

**Title: A critical analysis of the Armed Forces Covenant Fund Trust
Aged Military Veteran Fund programmes.**

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Keywords: Ageing, Veterans, Health, Well-being, Social care, Social prescribing, Evaluation.

ABSTRACT [word count: 250]

Background: Relatively little research is available regarding the specific needs of older military veterans and the services introduced to support them. In 2016, the Armed Forces Covenant Fund Trust launched the Aged Veteran Fund, to understand the impact that military service may have on ageing, and to support initiatives targeting their health and well-being. This Fund was financed for five years and included 19 UK portfolio projects.

Method: The paper presents a retrospective evaluation on the processes and impact of the Aged Veterans Fund, with the intent of informing policy, educational services, service providers, and stakeholders of the lessons learned. The inclusion criteria was veterans and their families aged 65 years of age or over. In 2019, data was drawn from documentary evidence related to the programmes. Qualitative analysis were performed on 78 eligible sources and 10 themes were identified.

Results: Programmes were rolled out via collaborative partnerships referrals, focusing on person-centred or skill-exchange approaches. Challenges were encountered, such as capacity and timelines issues. A limited amount of associated cost-savings we observed, even if examples of sustainability and high satisfaction were reported. Evidence was found of programmes boosting health and well-being outcomes, in raising awareness, and in positively impacting on clinical practice, such as re-admission rates.

Conclusion: The AVF programmes were successful in their intent to provide support to older veterans and their families. The findings provide indicators of the next steps required for the support of ageing veterans. Further investigation of the cost-effectiveness of age-friendly veterans' services is needed.

Key messages

- There has been relatively little research regarding the needs of older veterans and the services to support them.
- In 2016 the Armed Forces Covenant Fund Trust launched the Aged Veteran Fund (AVF) to support initiatives targeting older veterans health and well-being.
- AVF programmes were rolled out via partnerships referrals and commonly adopted a person-centred or a skill-exchange approach.
- Evidence of programmes cost-effectiveness was limited. However, outreach, sustainability and high satisfaction were reported by both staff and beneficiaries.
- AVF programmes appeared successful in improving the health and well-being of older veterans and positively impacting on clinical practice and community awareness.

INTRODUCTION

As the average human life expectancy has increased, so too has the impact of ageing on society.¹ Ageing is biological, is associated to a decline in the physiological reserves, involving changes in social roles. Current health responses to ageing consider comprehensive approaches, and the UK National Health Service (NHS) supports ‘healthy ageing and caring’ as priority areas part of their Long-Term Plan.²

In the UK, the Armed Forces Community (AFC) is approximately nine million people, of which 2.64 million are veterans.³ Of these, veterans were predominantly white males and 60% were aged 65 and over.³ Veterans do not differ from the general population in terms of health determinants, with 18% of veterans aged 65+ self-reporting their health as good.³ The common physical problems reported by veterans include musculoskeletal conditions, hearing, dementia, and mental health illnesses such as depression, anxiety, alcohol problems,³⁻⁹ with some older veterans facing financial problems and social isolation.¹⁰

Helping veterans and their families to cope with health problems and their overall well-being has become increasingly important in recent years.¹¹ Older veterans are a unique cohort whose ageing experiences, needs, and related specific services are still relatively little known.⁸⁻⁹ To address this gap the Armed Forces Covenant Fund Trust’s (AFCT) in 2016 launched a UK Aged Veteran Fund (AVF). This was a competitive grant that funded £30 million to portfolio projects contributing to the understanding and the support of the health, well-being and social care needs of veterans (born before the 1950) and their families.¹² Veterans with dementia or socially isolated were especially targeted.

A total of 19 programmes were awarded in two rounds (nine in 2016, and ten in 2017).¹² Programmes engaged collaboration between different organisations (using a portfolio structure), and differed in geographical area and in provision. Programmes aimed to improve beneficiary's well-being and avoid social isolation, and included a mixture of staff training, practical support (e.g. assistance with finance or housing), courses (educational or skill-based), outreach, social or holistic activities such as gardening, and one to one support (for details see Table 1). Some projects (mostly those funded in round two) were also able to spend part of their funds on original research, or evaluations (see Table 1).

