



Accommodation for Single Veterans: Developing Housing and Support Pathways

Deborah Quilgars, Mark Bevan, Joanne Bretherton,
Lisa O'Malley and Nicholas Pleace

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Executive Summary

Introduction

In 2013, the Centre for Housing Policy at the University of York was commissioned by Stoll and Riverside, with funding from the Forces in Mind Trust (FiMT), to undertake a two stage research study on the accommodation and housing related support needs of single veterans in Great Britain. The first report, reviewing the nature of housing and support need amongst veterans, was published in late 2014 (Jones et al., 2014).

This second report focuses on the housing pathways of single veterans, and the role of the veteran accommodation sector within these pathways. It examines the housing pathways of single veterans over time, the factors that influence the housing pathways of single veterans and explores how the key stages in these pathways could be better supported by all services working with Service personnel and veterans. In particular, this second stage addresses how the veteran sector could better respond to the housing and support needs of single veterans.

Three main methods were utilised:

A qualitative longitudinal panel study of veterans

A qualitative longitudinal panel of 35 single veterans was recruited for the research in 2015/early 2016, drawn from five veteran providers who assisted with this recruitment process, including services that delivered accommodation-based and outreach/ resource facilities. In late 2016, repeat interviews were achieved with 15 veterans (and a further 4 new interviewees were recruited). In early 2017, we re-contacted a total of 22 veterans who took part in a final interview.

A review of housing and support services for single veterans

The extent of dedicated housing and support services for single veterans was charted, and a typology of provision prepared. From this, nine case studies of dedicated veteran accommodation services were selected, and research visits were undertaken. A total of 55 people participated in the case studies, including 11 strategic leads, 14 staff in the example schemes, and 30 veterans. Both individual interviews and focus groups were conducted. A Roundtable seminar was also convened towards the end of the research with key players providing housing and support services to veterans.

Analysis of enhanced SPACES monitoring data

Working with the SPACES (Single Persons Accommodation Centre for the Ex Services), an advice and placement service for single veterans run by Riverside, an enhanced monitoring system was designed and data collected from October 2015 to October 2016 and analysed.

Findings

Need for housing and support

Available evidence indicates that single veterans are not significantly over-represented in homelessness provision, but that they are present in the low 1,000s. The 2016 survey of homelessness provision by Homeless Link suggested that 3% of accommodation project users, and 3% of day centre users, were veterans in England. The numbers (and proportions) of single veterans being accepted as homeless by local authorities in the UK are low, though it should be noted that there is presently limited eligibility for single people in England (this will change with the introduction of the Homelessness Reduction Act). Scotland is the only country at present that records whether any member of a homeless household has been in the Armed Forces, with about 2% of homeless applicants in Scotland having a household member previously in the Armed Forces in 2016/17.

Just over 1,000 single veterans were supported by SPACES from October 2015-October 2016. Younger veterans, with relatively short Service times, were the main client group here. SPACES supported a smaller number of veterans into accommodation; these clients had an older average age and higher support needs than other service users.

Housing pathways of single veterans

Despite veterans not being over-represented in the homeless population, discussions with veterans in our longitudinal sample highlighted the complexity of present housing pathways for veterans. One group of respondents reported unsettled circumstances prior to joining up, and discussed being at risk of homelessness straight after leaving the Armed Forces. However, a larger group experienced episodes of homelessness some considerable time after they had left the Armed Forces. Some of these veterans had struggled from the start, moving between different insecure living

arrangements, including living with family members and poor quality unsupported tenancies. Another group had been settled on leaving but subsequently became homeless after a trigger event, often relationship breakdown. Here, a key issue was how they were identified as a veteran if/when they approached generic services, and whether these services could link them to veteran services. This study showed that veteran-specific housing options are not well known to the ex-Service community, and many veterans felt that more support could be available from local housing authorities.

The experiences of our longitudinal sample of veterans showed that veterans who had left within the last two years appeared more likely to discuss positive support they had received at the time that they left Service, although there were still calls to support this military-civilian transition further. Veterans who had left some time ago reported very limited transition support at the time that they left, and were more likely to feel disengaged from help. A conclusion is that there may be cohorts of veterans who left the Forces some time ago who have hidden needs, and may be disconnected from services or from information about how to get help.

Veterans' housing journeys suggested multiple opportunities to better support people who have already left the Services at earlier junctures, through preventative initiatives rather than a crisis intervention. This requires all sectors to work more effectively together to support people's housing and wider support pathways, including both veteran and generic providers in the statutory and third sector, as well as Government departments and allied umbrella organisations.

The role of the veteran accommodation sector

In late 2016, it was estimated that the following provision was available in the veteran housing and support sector:

- 1226 units of accommodation
 - Further 87 units in pipeline;
- 276 floating support places.

The dedicated veteran accommodation sector is a relatively new sector. Whilst there is an established historic base for some of the services, a large number of units have been developed in the last five years, and the sector has expanded by 14% since 2014 (with key schemes still in the development process). The main aim of the sector is to assist homeless veterans who are struggling with daily life to make a positive transition to independent and civilian life.

Present provision can be typologised in two main ways. Firstly, provision can be categorised by the type of accommodation service provided, including hostel-type provision; shared houses, with support; single site self-contained flats, with support, and, finally, self-contained flats (single site or dispersed). Accommodation can be offered on either a transitional or longer-term basis. Any of these models could be offered as part of a 'veteran village'. Secondly, most providers offered a 'package of services' to veterans. The five main types of packages were:

- Accommodation and (housing related) support;
- Accommodation, support and resident facilities/resources;
- Accommodation, support, & open resource facility;
- Accommodation, support, outreach & open resource facility, and
- Outreach support only.

Most provision offered high quality accommodation and facilities. Partnership working enabled a range of housing, employment and health and well-being services to be delivered to service users.

The veteran interviews revealed that their veteran status was a positive part of people's identity, potentially offering them status and belonging at an otherwise difficult time in their life. For most veterans in the study, there was a clear preference for dedicated services. There was an overwhelming view that the veteran specific schemes had made a significant impact on respondents' lives at the point of moving in. Whilst there was a high level of satisfaction with the accommodation, a number of areas were highlighted for improvement including: more support for parents to re-establish/ maintain close relations with children; more proactive support and activities within supported accommodation; improved move-on opportunities with ongoing resettlement support. Support with employment was a high priority in most schemes, though locational issues and rent levels, alongside health needs, sometimes made it hard for people to find and sustain employment whilst living in schemes. Whilst living with peers could bring tensions, there was potential to develop more formal peer support initiatives.

There was considerable concern amongst providers about the future funding of supported housing for veterans, in particular, the then proposed policy to apply Local Housing Allowance rates to supported accommodation. Whilst this policy has since been dropped, a risk remains under current proposals where housing costs for short-term services (including the majority of supported housing for veterans) will be dependent upon income from devolved local authority block grant funding, where there is limited assurance about long-term availability. This contrasts markedly with the current model of funding, where housing costs are met through relatively predictable rental income streams, backed by welfare benefits that are based upon a system of individual entitlement. Further, if a localised funding system is introduced, there is an additional risk that services being delivered to people with no local connection (like veterans and women fleeing violence) might be a low priority under the proposed ring-fenced grant to local authorities for short-term supported accommodation. Fund-raising was presently utilised to plug gaps, and despite greater funds available within the veteran compared to the civilian sector, the future sustainability of many services was uncertain.

Conclusion

The available evidence suggests that there is a small but significant group of veterans who become homeless or are at risk of homelessness. Housing providers (both generic and veteran organisations) have responded to this by developing a niche sector of veteran accommodation (with some provision still being developed). The study has shown that this niche sector is valued by service users (particularly acknowledging their identity as veterans), and despite some challenges, can be a catalyst to help veterans to begin to stabilise their lives following adverse life events and homelessness. However, the study also highlights how housing pathways (including all types of accommodation) are still difficult to navigate and much more could be done to improve the housing journey from transition to settled accommodation, as well as to better support veterans who become homeless sometime after leaving the Armed Forces. The dedicated veteran accommodation sector's future sustainability remains a concern with proposed local ring-fenced funding for short-term supported accommodation. More broadly, if homelessness amongst veterans is to be addressed, veteran and generic housing and other services need to be better integrated or linked, with multi-agency support and leadership from within the sector as well as the Government.

Recommendations

Our research identified three main recommendations, with a number of sub-recommendations:

1) The development of improved housing pathways for veterans

- i. Better, more proactive transition planning (targeted at the most vulnerable), both pre-and post-Service leaving.
- ii. Improved systems to ensure that veterans are identified within housing and other welfare services (including all local authorities recording whether applicants have a Service history under the new English homelessness legislation).
- iii. A streamlined system for housing advice and referrals to generic housing providers and, where appropriate, to the dedicated veteran accommodation options.
- iv. Overall improved coordination, and joint working, between existing providers of veteran accommodation.
- v. Improved processes for nominations to generic housing and support services from the veteran-dedicated accommodation sector for veterans.
- vi. Greater coordination between health, housing, social welfare and employment sectors for veterans at all stages of the housing pathway.

2) Improvements to the existing dedicated veteran accommodation sector

- i. Peer support initiatives could usefully be investigated.
- ii. The sector could also consider how they can better assist veterans with parenting/ maintaining contact with children and wider family.
- iii. Improved focus on resettlement and outreach services.
- iv. Investigation of alternative housing-led models of provision (including models for both early intervention and at crisis point).
- v. Greater focus on monitoring and service outcomes (for example, the development of a core basic framework for evaluation).

3) Review of the funding sources available to support veteran housing pathways

- i. A shift in emphasis to ensure existing schemes, including those funded from veteran specific national capital sources, are able to access sustainable revenue funding, to enable the veteran accommodation sector to consolidate its present position. This is particularly important in the context of the Department for Work and Pensions/ Ministry of Housing, Communities and Local Government proposals around future funding for supported housing.
- ii. Identification of possible resources to support veteran preventative or floating support services (including peer support initiatives).
- iii. Investment in key national, regional (or large city) posts to support mainstream services supporting veterans (for example, regional housing champions or combined authority 'metro' posts).

