers Support:* 12 awareness raising sessions leading to 192 carers in Plymouth receiving one-to-one support.

Outputs

Year	Qtr	**CRCC** **Kernow Veteran Carers Support**	**Improving Lives** **Plymouth Veterans Carers Support**	**Active Plus** **Veterans Together**	**CRCC** **Home Guard**	**CRCC** **Get F+IT for Vets ^**
Year 1	1	6	0	0	0	0
	2	52	30	0	25	21
	3	20	30	24	30	6
	4	35	41	24	11	26
Year 2	1	34	25	55	6	55
	2	39	49	14	4	23
	3	64	51	3	19	23
	4	41	88	9	19	13
Year 3	1	65	47	6	8	20
	2	25	87	11	26	32
	3	16	61	1	10	59
	4	6	90	16	20	98
Total		403	599	163	178	376
Notes		In year one only, CRCC ran a '**veterans companion service**' as part of the portfolio. Portfolio organisations identified those veterans/family members/carers who were the most socially isolated and lonely (many of whom were facing barriers such access to services, mental health issues) and provided them with more dedicated input and time to identify which portfolios would best meet their needs and/or to identify any external support they required. This **strand supported 66 older veterans, family members or carers.**				
		^ This portfolio also supported 114 clients who did not meet the funder's eligibility criteria [known as 'non-qualifiers']. This included veterans or carers of veterans where the veteran was slightly younger than 65 years of age; as well as carers where the cared for had recently deceased.				

COMBINED CORNWALL & PLYMOUTH VETERAN SUPPORT PROJECT

Overall, the project was expected to support **1,173** veterans, family members and carers. The tables above demonstrate how the project exceeded its target in supporting **1,785** clients – this figure includes the clients participating in the five portfolios and the veterans companion service in year 1. As clients were able to participate in more than one portfolio, when this is taken into account, the project supported **1,583** unique clients. In addition, the project worked with 114 other non-qualifying clients.

- The project has highlighted how caring for someone can take its toll on an individual's physical, mental and emotional health, as well as on their social life, career and relationships. Two of the portfolios focused on providing a wide range of support to veteran carers and the carers of veterans [enabling them to take time out to look after themselves and continue to support the older veteran they are caring for]. In Cornwall, **Kernow Veteran Carers Support** helped 403 clients and in Plymouth, **Veteran Carers Support** supported 599 people.

- The project highlighted the important role the VCS play in supporting older veterans to build friendships and become more connected and active in their local community. **Veterans Together** supported 163 clients to feel good about themselves and be confident in their abilities through physical exercise.

- **Home Guard** sought to understand the real depth and impact of poverty amongst older veterans in rural, coastal and island locations – offering support to 178 of the most vulnerable individuals/households and supporting them around a broader range of issues such as health, housing, money, debt and benefits.

- **Get F+IT for VETs** reached 376 clients and followed a 'test and learn' approach in recognising how some older veterans were initially reluctant to sign up for a 6-week digital course. The portfolio offered 'taster sessions' and worked with volunteers ('community champions') to ensure the project reached as many people as possible. 114 non-qualifiers attended some courses – raising the profile of veterans in local communities. Many of the Get F+IT groups continue to meet after the course has finished. In some instances CRCC provided light-touch support to these groups and helped them/community venues to apply for funding to improve IT equipment and/or connectivity.

"We've over-achieved. We didn't get to the target and stop…we found more veterans and ran more courses."

"We've been over-subscribed and are still delivering. We want to support as many people as possible."

Portfolio organisations described a number of reasons to account for the overachievement of targets. These include:

The **referrals process**: referrals came from existing community links, local intelligence, awareness of other services available to older veterans, word of mouth and organisations that portfolio organisations had worked with before (e.g. Local Authority, military charities) and networks they were part of (e.g. Inclusive Cornwall, Living Well). Portfolio organisations also had a physical presence at events (e.g. in pop up shops, stands etc.)

"We've used a variety of distribution platforms to make people aware of whom we are and the support we provide. It's not just about us getting referrals into our project but making referrals into other providers as well."

The **cross-referrals process which led to joined-up delivery**: the project took an integrated approach meaning clients were able to access some or all of the portfolios offered and portfolio organisations actively promoted and made cross-referrals. The project supported genuine partnership-working in local areas and across administrative boundaries from the outset.

"We are not collecting referrals that are easy. We want to work with individuals who don't easily access support, where some of them might be difficult to reach because of their geography, because they are not seeing anyone else, and people who find it difficult to engage with other services."

Unmet need: there has been limited focus by policy and decision makers on the impact of military service on the health, wellbeing and care of older veterans. Many of the clients had not participated in veteran specific initiatives before. Some of the clients were vulnerable, because of their health and care needs and/or because of where they live. Portfolio organisations had a range of policies and procedures in place and because of partnership working and links to the statutory sector (e.g. Local Authority, Police, Fire & Rescue, NHS) project staff were able to make urgent referrals to help people in crisis.

"We've found military veterans not on anyone else's radar…they've parked their military service and the conversations with us to identify them as a veteran is need and time intensive."

"We've come across veterans who are in a vulnerable situation and it's about creating an environment where they feel able to ask for help. It's about the relationship and trust. The longer that we spend with them and understand their needs, the more we are able to offer them interventions that will help them."

"Some people are reluctant to walk into a service charity and ask for help. They've never asked for help from a military charity before and if they were going to they would already have done it. People do not always want to be identified as a veteran as the trauma of service has been too much for them."

The **accessibility of the project** in how it offered services to ensure geographical coverage, and individual and group based activities.

The **peer support**: the project provided clients with a chance to talk and share experiences and socialise with others who also served in the military.

One of the portfolio organisations had not worked directly with older veterans prior to the project where as another portfolio organisation provides dedicated programmes of support with and for military veterans. All three portfolio organisations had experience and a track record of delivering services to older people and other vulnerable groups (e.g. people with multiple health conditions). All three portfolio organisations worked together prior to this project – and were therefore familiar with each other's activities and reach.

Information about other outcomes achieved by the project (and which were not required by the funder) was also collated by portfolio organisations. Examples include:

- The ***monetary benefits some older veterans and their families gained*** (e.g. debt relief, reduction in utility bills, carer's personal budget) - Individual clients have had over £1,000 of debt written off with the support of Home Guard; and many more have saved over £100 a year on their utility bills through switching provider. Over 20 Home Guard Clients were supported to apply to Cornwall Council's Warm Homes Discount scheme to keep their homes warm – this led one client to receive £475 towards having their heating system repaired by a heating engineer. Over 20 clients were also supported to access a grant for small measures to make their homes more comfortable, items provided included energy efficient light bulbs, electric throws an oil filled radiators.
- Older veterans receiving ***informal volunteer training*** (so they were better able to sustain group work after the intervention ended) - Active Plus courses supported veterans to take on

a role in organising peer support or legacy groups as well as encouraging clients to support delivery and facilitation of future events. The Get F+IT courses welcomed both veterans who were volunteering and volunteers supporting veterans. Get F+IT delivery staff asked clients about their volunteering IT needs and covered those topics within the courses.

- Older veterans receiving a **home safety visit and briefing from the fire service** (e.g. leading to fitting of smoke alarms, evacuation plan etc.) - Kernow Carers Service completed 160+ fire service referral forms. Staff from Fire & Rescue then visited clients to assess the potential risks in their homes, discuss how to reduce or prevent these risks, check fire alarms and put together an escape plan in case a fire were to break out.

- The **circumstances of the client** (e.g. housing tenure, registered GP, other agencies supporting them with a health condition) – this information was used to understand client needs and to identify if they were able to access other funding streams and support. Every client supported by Home Guard and Carers Services (approximately 1,180 clients) were asked about their housing tenure, caring role, access to a GP and health conditions.

- One portfolio organisation carries out an annual review of clients to see **if their needs or circumstances have changed and/or if they are sustaining the outcomes they achieved with the project**. For example, between 1 October and 31 December 2019 the Carers Service covering Plymouth offered 28 clients a review of their caring responsibilities.

2.2 Veteran, Family/Carer, Portfolio Organisation, Delivery Partner / Stakeholder Perspectives

The evaluation team worked with CRCC to develop some 'Key Lines of Enquiry.' These questions ensured we were consistent when speaking to individuals and organisations involved in the project.

We wanted to find out why older veterans, family members and carers decided to participate in the project, what they had done and the difference it had made:

a) **How people heard about the project and why they decided to take part**

"There was a leaflet about caring for veterans. Our son has health problems and we care for him. We contacted [name of organisation]."

"My husband was in hospital, sick and couldn't think for himself – he couldn't remember things. Our daughter has a friend who's a solicitor and she mentioned that certain

processes should be done before he left hospital. I got in touch with social services at the hospital and they put me in touch with the project."

"… By word of mouth from a friend already coming along to the drop-in who lives near us. We wanted to do something to improve our health and we're veterans so we thought why not give it a go."

"I take my husband to the memory café and we heard about the project there."

"I attended a carers forum and [name of person] spoke about the support there and I felt I needed to find out more."

"Somebody from Cornwall Council was telling me about the project and I thought it sounded very good and decided there and then I wanted to take part."

Clients heard about the project from a wide range of sources – key to the referrals process has been the relationship portfolio organisations have built with other agencies (e.g. health, adult care).

b) What they have done – project activities

"They have helped me complete forms for attendance and carers allowance as well as for council tax reduction."

"They have helped us to fill out forms…we get more help now as we get a higher rate [of benefits] because we are both disabled…they also arranged grab rails to help us get in and out of our house and have helped us keep our house warm."

"We meet as a group for lunch every few weeks…and we sometimes have talks."

"We've done IT and IPADs for veterans training…we've got advice and support from the Local Authority and the police to sort a few things out."

"My husband struggle with walking…it had really affected his confidence and we didn't go out…we'd become really isolated but [name of organisation] has helped him to go to the veteran's drop-in and be confident in the group."

"We've been on trips, done quizzes, arts and crafts, have a monthly drop in, we've done exercise and games... We've worked as a group to solve a problem and we really gelled in working through that."

The project looks at the whole person and their personal circumstances – this includes their family members and carers.

"[the activities are] stimulating, different and services orientated".

"The support we've received has been very genuine – caring and kind".

c) What worked well and whether there is anything that could be improved in any successor project.

"Talking to the project team and knowing they are at the end of the telephone if I need them. I've been very impressed with the service and have passed their information on to another veteran."

"Getting out of the house and chatting to people…we have all become good friends and help each other and always have a good laugh which is like therapy."

"Meeting like-minded people, talking and getting out of the house."

"It would be good if we could get more people together in the village – social interaction is so very important so that you do not feel isolated."

"We like it when people come to talk to us and do an interactive session."

"People [delivering the project] want to help you and its help when you need it."

Many of the clients we interviewed highlighted there always being someone at the end of the telephone to help them. The face-to-face activities/services were highly valued.

Project staff queried if/how any successor project could identify with older veterans the steps before crisis and what would have got them to access support sooner so as to build more prevention work into future delivery.

d) How the project has helped - in the short term and longer term?

"We have more money to do things which we couldn't before…and we have someone helping us with our garden…it's given us more opportunities to do things and we do not need to worry about where the money is coming from."

"It has put our minds at rest as we were struggling financially…the help that we now get has made life easier for us."

"We're doing things differently now. We're part of a group and help other veterans now."

"It's helping me with my bereavement and improves my wellbeing."

"The socials are the most helpful as I'm a carer. I've used IT and my IPAD to contact former ships and shipmates…I've come out of my shell…I see my neighbour more and we meet for coffee breaks…I've done some volunteering running a stall at a charity event… it's nice to be part of a bigger, wider group with people who speak the same language and have the same sense of humour."

"I feel comfortable with the people in the group…the social interaction is important."