This paper summarises findings of the external independent evaluation that was undertaken by University of Chester's Westminster Centre for Veterans in 2019. Lessons learned from the AVF were used to inform further actions of the AFCT, stakeholders and grant holders. The paper is not an exhaustive review on the programmes, nor does it advocate any specific programme.

Aims

The aim was to provide an initial comprehensive summary of the impact of the AVF programmes, focusing on both the processes adopted by the programmes, and the outcomes achieved (impact). Objectives were: (1) evaluate how the programmes worked (e.g. Have they followed the objectives / processes established at the outset? Have the organisations worked together to deliver the portfolio? Have they reached the estimated number of beneficiaries? Are they common approaches?); (2) identify challenges, barriers and gaps in provision; (3) identify programmes sustainability, outreach and cost-savings (e.g. is it value for money?); (4) examine staff and client perceptions; (5) evaluate the impact for the beneficiaries, and/or the wider community, including the NHS.

METHOD

The AFCT authorised and provided access to the awarded programmes and contact leads. Data collection started from in February 2019 and ended in June 2019. Contact leads submitted any documentary information on the programmes processes, their progression and outcomes. The UoC evaluators contacted the grant holders on a maximum of four occasions to request further information. Evidence was diverse and included case studies, briefing documents, media outputs, and external evaluation reports. Quarterly, interim and end of grant reports to the AFCT were also included. These were reports monitoring how the projects were meeting the agreed goals and quality standards.

Each organisation adopted different monitoring system for collating evidence about their outputs, and given the projects complexity and their ongoing delivery and lack of quantitative data, a qualitative methodology was adopted. Retrieved sources were 86 (see Table 2), from

which 78 were retained and identified as suitable. Eligibility criteria included evidence informing on processes, barriers and challenges, programmes costs-savings, outreach and sustainability, attitudes, and any positive or negative outcomes of the projects (e.g. health and well-being benefits of the beneficiaries or the wider community or the NHS). Due to not meeting the report objectives one programme was excluded, whereas eight sources were not analysed due to information not fitting with the eligibility criteria (see Table 2).

Analysis were conducted on the available evidence via NVivo V.12.¹³ The approach adopted was a modified Constructivist Grounded Theory (GT).¹⁴ GT is the primary qualitative method that has been used within the British Armed Forces research,^{6,15} and is a systematic approach that fits complex phenomena's that require a flexible approach.¹⁴ Focused line by line coding identified words and phrases that related to the evaluation criteria. Emerging categories were used consistently to facilitate the exploration of themes. Themes were identified and provided answers to the five objectives. Themes and dimensions were interlinked, and feed into each other (See Figure 1). Findings were reviewed and validated by members of the research team.¹⁶

RESULTS

Ten recurrent themes were then grouped reflecting the two areas of the evaluation processes and impact achieved.¹⁶ This is presented in Figure 1 as a model.

1. AVF process and methods

Approaches

The provision was made up of multiple services (e.g. meals, medications, social activities) and involved coordinated actions to tackle often complex numerous issues (e.g. isolation, bereavement, or mental health conditions). The service involved dedicated professionals with extensive experience and often with a military background. Programmes were rolled out via collaborative partnerships referrals, focusing on person-centred or skill-exchange approaches.¹⁶ Portfolios acknowledged the employment of experienced professionals, dedicated staff and volunteers (including peer veterans). These structures enabled an approach aligned to support beneficiaries individual needs. Skill-exchange models, consisting of peers or other members passing their skills to the beneficiaries were also common, such as IT and Internet training.

“The key to our success is ... to help each other, so we've recruited volunteers and really specific volunteers who understands veterans, who's got the time and the commitment and the certain amount of skill, to make sure they make the process as simple as possible.”

Beneficiaries

The majority of individuals supported in the projects were between 75 to 80 years of age, and were predominately male veterans. Overall the number of beneficiaries (veterans, family members and carers) the projects reached was reported to be in line with expectations.¹⁶ The focus was quality of care rather than quantity.