Chapter 1:

Introduction

In 2013, the Centre for Housing Policy at the University of York was commissioned by Stoll and Riverside, with funding from the Forces in Mind Trust (FiMT), to undertake a two stage research study on the accommodation and housing related support needs of single veterans in Great Britain. The first report, reviewing the nature of housing and support need amongst veterans, was published in late 2014 (Jones et al., 2014). This second report focuses on the housing pathways of single veterans, and the role of the veteran accommodation sector within these pathways.

Background

The study was commissioned at a time of considerable policy interest in the role of the Armed Forces, and particularly how veterans can be better supported into, and with, civilian life.

In 2011 the Government published the Armed Forces Covenant (AFC), with two key aims: that members of the Armed Forces community should face no disadvantage compared to other citizens in the delivery of services; and that special consideration is appropriate in some cases, especially for the injured or the bereaved. Armed Forces Community Covenants were also introduced at a local level (both now known simply as the Armed Forces Covenant). All local authorities in Great Britain have now signed a 'community covenant partnership' with their local Armed Forces¹. Following concerns that covenants were being implemented inconsistently, The Forces in Mind Trust (2016) recently published guidance to improve the delivery of these covenants. In 2012, the Government announced a £35 million Armed Forces Covenant (LIBOR) fund to support Armed Forces projects²; subsequently, from 2015/6, a Covenant Fund was established (in perpetuity) to provide £10 million per annum to Armed Forces projects.

Although widespread variation in the practices of local authorities (LAs) with regard to housing in the early days of the covenant were found (Jones et al., 2014), recent research has identified that housing is the most likely area that LAs have reflected the Covenant in their policies (over 90% of LAs) (The Forces in Mind Trust, 2016). In addition, just over two thirds (70%) of LAs state they offer targeted support and/or special entitlements. The same research, however, also identified a particular mismatch between expectations and realities with regard

to housing, with Armed Forces veterans and serving personnel often presuming that they will have a right to housing. Research in London has also highlighted the lack of public information provided by local authorities about the homeless duties owed to veterans (Kirton-Darling and Carr, 2016). A recent policy paper states that the Government is continuing to work with other government departments (across the UK) and other policy leads to deliver identified commitments in health, education and housing (Ministry of Defence, 2016). In addition, a £40 million Veterans Accommodation Fund was made available, via LIBOR funds, to support the development of the veteran sector in this area. The Covenant Fund has recently funded a new Veteran Housing Advice Office to provide a single point of contact for any veteran with a housing need in Great Britain. This will operate within the newly established Veteran's Gateway³, the first single point of contact for veterans needing help in any area, which was launched in April 2017, also funded via the Armed Forces Covenant.

The military-civilian transition has received particular attention, in particular with the influential Ashcroft Review published in 2014 (as well as The Futures Company, 2013; RAND, 2016; Kantar Futures, 2017). Lord Ashcroft's first update report stated that a great deal of work had been done in the first sixteen months but that some opportunities had also been missed (Ashcroft, 2015). Better information generally for Service leavers, and particularly around housing, was mentioned as a priority for future activity, as

¹ <https://www.gov.uk/government/publications/armed-forces-community-covenant/armed-forces-community-covenant>

² From fines levied on the banks for attempting to manipulate LIBOR (the London Interbank Offered Rate)

³ <https://www.veteransgateway.org.uk/about/>

well as the need for a survey of local authorities to examine the allocation of social housing in detail. A greater focus on Early Service Leavers was also recommended, as well as improved dissemination of good practice in work to support Early Service Leavers. The need to improve this transition process has been highlighted once more in the recent Forces in Mind Trust (2016) report, including the identification of those who might need additional support with this process.

The first stage of the present study identified that third sector housing providers, both in the generic and veteran-specific field, were responding to the above agendas by seeking to develop the existing, but small, veteran-dedicated accommodation sector to better support those in greatest need of housing assistance. Confirming previous research, the first stage of the study identified that a relatively small proportion of veterans experience homelessness and related support issues, often many years after leaving Service (Lemos and Durkacz, 2005; Johnsen et al., 2008; Johnsen and Fitzpatrick, 2012; Jones et al., 2014). However, support needs were often at the higher level of need amongst homeless people. The research identified 17 organisations providing dedicated accommodation based services for single veterans across Great Britain, amounting to 910 units, and that the sector was expanding (Jones et al., 2014). However, at that stage, little detailed information was available on the role of the sector, nor how it functioned with other housing and homelessness provision. Recently, a number of small-scale evaluations of specific accommodation or outreach services for veterans has indicated the potential (added) value of specialist services in meeting housing needs (University of the West of England, 2016; Office for Public Management, 2017; Cordis Bright, 2017), and other research has highlighted the need for better coordination of housing

advice for veterans (Housing Options Scotland, 2017). This present study seeks to add to this emerging evidence base through an in-depth understanding the housing pathways of single veterans, the role of the veteran accommodation sector and identifying what needs to be done to ensure that veterans receive the right housing assistance at the right time to prevent and/or address homelessness.

It should be noted that this study was undertaken at a time of considerable change, and concerns, within the housing and support world more generally. It is widely acknowledged that there is a housing 'crisis', with a general lack of supply, problems with affordability and a shrinking social sector (Shelter, 2016), with recent rises in homelessness, particularly rough sleeping (GLA, 2017). During the course of the study, the Government proposed to extend Local Housing Allowance rates to supported accommodation. Following widespread criticism, these proposals were dropped in late 2017 to be replaced by a new ring-fenced budget for short-term supported accommodation proposed (in England⁴), with sheltered accommodation and extra care schemes, and long-term supported accommodation, continuing to be funded through the welfare system (DWP/ DCLG, 2017). More generally, a period of austerity has seen a raft of welfare cuts and benefit reforms that has increased poverty and impacted disproportionately on some groups with support needs (Joseph Rowntree Foundation, 2014; Hastings et al., 2015).

⁴ An equivalent amount will be provided to Scottish and Welsh administrations to decide how best to allocate funding.

Research aims and methods

This second stage of the research study had three main aims, as follows:

- What are the housing pathways of single veterans over time? Which single veterans experience housing problems and why?
- What influences the housing pathways of single veterans and how could key stages in these pathways be better supported by all services working with Service personnel and veterans?
- In particular, how can the veteran sector better respond to the housing and support needs of single veterans?

Three main methods were utilised to answer these questions, as outlined below.

(i) A qualitative longitudinal panel study of veterans

A qualitative longitudinal panel of 35 single veterans was recruited for the research. Five veteran providers assisted with this recruitment process (see Box 1.1 for details). These included services that offer veterans outreach support only, services that provide accommodation and housing related support to veterans and those offering

comprehensive provision in the form of accommodation, support, outreach and an open resource facility. The majority of cohort participants, when recruited, were residing in veteran dedicated accommodation. Most had medium to high support needs.

Organisations were asked to publicise and/or directly approach single veterans in a variety of specific circumstances to participate in the research. All service users were given £10 as a thank you for taking part in the interview. All interviewees were given the reassurance that interviews were confidential, with all information being fully anonymised.

Of the 35 interviewees, a large majority had served in the Army (30) with four having served in the Navy and one in the RAF. All interviewees were of working age (18-64). The age profile of the cohort at point of interview fell mostly in the lower age ranges: eight were between 18-24 and 14 respondents were aged between 25-34. Two were aged between 35-44 and the remainder (11) were aged between 45 and 64. There was an almost even split in the cohort of those that were Early Service Leavers (17 respondents) (served in the Services for less than four years) and those that had spent over four years in Service (18 respondents).

At the point of interview, 14 of the cohort had been out of the military for at least 10 years and five had left the Services at least five years before. Seven of the cohort had left the Services at least two years prior to interview with recent leavers accounting for nine of the group.

Box 1.1:

Organisations that assisted with recruitment of longitudinal interviewees

St Peter's Court, SHAID (Single Homeless Action Initiative in Durham)

St Peter's Court is a complex of sixteen self-contained fully furnished apartments. The development, situated three miles from Durham City, is specifically designed for former Armed Service personnel. In addition to the living quarters there is also an IT suite and a communal common room. Externally there is a car park, tenants' allotment and garden.

SHAID can offer tenants support & advice on issues including possible funding avenues for training and employment as well as provide housing support when a tenant decides to move on. Tenants may stay at St Peters Court for up to two years.

St Peter's Court is part of SHAID – a comprehensive provider of services to young people. More information on St Peter's Court and SHAID more widely can be found at:

<http://www.shaid.org.uk/st-peters-court>.

Amicus Trust Ltd.

Amicus Trust provides supported accommodation to males and females aged 16-65 across eight projects within Bedford and the Central Bedfordshire area. Each resident is supported by an individual key-worker to combat the reasons of their homelessness with the support of an education and employment team (Stepping Stones) funded by The Big Lottery and dedicated mental health provision (Progress in Mind). Amicus Trust also offers sheltered housing provision for the over 50's, and a Training and Advice Centre. Amicus Trust currently has two veteran accommodation projects that provide veterans with individual rooms and communal areas for up to 12 months. Additional support for veterans includes development in life skills, overcoming personal barriers and education and employment services.

More information on Amicus Trust Ltd.'s work with veterans can be found at:

<http://www.amicustrust.org/support/veteran-housing>.

The following organisations also assisted with recruitment. Their profiles can be found in Table 1.1 as they also participated in case studies.