Some examples of how older veterans, their family members and carers have benefitted from the project:

Veterans Together

Since being widowed three years ago Brian had lost confidence and was becoming lonely and isolated. He doubted his own abilities to do things and felt that his memory was suffering because he wasn't keep his mind active.

Brian attended the Active Plus course and gradually regained his confidence. He found the peer support of the veteran instructors and veteran attendees reassuring and the activities challenging, but enjoyable. Completing the tasks created a sense of achievement and the problem solving helped improve his memory. The course allowed him to look at things differently, got him out of his room and reduced his sense of isolation. He enjoyed all the sessions, but especially listening to music from military bands.

The project has made a significant difference to Brian's health and wellbeing and the support he's been provided with has increased his confidence, reinvigorated his sense of self worth and shown that he can do activities that he never thought he'd do again. He now loves to talk about his Service career, is reading books about ships and is very proud of his collection of model naval ships.

Plymouth Veterans and Carers Support

After delivering a talk at the Federation of Ex-services, a gentleman came to speak to the delivery staff member, identifying his wife as a carer. The member of staff asked if they could make contact with them and made an appointment for an informal discussion.

Pam is looking after her mother who has Alzheimer's disease, wet macular degeneration and mobility problems. They all live in the same home and Pam assists her mother throughout the day and night. Pam had never thought of herself as a carer and explained that she was just doing what needed to be done to look after her mother.

On meeting Pam and her husband, it became evident that they both have a caring role and both would be eligible for carer support. Delivery staff completed a double carer's assessment, allowing each of them to describe the full impact that the caring role has on their own lives as individuals and as a couple.

As a result of the Statutory carers assessment the couple were awarded a carers personal budget of £200 (Pam) and £150 (Pam's husband). They would like to use some of this money towards a short break. They are looking for an agency or a combination of friends and neighbours to assist mum while they have a few days away to recharge their batteries.

The couple have now become regular attendees at a veteran carers drop in support group. This has enabled them both to meet with other carers and focus on their own health and wellbeing needs.

Home Guard

Tanya cares for her husband, a veteran who despite his dementia believed he was in control of the couple's utility bills and was reluctant to allow anyone to look at them. Tanya was concerned about the costs of utility bills but was struggling to discuss the matter with her husband.

The couple were referred to Home Guard by the Veterans Carers Service in Cornwall. Delivery staff from Home Guard service met with the couple in their home to discuss their current situation and offer support. After an informal chat Tanya's husband was persuaded to share copies of utility bills just 'double check' he was getting a good deal. It was clear the couple could get a reduced tariff with their current energy provider. During the home visit staff noticed a number of the couples storage heaters were not working and one was sparking. Tanya's husband had installed the heaters himself a number of years ago. Tanya was concerned they were not correctly installed and potentially hazardous. The couple were supported to apply to the local council for a grant to cover the cost of the repair.

The couple's application to the local council was successful and they received £495 to cover the cost of having their heaters looked at and repaired by a qualified professional. The couple also reduced their energy bill by an estimated £70 a year.

Kernow Carers Service

Frank is an older veteran cared for by his wife, The couple were referred by Kernow Carers Service which thought they would benefit from a benefits check. Frank has complex long term health conditions and had been claiming disability allowance for over ten years at £22 a week. The financial strain of caring was negatively impacting on the couple's wellbeing. The couple met with delivery staff who guided them through the benefits and support they were eligible for. The staff contacted the couple to follow up and learn whether the benefits applications they had submitted had been successful. Frank's wife was awarded the higher rate of attendance allowance at £87.65 a week but Frank had heard nothing about his disability allowance. After chasing this up Frank was awarded £87.60 a week disability allowance (an increase of £65). The payments were backdated and the couple received a one off payment of over £1,000. The couple are now over £7,500 a year better off. The couple were delighted with the payments which they used to have a much needed short holiday in Devon and to have a new carpet fitted in their home. Through the Royal British Legion referral, aids and adaptations have been made to the stairs and bathroom.

Get F+IT for VETs

Helen who is now in her 90s, joined the Get F+IT course. At the start learners were asked what they hoped to get from the training and what particular skills they wanted to learn. Helen said that she wanted help to get a book of her life completed based on her experiences of growing up in Austria before and during the Second World War and her work with the British armed forces.

The Get F+IT course gave advice and guidance to help Helen develop her book using word processing software – including backing up content. Helen has almost finished her book which she hopes will be published.

COMBINED CORNWALL & PLYMOUTH VETERAN SUPPORT PROJECT

The project supported clients to access a range of activities/services to help them to meet their longer term health, care and wellbeing needs (i.e., reducing social isolation, tackle debt/increase disposable income). The project built relationships with military charities and other agencies at a local level to provide holistic wraparound support for clients. The project did not focus on one intervention and one outcome but on achieving multiple outcomes for clients (e.g. digital or exercise programme – travel, social groups). Loneliness and social isolation emerged as key issues during project design and delivery.

Portfolio organisations considered dependency and sustainability from the outset:

"When each group is set up we are already looking at sustainability and people don't know if the funding is there or not…This means there is no cliff edge when the funding ends."

"We manage expectations when people enter the project. We've encountered dependency in other service areas so we've got better at that. We know what people are looking for from the project – it's about getting the referral right so they get what they are looking for or are referred on to what they are looking for."

Some portfolio organisations continue to provide light touch support to older veterans.

What success looks like from the perspective of clients:

"We see someone who had withdrawn from society re-join it and contribute to their local community."

"We've helped them to move forward…reduced isolation, helped them to access other services and welfare benefits to benefit their physical and mental wellbeing…we've positively supported people with whatever need they've had."

e) What would clients have done if they had not participated in the project?

"There's no doubt I would have struggled and would have had to do the best I could through making telephone calls."

"I would have kept going but worrying about money and not knowing who to go to for help."

"I don't know…I wasn't getting out as much and was feeling lonely…I would have had less contact with the outside world."

"There are no other learning opportunities of this type here in the local area."

"I would have just had to carry on and struggle."

"I wouldn't have done anything as other support is not geared for ex-services and for our age and needs."

Without the project some of the clients felt their physical and/or mental health and care needs would have deteriorated. The project built relationships with military charities and other agencies at a local level – this led veterans to access other support to improve their individual/household circumstances.

The project is viewed by delivery staff as helping older veterans to improve their health, wellbeing and care needs. They highlighted:

- The individual veteran journey: "*even when we can't fix everything there is always an opportunity for us to help somebody move forward in their wellbeing journey*." The starting point was to work with each veteran as an individual and find out how they wanted to improve their health, wellbeing and social care needs.
- Co-design by veterans involved in the project: "*they [veterans] own it and we facilitate it…so it's a partnership from the beginning – and we're looking from the outset at who would be willing to host, support new attendees, to do informal volunteer training.*"
- How the project is preventive in having a lasting impact on the quality of life of older veterans – delaying or reducing pressure on mainstream/core health and care services: "*what happens if we don't [provide support] is they move into statutory services and the pressure on the system increases*."

Some clients had not previously recognised or identified themselves as a veteran. There were discussions with portfolio organisations and stakeholders around the similarities and differences between the issues facing older veterans and those facing older people in the general population, with the following points noted:

> ➢ *"The needs can be the same but there is pride with military veterans...this can leave them reluctant to ask for help...People who are ex-military get to the absolute worst case when other people would have gone for help earlier...Armed forces seem to struggle on for longer and we meet them further down the path." Stakeholder, Plymouth*

> ➢ *"We saw it during the D-Day celebrations...they [older veterans] are very humble people. This programme identifies people who are struggling but with pride and tries to get through to them." Stakeholder, Plymouth*

> ➢ *"A higher incidence or more frequent occurrence, and this is palpable with military veterans, of PTSD, depression, physical health needs, isolation and poor mental health. People assume that veterans are past that [military service] but it doesn't just go away...the health and wellbeing indicators used [by health and care providers] do not provide oversight of this." Portfolio organisation delivery staff*

> ➢ *"The way you approach military veterans and the way you talk to them to get information out of them is different." portfolio organisation delivery staff*

For family members and carers

For the funder, families and carers could indirectly benefit from the project.

Partners described how supporting an older veteran also required helping their family members and carers to maintain their stability and wellbeing. The benefits of doing so, particularly around preventing the older veteran from deteriorating and/or requiring more support from the statutory sector, were highlighted.

"It's raised our profile with other partners – this means we've ended up being able to offer support to people who do not qualify for the project. Veterans live in communities and we do have 1 or 2 needing support that didn't qualify for programme...and this leads to interaction with rest of the community."

Although non-qualifiers did not count towards the overall project target, information about their needs, the support they received and the outcomes they achieved was collated by portfolio organisations. No individual that indirectly benefitted from the project received financial assistance and while onward referrals to other agencies were made they did not receive access to all parts of the portfolios as older veterans did.

Having other members of the local community attending group activities was seen as important in:

- Building community capacity to see what people can and might want to do.
- Raising awareness, visibility and understanding the contribution that older veterans make.
- Highlighting and facilitating introductions to local groups and activities that older veterans may wish to get involved in.

As part of the evaluation we interviewed a number of stakeholders to gain their external perspectives on the project and its work.

(i)   The feedback stakeholders have received from veterans they had referred into the project:

"Every veteran I have referred to them has been so positive about the service…they've enjoyed being with other veterans and the delivery staff have a wealth of knowledge to answer all questions."

"The project acts as a one stop shop for veterans and their families…it provides a place for veterans in their local community".

"Veterans are proud people and they often put their hand up when it's too late…they want to manage without asking for support."

(ii) The USP of the project from a stakeholder perspective:

"They provide a relaxed environment for veterans and their families…its inclusive and a hub, not formal. Delivery staff built rapport and trust with veterans."

"I like the way they can look at the carer's side of things…and help them to complete the forms to help the veteran…a lot of carers are looking after people in isolation and they need to do a reality check in terms of do they know the challenges they are facing or do they plod on and try to keep them as well as they can?"

"The [portfolio] organisations see the bigger picture – they not only work with military organisations but also work veteran to local community and bring everything together."

(iii) What stakeholders think will happen when the project ends:

"There will be a lack of one to one support available in local communities."

"More demand could be placed on our organisation when the project ends with veterans asking us to provide projects in the community…while individually organisations may continue to offer support as a grouping there's no one else out there that is doing that."

2.3 Measuring Social Value

'Social Value' refers to the wider economic, social and environmental outcomes of projects. These are things that are routinely left out of analysis where meeting targets, measuring outputs or knowing your unit cost are often the norm. While counting these things is important, social value considers the 'bigger picture' in terms of the contribution of the project to society overall.

The Social Value Engine has been developed by Rose Regeneration and East Riding of Yorkshire Council to measure social value and is accredited by Social Value UK. The Social Value Engine provides:

- A systemised and academically robust assessment of social value to forecast, plan and evaluate activities.
- More than 200 peer-reviewed financial proxies derived from reliable sources.
- A description of how a project creates value and a ratio that states how much social value (in £) is created for every £ of investment.
- It helps you think about how your activities are making a place better to live in (sustainable communities).

Using the Social Value Engine we worked with CRCC to select the most appropriate outcome areas and financial proxies for the achievements made by the people that participated in the project.

The table below lists **11 financial proxies from the Engine that fit well with the project's outcomes**. Each proxy is linked to an example of something of similar worth (and where peer-reviewed research enables us to identify how much that example costs). The table lists these outcomes and financial proxies along with the number of units benefitting between the start of the project (April 2017) to the end of Year 3 Quarter 3 of delivery (31 December 2019).

