



Evaluation of the Gateways for Veterans pilot project

Poppyscotland

Executive Summary and Recommendations

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Executive Summary

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

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

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

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

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

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

The pilot had three key themes:

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

Study Methods

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

We used the following methods to undertake the evaluation:

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

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

Need for the service

Gateways for Veterans was piloted in Inverclyde because:

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

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

Number of veterans who accessed the service

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

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

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

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

Needs of veterans accessing the service

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

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

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

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

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

Support provided to veterans

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

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

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

Delivery of service by a civilian

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

Outcomes for veterans

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

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

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

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

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

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

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

Referral pathways

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

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

Previous contact with support agencies

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

Engagement with referral organisations

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

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

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

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

Awareness Raising Activities

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

Findings from SAMH Research

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

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

Value for Money

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

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

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

Lessons from the Pilot

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

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

Legacy

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

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

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

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

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

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

Recommendations

Recommendation 1:

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

Recommendation 2:

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

Recommendation 3:

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

Recommendation 4:

We include Veteran C’s recommendation to “have a monthly veterans’ meeting in each town, and host a meeting on a theme of need, such as housing, civilian life, dealing with taxes”.

Recommendation 5:

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

Recommendation 6:

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

Recommendation 7:

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

Recommendation 8:

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

Recommendation 9:

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

Recommendation 10:

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