- **LOL Foundation**
- **Riverside (SPACES and the Beacon)**
- **Stoll (Stoll Veteran Outreach Service)**

Veterans were asked, in principle, if they would be willing to speak to us up to three times over a two year period. The first interviews covered the following areas:

- 1) 'Retrospective' view: Each veteran was asked to recount their housing history both prior to joining the Services, on transition from Service, and moves since leaving Service. Housing pathways were explored, for example, routes into, and experiences of homelessness and/or insecure or unsustainable housing, and experiences of various types of accommodation and housing related support.
- 2) 'Present' view: Each veteran was asked about current housing and support needs, reasons for contacting services, satisfaction with housing and other interventions available to them, choices available to them and subjective feelings about assistance offered and housing options.
- 3) 'Future' look: veterans were asked to outline their plans and expectations over the next two years.

In Spring-Summer 2016, repeat interviews were achieved with 15 veterans (and information gained on a further three veterans). These tracked housing pathways since the first interview and the outcomes of any choices made and satisfaction with any services utilised. At this stage, a further four interviewees were recruited, taking the full sample up to 39. In early

2017, we re-contacted a total of 22 (of the 39) veterans who took part in a final interview. Each veteran was given £30 for the final interview, to recognise their contribution to the research by staying in contact. Not all respondents took part in all three interviews, and for these we have data across two interviews.

Some caution must be exercised in interpreting the results as the perspectives and experiences of the respondents we were able to maintain contact with may be very different compared with people with whom we were unable to undertake follow up interviews. The vast majority, as in line with the original sample population, had served in the Army (20) and a minority (2) in the RAF. The age profile of the final longitudinal sample (taken at first interview) consisted of 18-24 year olds making up six of our interviewees, seven people falling into the 25-34 range, just one person in the 35-44 age range and the largest number in the 45-64 age bracket with eight interviewees. This largely reflected that of the original sample with the exception that there was a slightly higher proportion in the upper age range at final interview. The majority of the longitudinal cohort had spent more than four years in the military (14) with Early Service Leavers making up eight of the respondents. This is in contrast to the fairly even split in the original cohort. Additionally, it is important to note that the sample mainly consisted of people who were living in transitional accommodation or accessing advice services rather than longer-term housing as was also included in the case studies (see below).

(ii) A review of housing and support services for single veterans

A review of housing and support services for veterans was undertaken with respect to how well they are currently able to respond to the needs of single veterans, the challenges faced and how provision might be improved. This included:

a) Development of a typology of housing and support services for veterans

A typology of housing and support services was created to identify the key types and roles of the present dedicated accommodation sector.

b) Case studies of dedicated services

The case studies allowed a detailed exploration of the present role of the veteran-dedicated accommodation sector. We selected nine case studies, taking account of four main factors:

- the range of different types of housing and support services presently being delivered to single veterans (informed by the typology of provision);
- the geographical dispersion of existing schemes, to include schemes in different parts of England, Scotland and Wales;
- the minimisation overlap with schemes already taking part in the longitudinal work – to avoid research fatigue and also to enable a range of providers to take part in the research;

- the avoidance of any schemes currently being evaluated by other research teams (this was only the case for one provider at the time of recruitment).

Table 1.1 (page 17) provides details on the key features of the case studies. The case study level was that of an organisation, however, within each organisation, an example scheme was selected in discussion with staff, to highlight different types of schemes in different parts of Great Britain. Our case studies included:

- Three established veteran organisations (Stoll; Scottish Veteran’s Residences and HAIG)
- Two established generic housing providers (Riverside; Alabare)
- Four new veteran organisations (Hull Veteran Centre; LOL Foundation; AF&V (Armed Forces and Veterans) Launchpad; SSAFA’s Glasgow Helping Heroes).

Between them, the case studies offered a range of different types of services, including both short-term, transitional supported accommodation and longer term housing (both supported and unsupported). Services also included outreach support, housing advice and drop-in resource centres. The providers targeted veterans with differing levels of support needs from minimal/ none, through low to moderate support needs to high needs, including those with severe mental health problems and addiction issues.

Within each case study, we interviewed:

- Strategic level staff responsible for the direction of the organisation
- Managers and staff at an example scheme
- Veterans resident at the example scheme.

A total of 55 people participated in the case studies, including 11 strategic leads; 14 staff in the example schemes, and 30 veterans. Both individual interviews and focus groups were conducted.

c) Roundtable seminar with key players providing housing and support services to veterans

A Roundtable was also convened towards the end of the research. This served two purposes, firstly, to share the initial findings from the longitudinal interviews with veterans with key providers, and secondly, to discuss the role of the veteran-dedicated accommodation sector as part of the research focus. Workshop discussions were recorded with the permission of participants.

(iii) Analysis of enhanced SPACES monitoring data

SPACES (The Single Persons Accommodation Centre for the Ex Services) Service, based at Riverside's Beacon scheme in Catterick, is utilised by over 1,000 single veterans per year. Working with the SPACES resettlement team, an enhanced monitoring system was designed to collect better information on the profile of service users, and outcomes from the service. Anonymised data was made available for analysis to the research team for the period October 2015-October 2016,

Structure of the report

The report is presented in six chapters. Chapter 2 provides up-to-date information on the nature of presenting housing need amongst veterans, and the extent of dedicated accommodation provision available at the end of 2016. Chapter 3 reports on the experiences of our longitudinal sample of veterans in terms of their housing pathways since leaving the Armed Forces until their contact with dedicated veteran services for this research. Chapter 4 then considers the role of the dedicated veteran accommodation services in detail drawing on the case studies and longitudinal interviews. This chapter ends with an exploration of the housing and support outcomes of our longitudinal sample. Chapter 5 considers where improvements are needed to both dedicated veteran services and the wider housing pathways of veterans. Chapter 6 presents the conclusions of the research and recommendations.

Table 1.1:

| Key features of the case studies | | | | | |
|--|---|---|--|---|---|
| Organisation | Key veteran services | Scheme example | Scheme example: Support provided | Scheme example: Client group | Further information |
| <p>Alabare (homeless charity)</p> | <p>Shared houses:</p> <ul style="list-style-type: none"> • Bristol (2 houses; 8 beds) • Weymouth (2 houses) • Plymouth (1 house; 7 beds) • Gloucester (2 houses; 12 beds) • Wiltshire (3 houses; 14 beds) • Gosport and Fareham (2 houses; 12 beds + 4 beds move on) • Cardiff (3 houses; 10 beds) • Wrexham (1 house; 12 beds) • Swansea (1 house; 4 beds) • Pontypridd (1 house; 6 beds) • Conwy (2 houses; 10 beds) • Carmarthen (2 houses; 7 beds) <p>Wilton Hill Veteran Village development, Wiltshire – specialist unit for 45 vulnerable veterans</p> | <p>Wrexham, Wales (opened 2016)</p> <ul style="list-style-type: none"> • 12 bed house • Single en-suite bedrooms. • Shared facilities: Residents' lounge, dining room and kitchen. Gym equipment outside. • Licence agreement • Landlord: First Choice Housing Association | <p>Support staff (x2) on site 9am-5pm.</p> <p>Duty on call system 5pm-9am.</p> <p>Volunteers (including counsellors)</p> <p>Inter-agency working:</p> <ul style="list-style-type: none"> • Poppy factory (employment) • Local university • Combat Stress/ NHS Veterans • Volunteering opportunities (gardening) with near-by charity | <p>Street homeless or veterans in very vulnerable accommodation.</p> <p>Low to medium risk – not active substance abuse</p> | <p>http://www.alabare.co.uk</p> <p>01722 322 882</p> <p>enquiries@alabare.co.uk</p> |

Table 1.1: *Continued...*

| Key features of the case studies | | | | | |
|--|--|---|---|---|---|
| Organisation | Key veteran services | Scheme example | Scheme example: Support provided | Scheme example: Client group | Further information |
| <p>Haig Housing (charitable limited company)</p> | <p>There are about 1400 properties overall across the UK, mainly focused on families and couples. There are 76 one bedroom units (based at Bristol, Bury St Edmunds, Cheltenham, Enfield, Greenwich, Haslemere, Isle of Wight, Merton, Southend on Sea, Waverly).</p> <p>Up to 50 shared ownership properties for disabled veterans in various locations.</p> <p>Partner in Manchester Veteran Village (with Manchester City Council, Walking with the Wounded and Keir); proposed Aldershot scheme (with Stoll) and Colchester scheme (with Riverside/ Stoll)</p> | <p>Enthoven House, Woolwich (Greenwich)</p> <ul style="list-style-type: none"> • 17 self-contained units (3 x 2-bed flats and 14 x 1-bed flats) • Long term housing/ Assured Shorthold Tenancies • No communal facilities • Visiting support, as needed | <p>Support provided by SSAFA Woolwich.</p> <p>This is occasional support to only a few tenants (no more than 3 in 2016) who are visited on an “as needed” basis. SSAFA do not visit regularly.</p> | <p>No support needs or low to medium risk (not active substance abuse)</p> <p>(No more than half of tenants with support needs)</p> | <p>http://www.haighousing.org.uk/</p> <p>020 8685 5777</p> <p>enquiries@haighousing.org.uk</p> |
| <p>Hull Veterans Support Centre (veteran charity)</p> | <p>Resource (drop-in) centre, including supported accommodation</p> | <p>Beverley Road, Hull</p> <ul style="list-style-type: none"> • Shared house (3 beds; shared lounge, kitchen and bathroom) • Approximately 6 month stay | <p>Centre Manager and volunteers providing support</p> <p>Resource centre (Mon-Fri), including workshop, access to lounge/ kitchen</p> <p>Support includes:</p> <ul style="list-style-type: none"> • Access to mental health professionals • Access to Havening specialist • Assistance with legal help • Access to CAB advisor • Help with finding training/ jobs • Help with finding move-on accommodation • Emotional support | <p>Accepts any veteran in need</p> | <p>www.hvs-c.org.uk</p> <p>01482 341139</p> <p>admin@hvs-c.org.uk</p> |