Project outcome	Financial proxy	Unit	Number of units benefitting	Benefits per unit
Volunteering	Value that frequent volunteers place on volunteering*	Per person	10	£16,118
Feeling more confident	The value of being more confident in being with family and other people as a result of taking part in an adult learning course	Per person	490	£824
Talking to neighbours	Annual value attributed to talking to neighbours more frequently*	Per person per year	465	£2,592
Joining a social group	Value to an individual of being a member of a social group*	Per person per year	396	£1,180
Advocacy	Improved leadership and agency for individuals in the community	Per hour	3,213	£36
Community wellbeing project	Cost of a community wellbeing programme with a network approach*	Per person	1,583	£38.11
Support to carers	Average cost of a carer	Per hour	1,128	£1,100
Living in a rural area	Additional cost of living in a rural area in terms of access to services*	Per household	1,087	£3,074
Advice	Average gain per client from CAB consumer advice	Per person	1,302	£960

| Improved mental health | Value of mental health component on Quality of Life (NICE QALY)* | Per person | 307 | £277 |
| Collaboration between partners and agencies | Cost of time spent collaborating* | Per organisation, per year | 42 | £2,229 |

We worked with CRCC, portfolio organisations and clients to consider four factors, known as deflators:

I.   Whether any of the people participating in the project were from outside of Plymouth/ Cornwall/the Isles of Scilly – and if so what percentage? [We call this deflator *leakage*].

II. What proportion of the outcomes associated with the project may have happened anyway? [We call this deflator *deadweight*].

III. Whether the effects of the project will be permanent or whether they will they diminish over time? [We call this deflator *drop-off]*.

IV. Whether the outcomes could be claimed by other organisations also working with older veterans / family members / carers because these organisations are undertaking similar activities to this project? [We call this deflator *attribution*].

The table below shows the amount (as a %) that we have deflated each output area:

Outcome	Leakage	Deadweight	Attribution	Drop off
Volunteering	0%	20%	30%	25%
Feeling more confident	0%	20%	30%	25%
Talking to neighbours	0%	50%	50%	33%
Joining a social group	0%	50%	50%	33%
Advocacy	0%	20%	30%	25%
Community wellbeing project	0%	20%	30%	25%
Support to carers	0%	50%	30%	25%
Living in a rural area	0%	50%	30%	25%
Advice	0%	50%	50%	33%

Improved mental health	0%	20%	30%	25%
Collaboration between partners and agencies	0%	20%	30%	25%

Each outcome area was then divided by the input cost (what we have called 'expenditure'). This comprises the grant received from the Armed Forces Covenant Trust (£574,204) and the volunteer contributions made to setting up, running and sustaining groups beyond the project intervention (£15,475.20).

The diagram below illustrates how the outcomes achieved by the project have been monetised. The gross benefit is everyone's contribution to achieving the outcome. The project benefit is the unique impact made by the portfolios after applying the deflators (deadweight, attribution and drop off).

If you divide the all of the project benefits by the inputs costs the **project is delivering a social value of £8.70 for every £1.00 invested.**
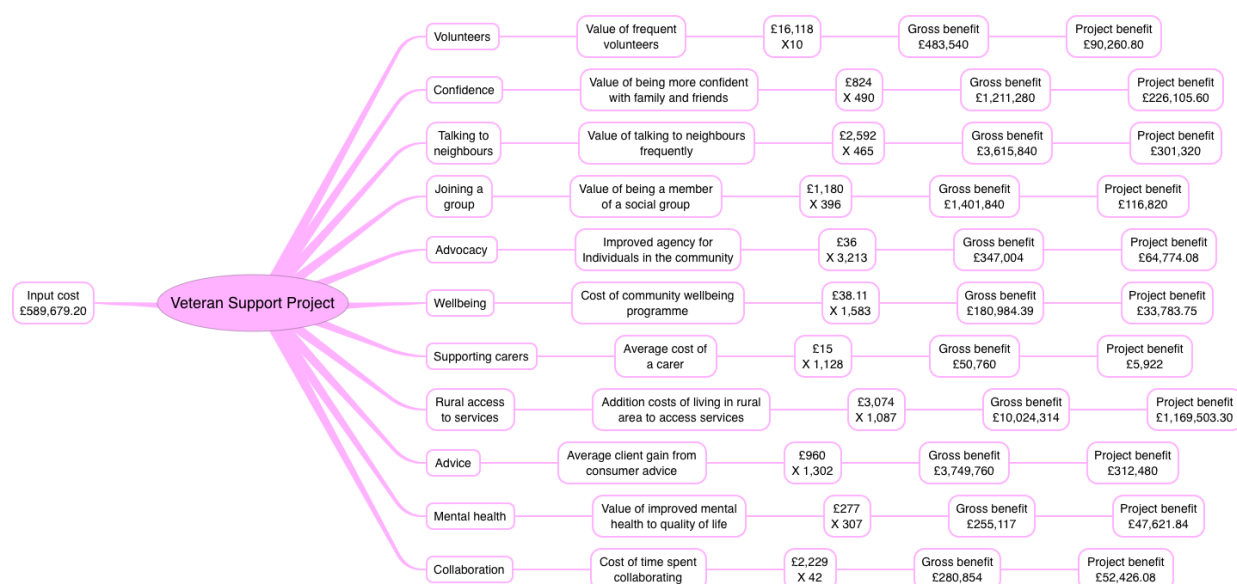
The Social Value Engine also shows how the project has made communities more sustainable. It does this with reference to a model called The Bristol Accord. The Bristol Accord was developed in 2005 when the UK Government worked with all the EU Member States to agree what makes communities sustainable and to foster 'place making' skills. A sustainable community should be safe, fair, thriving, environmentally sensitive, well run, served, well connected and well designed and built (shown in the diagram below).
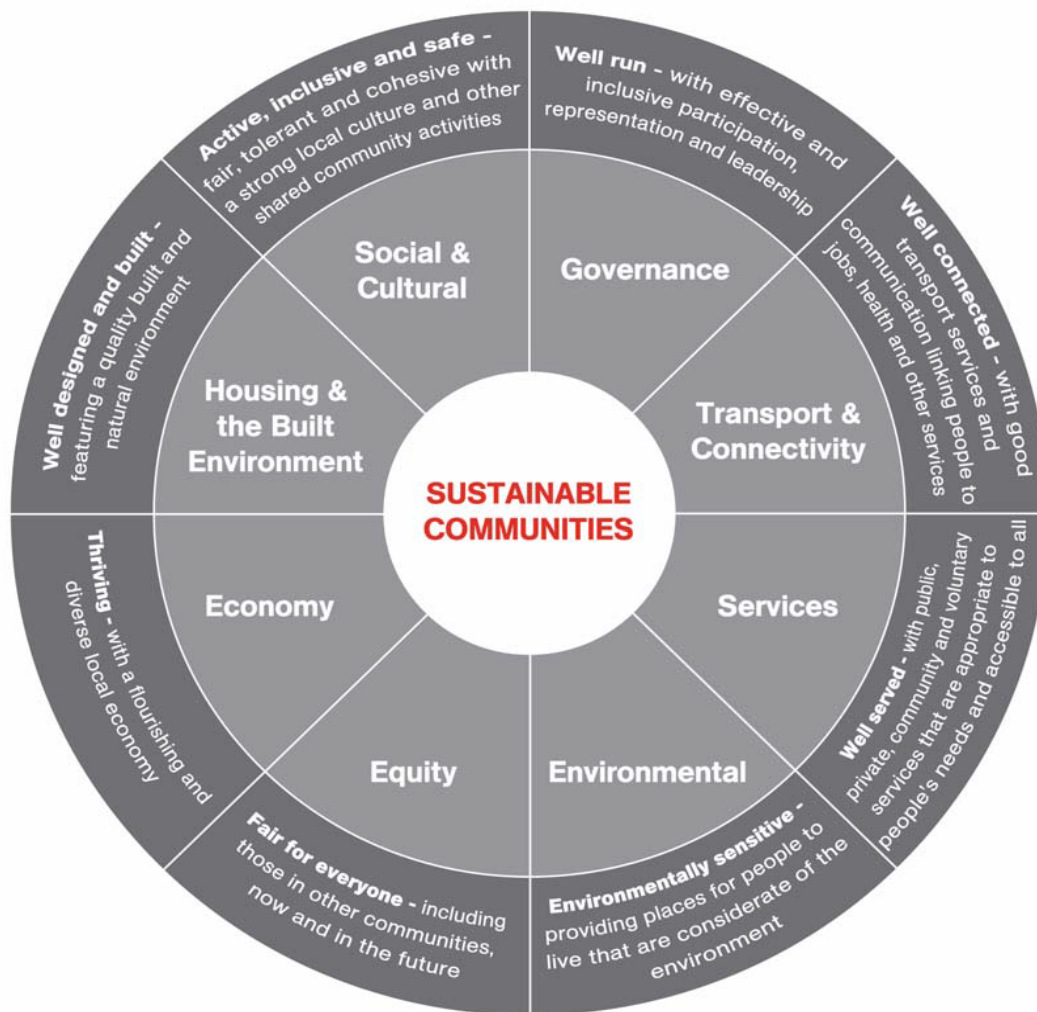
Each of the outcome areas and financial proxies in the Social Value Engine are tagged against one of these 8 domains. From the outcomes achieved by the clients, the project has made particular contributions in the following Accord domains:

- **Well connected**: the project provided access to portfolios that helped people travel within and between urban, rural, coastal and island areas = £2,796,295.94 of social value generated.
- **Active**, inclusive and safe: the project fostered a sense of community and belonging = £1,370,064.25 of social value generated.
- **Fair to everyone**: the project encouraged and had due regard to the needs of older veterans, family members and carers in portfolio decisions and activities = £772,239.38 of social value generated.

- ***Well run***: the project built capacity and developed the skills, knowledge and confidence of local communities = £397,319.96 of social value generated.
- ***Well served***: the project provided improved access to local health and care services; both through the services and activities offered through the portfolios and through referrals so older veterans could access other public and charitable services = £121,235.31 of social value generated.

Evaluation question: what has been the overall impact of the project on the lives of older veterans, their families/friends and carers?

The project worked with a range of referral agencies (local government, health, social care, public health, military charities, housing providers etc.), had a presence where older people and veterans meet, worked with volunteers ('community champions') and offered 'tasters' to ensure the project reached as many clients as possible.

- The project sought to understand the real depth and impact of poverty amongst older veterans in rural, coastal and island locations – offering support to the most vulnerable individuals/households and supporting them around a broad range of issues such as health, housing, money, debt and benefits.

- The project highlighted how caring for someone can take its toll on an individual's physical, mental, emotional and physical health; as well as on their social life, career and relationships. Some of the services and activities provided through the project focused on providing a wide range of support to veteran carers and the carers of veterans [enabling them to take time out to look after themselves and then continue to support the older veteran they are caring for].

- The project highlighted the role of the VCS in supporting older veterans to build friendships and become more connected and active in their local community. By supporting veterans to participate in social/group activities with other veterans and feel good about themselves, they have become more involved in groups in their local community.

- Many of the groups set up by the project continue to meet after their course/club finished. In some instances portfolio organisations provided light-touch support to these groups and helped them/community venues to apply for funding (e.g. for equipment, to improve broadband/connectivity).

- The project provided a range of services and activities to help clients tackle immediate issues (e.g. access to transport, debt, fuel poverty) and supported them to improve their longer term health, care and wellbeing needs (i.e., loneliness, social isolation). The project did not focus on one intervention per client but on identifying all of the needs of each client and how they might be best met through the project itself and through referral to other agencies. Without the project clients described how their physical or mental health would have deteriorated.

- The project also supported family members, friends and carers to maintain their stability, leading to improvements in the veteran's household circumstances (e.g. a more energy efficient home, a break for their carer, improved finances through benefits take-up).