“We have taken longer than anticipated to issue X and will stop at 1,000 as opposed to 1,500 as originally planned... quality over quantity is the right outcome for this Project.”

Monitoring

Overall programmes objectives and process were maintained and adopted a coherent delivery approach. Most of the portfolios established project governance; used engagement strategies and proactive approaches. They utilised management tools and project officers for the delivery. Administration was enhanced through good working relationships and open contact, consisting of regular steering group meetings and periodic contact with stakeholders. Monitoring included quarterly reports to the Trust, internal meetings and evaluations in line with contractual agreements. Most grant holders assessed the projects both during the delivery (‘formative’ monitoring) and at the end of the projects (‘summative’ monitoring). Yet, the quality of the monitoring systems varied. Due to timelines and costs projects included “softer evaluations” such as internal forms, ‘Thank you’ letters, hits to websites or social media.¹⁶

“With regular updates and this close internal working relationship we were able to monitor project delivery and discuss feedback in order to achieve continual improvement”.

Outreach

Public relations and media promotion (e.g. launches, websites, media advertising and coverage) appeared to be actively and effectively engaged by programmes, with four programmes winning recognition awards.¹⁶ All of these actions were intended to attract participants, connect with people who were deemed hard to reach, and promote the service sustainability.

Barriers & challenges

A number of challenges were encountered that related to timelines, staffing, difficulty in practical delivery such as accessing premises, maintaining media interest, safeguarding concerns, and capacity, with some services being more resource-intensive than anticipated. The main ongoing concerns were related to recruitment and project uptake, including transportation issues, or problems in reaching veterans, particularly those isolated. A minority of the programmes reported challenges in operating in practice the interactive portfolio approach, due to altered

agreements or different *modus operandi*. Yet, these issues were addressed, mostly by adopting pragmatic solutions and constructive liaison.¹⁶

“Our biggest problem was recruiting the right staff... It also took time initially to establish ourselves and build up relationships with other agencies...”

Positive perceptions

Positive experiences and high levels of satisfaction rates were reported by staff, volunteers and clients.¹⁶ These demonstrated good engagement and encouraging feedback towards the programmes, with participants willing to recommend the services. Staff were praised for their enthusiasm, commitment and professionalism, showing the development of a good rapport and trust. Additionally, high demand and positive feedback were narrated for the staff training programmes (e.g. Dementia and the AFC awareness courses).

“I think the project is excellent, to see those smiling faces when they have taken a photo and sent it... For me, to receive an email of thanks from a family member ... is very pleasing” .

2. AVF impact

Cost-effectiveness

The information on expenditures was limited, varied, and specific to certain times and programmes. Some projects overspent or underspent against their grant budget, and these costs were mostly related to administration, staff placements, activities/services, materials/equipment and travel/subsistence. Programmes (see Table 2) who had undertaken cost benefit or Social Return of Investment (SROI) or other forms of economic impact evaluations, showed positive returns.¹⁶ The sustainability of the projects was highlighted by some grant holders who demonstrated developments in their intrinsic capacity of engagement, partnerships, and in the search for more funding.

“Dance to Health potential cost-saving of over £149m over a two-year period, of which £120m is a potential cost-saving for the NHS England”.

Impact on health and well-being outcomes and the wider society

Evidence was found of programmes boosting health and well-being outcomes, and in raising community awareness.¹⁶ Programmes improved user’s physical and mental health (especially those with significant health conditions), and their overall quality of life by responding to their specific needs. Support was offered to address a range of issues including finance, housing and transport. Tackling these issues appeared to indicate a significant impact on

reducing stress, anxiety levels and depressive states. Increases in social activities reported a boost in confidence, self-worth, and decreases in loneliness. Awareness was raised in the community by pushing for identification, engagement, and behaviour change. This was mostly achieved by staff educational programmes (e.g. AFC awareness or Dementia training) and project promotion in the community.