Table 1.1: *Continued...*

| Key features of the case studies | | | | | |
|--|--|---|---|--|---|
| Organisation | Key veteran services | Scheme example | Scheme example: Support provided | Scheme example: Client group | Further information |
| <p>SSAFA's Glasgow Helping Heroes (veteran charity)</p> | <p>One stop shop, including housing advice/ongoing support, mental health and physical health and well-being, employment and training and financial advice and assistance</p> <p>Established in 2010</p> | <p>Outreach support, within a one point of contact "Gateway Model" service</p> | <p>Open 9-5, weekdays (appointment based/emergency drop-in)</p> <p>6 staff – manager, 2 support workers, housing advisor and admin support</p> <p>Support includes welfare benefits; debt/money advice; education/employment/training services; mental health and additions; mindfulness; counselling referrals; social activities; retaining existing accommodation; finding alternative accommodation; support with setting up new home</p> <p>Glasgow City Council; Glasgow HA (funders)</p> | <p>Supports veterans with serious mental health issues and/or addiction issues</p> | <p>http://www.glasgowshelpingheroes.org/</p> <p>0141 276 7199</p> <p>lisa.innes@glasgow.gov.uk</p> |
| <p>AF&V (Armed Forces and Veterans)</p> <p>Launchpad (veteran charity) aka "Launchpad"</p> | <p>Supported accommodation</p> <ul style="list-style-type: none"> Avondale House – 32 units (Newcastle); Speke House – 50 units (Liverpool) | <p>Avondale House, Byker, Newcastle:</p> <ul style="list-style-type: none"> 32 self-contained units rented, including some with disabled facilities license agreement communal facilities include IT suite, socialising/training space, laundry, garden family flat for visiting family | <p>On-site staff during the day; out-of-hours on-call system.</p> <p>Support includes providing advice in claiming benefits and managing money; working with partner organisations to provide welfare support, education, training and employment support; gaining permanent housing; life skills coaching; sports and adventure training; health advice; mentoring. Partner organisations are numerous but include Finchale College, The Soldiers' Charity, SSAFA, Combat Stress and others.</p> | <p>Low to mid-range support needs; working age group. Many suffer from complex issues.</p> | <p>http://www.afvg.co.uk/launchpad/about-afv-launchpad/</p> <p>0300 1111 238</p> |

Table 1.1: *Continued...*

| Key features of the case studies | | | | | |
|---|---|---|---|---|--|
| Organisation | Key veteran services | Scheme example | Scheme example: Support provided | Scheme example: Client group | Further information |
| <p>LOL (Listening Out Loud) Foundation (veteran charity)</p> | <p>Supported accommodation, counselling and work based learning, Congleton, Cheshire (7 bed spaces; 1 site at time of writing; 11 bed spaces; 2 sites from Spring 2017)</p> <p>Outreach support</p> | <p>Congleton:</p> <ul style="list-style-type: none"> • 7 units (plus 5 outreach places) • shared kitchen/communal lounge • residents have a licence • Accommodation leased from Adullam Housing • Additional 6 units from Spring 2017, leased from Cheshire East Council | <p>Visiting support staff in day; out-of-hours on call system</p> <p>Housing related support</p> <p>Counsellor on-site (and links to external counsellor)</p> <p>Outreach support</p> <p>Assistance with job search/ work, including volunteering/ community projects</p> <p>Support with health and addiction issues.</p> <p>Reflexology</p> | <p>Accepts single veterans in need including serious mental health problems and/ or substance misuse issues</p> | <p>http://www.lolfoundation.co.uk/</p> <p>01260 408862</p> <p>tracey.carter@lolfoundation.co.uk</p> |
| <p>Scottish Veterans Residences/ Scottish Veterans Housing Association (charity and Registered Provider)</p> | <p>Supported accommodation:</p> <ul style="list-style-type: none"> • Bellrock Close – 31 units and 21 longer-term flats (Glasgow) • Rosendael – 45 beds and 1 longer-term flat (Dundee) • SVHA Housing – 9 longer term flats (Edinburgh) • Whiteford House – 82 beds and 11 longer-term flats (Edinburgh) | <p>Bellrock:</p> <ul style="list-style-type: none"> • 31 self-contained one bedroom flats; • Communal lounge; library; pool room; Wi-Fi access; gardens; gym; full flat; transition facilities including classrooms, IT, AC, café, counselling rooms. | <p>On-site support 24 hours per day. Support includes: health and wellbeing; benefits and pensions advice; employability; life skills; budgeting and debts; cooking; confidence building; substance misuse issues</p> | <p>Veterans who are homeless or at risk of homelessness, can accept people with mental health /physical health problems</p> | <p>www.svronline.org</p> <p>0141 766 2580</p> <p>info@svronline.org</p> |

Table 1.1: *Continued...*

| Key features of the case studies | | | | | |
|---|--|--|---|---|---|
| Organisation | Key veteran services | Scheme example | Scheme example: Support provided | Scheme example: Client group | Further information |
| <p>Stoll (veteran charity and Registered Provider)</p> | <p>Four existing supported housing schemes in London – 259 units (and one in development in Aldershot):</p> <ul style="list-style-type: none"> • Mansions (157 units) • Banstead Court (20 units) • Chiswick War Memorial Homes (36 units) • Countess of Wessex (36 units) • Aldershot scheme (34 units) <p>Veterans’ Outreach Service Veterans’ Drop-in Service Veterans’ Nominations Scheme Veterans’ Housing Advice Office</p> | <p>Chiswick War Memorial Homes</p> <ul style="list-style-type: none"> • 36 self-contained units • a community hub with IT facilities/ meeting rooms • Assured Tenancy <p>Opened 2010</p> | <ul style="list-style-type: none"> • community manager and out-of-hours call system • visiting Stoll workers (employment/ drug and alcohol worker) • range of well-being activities | <p>Fully wheelchair accessible</p> <p>Usually able to support with mental health problems/ sometimes with alcohol misuse issues</p> | <p>http://www.stoll.org.uk/ 020 7385 2110 info@stoll.org.uk</p> |
| <p>Riverside (Registered Provider)</p> | <p>Supported accommodation:</p> <ul style="list-style-type: none"> • The Beacon -31 units (Catterick) • Mike Jackson House – 25 units (Aldershot) • Hardwick House – 20 units (Middlesbrough) <p>SPACES (The Single Persons Accommodation Centre for the Ex Services)</p> <p>Access (advice service for veterans leaving the Colchester Military)</p> | <p>The Beacon</p> <ul style="list-style-type: none"> • 31 self-contained fully-furnished flats • communal facilities include: Wi-Fi access; gardens; gym; IT suite/ recording suite, bakery, multi-function room, pool room • license agreement | <ul style="list-style-type: none"> • On-site support 24 hours per day • Support includes: <ul style="list-style-type: none"> • One-to-one intensive support planning from your dedicated Support Worker • Partnership working with organisations such as SSAFA, Walking with the Wounded and RFEA for specialist support • Training, Education and Employment Centre with IT suite; Wi-Fi available | <p>Accepts people with mental health problems and substance misuse issues.</p> <p>Disabled access available</p> | <p>https://www.riverside.org.uk/ 0345 111 0000 info@riverside.org.uk</p> |

Chapter 2:

Current housing and support landscape for single veterans

This chapter outlines the current housing and support landscape for single veterans. It begins by reviewing what is known about the nature of housing and support need amongst single veterans across the UK. The chapter then describes the current dedicated veteran accommodation and support sector designed to meet these needs, including a typology of provision.

The nature of housing and support need amongst single veterans

The Royal British Legion (2014) household survey of the ex-Service community provides the most up-to-date overview of the profile of all veterans. This report estimated that there were just over 1 million (1,117,000) veterans of working age (16-64) in 2014 (just over 6 million for all members of the ex-Service community⁵), and forecast a reduction to just under one million (975,000) by 2020 (5.45 million including all members of the ex-Service community). This study highlighted that most members of the ex-Service community enjoy good health, are adequately housed and do not experience homelessness. However, the study did highlight a number of issues where working age ex-Service community (including spouses/partners) were disproportionately affected, compared with the general population; they were more likely to report:

- a long term illness that limited their activities (24% vs 13%), including depression (10% vs 6%) and some forms of physical health problems (e.g. back problems (14% vs 7%); difficulty hearing (6% vs 2%));
- being unemployed (8% vs 5%), or economically inactive (32% vs 22%);
- caring responsibilities (23% vs 12%).

Within the ex-Service community, some groups were more likely to report difficulties (across a range of issues) than others, including 35-44 year olds, single people, those with higher levels of deprivation, a long-term health problem or disability or those recently discharged. Three-quarters of 16-24 year olds, and half of 25-34

year olds, reported six or more adverse experiences before entering the military. The study therefore highlighted a number of vulnerabilities that might put a significant minority of veterans at risk of homelessness. Only 1% of the adult ex-Service community reported poor housing/inappropriate housing, or difficulty getting social housing, in the last year, however 6% considered that financial help for homeless people 'could be helpful to them in the near future' (The Royal British Legion, 2014, p32).

The data on the extent of homelessness amongst single veterans is incomplete, and likely to under-represent the actual level of need (Jones et al., 2014). Most data sources provide information on numbers of people approaching services. Qualitative information suggests that many veterans are unaware of what services are available to them (see later) or believe they might not be eligible for services. In addition, some veterans may be reluctant to ask for assistance and/or disclose their veteran status. At the same time, it is not possible to aggregate the data as there is some double-counting (for example, a veteran approaching an advice service might then be referred to an accommodation service).

Table 2.1 provides data on the number of veterans presenting at homelessness services under three categories: presenting to local authorities as homeless, using a range of homelessness services, and, approaching veteran housing advice services. The overall evidence suggests that single veterans are not significantly over-represented amongst households in presenting housing need (see Jones et al., 2014), but a minority of single veterans (and Armed Forces families) continue to be vulnerable to becoming homeless.

⁵ Including veterans of all age groups and their family members (partners and/or children).