Name of Portfolio Organisation	Funding requested (£)	Year 1 budgeted spend	Year actual spend	Year 2 budgeted spend	Year 2 actual spend	Year 3 budgeted spend	Year 3 actual spend	Variance (Funding requested -spend)
CRCC - KCS	189,373	63124	64523	63,124	60,761	63,124	63,099	25.00
Active Plus	56,932	18980	18980	18,980	18,980	18,980	18,980	0
Plymouth Carers Hub [Improving Lives]	92,361	30787	25802	30,787	30,978	30,787	30,752	35.00
CRCC - Get F+IT	68,074	22692	24172	22,692	24,256	22,692	22,156	536.00
CRCC - Home Guard	107,060	35687	31182	35,687	36,484	35,687	34,804	883.00
CRCC - Management	66,396	22132	20551	22,132	19,381	22,132	18,276	856

The table shows that all portfolio organisations have drawn down funding in line with the amount requested from the funder. The overall variance of £2,335 can be attributed to a reduction in the administration, management and expenses required to support the project.

3.2 Responsiveness

As part of the evaluation we looked at how long veterans, carers and/or family members had to wait for (a) the entry paperwork to be completed and (b) to participate in the portfolio/s if they were eligible for help.

Delivery staff put in place systems and processes (with contingencies built in) to internally manage referrals. Two of the portfolio organisations with existing track records of delivering support to carers recognised the need to avoid clients waiting when they are in the position of needing support. Similarly, for older veterans delivery staff recognised how they could be reluctant to seek support so ensuring referrals were followed up quickly and making sure the veteran received support at a time and place when they needed it was built into the design of the project. Some of the group based activities within portfolios, although scheduled on certain days/times/places, could also be flexed to

meet additional need. The willingness of staff to travel to deliver the project in rural and coastal places was also built into the recruitment process.

Clients told us:

"There's no waiting period – staff come back quickly and they want to help and help is there when I need it"

"It took absolutely minimal time for [name of project worker] to get back to us and she's been so personable and helpful".

3.3 Value-for-money

When portfolio organisations developed a budget for their portfolio they took into account the funding available and what they wanted to deliver. All three organisations worked within the budget available. Some found management and administration overheads were not fully represented, and/or that other costs had been under-estimated (e.g. publicity, referrals) or not included at all (e.g. providing some form of ongoing light touch support to groups established through the project).

"From the money we have received and the delivery we have done we have done it but it's cost us but we fully understand veteran support and if the need is there we make sure we do it."

"You do it because it's what you do. People are not commodities."

"There's not been enough money in the budget for marketing and promotion."

Estimating a cost to support each client on the project was difficult because

"individuals have a different cost attached to them – some may require little support and others lots more support…the value far outweighs the cost of the worker input." "Some veterans need 3 or 4 small pieces of work and others are suffering from depression and need access to other expert support."

Estimating a cost for providing light touch support to groups was equally difficult because it was not built in to the design of the project. For example, the cost of an annual review of a carer is

approximately £60.00 per carer; with wraparound support provided to groups varying from £32.06 to £50.00 per session.

Portfolio organisations collected data on the broader outcomes and achievements of the project, including areas of impact that are less tangible and often left out of traditional analysis (e.g. improved wellbeing, improved confidence, improved family relationship, joining in with activities in the local community). Strategic and delivery staff also recognised how the project was preventive. This included collecting evidence from a sample of individual clients (e.g. savings on utilities, benefits take-up). For example, between 1 October and 31 December 2019, 80% of the carers supported by Improving Lives Plymouth were awarded a Personal Budget totalling £4,850. Between 1 July 2019 and 31 August 2019, 16 clients were provided with grants and 'small measures' to help them stay warm at home (e.g. electric throws, draft excluders, oil filled radiators). During the same quarter Home Guard accessed a £500 grant to provide fuel for a veteran household in crisis; and provided further support to another veteran household to claim attendance allowance at a rate of £87 a week which they are using to heat their home.

"The Local Authority and NHS see the value of what we do – they see us as supporting the work they do by taking the burden off statutory services."

4. PROCESS EVALUATION

This section of the report describes the processes and systems used to set up the project and how these developed and improved over time.

At the start of the evaluation we reviewed project documentation to understand how CRCC and portfolio organisations prepared the stage 2 application; and the development of project systems and processes. As the project was delivered we collated examples of 'Strategic Added Value' (these are refinements and improvements made to processes).

We used this information to review how the project was set up and whether the approach it took helped older veterans, their family members and carers to meet and improve their health, care and wellbeing.

4.1 Review of Project Objectives

Why the project was needed (i.e., making the case for investment)
At the outset CRCC and portfolio organisations carried out research to assess the support currently available for older veterans and their families in Cornwall and Plymouth. The funder wanted the project portfolio to have 'regional reach' and research by CRCC revealed a high proportion of older veterans living in Cornwall and Plymouth. This research also identified how people living on the border of Devon and Cornwall were accessing services in both administrative counties.

CRCC liaised with local organisations and national organisations providing services to military veterans and/or older people to map how the project would fit, and be distinctive from, existing provision. Tackling social isolation is a high priority for the Royal British Legion (RBL) and several of the activities proposed in the portfolio were developed to contribute towards reducing isolation.

This scoping work revealed a reduction in health and social care spending on preventive interventions and a more limited, though focused, offering from contracted services. Many agencies told CRCC that they were struggling to signpost residents to support available in local communities. In the design of the portfolio, CRCC wanted to raise the profile of military veterans and carers in communities.
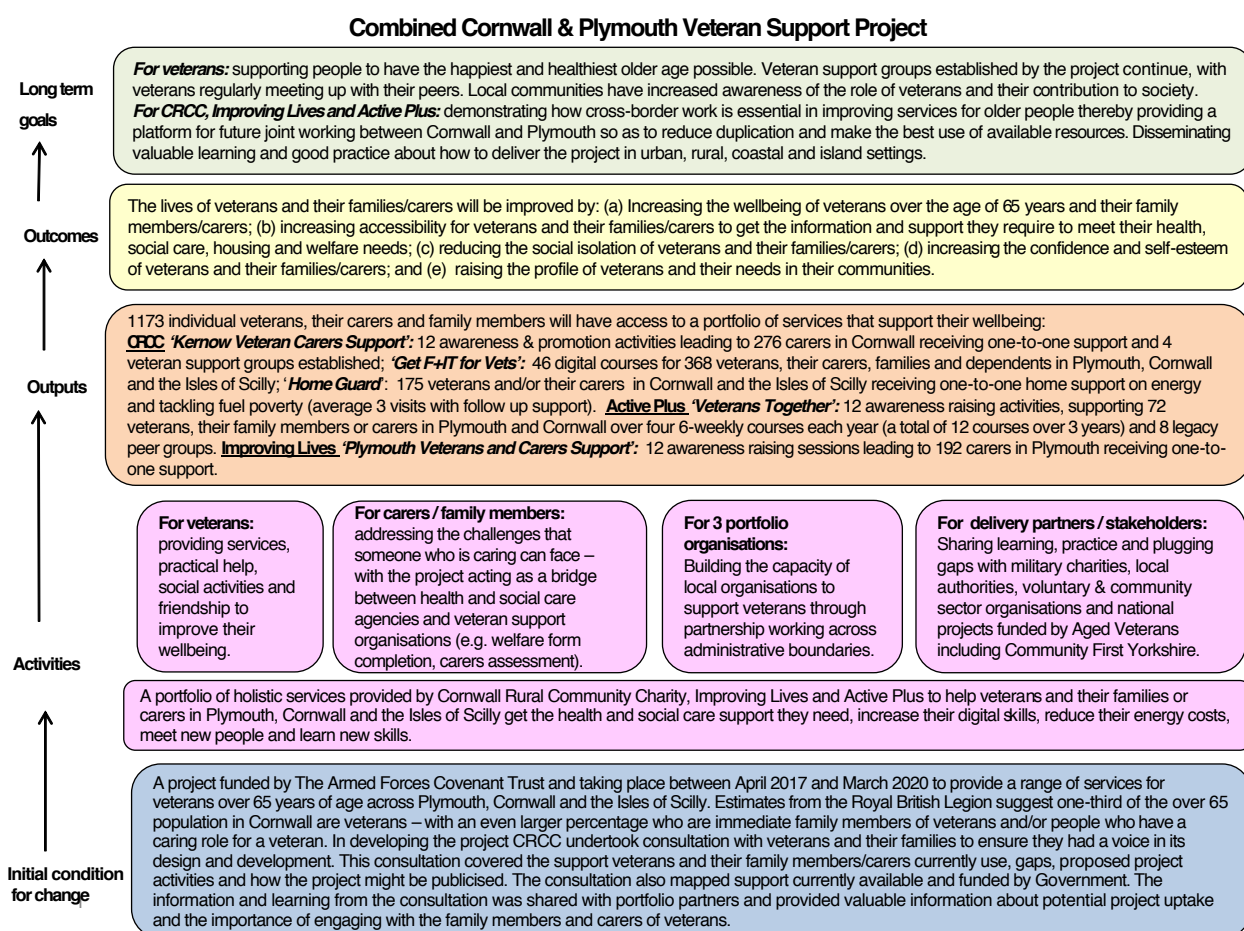
The holistic approach taken to develop the project was intended to ensure the portfolios within the project would provide:

- Professional support for anyone in a caring role, including access to a Carers Assessment – accessing all rights and entitlements.
- Access to hearing and sight centre – improving general health.
- Opportunity to participate in confidence building courses and their legacy community support groups – increasing resilience.
- Energy best deal consultations and advice – reducing fuel poverty.
- Help with Information Technology; improved skills; coaching as to how to use IT to enable individuals to access wide range of support and activities – reducing social isolation and increasing financial capability.
- Signposting and referrals to bespoke help for veterans, their families and carers – adding value and not duplicating existing provision and services.
- Working with organisations such as RBL and SSAFA to identify those veterans who may not recognise they are eligible for support – increasing local partnership working.

Theory of change

A 'theory of change' was produced after a review of project documents and discussion with CRCC and portfolio organisation staff. It explains on one sheet of paper why Veterans Support is needed, the activities that are being delivered to bring about change and the results and longer term difference that CRCC and portfolio organisations want to make.

Combined Cornwall & Plymouth Veteran Support Project

Long term goals	**For veterans:** supporting people to have the happiest and healthiest older age possible. Veteran support groups established by the project continue, with veterans regularly meeting up with their peers. Local communities have increased awareness of the role of veterans and their contribution to society. **For CRCC, Improving Lives and Active Plus:** demonstrating how cross-border work is essential in improving services for older people thereby providing a platform for future joint working between Cornwall and Plymouth so as to reduce duplication and make the best use of available resources. Disseminating valuable learning and good practice about how to deliver the project in urban, rural, coastal and island settings.
Outcomes	The lives of veterans and their families/carers will be improved by: (a) Increasing the wellbeing of veterans over the age of 65 years and their family members/carers; (b) increasing accessibility for veterans and their families/carers to get the information and support they require to meet their health, social care, housing and welfare needs; (c) reducing the social isolation of veterans and their families/carers; (d) increasing the confidence and self-esteem of veterans and their families/carers; and (e) raising the profile of veterans and their needs in their communities.
Outputs	1173 individual veterans, their carers and family members will have access to a portfolio of services that support their wellbeing: CRCC 'Kernow Veteran Carers Support': 12 awareness & promotion activities leading to 276 carers in Cornwall receiving one-to-one support and 4 veteran support groups established; 'Get F+IT for Vets': 46 digital courses for 368 veterans, their carers, families and dependents in Plymouth, Cornwall and the Isles of Scilly; 'Home Guard': 175 veterans and/or their carers in Cornwall and the Isles of Scilly receiving one-to-one home support on energy and tackling fuel poverty (average 3 visits with follow up support). Active Plus 'Veterans Together': 12 awareness raising activities, supporting 72 veterans, their family members or carers in Plymouth and Cornwall over four 6-weekly courses each year (a total of 12 courses over 3 years) and 8 legacy peer groups. Improving Lives 'Plymouth Veterans and Carers Support': 12 awareness raising sessions leading to 192 carers in Plymouth receiving one-to-one support.