*“I did in the sessions and then again at home. The improvements have been amazing. I have less pain, I stand a lot straighter and can now walk five miles ...
I feel better from top to toe” .*

Practice

A minority of the programmes reported an impact on health services and their delivery of effective care. By improving cross-referrals and signposting to other support services, programmes freed clinical staff time, decreased both the length of stay in hospital and re-admission rates. Additionally, improvements in hospital experiences were reported by both veterans and their families and linked to the introduction of staff educational courses. Finally, reaching out to connect with veterans who had previously failed to disclose their military history resulted in improved access to health and social care services.

“Working with specialist services including NHS care divisions, showed the value of the coordinated care pathways and showed effects in reducing A&E re-admissions” .

DISCUSSION

This report has provided preliminary evidence of the processes and impact of the AVF. As veterans age, their health-care needs tend to become more chronic and complex. Responding to their specific needs requires integrated person-centred care built around comprehensive systems and common goals. This requires a coordinated response from multiple sectors and organisations.¹⁶

Data collected on the AVF programmes reported to have been successful in meeting the Trust’s intent to support the health, well-being and social care needs of older veterans. Programmes positive impact showed a range of encouraging outcomes leading to them being successfully rolled out via multiple platforms. Findings showed that overall aims and process were maintained, via the agreed monitoring systems that were in place, and the projected number of beneficiaries was reached. Beneficiaries were primarily men over 75 years of age, which is in line with aims¹² and national estimates,³ and included families, carers and staff.

Grant holders primarily adopted two approaches. First was to incorporate the experience of ex-armed forces and health professionals to meet the needs of beneficiaries by adopting a person-centred approach. Secondly, organisations applied a skill-exchange model which

facilitated the transfer of skills from peers and members of staff to clients. These approaches are common in health and social care for older adults and based on the notion of empowering care and educating patients on how to manage their health.¹⁷ Health care reviews report benefits associated with these models in terms of patient satisfaction and perceived quality of care.¹⁸⁻¹⁹

Problems with capacity, timelines, staffing and project uptake were identified. These issues are common to health care programme and/or evaluation.²⁰ To positively address these setbacks, collaboration, and communication between organisations were reported as the key for success.

Media promotion was wide, and enabled the outreach and sustainability of some projects.¹⁶ with four programmes winning recognition awards (Soldiering awards, 2019²¹); Defence Medical Welfare Service, 2020²²). Whereas, the information provided regarding cost-savings was limited, yet the few programmes that submitted economic analysis showed positive societal returns and health care related savings.¹⁶

Beneficiaries, staff and volunteer's perceptions were positive. AVF achievements were related to reported improvements in the beneficiaries physical and mental health. A significant positive impact of the AVF was found in the reported overall well-being of the beneficiaries. This was achieved by supporting participants and addressing / improving the situational stressors in their lives such as finance, housing and social issues. Working on these issues appeared to boost resilience and led to positive improvements in the beneficiary's reported quality of life, reducing stress and anxiety. The programmes were successful in notably reducing social isolation and loneliness, a key objective of the AVF.

These outcomes are in line with similar programmes that are delivered to veterans across UK^{15, 23-26} and overseas.²⁷⁻³² A UK report published this year by the Armed Forces charities showed how the third sector, by working in partnerships with multiple statutory and non-statutory organisations, is providing a wide range of these programmes to the AFC across three main areas: social groups, mental health, and education.³³ A major cause of stress is aligned to physical ill health and other multi-factorial psychosocial problems such as family problems and (not military specific) occupational issues.^{6, 10} Research is showing that stress in the AFC may be managed by these alternative or complementary initiatives and social prescribing interventions, that can positively and successfully improve the physical and mental well-being, promote help-seeking, and reduce stigma. Examples of such programmes include mindfulness, yoga, canine or equine therapy, and organised educational or recreational activities such as archaeology, horticultural or fly-fishing.^{15, 23-32}

Moreover, AVF programmes raised awareness of the AFC in the wider society and provided a platform for grant holders to promote their services. Cross-referrals between statutory services and grant holders showed an impact and costs-savings into health care practice, by decreasing the length of stay in hospitals and re-admission rates, as well as ensuring the early

identification of veterans. Help-seeking in veterans is poor, within Primary care only approximately 8% of veterans are correctly registered.³⁴ This leads to excessive delays in care; often left until they are in crisis and socially isolated, or had a ripple effect onto families.^{32, 35} These initiatives can aid by providing a community interface, and signpost veterans and their relatives to specific care. Similar initiatives for effective prevention and promoting access to health and social care services have shown promising results.⁷