Table 2.1:

| Number of veterans presenting at homelessness services | | |
|---|---|--|
| Data source | Number of veterans | Proportion of database population |
| Homelessness legislation | | |
| PIE homelessness statistics (England): | 50 households containing a veteran (2016/7) | 0.08% of total acceptances |
| Households accepted as homeless due to vulnerability due to having served in the Armed Forces ⁶ | 120 households containing a veteran (2016/17) | 0.20% of total acceptances |
| Households who lost their last settled home due to leaving HM Forces | | |
| WHO homelessness statistics (Wales) ⁷ : | Data item was disclosive or not sufficiently robust for publication (2016/17) | 0.1% of total acceptances |
| Households accepted as homeless due to vulnerability as a result of a person leaving the Armed Forces under new Housing Act (Wales), 2014 | | |
| HLI homelessness statistics (Scotland) ⁸ | 46 households (2016/17) | 0.13% of total applicants |
| Applicants who became homeless leaving Armed Services accommodation | 799 homeless applicants who had been in Armed Forces (2016/17). Of these, 211 had been in the Armed Forces less than 5 years ago and 588 more than 5 years ago. | 2% of total applicants |
| Applicants who had a household member previously in Armed Forces | | |
| Generic homelessness/housing services | | |
| Homeless Link/ GLA Survey of Provision ⁹ | Sample survey (2016) | 3% of day centre users |
| Number of veterans using homelessness services | Estimated 35,727 bed spaces in 1,185 accommodation projects; taking into account 7% void rate, estimate that 996 bed spaces occupied by veterans | 3% of accommodation users |
| CHAIN data ¹⁰ | 398 people seen rough sleeping (2016/17) had experience of serving in the Armed Forces, of whom 132 were UK nationals. | 7% of all service users (UK nationals - 2%) |
| Supporting People data ¹¹ | 2,582 households (2013/14) (vast majority single people) | 1.8% of all households entering housing related services |
| CORE (Continuous Recording of Lettings and Sales in Social Housing), England ¹² | 7,194 households (first three quarters of 2013/14), including, 1031 single people | 2.4% of social lets (general needs) |
| Number of households containing person with Armed Forces status | | |

⁶ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> ⁷ <http://wales.gov.uk/statistics-and-research/homelessness/?lang=en> ⁸ Scottish Government (2017) Operation of the Homeless Persons Legislation in Scotland, 2016-17 <http://www.gov.scot/Topics/Statistics/Browse/Housing-Regeneration/RefTables> ⁹ Homeless Link (2016a) Support for single homeless people in England: Annual Review, 2016, London: Homeless Link. ¹⁰ Greater London Authority (2017) CHAIN Annual Report: 2016-2017, London: Greater London Authority. <https://files.datapress.com/london/dataset/chain-reports/2017-06-30T09:03:07.84/Greater%20London%20full%202016-17.pdf> ¹¹ See Jones et al. (2014) for full analysis. It is not possible to update this data following the end of the Supporting People programme. ¹² <https://core.communities.gov.uk/public/reports/new-b3eb99a64b92a3bf2778bd743a4ce5af-new/2015-CORE-AR-GN/ALL.pdf>

| Data source | Number of veterans | Proportion of database population |
|--|---------------------------|-----------------------------------|
| Veteran housing services | | |
| SPACES (Single Persons Accommodation Centre for the Ex Services) database All applications to SPACES service (all single people) | 1,033 (Oct 2015-Oct 2016) | 100% (Veteran only service) |
| Joint Services Housing Advice Office (JSHAO), MOD Single Service personnel registered with service (have to be in last six months of Service or remaining in Service accommodation) | 73 single veterans (2014) | 100% (Veteran only service) |

Veterans presenting to local authorities as homeless

Overall, the numbers (and proportions) of veterans presenting to local authorities as homeless in the UK are low (Table 2.1). Fifty single veterans were accepted as homeless in 2016/17 due to vulnerability related to Armed Forces service in England (0.08% of total acceptances) and 120 households were recorded as having left their last settled home due to leaving HM Forces in 2016/17 (0.20% of total acceptances). The numbers of vulnerable Armed Services personnel were too small to be disclosed in Wales (Table 2.1). The low numbers presenting as homeless in England is unsurprising as the homelessness legislation currently provides a limited safety net for single people in England, including veterans (there are quite strict tests to qualify as a 'vulnerable' household). In Scotland and Wales, changes to legislation have extended rights to assistance for single people. This has been combined with a much more proactive preventative agenda, which means that numbers of people being rehoused are smaller as interventions are reaching people earlier. At present, there is no

breakdown for veteran status in homelessness preventative statistics; it would be highly useful if this information was collected by the Department for Communities and Local Government following the current review of homelessness legislation. Scotland is presently the only country to collect information on whether any member of a homeless household previously served in the Armed Forces – in 2016/17, approximately 2% of homeless applicants were recorded as having a household member who had been in the Armed Forces (Table 2.1).

Veterans using homelessness services

The numbers of veterans utilising other housing and support services are higher, although they remain a small proportion of total service users. The most recent (sample) survey of homelessness provision by Homeless Link suggested that 3% of accommodation project users¹³, and 3% of day centre users, were veterans in England in 2016 (Table 2.1; Homeless Link, 2016a). With an estimated 35,727 bed spaces in 1,185 accommodation projects, and an average 7% void rate, it can be estimated that

¹³ *This excludes data from two services that provided accommodation services solely for veterans.

just under 1,000 veterans were in generic accommodation projects in England. CHAIN data, providing the most reliable information on rough sleeping in London, indicates that about 2% (132 people) of people using outreach services were UK nationals with military experience in 2016/17 (Greater London Authority, 2017). Supporting People statistics for 2013/14 revealed that nearly 2% of all households entering housing related services were veterans. CORE statistics (DCLG, 2016) showing the number of households containing a person with Armed Forces housed by social landlords in 2015/16 recorded 2.4% of social lets were allocated to veterans (all types of households¹⁴). Whilst these figures cannot be added up as there is overlap between the data sources¹⁵, it indicates that veterans continue to be represented in their 100s or low 1000s in housing and homelessness services across the UK. The Royal British Legion survey (2014) estimated that male veterans aged 25-34, and those aged 35-44, represented 2% and 4% of the UK male population respectively (rising to 7% amongst 45-54 year olds).

Veterans approaching specialist housing advice services

SPACES (Single Persons Accommodation Centre for the Ex Services), a housing advice and placement service, provides a useful indication of the level of presenting housing need amongst single veterans who have recently left Service. SPACES operates five days a week (9am-5pm) and helps veterans secure appropriate accommodation when they leave the Armed Forces (within 6 months of discharge), as well as providing information, support and advice to any veteran across the UK¹⁶. The service assists single veterans to access any type of housing, in any location, and also has exclusive referral rights to Riverside's three supported accommodation schemes (The Beacon, Mike Jackson House and Hardwick House).

This service has supported over 1,000 single veterans per annum since 2009 (Jones et al., 2014), with the numbers of veterans highest over the period 2011 and 2012 with approximately 1,500 veterans supported annually. Just over 1,000 single veterans were supported by the service from October 2015-October 2016 (Table 2.1). Appendix A provides a detailed analysis of this data. Here we summarise the key findings:

Demographics:

- The majority of veterans using SPACES were male (97%) and unmarried (94%);
- Users had an average age of 23, reflecting the targeting of the service on recent leavers;
- The great majority described their nationality as British (98%) and 95% reported that their ethnic background was White;

Military experience

- 90% per cent of SPACES users had been in the Army, 8% reported they had been in the Navy and 2% in the RAF;
- 79% of SPACES users had served for under one year;
- The most common reasons for discharge were 'medical' (40%) and 'discharge as of right' (DAOR)¹⁷ (31%). Only 7% of the veterans reported they had reached the 'end of their engagement'.

¹⁴ Special analysis of CORE statistics for Jones et al. (2014) recorded that 44% of veteran households were lone adults, and an additional 7% were lone elders, in 2012/13. ¹⁵ For example, many of accommodation projects in the Homeless Link study will also have been counted in the Supporting People data set. Similarly, there is likely to be overlap between people recorded as utilising outreach services and day centres in London. ¹⁶ SPACES works in coordination with JSHAO, veteran welfare services and other agencies to access appropriate housing and support. They offer support for as long as someone needs it. ¹⁷ Discharge as of Right (DAOR) as a New Recruit - Those over 18 at date of first enlistment in the Regular Army have the right to claim discharge, with no subsequent reserve liability (after completing 28 days' service excluding leave, before the end of 3 months from the date of enlistment, giving 14 days' notice to your Commanding Officer). If under 18 at date of enlistment, this can be claimed at any time before the end of 6 months from enlistment (with 14 days' notice to your Commanding Officer).

Accommodation/reasons for homelessness at referral

- At referral, three-quarters (75%) of single veterans were living in private rented housing, that included a mixture of independent tenancies and shared houses. 16% were living with family or friends; 2% in homeless hostels or supported housing and 3% sleeping rough, 4% other.
- The majority of SPACES users reported that homelessness/ housing issues were a consequence of discharge from the services (84%), with reasons such as eviction (4%) and relationship breakdown (5%) being less common. This corresponds with the high number of young people, often straight from Service, using the service, 7% other.

Support needs

- Only 15% of single veterans reporting they were in paid work for 24 or more hours a week at the time of contacting SPACES.
- Just over one in ten (11%) of SPACES users reported using drugs and/or alcohol.
- One in twelve (6%) of SPACES users self-reported mental health problems.
- One in ten (10%) of SPACES users self-reported physical health problems.
- The vast majority (84%) of users reported that their homelessness was a consequence of discharge from the Services, corresponding with the high number of young people, often straight from Service, using the service. Other reasons such as eviction (4%) and relationship breakdown (5%) were much less common.