Activities			
For veterans: providing services, practical help, social activities and friendship to improve their wellbeing.	**For carers / family members:** addressing the challenges that someone who is caring can face – with the project acting as a bridge between health and social care agencies and veteran support organisations (e.g. welfare form completion, carers assessment).	**For 3 portfolio organisations:** Building the capacity of local organisations to support veterans through partnership working across administrative boundaries.	**For delivery partners / stakeholders:** Sharing learning, practice and plugging gaps with military charities, local authorities, voluntary & community sector organisations and national projects funded by Aged Veterans including Community First Yorkshire.

A portfolio of holistic services provided by Cornwall Rural Community Charity, Improving Lives and Active Plus to help veterans and their families or carers in Plymouth, Cornwall and the Isles of Scilly get the health and social care support they need, increase their digital skills, reduce their energy costs, meet new people and learn new skills.

Initial condition for change

A project funded by The Armed Forces Covenant Trust and taking place between April 2017 and March 2020 to provide a range of services for veterans over 65 years of age across Plymouth, Cornwall and the Isles of Scilly. Estimates from the Royal British Legion suggest one-third of the over 65 population in Cornwall are veterans – with an even larger percentage who are immediate family members of veterans and/or people who have a caring role for a veteran. In developing the project CRCC undertook consultation with veterans and their families to ensure they had a voice in its design and development. This consultation covered the support veterans and their family members/carers currently use, gaps, proposed project activities and how the project might be publicised. The consultation also mapped support currently available and funded by Government. The information and learning from the consultation was shared with portfolio partners and provided valuable information about potential project uptake and the importance of engaging with the family members and carers of veterans.

4.2 Operational model and governance arrangements

Governance

The Armed Forces Covenant Trust [Aged Veterans Fund] made grants available to lead organisations to run, manage, support and deliver a project portfolio run by other organisations. The 'Lead Partner' was required to be a registered charity with a track record of managing large, strategic projects, and capacity to manage and coordinate the provision of portfolios. CRCC has 70+ years' experience of delivering large projects in partnership and was selected as the Lead Partner. This track record includes Cornwall Carers Service (2011-2016) where CRCC worked with Age UK Cornwall, Disability Cornwall and Carers Rights to support more than 8,000 individuals over 5 years; and Kernow Carers Service (recommissioned in 2016) and delivered in partnership with Action for Children.

Whilst operating as a partnership, the responsibilities and risk were managed by CRCC through a lead/sub-contractor relationship. As Lead Partner, CRCC was ultimately responsible for the delivery of project outcomes.

Operational model

The funding was intended to support the non-core health, wellbeing and social care needs of veterans born before 1 January 1950 who are residing permanently in the UK. This includes surviving World War 2 veterans, those who undertook National Service and other voluntary enlisted veterans who may need some focussed support. Their family members and carers could indirectly benefit from the project.

The Veteran Support project portfolio provided support in four main areas:

1. Social inclusion.
2. Carers support.
3. Digital sessions.
4. Home based energy advice.

By 'portfolio' the funder meant 'a linked collection of projects coordinated by the Lead Partner and provided by suitable organisations'. The Lead Partner was responsible for ensuring that the project was successful and that the sum of the whole was greater than the sum of its parts.'

COMBINED CORNWALL & PLYMOUTH VETERAN SUPPORT PROJECT

The portfolio covered Plymouth, Cornwall and the Isles of Scilly. Plymouth, although across a major river and in the county of Devon, acts as a catchment area for services for many people in South East Cornwall. Cross-border work was viewed as essential in improving access to services for people. This project enhanced and added to work that was already underway between portfolio organisations and external partners.

Project design took account of:
- **_Need_**: identifying where social/community networks were less strong and veterans have complex needs.

"We had to consider how older veterans would be able to access the project appropriately. We take services out to the veteran. We work with local groups and organisations where there is a need for support and focus on where the need is strongest."

- **_Geography_**: how older veterans across Plymouth and Cornwall would be able to access services; the challenges of providing the project in urban, rural and coastal settings – taking services as close to the veteran as possible [or where people are comfortable to travel to]; and using local community venues. All three organisations already had a presence and were linked into the places where project activities took place.
- **_Baseline_**: services that portfolio organisations and other partners were already delivering that could be enhanced or adapted for older veterans.
- **_Existing provision_**: how military/service charities and mainstream provision differs across administrative boundaries (e.g. carers service).
- **_People_**: 360 degree approach between portfolio organisations and veterans to bring the portfolios together (e.g. focus groups) – with activities tailored to individual/group needs and feedback from clients used to inform real-time delivery.

"The skills and experiences of veterans are an inspiration for others and we don't deliver veteran to veteran but veteran to wider community – it's about encouraging people to help themselves by helping others. It's about the mutual understanding that we get as a military veteran organisation as opposed to being a non-veteran organisation."

- **_Activities_** – bringing together and extending existing activities/services delivered by portfolio organisations and partners to provide dedicated provision for older veterans. This enabled veterans to access the right services, at the right time and in the right place. The services/ portfolios offered by the project were designed to be one coherent package rather than disparate strands.

- ***Role models for health and wellbeing*** – motivating veterans and community members in ways that traditional health and local government services cannot. For example, Active Plus adapted a fire and rescue service model of fire fighters acting as role models to use across all of its programmes with veterans.

CRCC mapped a typical client journey through the portfolio:
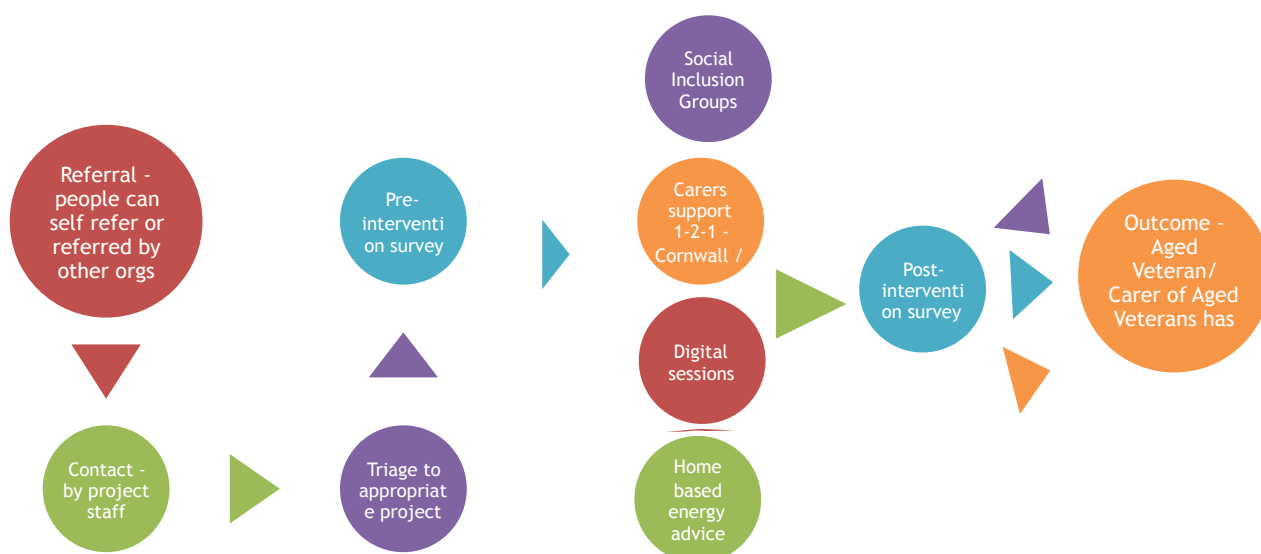
"The journey is like a cracker with [name of portfolio organisation] in the middle providing inspiration and support…it can go in different directions depending on the needs of the veterans…the groups continue to meet with some light touch support from us."

In practice, each of the portfolio organisations delivered portfolio services/activities which adhered to the following format:

- ➢ Referrals process / identify older veterans (eligible clients).
- ➢ Entry form – identified needs and support required.
- ➢ Intervention(s) – older veteran participated in activities/services.
- ➢ Exit form – feedback to inform future delivery, and to measure outcomes and distance travelled.
- ➢ Light touch support.
- ➢ Older veteran can be referred back into the project and/or to another agency (where appropriate) should their needs/circumstances change.

A client entry form and exit form were completed by CRCC or a portfolio organisation. These forms were jointly developed by CRCC and Community First Yorkshire and were used across both Aged Veterans projects.

The entry form provided an initial diagnostic of the older veteran's needs and determined the help they require. It recorded information about: (a) the military veteran's service details; (b) whether they have currently or previously received support from any of the Armed Forces charities; and (c) the support sought.

The entry and exit forms each contained a series of statements that clients could rate from strongly agree through to strongly disagree:
- I am content with my friendships and relationships.
- I have people I feel comfortable asking for help at any time.
- My relationships are as satisfying as I would want them to be.
- I am as active and involved in my community as I would like to be.
- I feel confident to try new things.
- I feel I have access to the information and support I need to meet my health and social care needs, or the needs of the person I care for.

The entry and exit forms also encompassed a series of statements that clients could rate from none of the time through to all of the time:

- I've been feeling optimistic about the future.
- I've been feeling useful.
- I've been feeling relaxed.
- I've been dealing with problems well.
- I've been thinking clearly.
- I've been feeling close to other people.
- I've been able to make up my own mind about things.

The answers to these questions enabled CRCC and portfolio organisations to measure soft outcomes and distance travelled using the Social Value Engine.

4.3 How the project systems were set up – and refinements / improvements made

CRCC used an in-house database to record details of the referral, client and the portfolio support received. The database not only tracked clients according to entry and exit forms but also recorded information about signposting to any other support/projects.
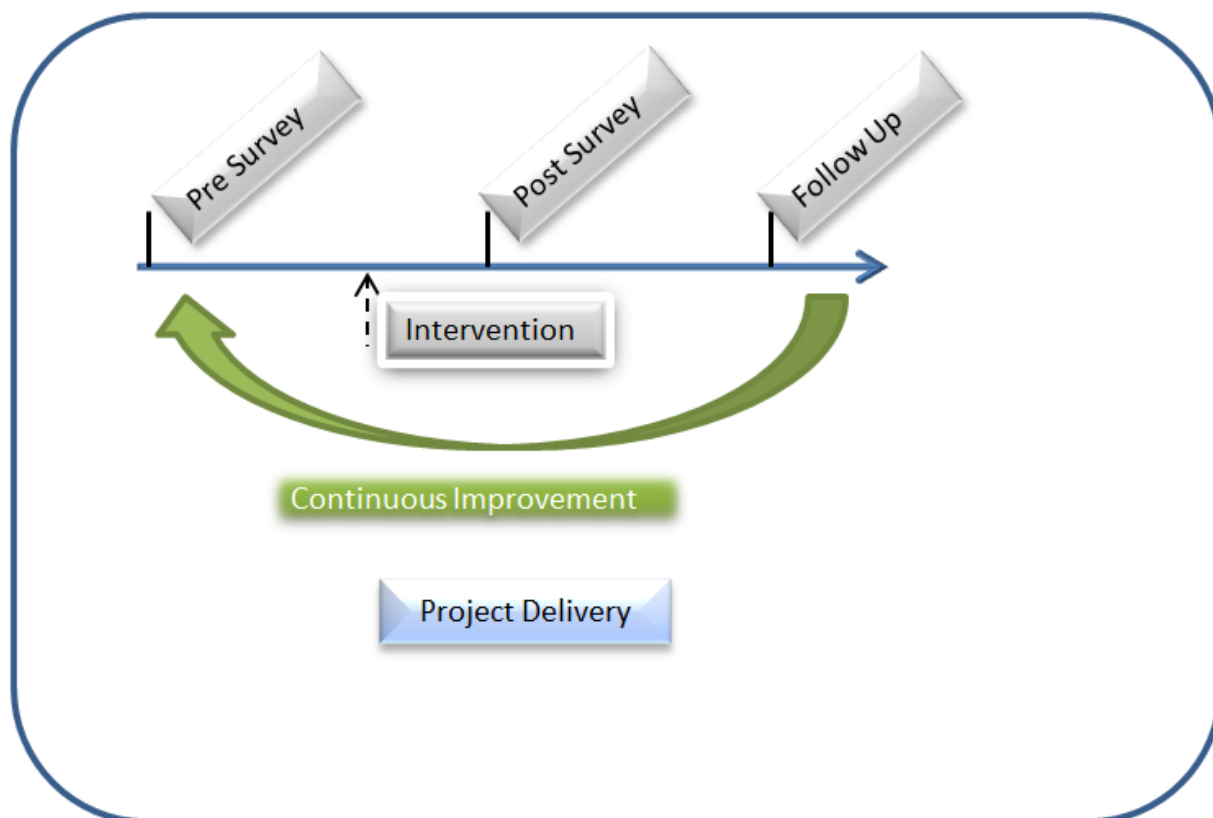
CRCC also accessed the MOSAIC system – this is used by Cornwall Council as part of its carer's assessment. CRCC provides statutory carers needs assessments, with the assessment forms sent to Cornwall Council and CRCC providing relevant help agreed in any support plan signed off by the Local Authority. In Plymouth, all of the statutory carers assessment and subsequent access to a carer's personal budget and support plan is administered by Improving Lives.