Limitations

Given the complexity, the methodological frameworks and the timelines differences between the programmes, not all of the reported evidence is conclusive. The data within this report was reviewed at an interim stage of project delivery. Some sources contain unclear or preliminary evidence due to the project phase and therefore their activities are not fully captured. As more portfolios complete their grants (by the end of 2020) a richer picture is likely to emerge.

There are limitations with the information provided, as some grant holders have found it difficult to quantify outcomes due to shortcomings, or poor data collection methods. Methodologies used to evaluate the programmes were varied, and statistical data was only included in some reports. Sources were mostly case studies or contained ‘initial stage’ of evidence shared via internal grant communications, therefore there may be a positive retrospective bias. Data from programmes that commissioned external evaluations were more rigorous.

The aim of this evaluation did not involve the assessment of documents for their accuracy and depth of information. These limitations are balanced through the rigorous methodology adopted for the production of this report. A further evaluation would be required at completion of all the projects.

Conclusion

Overall the available data provided evidence that the AVF portfolio projects were successful in delivering the intent of supporting the health, well-being and social care needs of older veterans. The programmes were successfully rolled out via referrals, project promotion and collaboration were strong, but this was not without challenges.

The initiatives were positively identified by beneficiaries, staff and volunteers. There was testimony of improving health, well-being, and boosting resilience, raising awareness in the wider community, which influenced current health care.

Older veterans are a unique cohort, and there is a lack of robust research about the exact benefits regarding specific services, social prescribing and the outcomes of support in this population and their families. This paper represents the first overview of the available evidence of the impact of the AVF in the support of older veterans and their families, and provides

indications of ways to provide a comprehensive service. Due to the available sources at the time of the production of the report, findings are preliminary. Nevertheless, these findings will help address this research gap, inform policy, educational programmes and aid stakeholders in the development of targeted services.

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Figures & Tables legend
Figure 1. Figure 1 Model representing the findings and NVivo word search. The Model representing the identified themes and dimensions grouped into the two evaluation areas (on top) and the NVivo word search (on bottom). - (attached as separate file).
Table 1. Organisations and programmes awarded the Aged Veterans Fund (AVF) – see below.
Table 2. Data breakdown by organisations, programmes and retrieved included and excluded sources. Numbers are frequencies – see below.

Table 1. Organisations and programmes awarded the Aged Veterans Fund (AVF).