Accommodation outcomes

- SPACES had directly arranged accommodation in 144 cases. These users had a different profile to the average SPACES user.
 - Much more likely to be older (38% were 35 or over, compared to 10% of all SPACES users and 7% aged 17-19, compared to 28% of all SPACES users)
 - More likely to be women (8% compared to 3% of all SPACES users)
 - Much more likely to have support needs: 48% of the single veterans accommodated by SPACES reported they were using drugs and/or alcohol, compared to 11% of all users (and 4% of those not accommodated).
 - 23% of those receiving SPACES accommodation reported they had mental health problems, compared to 6% of everyone who used SPACES (and 3% of those not accommodated).
 - Reports of physical health problems were also higher - 16% (compared to 10% of all users, and 8% of those not accommodated by SPACES).
- The majority of service users (87%) had received accommodation in the area that they had requested.
- Over two in five (42%) of veterans were placed in supported housing (42%), whilst the remainder (58%) were placed into independent housing.

The dedicated veteran housing and support provision

Stage 1 of the research project included a survey of all known providers of veteran-dedicated housing and support services (Jones et al., 2014). This exercise identified 17 providers (separate organisations) of dedicated accommodation based services for veterans across Great Britain. Providers were asked to categorise their provision into one of three types:

- **Direct access hostels** - providing emergency or short-term accommodation; including via self-referral and referral from local authority etc.
- **Second stage accommodation projects** - longer term accommodation for people, accessed by referral only, clients often moving on from direct access hostels.
- **Dedicated long term housing for veterans** - providing settled accommodation, with or without support.

A total of 910 bed spaces/units were identified in Great Britain, across 46 schemes, at the end of 2014. This included a relatively small number of direct access bed spaces (Number of beds=156; across six schemes), with the majority of bed spaces being split between second stage accommodation (Number of beds=377; 24 schemes) and long-term housing (Number of beds=377; 16 schemes). Subsequent discussion with the veteran accommodation sector revealed that the distinction between direct access and second stage schemes was considered arbitrary, for example with some supported accommodation schemes being accessed on a direct access basis.

The survey of dedicated veteran providers also asked providers to give details of three other types of services which were exclusively or mainly for formerly or potentially homeless single veterans:

- **Floating support services/tenancy sustainment services** - defined as being delivered by visiting workers to people in their own homes to help people maintain their settled accommodation. (Note: this did not include resettlement support for those moving on from the accommodation based services).
- **Outreach services** - defined as usually working with people who are sleeping rough or in temporary accommodation to help them access more settled accommodation and any support needs. (Note: this does not include specialist outreach services provided for veterans and their families more generally in the community).
- **Day centres** - defined as providing activities and support to homeless and vulnerably housed people.

The survey recorded five floating support services for veterans, supporting an estimated 276 vulnerably housed veterans at any one time. One outreach service was recorded providing 30 places. In addition, five day centres or drop-in facilities were identified supporting approximately 205 people across three of the services in any one year.

Information gathered on planned provision suggested that dedicated provision for single veterans was likely to increase by at least 235 bed spaces/units in the near future. This predicted an increase of 26% compared to the existing 910 bed spaces. At least a further 15 floating support places were also likely to be available, representing a small 5% increase on the number of floating support places.

Since the last report, a number of the envisaged developments had come on-line. Other developments were still in the pipeline. However, some schemes had also been de-commissioned. This included a scheme in Wolverhampton by Home Group which closed down in late 2016 and Home Base properties delivered by Community, Housing and Therapy changed their function, no longer offering veteran-dedicated accommodation. Finally, the Thirteen Care and Support outreach scheme in Newcastle had closed.

Appendix B lists all known provision at present, also noting developments still in the pipe-line. In late 2016, it was estimated that the following provision was available in

the veteran housing and support sector:

- 1226 units of accommodation
 - Further 87 units in pipeline;
- 276 floating support places.

The 2014 figure of 910 did not record one large hostel (Queen Victoria Seamen's Rest: 170 places), therefore the actual increase in places over 2014 - 2016 has been 146 places (14% increase). When the further 87 units are in place (and presuming no other provision is lost), this would represent an 22% increase on (adjusted) 2014 levels.

Whilst information was not available on void levels, assuming a similar void level of 7 % to other single homelessness projects (Homeless Link, 2016a), it can be estimated that 1,140 were resident in veteran accommodation schemes for single people in Great Britain in late 2016.

Developing a typology of provision

Over the last two years, the research team have monitored new veteran housing and support developments coming on stream. Appendix B lists all the known provision at the end of 2016. Following a review of all provision, it was concluded that there are two main ways to categorise the provision developed to date: firstly, by the main type of service, primarily around the delivery of accommodation and/or support; and secondly, by the overall package of services delivered by one provider.

Type of service

Firstly, provision can be categorised by the type of accommodation service:

- **Hostel-type provision** – offering individual bedrooms (sometimes en-suite) and some shared facilities such as kitchens or communal eating. Provision may also offer other communal facilities. Support provided by a team of staff often 24/7.
- **Shared houses, with support** – small scale provision, usually converted/ refurbished housing, providing individual bedrooms and shared facilities such as lounge and kitchen. Support staff are available during the day, usually with an out-of-hours on-call system (one scheme was 24/7).
- **Single site self-contained flats, with support** – providing individual self-contained flats (usually bedroom, lounge, kitchen and bathroom; occasionally bedsits), with extensive communal facilities/ staff offices. Staffing was often day-time with out-of-hours call system, however some schemes had a 24/7 staff presence. The majority of new developments have adopted this model.
- **Self-contained flats (single site or dispersed)** – providing individual self-contained flats (usually bedroom or bedrooms, lounge, kitchen and bathroom). Personalised support arranged where needed for each tenant, rather than for whole development.

Supported accommodation options can be offered on a temporary/transitional basis, with move-on expected after 6 months – 2 years. These schemes offered licence agreements or short-term tenancies. Some well-established accommodation services, both with and without on-site support provided longer-term tenancies (assured tenancies). This provision had been developed as permanent provision, although providers were currently considering whether this would remain the case going forward (see Chapter 4). Any of these models could be offered as part of a ‘veteran village’. A veteran village was usually defined as a place that offered lots of different types of accommodation, for different types of households, in a defined area or place. However, one single site with communal facilities could also be referred to as a village. Two schemes were also developed as self-build projects (University of the West of England, 2016).

Whilst floating support services and outreach services are distinct categories in the homelessness field (see above), in the veteran sector there were very few services that reflected these definitions. In most cases, services were offering outreach services to people living in a variety of housing circumstances in the community. Services were delivered in one of two ways: either delivered from an accommodation service (usually available to people in the accommodation but not directly linked), or provided as a stand-alone service. We have referred to these here as ‘outreach support’.

Day/resource centres were similarly varied in their delivery. Most were attached to an accommodation resource, and some operated on certain days of the month rather than daily. Some were advice offices that operated on a drop-in basis, where people might stay for a drink and chat as well as information. Here, we have referred to this provision as ‘resource facility’.

Packages of services

Most providers offered a ‘package of services’ to veterans. Five main types of packages were identified in the research:

- **Accommodation and (housing related) support** – these are typically smaller schemes, providing shared houses (converted from normal houses).
- **Accommodation, support and resident facilities/resources** – these are usually purpose build schemes providing accommodation for a greater number of veterans (20 upwards) with quite extensive resident communal facilities for both leisure and training purposes.
- **Accommodation, support, and open resource facility** – providers that provide some accommodation and also a separate (but linked) resource centre for residents and other veterans.
- **Accommodation, support, outreach and open resource facility** – providers that offered separate (but linked) accommodation, an outreach scheme and a resource centre.
- **Outreach support only** – specialist outreach services.

Within these categories, some accommodation is transitional in nature, whilst others offer longer-term housing, although this divide is becoming less clear (see above discussion). Currently, the provision of accommodation, support and resident resource facilities is the predominant model. A number of new veterans’ villages are in development but remain unopened or partially opened. As mentioned above, two self-build schemes targeted at veterans have also recently been completed.

Conclusion

This chapter has reviewed what is currently known about the nature of demand for homelessness support services, and the present level of accommodation and related support provision offered by the veteran sector. It indicates that single veterans are not significantly over-represented in homelessness provision, but that they are present in the low 1,000s. SPACES, the national housing advice and placement service for veterans, supports about 1,000 single veterans per year. The majority of these veterans are Early Service Leavers, and they receive short-term assistance with locating housing. In about one in seven cases, SPACES arranged accommodation for single veterans; these people tended to be older with higher support needs. Half of these people were accommodated in supported schemes. The chapter also presented a typology of existing dedicated provision, and documenting that the sector offers about 1200 units across both transitional and longer-term housing (with a further 87 units in the pipeline) and about 276 floating support places.

Chapter 3:

Housing pathways of single veterans

This chapter explores the housing pathways of single veterans, and describes their experiences after leaving the Armed Forces. It draws on the experiences of our longitudinal sample of veterans. The first part of the chapter reports on respondents' views about the support they received on housing at the time they left the Forces. The chapter then moves on to discuss the housing experiences of respondents after they left the Forces, including experiences of homelessness. This chapter also considers the role of mainstream housing support via local authorities, before moving on to consider access to other support services.

Support by the Armed Forces at the point of leaving Service

There was a clear cohort effect reflected in the views of veterans on the level of support they had received as they left the Forces in relation to finding a place to live. Respondents who had left the Forces over ten years ago reported that they had received little to no help at all when they left. The views of veterans who had left less than ten years ago was mixed. Whilst some respondents who had left between two and ten years ago felt that they had received no help with housing, others discussed receiving leaflets or information about possible housing, along with numbers of organisations that they could ring:

“ I knew I didn't really have much family to come out with, but I just saw it as I might be able to get on with another life and when you first come out you think it's going to be easy to get a job, walk into an employers and go, 'I've been in the Army', get employed straight away. It's nothing like that. Then I think when you come out you realise that you've got more issues than what you actually thought you had. Then you start realising you actually needed more help than what you were actually getting, but I didn't really know anywhere to go to try and get any help.”