CRCC also used the 'Support in Cornwall' helpline – asking older people contacting the service if they were a veteran so where/if relevant they could be referred into the project.

For portfolio organisations and the project overall, CRCC set up a basecamp. Project information was made available and updated on an online platform. All strategic and operational/delivery staff were able to access the platform.

Portfolio organisations provided CRCC with a progress report every quarter. Each portfolio organisation had its own system for collating evidence about the outputs and outcomes achieved by clients. Each portfolio organisation also collected case studies from older veterans, carers and/or family members to highlight the benefits of the project.

CRCC met each portfolio organisation quarterly. Similarly, quarterly partnership meetings took place with strategic and operational/delivery staff to review outputs/outcomes and to share learning and practice (across the project and more widely).

CRCC then consolidated the quarterly progress reports from each portfolio organisation and feedback from partnership meetings to submit monitoring/progress reports to the funder. These progress reports covered:

- Progression with the project – and information about any variances to milestones.
- How many older veterans the project had reached and information on how family members and carers were supported.
- Evidence of activities – information about any publicity and press coverage the project received.

CRCC completed annual monitoring forms highlighting the impact of the project on clients. Improving Lives undertakes an annual review (normally a telephone conversation) with older veterans and carers to see if their needs or circumstances have changed, remained the same or improved.

This approach to systems was designed to demonstrate how the project met the quality standards and criteria of the funder around capability – demonstrating how CRCC has led and managed the project; and the coordination of an effective portfolio – how CRCC and portfolio organisations delivered the project.

"[These project systems] show how we have worked collectively as a team…across our organisations…to come together and to deliver – they show how we have fitted support around the veteran so they receive support at the right time and they know there's onward support too."

Monitoring and reporting took into account:

- Strategic/management and operational/delivery meetings – these were used to monitor whether the project was on track, what was working well and less well and future plans.

o The quality of what was delivered. This was monitored against the views of clients – captured both informally at the end of a session or service and formally through a feedback form.

"[Name of partner] is a well-established charity and we are recognised for the quality and consistency of our work. We designed the job descriptions [for delivery staff] to encompass providing a quality service."

o The outcomes achieved by clients – collectively and as individuals (e.g. case studies, entry and exit form scores).

Refinements made to project systems

At the outset of the project, CRCC and Community First Yorkshire as lead partners worked together to develop a quality checklist for use across both projects (North Yorkshire and Cornwall/Plymouth/ Isles of Scilly).

Project implementation has built upon the approach to systems developed at the outset. Over the course of the evaluation the following examples of good practice were noted:

- **Entry form**: the insertion of an additional question to find out if an older veteran was being helped by anyone else. This was used to identify whether the client was already being supported by a service/military charity, a GP/health or social care professional, a next door neighbour/local residents and/or any other existing local support they were already receiving.
- **Exit form**: the insertion of an additional question to find out what would have happened if the client had not participated in the project.
- **Client centred**: a spreadsheet recording all clients, the partners they had worked with the services they had accessed.

"We've been flexible around the need: veterans and their needs is always our starting point."

- ***Collating feedback from clients and responding to suggestions for improvements in real time / during project delivery***: CRCC produced an e-form to help clients feedback on the support they had received from the project. In response to feedback Get F+IT provided taster sessions for clients to participate in before asking them to sign up for a 6-week course.
- ***Case studies***: whilst these provided a narrative about their veteran and their military life and civilian life the template developed at the beginning of the project was subsequently updated to include information on the situation experienced by the client before they joined the project,

the input and support the client had received from the project and the difference this made to their health, care and wellbeing.

- Some portfolio organisations have also used their ***organisational content management systems*** – this led to the recording of additional information about the older veterans supported by the project.

- CRCC provided ***workshops for delivery staff*** on updates to systems and processes – including highlighting what data needed to be collected to measure the outcomes and impact of the project.

- Using existing ***links and networks*** – for the referrals process, to align with other military/ mainstream provision and to share learning and practice.

"We've worked in partnership…and have spent time together conducting ward rounds and picking up referrals for both organisations. I refer into the project when veterans need support in the community and they refer into me when they are in a care pathway and in hospital" (stakeholder, Plymouth)

Portfolio organisations used these system/process refinements to help them understand and measure the difference the project made to clients.

4.4 Strategic Context - Relationship with other Provision

In developing the application, CRCC and portfolio organisations considered 'additionality' in setting out how the project portfolios would deliver services additional to those funded by Government and build the capacity of the voluntary and community sector in Plymouth, Cornwall and the Isles of Scilly. This involved liaison with military/service charities, voluntary and community organisations, charities, local authorities and other public bodies – when designing the project and throughout its delivery.

These organisations have not only acted as referral partners (e.g. Royal British Legion, Winter Wellbeing Partnership, SSAFA – The Armed Forces Charity and Blind Veterans); but CRCC and portfolio organisations were able to signpost and refer clients participating in the project to access support from these bodies.

Local government, the VCS and charities all seek to promote the interests of the same communities and residents. When designing the project and throughout delivery CRCC and portfolio organisations worked with public sector bodies to illuminate the role played by the VCS – from providing an overview of the level and range of groups operating across Plymouth, Cornwall and the

Isles of Scilly and the significant contribution they make to local communities; through to participating in initiatives at a strategic level and taking the outcomes back to local communities (e.g. working with and through partnership bodies such as Cornwall Link, Inclusion Cornwall, Advice Plymouth, Cornwall and the Isles of Scilly STP, Devon STP, Citizens Advice).

CRCC and portfolio organisations further considered how the project would provide a platform for future joint working and initiatives. The project increased the external reach of CRCC and portfolio organisations leading them to work with other organisations they may otherwise have not come into contact with. It also led to the development of stronger links with other provides (e.g. veteran hub at Royal Cornwall Hospital; Defence Medical Welfare Service at Derriford Hospital). In Plymouth, Improving Lives co-designed a Veteran and Family Hub with veterans, carers and partners – the hub operates as a drop-in, informal and safe place for people to access services. The project enabled one portfolio organisation to reorientate its charitable work towards veterans *"we have changed our terms to say we are a veteran's charity. We would have done this anyway but not so quickly."*

The project has worked with military/service charities – few of the clients participating in the project had been supported by, or accessed any support from, service charities. Delivery staff made introductions, referrals and facilitated access for clients to obtain help from other organisations.

While portfolio organisations have social media, printed materials and used their networks to share information about the project and its achievements, it was highlighted that **"the voluntary sector is not good at blowing its own trumpet"** and that in any successor project(s) more work could be undertaken on identity and promotion with external bodies.

Portfolio organisations have taken the learning from this project to inform future initiatives – with CRCC designing future digital/IT projects in line with the Digital Inclusion Strategy for Cornwall and the Isles of Scilly (2019-2023); and support for carers with reference to the Department of Health & Social Care's Carers Action Plan. In Plymouth, the City Council has worked with partners to tackle the growing issue of loneliness – drawing on the Government Strategy for Tackling Loneliness (2018) and publishing a Loneliness Action Plan.

Evaluation question: has the project achieved its original proposed outcomes – and how have the systems and processes developed by CRCC and portfolio organisations helped them to do this?

Active Plus, CRCC and Improving Lives provided a range of services (or portfolios) for individual veterans, their carers and family members to improve or increase their wellbeing. These portfolios not only supported individual clients but also veteran-to-wider -community therefore raising the profile of veterans in local areas.

The project recognised how Devon acts as a catchment for many people in South East Cornwall and cross-border work covering the administrative boundaries of Plymouth, Cornwall and the Isles of Scilly has brought services closers to clients and ensured they could access them at the right time and in the right place.

CRCC and portfolio organisations designed and implemented systems to support the everyday operation of the project (e.g. mapping a typical client journey through the project; referrals process; entry, exit and feedback forms; basecamp; policies and procedures). These systems were designed to wrap around the clients.

- The assessment of veteran support carried out during the design of the project combined with the directory and track record of portfolio organisations working with local groups extended the 'reach' of the project into communities. This led the project to become a ***single point of contact*** for older veterans, family members and carers living in Plymouth, Cornwall and the Isles of Scilly seeking advice and support.
- These systems put a premium on ***disseminating, sharing and cascading information*** about the project - not only across the three organisations participating in the project but also in providing a central means for the funder and public sector to engage with the VCS (e.g. MOSAIC, carers assessments).
- These systems were ***continuously reviewed and improved in real time*** (e.g. record of services/agencies a client had or was working with; ***capturing the broader outcomes and impact of the project*** such as the monetary benefits gained or volunteering opportunities taken up). Importantly, this enabled CRCC and portfolio organisations to demonstrate the outcomes and longer term change the project is leading to.

5. CONCLUSIONS

This section summarises the findings of the impact, economic and process evaluations; provides answers to the underpinning research questions, and includes some overarching

The Veteran Support Project has been delivered by CRCC in partnership with two other charities, Active Plus and Improving Lives. The project aimed to provide 1,173 individual veterans, their carers and family members with access to a portfolio of services that would support their non-core health, wellbeing and social care needs. The project has delivered a portfolio of services and activities that focussed on four main areas: (i) social inclusion, (ii) carers support, (iii) digital sessions, and (iv) home based energy advice.

5.1 Key Findings from Impact, Economic and Process Evaluations

The project had a target of reaching 1,173 older veterans, family members and carers. The project has exceeded the target agreed with the funder in supporting 1,583 clients.

What clients told us about the project:

"They have helped us to fill out forms…we get more help now as we get a higher rate [of benefits] because we are both disabled…they also arranged grab rails to help us get in and out of our house and have helped us keep our house warm."

"…we'd become really isolated but [name of organisation] has helped him [name of person] to go to the veteran's drop-in and be confident in the group."

"We've been on trips, done quizzes, arts and crafts, have a monthly drop in, we've done exercise and games… We've worked as a group to solve a problem and we really gelled in working through that."

Impact: what has been the overall impact of the project on the lives of older veterans, their families/friends and carers?

The project has worked with a range of referral agencies (local government, health, social care, public health, military charities, housing providers etc.), had a presence where older people and

veterans meet, have worked with volunteers ('community champions') and offered 'tasters' to ensure the project reached as many clients as possible.