Organisation	Project Name	Description	£ Grant awarded(Total value: £29,400,761)
Grants awarded in 2016			
The Royal British Legion	Aged Veterans Healthy Living Programme	Eleven projects to increase understanding of the impact of ageing on veterans and their families. They used the AVF to seed fund developing projects with the potential for contributing to better outcomes for older veterans, and help projects with proven effectiveness to be extended and operate at greater scale.	£1M
Somme Nursing Home, Northern Ireland	The Centenary Wing	The AVF Grant contributed towards the development of the Centenary Wing in Belfast to develop capacity for veterans in Northern Ireland. It will support aged veterans to continue living at home as long as possible, and to provide permanent care when this is no longer possible including palliative end of life care where appropriate.	£600,000
Blind Veterans UK	Support to those have lost their sight, hearing or mobility	This portfolio supported aged veterans that have lost their sight and also experiencing the loss of their hearing and mobility.	£709,996
Nuclear Community Charity Fund	Nuclear Community Charity Fund - Making the Difference	Five projects to promote and deliver education, research and support relating to the heritage, health and wellbeing of atomic veterans, their spouses and offspring of the nuclear survivor community, principally in the UK. The projects include physical and mental health research, welfare and wellbeing service delivery, evaluation and education.	£999,970
Age UK Support Services (Yorkshire and Humber)	Mission possible: Active Service in Later Life	Six projects to develop and extend the services and activities. Using a person-centred approach, it developed new activities and forums appropriate to the needs specific to older veterans engaging veterans in their development. The project also funded a two-stage overall evaluation by the KHC Consulting Ltd.	£539,980
St John and Red Cross Defence Medical Welfare Service	Greater Manchester Armed Forces Families Integrated Health and Wellbeing	This project sought to create an integrated care model to provide better customer experience and outcomes, less confusion and cost-savings. Defence Medical Welfare Services will work with the Greater Manchester local authorities, NHS Trusts and Armed Forces charities to promote services and ensure beneficiaries are identified and engaged.	£948,264
Royal Air Force Benevolent Fund	Loneliness and Social Isolation Outreach Services for Aged RAF Veterans	Three linked projects based around Princess Marina House, a respite home for aged RAF veterans and their adult dependants on the West Sussex coast, with a vision of maximising the reach and impact of Princess Marina House as the national, focal centre for aged RAF veterans.	£757,480
Music in Hospitals	Heroes in Harmony	This delivered 1,200 live music sessions in UK care homes. The outcomes indicated positive social, health and wellbeing, with musical skills and musical tastes appearing to be present long after the capacity for conversation and aspects of the individual's personality have faded. For each concert, local elderly veterans and their families were invited.	£402,400
Royal Naval Association	iPad for RNA members	iPads were provided for socially isolated naval veterans. This helped 1,500 veterans by providing iPads, broadband for two years, training, support and the funds to manage the project.	£650,000
Grants awarded in 2017			
Age UK	Joining Forces	Age UK, working with SSAFA delivered a strategic Portfolio of person-centred support in 15 different local and regional settings, which enabled testing, evaluating and sharing effective approaches to improving older	£4,397,146

		veterans' quality of life and wellbeing. The project also funded an overall evaluation by the University of Bath.	
PoppyScotland	Unforgotten Forces: Supporting Scotland's Ageing Troops	This included advice provision, support for those on the NHS pathway with transport being provided to appointments. Loneliness and isolation were tackled through befriending, respite breaks, a newly created day centre and entertainment and therapeutic programmes in care homes.	£3,981,756
TRBL	Legion Healthy Living Portfolio (2017)	This involved researching the cause and consequence of poor health and wellbeing; exploring what can be done to reduce and prevent problems in later life; and providing coordinated, practical advice and support in aged veterans' homes and communities. The project also funded an independent evaluation.	£4,850,899
The Nuclear Community Charities Fund	Nuclear Community Charity Fund - Making That Difference	Deliver education, research and support activities to ease suffering, increase wellbeing and enhance social inclusion of the community of British Atomic Veterans and their families. The project also funded original research on genetic alteration in veterans from historical nuclear weapons testing by Brunel University.	£4,999,229
Cornwall RCC	Cornwall and Plymouth Veterans Combined Support (CPVCS)	This partnership offered a holistic service to improve access to health and social care support, improve their IT skills, reduce their energy costs and offer them opportunities to meet new people and learn new skills. The project also funded a formative and summative overall evaluation including Social Return of investments (SROI) by Rose Regeneration.	£574,204
Community First Yorkshire	Veterans Advance North Yorkshire – We've got your back	The project intended to raise the profile of older veterans across North Yorkshire. It offered support for health, wellbeing and social care needs - responding to their requests for practical help, social activities and friendship on a countywide level. The project including Social Return of investments assessment.	£1,004,664
St John and Red Cross DMWS	Integrated Health & Wellbeing: Herefordshire & Nottinghamshire	Health and wellbeing support and activities to Aged Veterans, their families and carers. Partnership projects would aimed to increase skills to support those with dementia, reduce social isolation, and enable independent living.	£796,284
Age Cymru	Project 360°	Age Cymru worked with Age Alliance Wales and the volunteer group Woody's Lodge to ensure the right support is given to aged veterans through a 360° provision based on the specific needs of the individual.	£940,082
Seafarers UK	Defining the Needs and Assisting UK Aged Merchant Navy Veterans	An examination of the health and social care needs of UK aged merchant navy veterans through research, community-based case work and the provision of dedicated supported housing. The intent was to produce a definitive profile of the wider welfare needs of Aged Merchant Navy and Royal Fleet Auxiliary veterans.	£943,930
Hospice UK	Hospice care – improving the well- being and quality of life of aged veterans	This project extended hospice care to aged veterans and their families, and forged new partnerships with organisations serving veterans in three communities in England. Three projects to reducing social isolation and enhancing well-being by assisting veterans to develop new relationships, engage in peer support and share camaraderie with comrades.	£304,467