(Veteran, longitudinal sample)

The issue of veterans having left the Armed Forces some time ago with minimal support or information about potential sources of support available poses a question of how far they remain a relatively hidden group. This point is compounded by the views expressed by some of these respondents about their attitudes towards asking for help as well. As one respondent commented:

“ When you've been in [the Forces] that long you're taught self-independence. So for me to accept help from other people I thought no, no, no, no, I can deal with it myself. But it had to get to a point where I could no longer cope and that's when I sought help.”

(Veteran, longitudinal sample)

Veterans who had left less than two years ago were much more likely to discuss information that they had received as they left, or reported that they had received direct help with finding accommodation straight from leaving the Forces. The level of support in connection with housing offered to the latter group seemed to vary considerably, although one respondent who stated that he had received very little help also noted that he had been asked if he had somewhere to stay on leaving (which he did at that time). For example, one respondent discussed help he received from a welfare officer with his housing:

“ Obviously I said to them, you know, I've got nowhere to go. I'm not going to hide it. If you've got nowhere to go you must tell them, they have a duty of care because however long you serve, even if you served a week or a day or whatever, if you leave, you get discharged, they have a duty of care. So I told them, I told the welfare support that I've got nowhere to go, etcetera. Me being homeless is a very high risk for me..... So they told me about [veteran advice service], which is the discharge process. Filled in some forms, etcetera. Before the day I got discharged I came here, got introduced, had a little look around and I thought, yes, for the time being I'll move here until I obviously come to terms with what I want to do next and where I go from there. So I heard it from the welfare support.”

(Veteran, longitudinal sample)

The above quote also illustrates a further point about recognising the greater risk of homelessness for some individuals, based on their experiences before they joined the Forces. The above respondent had described his background in the care system, and of staying in a hostel immediately before joining up.

The Review by Ashcroft (2014, p91) drew attention to the needs of veterans who were homeless (or potentially homeless) because of a complex mix of personal problems that were not directly attributable to their service, for example, veterans who had experienced issues such as family breakdown and low educational attainment prior to joining the Forces. Respondents in this study described a variety of housing circumstances before they joined the Forces. One group of respondents had joined the Forces straight from the parental home, usually after leaving school. Another route included veterans who had left the parental home, and moved into their own accommodation, prior to them joining the Forces. However, other veterans described diverse experiences with regard to their housing circumstances before they had joined up. Several had either lived in institutional care, or with foster parents. Three described experiences of homelessness prior to joining the Forces, either immediately before signing up, or periods of homelessness as children. There was a question, therefore, about the potential role of welfare support within the Forces at the time that people leave, and recognising how the experiences of some veterans prior to joining the Forces might lead to a greater risk of potential difficulties with housing once they subsequently move on. The MOD Referral Scheme attempts to assist people who are just about to, or have just left, Service to access housing association properties. Details on numbers supported were not available, although further information can be found via the following link:

<https://www.gov.uk/government/publications/mod-referral-scheme-a-guide/mod-referral-scheme-what-you-need-to-know>.

A couple of respondents felt that greater emphasis needed to be put on housing options and understanding of the life skills required to find and sustain accommodation at the point at which veterans leave the forces. One respondent discussed the importance of using the final year of Service to focus on housing as well as employment needs, as well as using this time to establish time on housing waiting lists for social rented accommodation:

“ I think soldiers should be taught and told, ‘Get yourself on that council list, sign up for it and get on there and start bidding because you’ve only got a year before that luxury and that bubble that you’ve lived in bursts and you’re in reality again.’ I think that’s the thing, the emphasis shouldn’t be all about getting this course and get this job, it should be about get that home, then get your job.”

(Veteran, longitudinal sample)

This included suggestions that opportunities for face to face contact or links with a mentor would be welcome, in addition to written information or lists of services available. This issue is also discussed in Chapter 5 on improvements to services:

“ Yeah, I think; you know when you leave the Army they give you this mentor, someone, someone that you have to ring if you need help and everything.”

(Veteran, longitudinal sample)

“ ...and I also think as well is, and this is where I think the MoD are starting to get their act together, but there should be; maybe your last couple of weeks of the military they could maybe have these charities to come and visit you, so, basically to sort of let you know that this is what you’re entitled to, this is how you apply for it, these are different agencies you could go and talk to if you, if you need help for benefits, medical treatments, sort of housing and stuff; because in, in my day, when I left the Army

in '92, I remember the day very well, it was just a case of de-kitting, seeing my commanding officer, getting my rail, rail warrant and then walking out the gate, and that was it."

(Veteran, longitudinal sample)

Other respondents also felt that the financial experience of living in the Armed Forces should reflect civilian experiences more closely (an issue also noted in the Ashcroft report, 2014). For example, responsibility for paying rent and bills, as well as greater awareness of requirements such as council tax:

" I don't know; financial planning when you're coming out in a way, do you know, because when you're in the Army you, you don't have to see your rent, anything, you don't have to pay your rent, it comes straight out, so obviously when you're working here you, to begin with you've kinda just got the mentality of oh yeah I don't have to pay rent and stuff like that, whereas, cos you, you just think oh it's already come straight out. So something along them lines kinda thing to kinda help you get into the mindset of like you need to organise these bills; cos it was pretty much as soon as I came out that I got into arrears in a way."

(Veteran, longitudinal sample)

Some early Service leavers also discussed the level of support they had received (including two respondents who described their experiences in the Forces in terms of bullying). One Early Service leaver explained his feelings and perspective:

" I was quite worried because when you leave, when you're leaving the Army, they don't do enough for you. They don't do enough at all. They really don't, and especially when it comes to Post Traumatic Stress Disorder, PTSD...they do not do enough at all. If you're being discharged, if you're getting booted out, it's basically you have a meeting with

the CO and such and such and that's it really, hand your kit in and out the door. There's not a lot done."

(Veteran, longitudinal sample)

An issue in these latter instances is perhaps the extent to which the Armed Forces have a role in providing resettlement/housing support, or whether this could be undertaken by specialist 'meet at the gate' style housing and support services.

" The council should have a - I don't know if they do, but they should have like a unit that deals with veterans that attach to the council. So if you come out of the Army and stuff like that, they should have a list of people that's coming out. Maybe that's coming out from the Army and maybe engage with them, 'Are you going to be all right? We're here for you.'... I think the government should invest in councils to help veterans that become homeless because there is so much."

(Veteran, longitudinal sample)

A couple of respondents also reflected on more deep seated factors that they felt ought to be addressed as part of the process of leaving the Armed Forces and transitioning to civilian life. These respondents felt that attention needed to be focused not just on things like accommodation or employment, but on dealing with the effects of the training that they had gone through, and coping with civilian life:

" I think one thing that should happen on a larger scale is mandatory training for when you come out. So you're going to come out of the Army, you've done your 12 years, or 22 years, or whatever, it's mandatory that you do two weeks civilian training. They've given you three months to be a civvy to a soldier, then surely you need that from a soldier to a civvy, because you're not going to cope out there."

(Veteran, longitudinal sample)

“ A proper rehab for coming out. There’s men you taught to fight and not run away and things like that. It puts you at a disadvantage out there. You’ll end up hitting somebody or something like that which as far as you’re concerned would be understandable...”

(Veteran, longitudinal sample)

Whilst the previous two quotes highlighted a perceived issue with the legacy of training and experiences in Service, a different issue was noted by another respondent who reflected on the institutional effects of growing up with parents in the Armed Forces, and the impact of this background on living independently on leaving:

“ My mum was in the [Armed Forces], my dad was in the [Armed Forces] so I’ve grown up in the environment...and then the military when I was 17, so all I’ve ever known is the military. So when I left five years ago I struggled to maintain living in Civvy Street, because I’d never, ever lived on my own. My phobia and the reason why I’m in this is because I cannot exist outside of a place with rules and regulations and an institutionalisation. So this place to me has got to try and break 25 years of my life to convert me into being able to live in normal society.”

(Veteran, longitudinal sample)

Housing experiences after leaving the Forces

The largest group of respondents reported that they had had settled accommodation options available to them at the time that they had left the Forces.

Box 3.1:

Veteran’s housing experiences: settled accommodation on leaving the Forces

One veteran had joined at the age of 16, and followed in the footsteps of his father and brother who had both served in the Armed Forces. He started a family in his time in the Service, and left the Forces after four years to spend more time with his partner and child. A sudden breakdown in the relationship led to the prospect of homelessness as he had no alternative housing options available. However, he was linked straight away with veteran specific accommodation via a police officer who had Service experience.

In many of these cases, respondents had left the Forces with social rented or owner occupied accommodation available to them, and were living with a partner (either with or without dependent children):

“ I was already seeing a girl so I left and then I moved in with her down [name of County] way. It was a nice little place and from there I just bombarded HGV companies until I got a job - and I got a job.”

(Veteran, longitudinal sample)

A second group of respondents, who were mainly single when they left the Forces, discussed moving into private rented accommodation and/or relying on family support. These latter respondents described very variable experiences, depending on the nature of their relationships with their family members, and often quickly moved on to other housing options:

“ I think of the, the six lads I'd bunk with, I think only another two of 'em, you know, were in real contact with their parents, and even though I'm only in contact with one it's still better than zero; I mean some people do use the military to get away from their old life so that when they then have to go back and re-integrate into what was their old life their, their big opportunity to get away and make something of themselves and that, then that's when, you know, depression can set in; and I mean I was very, I had anxiety when I left, I didn't really want to do anything with anybody, would get very irritable at anything; I mean now I'm, I'm better than I was before I went in the Army...”