"We've over-achieved. We didn't get to the target and stop…we found more veterans and ran more courses."

"We've been over-subscribed and are still delivering. We want to support as many people as possible."

- The project sought to understand the real depth and impact of poverty amongst older veterans in rural, coastal and island locations – offering support to the most vulnerable individuals/households and supporting them around a broader range of issues such as health, housing, money, debt and benefits.
- The project has highlighted how caring for someone can take its toll on an individual's physical, mental, emotional and physical health, as well as on their social life, career and relationships. Some of the services and activities provided through the project focused on providing a wide range of support to veteran carers and the carers of veterans [enabling them to take time out to look after themselves and can continue to support the older veteran they are caring for].
- The project highlighted the important role the VCS plays in supporting older veterans to build friendships and become more connected and active in their local community. By supporting veterans to participate in social/group activities with other veterans and feel good about themselves, they have become more involved in groups in their local community.
- Many of the groups set up by the project continue to meet. In some instances portfolio organisations provided light-touch support to these groups and helped them/community venues to apply for funding (e.g. for equipment, to improve broadband/connectivity).

The project provided a range of services and activities to help clients tackle immediate issues (e.g. access to transport, debt, fuel poverty) as well as supporting them to improve their longer term health, care and wellbeing needs (i.e., loneliness, social isolation).

The project did not focus on one intervention per client but on identifying all of their needs and how they might be best met through the project itself and/or through referral to other agencies.

Without the project clients described how their physical or mental health would have deteriorated.

The project has not only supported older veterans to improve their lives but also supported family members, friends and carers to maintain their stability, leading to improvements in the veteran's household circumstances (e.g. a more energy efficient home, a break for their carer, improved finances through benefits take-up).

We identified 11 common outcomes achieved by older veterans, family members, carers and organisations participating in the project for which data was available. Over a three-year period this demonstrates how the project delivered £8.70 of social value for every £1.00 invested.

Economic evaluation - an assessment of how much the project's cost and whether they are offering value-for-money.
Portfolio organisations drew down funding in line with the amount requested from the funder.

Older veterans, carers and/or family members did not have to wait for (a) the entry paperwork to be completed and/or (b) to participate in the portfolio/s if they were eligible for help.

When each portfolio organisation developed a budget for their portfolio they took into account the funding available and what they wanted to deliver. All worked within the budget available although found some management and administration overheads were not fully represented, and/or that other costs had been under-estimated (e.g. publicity, referrals) or not included at all (e.g. providing light touch support to groups after the intervention ended). All sought to deliver value-for-money in identifying (and in some cases measuring) the outcomes and longer term change in clients.

Portfolio organisations recognise how the project has been **preventive**. This included collecting evidence from a sample of individual clients (e.g. savings on utilities, benefits take-up).

Process evaluation - an assessment of how the project was implemented and if it was delivered as was intended at the outset.

Project design took account of a range of factors including **need** (identifying how veterans have complex needs); **geography** in how clients in urban, rural and coastal settings would be able to access the project; a **baseline** of services being delivered by portfolio organisations and other partners; and **existing provision** from military and mainstream service providers.

A client journey was developed when the project was designed and throughout delivery portfolio organisations adhered to the following process:

➢ Referrals process / identify older veterans (eligible clients).

➢ Entry form – identifies needs and support required.

➢ Intervention(s) – older veteran participates in activities/services.

➢ Exit form – feedback to inform future delivery, and to measure outcomes and distance travelled.

➢ Light touch support.

➢ Older veteran can be referred back into the project should their needs/circumstances change.

Project implementation built upon the approach to systems developed at the outset. Over the course of the evaluation the following examples of good practice were noted:

- *Paper*: inserting additional questions into entry and exit forms to understand the support already being received by the client and what they would have done without the project; and developing a template and means of collating case studies.
- *People*: collating feedback from clients and responding to suggestions for improvements in real time / during project delivery. This included collating information about the additional outcomes they had achieved through their participation in the project (e.g. monetary benefits, volunteering, home safety).
- *Networks*: portfolio organisations used their links to other organisations to share learning and practice and to highlight the role of the VCS in delivering a veteran project.

One portfolio organisation carries out an annual review of clients to see if their needs or circumstances have changed and/or if they are sustaining the outcomes they achieved with the project.

CRCC and portfolio organisations designed and implemented systems to support the everyday operation of the project (e.g. mapping a typical client journey through the project; referrals process; entry, exit and feedback forms; basecamp; policies and procedures). These systems were designed to wrap around the clients and were person centred.

5.2 Some Overarching Reflections

What have been the key success factors (what made the difference)?

The project was implemented with the following characteristics which made it distinctive from other initiatives supporting older veterans and veteran families:

- ✓ *Individual*: the older veteran was viewed as an individual and was not expected to conform or participate in the project in a set or standard way.
- ✓ *Flexible*: the project was responsive and fitted around / met the needs of older veterans, their family members and carers.
- ✓ *Holistic*: the project took a whole community approach to supporting an older veteran (i.e., involving families, carers and local residents), and was intergenerational with wraparound support provided by portfolio organisations and (where appropriate) other agencies.
- ✓ *Responsive*: delivery was tweaked or changed in real-time in response to client feedback.
- ✓ *Collaborative*: some portfolios were delivered by/with veterans.
- ✓ *Partnership*: the project was a genuine partnership between all three charities delivering the portfolios.
- ✓ *Local*: portfolios were delivered to the veteran where or near to where they live/felt comfortable.
- ✓ The project acted as a *Single point of contact* for older veterans, family members, carers and referral agencies/partners living and working in Plymouth, Cornwall and the Isles of Scilly.

Over the course of the evaluation we looked at whether and how the portfolios were different from mainstream health, care and wellbeing provision, and also from the support offered by military service charities.

The track records and reach of Active Plus, CRCC and Improving Lives led them to use their links and networks as part of the referrals process, to align with initiatives from mainstream/military organisations and to share learning and practice.

"We've worked in partnership…and have spent time together conducting ward rounds and picking up referrals for both organisations. I refer into the project when veterans need support in the community and they refer into me when they are in a care pathway and in hospital" (stakeholder, Plymouth)

Delivery staff helped clients to access services from military charities and mainstream, statutory sector providers.

"We are not duplicating what is already there – we do what we do and then signpost to the best organisation and that is not always within the partnership in this programme. The capacity of other mainstream providers can be limited. We are also utilising other services and activities available in local communities. This programme is meeting a missing piece of people not at work and not in the GP surgery."

The longer term goal of the project is for the portfolios to be preventive in having a lasting impact on the quality of life of older veterans – delaying or reducing pressure on mainstream/core health and care services.

"What happens if we don't [provide support] is they move into statutory services and the pressure on the system increases."

"The Local Authority and NHS see us as supporting the work they do…as taking the burden off statutory service."

We have sought to understand the role of the VCS in delivering the project and what, if any, difference this has made. The portfolios were delivered as close to the clients as possible [or where they are comfortable to travel to]; and used local community venues. All three portfolio organisations already had a presence and were linked into the places where project activities took place. The project sought to raise the profile of veterans in local communities and the VCS organisations focused not only on one-to-one support but on better linking veterans into their community.

"The [portfolio] organisations see the bigger picture – they not only work with military organisations but also work veteran to local community and bring everything together."

"The VCS is about empowering people to help themselves – to look at life differently – military charities are doing great work but can be narrower in their remit."

Are there any areas for improvement and lessons (what didn't work as planned)?
While portfolio organisations used social media and their networks to share information about the project and its achievements, it was highlighted that in future projects more work could be undertaken on identity and promotion with professionals and other service providers.

Project design did not take into account the light touch support required by portfolio organisations to sustain group based activities beyond the intervention. It was acknowledged that providing initial taster sessions at the outset and light touch ongoing support for legacy/peer support groups was important.

Unlike the project in North Yorkshire, the Veteran Support Project in Plymouth, Cornwall and the Isles of Scilly did not include a specific strand of activity for crisis/hardship funding. Portfolio organisations suggested putting this in place in any successor project (perhaps calling it the social isolation fund)

and building on schemes run by Cornwall Community Foundation (e.g. energy/fuel poverty) and other local funding/infrastructure organisations. This type of fund could be used to respond to the immediate need of a client (i.e., without complex paperwork and a lengthy wait for an outcome) and then involve liaison with other partners who could support in the longer term. Some examples of financial support that could not be provided by the project included a last family Christmas together for a client with a life limiting and terminal condition, and a client at risk of homelessness needing help with food and bills.

Strategic and delivery staff identified the following gaps in needs, services and support:

- Support to widows, widowers and their carers. Some portfolio organisations supported a small number of widows/widowers not eligible for Aged Veterans [i.e., non-qualifiers]. Not only were these clients able to benefit from the support provided but it also helped to raise the profile of veterans in local communities and ensure an inclusive mix of participants in group based activities.
- Providing targeted support for carers supporting people with dementia (e.g. a sitting service, domiciliary care)?
- Ongoing benefits changes and helping people transition to new types of benefit.
- Older veterans have been described as 'proud people' who are 'reluctant to ask for help' which can lead them to present in crisis. Portfolio organisations suggested setting up a veteran user/reference/working group to look at when, how and why they accessed the project in crisis and to look at the steps beforehand to see if a successor project could intervene earlier. "***We need to create a buzz and bring veterans in sooner…trying to do more of the early intervention work and not dealing with it at crisis point.***"
- The project has sought to deliver in rural, coastal and island locations – with the recruitment process of staff setting out these travel requirements. It was noted by portfolio organisations that it is much harder to access services in sparser geographies and more needs to be done in future initiatives (including by mainstream providers, military/service charities) to ensure older people are not disadvantaged by where they live. One of the main issues affecting the health, care and wellbeing needs revealed by the project is around social isolation.
- A lack of community based counselling and mental health provision – particularly for older veterans whose symptoms may not present for a long time after leaving military service. The project played an important role in raising awareness of the health and care needs of older veterans with other providers (e.g. increasing understanding of the long delay in presentation of symptoms/conditions).

What is the sustainability and legacy of the project?

As part of the evaluation we asked clients, portfolio organisations and stakeholders what success looks like. They told us:

"We see someone who had withdrawn from society re-join it and contribute to their local community."

"We've helped them to move forward…reduced isolation, helped them to access other services and welfare benefits to benefit their physical and mental wellbeing…we've positively supported people with whatever need they've had."

"That we've delivered on what we said we would deliver on and have made a meaningful impact on our target audience."

Portfolio organisations considered dependency and sustainability from the outset:

"When each group is set up we are already looking at sustainability and people don't know if the funding is there or not…This means there is no cliff edge when the funding ends."

"We manage expectations when people enter the project. We've encountered dependency in other service areas so we've got better at that. We know what people are looking for from the project – it's about getting the referral right so they get what they are looking for or are referred on to what they are looking for."

Throughout delivery, portfolio organisations worked with health and care services, raising awareness of the needs of older veterans and helping them to access services.

We asked portfolio organisations about the plans they had put in place to ensure some portfolios continued beyond the funding period. Some of the portfolios will continue (i.e., some form of carers support, carers assessment) and in other instances portfolio organisations have developed new funding bids to meet the gaps identified by the current project.

In Plymouth Improving Lives has co-designed a Veteran and Family Hub with veterans, their families, carers and partners. The hub is run by and for veterans and their families. It provides social activity, peer support and mentoring, casework, support for older carers, and works with a range of organisations in the city to shape better pathways to employment, mental wellbeing, welfare, housing advice and financial information. The hub operates as a drop-in, informal, safe places for

veterans and family members to come and the access to services and co-location of partners means it can host a range of activities, services and support for clients. Practice and learning on this project has informed the hub.