Table 2. Data breakdown by organisations, programmes and retrieved included and excluded sources. Numbers are frequencies.

Serial*	Awarded organisations	Programmes	Programmes included in the report	Sources N	Sources included in the report**	Sources excluded
1 & 12	The Royal British Legion (TRBL)	Aged Veterans Healthy Living Programme Legion Healthy Living Portfolio (2017)	Included	9	1 academic poster 1 evaluation report 3 media/press articles 4 interim/quarterly reports to the AFCT	/
2	Somme Nursing Home, Northern Ireland	The Centenary Wing	Excluded programme***	/	/	/
3	Blind Veterans UK	Health and Wellbeing project (sight, hearing or mobility)	Included	4	1 end of grant report to the AFCT 1 interim/quarterly report to the AFCT 2 Case studies	/
4 & 13	British Nuclear Test Veterans Association (BNTVA)	Nuclear Community Charity Fund – Making the Difference	Included	9	1 draft of project final report 3 research progress reports 5 interim/quarterly reports to the AFCT	/
5	Age UK Yorkshire & Humber Support Services	Mission possible: Active Service in Later Life	Included	3	1 interim evaluation report 1 methodology report 1 media/press articles	/
6 & 16	Defence Medical Welfare Service (DMWS) & St John & Red Cross	Greater Manchester Armed Forces Families Integrated Health and Wellbeing Integrated Health & Wellbeing: Herefordshire & Nottinghamshire	Included	16	1 end of grant report to the AFCT 2 project plan and overview 6 media/press articles 7 interim/quarterly reports to the AFCT	/
7	Royal Air Force Benevolent Fund (RAF)	Loneliness and Social Isolation Outreach Services for Aged RAF Veterans	Included	3	1 end of grant report to the AFCT 2 feedback forms*	2 Excluded sources**
8	Music in Hospitals	Heroes in Harmony	Included	1	1 end of grant report to the AFCT	/
9	Royal Naval Association (RNA)	Project Semaphore - Ipads for RNA members	Included	5	1 candidate application form* 1 end of grant report to the AFCT 1 media/press article 1 project plan and overview 1 transcribed video	1 Excluded source**
10	Age UK	Joining Forces	Included	7	1 media/press article 6 interim/quarterly reports to the AFCT	/

11	PoppyScotland	Unforgotten Forces: Supporting Scotland's Ageing Troops	Included	2	1 interim/quarterly report to the AFCT 1 media/press article	/
14	Cornwall RCC	Cornwall and Plymouth Veterans Combined Support (CPVCS)	Included	6	1 case study 1 media/press article 1 project plan and overview 3 interim/quarterly reports to the AFCT	/
15	Community 1 st Yorkshire / Rural Action Yorkshire	Veterans Advance North Yorkshire – We've got your back / Ex forces support North Yorkshire	Included	9	1 baseline evaluation report 3 interim/quarterly reports to the AFCT 5 flyers*	5 Excluded sources**
17	Age Cymru	Project 360°	Included	2	1 project plan and overview 1 interim/quarterly report to the AFCT	/
18	Seafarers UK	Defining the Needs and Assisting UK Aged Merchant Navy Veterans	Included	2	1 interim evaluation report 1 interim/quarterly report to the AFCT	/
19	Hospice UK	Hospice care – improving the well-being and quality of life of aged veterans	Included	8	1 media/press article 7 interim/quarterly reports to the AFCT	/

* Refer to Table 1; ** Some of these sources (may have contained multiple type of information); ***Excluded due to missing or not eligible information.