"We've come across veterans who are in a vulnerable situation and it's about creating an environment where they feel able to ask for help. It's about the relationship and trust. The longer that we spend with them and understand their needs, the more we are able to offer them interventions that will help them."

"[the activities are] stimulating, different and services orientated".

"The support we've received has been very genuine – caring and kind".

6. SHARING AND LEARNING ACROSS AGED VETERANS PROJECTS

Community First Yorkshire and Cornwall Rural Community Charity (CRCC) decided to jointly commission an independent evaluation of their projects.

The **Combined Cornwall & Plymouth Veteran Support Project** was delivered by CRCC in partnership with two other charities across Cornwall, Plymouth and the Isles of Scilly. The project aimed to provide 1,173 individual veterans, their carers and family members with access to a portfolio of services that would support their wellbeing.

The **Ex-Forces Support North Yorkshire project** was delivered by Community First Yorkshire in partnership with 18 other charities and organisations across the county. The project aimed to provide 1,000 older veterans with support to meet their health, wellbeing and/or social care needs – responding to their requests for practical help, social activities and friendship.

Both projects were funded by The Armed Forces Covenant Trust and took place between 1 April 2017 and 31 March 2020.

This note summarises the main similarities and differences between the projects, and the wider learning that could assist other Rural Community Councils and other Voluntary and Community Sector (VCS) organisations looking to develop a similar initiative.

The similarities between both projects

- Community First Yorkshire and CRCC became **single points of contact**, not only for older veterans, family members and carers but also for military/service charities and public bodies. Having central telephone and email based systems helped to manage referrals into the projects and to triage and direct older veterans, their carers and/or family members to the most appropriate portfolios to meet their needs; ensuring they accessed the right support, at the right time, and in the right place. Older veterans were **able to access both projects quickly** and there were no waiting lists.
- "Getting out and about" and befriending featured most frequently in requests for help in both projects. The older veterans that participated **were vulnerable to loneliness and social isolation** – and in some cases this was having a detrimental impact on their health.
- **Face-to-face support and group/social activities experienced high demand** across both projects. Community First Yorkshire and CRCC changed their delivery approaches to

extend the timescales and/or funding for activities that were over-subscribed, thereby increasing the number of older veterans able to benefit.

- Some of the activities provided by the projects have been time-specific (e.g. participating in a 6-week IT course, a debt advice session, home energy check, installing aids and adaptations or checking a smoke alarm in a veteran's home) while others were available throughout the delivery period (e.g. reminiscence groups, community gardening, day trips). Older veterans were able to **take-up multiple activities and leave and come back into them** if their needs or circumstances changed.

- Both projects have been **intergenerational** –in North Yorkshire the project brought school and college students together with older veterans living in care homes to work on art and history exhibitions; and in Plymouth younger veterans supported the delivery of some activities.

- Both projects delivered support in **rural and coastal** places as close to older veterans as possible [or where they were comfortable to travel to]; and used local community venues. The projects sought to raise the profile of veterans in their local communities, encouraging older veterans to join a local club or group or undertake other activities to support their local community (e.g. through volunteering their time and skills).

- The majority of the older veterans supported by both projects **had not received any support from service charities before or from organisations** relating to their military service. Older veterans were not aware of the support available and/or were **reluctant to seek support** when compared to older people in the general population. Both projects played an important role in facilitating access to this support for older veterans.

- The longer term goal of both projects was to be both **preventive** and have a lasting impact on the **quality of life** of older veterans. The projects have been different from, and complemented, mainstream provision in seeking to delay or reduce pressure on core health and care services.

- Community First Yorkshire, CRCC and the organisations in their partnerships **put in place plans to ensure some activities continue beyond the funded period** (e.g. carers support, carers assessment, befriending). Indeed, some of the organisations delivering activities that were time-specific have continued to provide individual veterans and/or groups of veterans with **light touch support**. Community First Yorkshire also produced a 'directory of resources' for veterans and organisations to use; and learning from the project has informed other initiatives (e.g. Warm and Well Partnership, The Loneliness Campaign) therefore ensuring the most lonely and isolated older veterans will continue to be supported. 'North Yorkshire Unsung Heroes – Their Stories' was an oral history project led by Dr Tracy Craggs which produced a book documenting the military/national service experiences of older veterans. In Plymouth and Cornwall peer support groups (e.g. for IT and physical

exercise) were established and continue to meet to share experiences, skills and socialise. The support older veterans received were *long-term* and **bespoke** to their needs and circumstances.

The differences between the projects

From the funder's perspective the main purpose of the grants was for projects to support older veterans to meet their health, care and wellbeing needs. In *North Yorkshire family members and carers were indirectly supported by the project but no formal monitoring was required by the funder* to measure the outcomes they achieved. However, Community First Yorkshire did collate information about this work for the evaluation and to share with the funder. In *Plymouth, Cornwall and the Isles of Scilly the project provided a wide range of support to veteran carers and the carers of veterans and for this project targets were agreed with the funder and formally monitored*. In Plymouth younger veterans and in Cornwall local residents also participated. These were known as 'non-qualifiers' and information about these beneficiaries was not requested by the funder. Community First Yorkshire and CRCC highlighted the importance of supporting family members and carers to maintain their stability and wellbeing so they could continue to care for an older veteran; as well as the longer term goal of their projects in wanting to raise the profile of older veterans in their local communities.

Community First Yorkshire brought together 18 voluntary and community sector organisations that might not otherwise have worked together or been able to bid to deliver such a project in their own right. The size and scope of this partnership led them to make *a collective offer of 18 different activities for older veterans to participate in* – ranging from sport and physical exercise and pop up sheds; through to welfare and benefits advice, befriending, volunteering, arts and crafts, coffee mornings, luncheon clubs and days out. The size of the partnership placed process, systems and funding requirements on Community First Yorkshire in how it managed the project. In comparison, *CRCC worked in partnership with 2 other organisations to offer 5 different activities* which led to more agile and flexible processes and systems.

Ex-Forces Support North Yorkshire provided access to a *crisis fund*, to which £15,000 was allocated over the three-year period. The fund was intended to respond to veterans' urgent needs not met through the other budget streams within the project. Requests for money from this fund mainly came through project partners who were visiting veterans in their home to deliver a service within their portfolio, but then found that the veteran had an additional need. Examples of payments made through this fund included a mobility scooter for a veteran unable to leave the house, a replacement oven for a veteran unable to cook after their existing appliance broke, and minor

building work to improve veterans' safety, security and/or mobility within their own homes. By the end of the project, £10,819 had been paid from this budget.

In Plymouth one of the organisations in the partnership co-designed a ***Veteran and Family Hub*** with older veterans. The Hub is run by, and for, veterans and their families. It provides an informal space for veterans to drop-in and access services from a range of partners (e.g. Local Authority, health bodies) that are co-located there. It was acknowledged that providing one physical hub in North Yorkshire, Cornwall or the Isles of Scilly (or a series of hubs) would be more difficult.

While mental illness can affect anyone, some of the older veterans participating in the projects did not experience symptoms until many years later - and then found these very tough to deal with. In some cases the culture of the armed forces when the older veterans had served made asking for help for a mental health issue now more difficult for them. While ***mental health issues*** featured in both projects in North Yorkshire the project offered a counselling service as part of its activities, whereas in Plymouth and Cornwall the project did not provide a direct mental health service but referred to, and built on established relationship with, NHS providers.

Learning for other Rural Community Councils and VCS organisations looking to undertake similar work

The Aged Veterans Fund provided grants across England to projects to provide practical support and companionship to older veterans. The funder was particularly keen to see applications from a partnership of voluntary and community organisations, managed by a lead partner (a registered charity with a track record of managing large strategic projects). This round of funding was in contrast to previous grants which had been specifically targeted at military/service charities. The projects have identified three main areas of learning for VCS organisations looking to run a similar initiative with older veterans.

1) How many older veterans are there – and where are they?

The Ministry of Defence (MoD) publishes a bulletin to estimate the size and socio-economic characteristics off the UK armed forces veteran population. Alongside this, information on the 'wider ex-services community' from the Royal British Legion (RBL) is used to gain a better understanding of older veterans residing in Great Britain. Combined, this data produces information about the estimated size of the veteran population. However, both projects identified significant ***unmet need*** and have assisted veterans who are not perhaps included in these estimates. This is because many of the older veterans supported by the projects did not necessarily identify themselves as a veteran and/or did not want to be identified as a veteran as the trauma of service had been too much for them. It is also because both projects wanted to reach new veterans not on the radar of, or receiving

little support from, other service providers. 'Finding the veterans' led the projects to focus on their *referral processes* including establishing a single point of contact; mapping how people would come in, through and out of the projects (sample beneficiary journeys with timescales and resources indicated), a simple form for self-referrals and a referral form for partners/agencies to use.

CRCC was founded in 1946 and Community First Yorkshire in 1937 (originally as Yorkshire Rural Community Council). As lead bodies they are well established, grounded in local communities and have spent approaching *100 years* providing holistic, community led solutions to local problems and issues. With the organisations in their partnerships they liaised with older people who are trusted and known in their local community [with them acting as 'champions' for the project], and highlighted the project through other initiatives they run and work they do or are aware of with other partners. As Rural Community Councils they are *invested in communities* and Community First Yorkshire and CRCC did *not see these projects as standalone but as integral to their work on their ground, their strategic objectives and charitable aims*. Some of the organisations involved in delivering the projects would have struggled to meet their targets without the longevity and track record that both lead bodies brought.

2) What are their needs – and how much does it cost?

The funder set guidance on how much money Community First Yorkshire and CRCC could apply for on behalf of their partnerships as well as the areas of activity that could be supported.

- Both projects were delivered in rural, coastal [and in the case of the Isles of Scilly] island settings. In wanting to deliver support as close to the veteran as possible, there was a clear premium in delivering services across sparse geographies. Some of the organisations in the partnerships did not include the costs of providing transport to take older veterans to and from activities. As part of its recruitment process CRCC specified that delivery staff had to be willing to travel. Helping organisations to understand and quantify the rural and coastal costs of delivery for any future initiative was seen as important.
- Community First Yorkshire and CRCC would build more project management costs into any successor project – managing a partnership (with some organisations needing more help than others) and working with broader partners and stakeholders delivers good outcomes for older veterans but is time and resource intensive.
- From the perspective of older veterans, all of the activities they participated in were viewed as one project – not as 5 (Cornwall) or 18 (North Yorkshire) separate or disparate activities. Community First Yorkshire and CRCC put in place quarterly partnership meetings to bring strategic and operational staff together from the various organisations to ensure a collegiate

approach to delivery which matured over time – this has led some delivery organisations to work together on other initiatives.

- Both projects provided 'taster activities' and light touch support to individual veterans or groups. These activities were not part of the project design process and therefore not costed when the application was submitted.

3) Where are the gaps?

It is much harder to access services in sparser geographies and more needs to be done in future initiatives (including by mainstream providers, military/service charities) to **ensure older people are not disadvantaged by where they live**. One of the main issues affecting the health, care and wellbeing needs revealed by the projects is around social isolation.

Older veterans have been described as 'proud people' who are 'reluctant to ask for help' which can lead them to present in crisis. CRCC, Community First Yorkshire and their partnerships queried if/how any successor project(s) could **address issues before they reached crisis**. This could involve setting up a veteran user/reference/working group to look at when, how and why they accessed the project in crisis and the steps beforehand to build more preventive and early intervention work into future delivery. The project in North Yorkshire provided crisis funding which met a need seemingly unmet elsewhere. Veterans who benefitted from this funding were mainly identified through other project activities; there seemed to be was no apparent route for support through mainstream or statutory services for the wide range of items purchased through this fund.

Both projects directly or indirectly supported family members, carers, younger veterans and/or local residents. This ensured the projects had the **greatest impact** and the widest reach into communities [their added value].