(Veteran, longitudinal sample)

Although a number of respondents described troubled relationships with their families, reconnecting with parents or other family members was sometimes a 'last resort' in situations where finding or sustaining somewhere had become critical. Family members might provide direct accommodation and/or help people to find more permanent or temporary solutions:

“ I went back to my mum's because I wasn't welcome anywhere do you know what I mean? I'd burnt all my bridges do you know what I mean? My brother at this time was still in the Army. He was a soldier as well and it just got to a point where I knew that I couldn't go back to my mum's but I just went anyway because I was cold. I was soaking. ... She called my brother up and said 'You need to come and see [name]. He's struggling. He needs help because if he doesn't get help he'll die'. By the time I got to my mum's I was sleeping rough quite a distance away and when I got to my mum's my brother was already sat there waiting for me to come home. He'd been there three days... he was still in the Army him and his wife knew about [veteran welfare organisation] and all that sort of stuff and I think he rang [veteran welfare organisation] up.”

(Veteran, longitudinal sample)

Box 3.2:

Veteran's housing experiences: accommodation options for single veterans on leaving the Forces

This veteran was in the Armed Forces for six years but left after a relationship breakdown with his partner whilst in Service. He stayed with his brother on leaving the Service and obtained a flat in the social rented sector. The tenancy broke down through rent arrears. He slept rough for two years. He was in contact with veteran specific welfare services but he initially turned down the offer of accommodation as this would take him too far away from his children. However, he eventually decided to move to veteran specific accommodation, and also received support with his mental health issues, although the accommodation itself is some distance from his children.

Another small group of respondents reported that they had been homeless from the moment that they left Service (see Box 3.3).

Box 3.3:

Veteran's housing experiences: Sofa surfing/family reliance

One veteran reported that he had sofa-surfed for ten weeks after leaving Service. He then went back to his foster parents. Whilst staying with his foster parents he rang an advice service, which put him in contact with a veteran specific housing service. He then moved to this flat, also with the help of a national veterans' service. From there he moved into another house with a partner, but after this relationship broke down he applied to move back into the veteran specific accommodation he had previously lived in.

Diverse critical events played a significant role in triggering an episode of homelessness. In some instances, respondents felt that problems with homelessness were linked to a single event. For example, one respondent described the loss of a close family member as the trigger for his difficulties that led to homelessness. In contrast, other respondents described very unsettled housing pathways, with sustained periods of homelessness including rough sleeping, or sofa-surfing. Two respondents described periods of time where they had lived in vehicles. Some respondents noted that they had periods where they had relatively settled tenancies, or owned their own home, but that these periods were interspersed with more unsettled housing, or rough sleeping. A couple of respondents in this latter group stated that their lives had been punctuated by several relationship breakdowns, with episodes of homelessness in between.

Indeed, relationship breakdown was cited as a key reason for homelessness for many of the respondents. With relationship breakdown featuring as a significant aspect of many respondents' experiences, there might be greater potential for homeless prevention services linked with family mediation.

Another reason was loss of employment followed by homelessness as respondents could no longer afford to pay for accommodation, or because respondents had experienced episodes of poor health. A couple of these latter respondents were experiencing severe and ongoing health difficulties, which hampered attempts at independent living.

Experiences were often underpinned by poor mental health, with some respondents describing childhood trauma, and experiences of housing instability including institutional care, prior to joining the Forces. Other respondents also described their experiences of depression, and the impact that this had on their ability to sustain their own housing. One group of respondents were addressing their experiences of active Service and discussed the impact this had had on their ability to sustain accommodation, work and relationships, including the impact of PTSD:

“ I worked there for about three or four years and they moved jobs to working various different security companies in London, banks, warehouses, car parks, but I always had to move on after a while because of my anger and aggression, bad moods and stuff.”

(Veteran, longitudinal sample)

A further mitigating factor was substance abuse, with a number of respondents discussing problems with alcohol. One respondent described his movements through different types of housing, and the way that alcohol shaped these experiences:

“ Obviously I must have gone onto some sort of priority, a couple of months I got a flat. After the flat I managed to save some money, got a job, got my own house. Bought my own house. Got married. Obviously alcohol come into it - lost my job; had to sell the house, went onto the council list - but because I had a bit of money because of selling the house, I made a profit, couldn't - so I had to go into private.”

(Veteran, longitudinal sample)

Thus, whilst the point at which veterans leave the Forces offers an opportunity to address their housing issues, most respondents had sorted out their own housing, with homelessness occurring some considerable time after they had left the Forces. This raises an issue of how services might intervene to address the risk of homelessness in these situations. A specific difficulty is that it may not be immediately apparent that an individual is a veteran, and who could be accommodated and supported via dedicated veterans' services. One respondent also highlighted that attention should be focused on the needs of reservists.

In their discussions of the different types of accommodation and housing experiences since leaving the Armed Forces, a couple of respondents noted that they had moved into veteran specific accommodation for a while, before moving into alternative accommodation. For various reasons this subsequent accommodation had not worked out, and they had moved back into veteran specific accommodation again.

Accessing mainstream housing assistance

The role of local authorities to signpost or to rehouse veterans

Respondents were asked if they had applied for or received any support from a local authority. The vast majority of veterans that we spoke to had at least approached a local authority at some point after leaving the Services. Usually, but not in all cases, this was soon after re-entering civilian life. For the most part, this request for assistance was unsuccessful and many of those veterans that had asked for help cited the experience as unhelpful:

“ I tried to but they mislaid my appointment. I sat there for three hours, and then they never contacted me back.”

(Veteran, longitudinal sample)

“ At the beginning...we tried but they didn't see me as a priority. They said, 'there's people in worse positions than you.' How worse can you go if you've got to go sleep under a bush? ”

(Veteran, longitudinal sample)

“ I've applied for council housing and the band that they've put me in - initially it was difficult, because they said I'm not married and I haven't got kids, so I wasn't even qualified to go on. Then later on they said, because I've been in the Forces, they put me on the register anyway. But the band that they've put me in, I don't think I'll be allocated any building at all, because I'm in Band 4 and the properties I'm allowed are also limited. If I look into it, they always say that 146, 150 people are ahead of me, so it's not like I'm going to go up.”

(Veteran, longitudinal sample)

There was some misunderstanding of how homelessness legislation operates and frustration with the process was evident. Whilst the Joint Service Housing Advice Service seeks to set out clear guidance on this topic (Joint Service Housing Advice Office, 2016), there was a perception amongst our respondents that veterans should be eligible for support from the local authority and be able to access social housing. In addition to veterans, where eligible, being placed somewhat low down on a waiting list for social housing properties, as the quote above suggests, there was a more commonly cited issue of the respondents having a lack of local connection.

This was often mentioned as the barrier to accessing social housing:

“ The one thing we do suffer from, because a lot of soldiers move around throughout their life, they’re not actually connected to anywhere. If they’ve been out over five years, they’re not eligible for anywhere. So if you imagine that soldier then becomes a non-existent because he’s not actually got a tie to anywhere in the country and no council... It’s not within the five-year limit of where we can force it, so he then just becomes an obsolete. He can’t force a housing connection to anywhere so what he has to do is live on the streets in a certain area for x amount of time, try and get himself in a hostel and go the long way.”

(Veteran, longitudinal sample)

“ I went to my - when I left the first time, I went to my local council and turned around and said, ‘I’ve just left the Forces, red book in my hand, here you go. I need accommodation.’ ‘You’ve got no ties to the area, you’ve been away for too long, you’ve got no ties.’ Excuse me, my mum still lives here, my sister still lives here, my brother lives here, my niece lives here, my ex-wife

still lives here. I’ve got no ties? I was schooled here! I actually went to school with you! No, no ties so you had nothing, you were just dumped on the streets, they didn’t care.”

(Veteran, longitudinal sample)

The views of some respondents may reflect historic practices by local authorities, as sometimes respondents were describing incidents dating back a number of years. However, it did not appear that the experiences of recent leavers (left in the last two years) were different from the other cohorts within the research participants. The key point that emerges from the analysis is that respondents reported very varied experiences between different authorities. As would be expected, the potential for obtaining social rented accommodation varied geographically, with the chances of obtaining housing in lower demand areas much greater than high demand areas where respondents were likely to discuss being a low priority on housing waiting lists.

In a couple of positive cases respondents described the help they had received, with effective signposting to veteran services (including the provision of temporary accommodation for one night and travel costs to the veteran’s service):

“ So she [housing association officer] said, ‘Go to the council and speak to the council’, housing, with the council, because she thinks there’s a special provision maybe available for ex-military. So I went, spoke to the lady at the council and then she led me to [veteran accommodation scheme]. I went in to [veteran accommodation scheme] and I spoke to someone there, then that same day they sorted me out.”

(Veteran, longitudinal sample)

One of the barriers to pathways out of homelessness was the difficulty of linking veterans with veteran specific services. The first part of the chapter highlighted that there may well be a cohort effect here, with improvements to advice given to recent leavers compared with the experiences of veterans who left the Forces some time ago. There remains a challenge for services in targeting and identifying veterans in this latter group.

As noted earlier, one issue was that some respondents were reluctant to ask for help. A number of these respondents described reaching a crisis point before accessing services:

“ There’s a place in [town] called [hostel] and I’d gone in there to see the housing officer. They turned round and they just said, ‘Right’ and they contacted these people. Then [veteran accommodation scheme] came up and saw me and they said, ‘All right, you can come to [town]’. I can’t do another winter out on the street; getting too old and I hurt.”

(Veteran, longitudinal sample)

A further issue was generic services (whether housing, primary or acute health settings) being able to proactively identify that individuals were veterans. In some instances, there was an element of luck in cases where respondents happened to be in contact with a generic service where practitioners were either ex- Forces themselves or were sympathetic to the needs of veterans, and helped the respondents to contact veteran specific services:

“ Because when I had my last breakdown one of the nurses who was at the hospital was an ex naval nurse who recognised my symptoms. You know, my lack of sleep, my paranoia, my angriness, and he turned round and said, ‘Have you ever heard of Combat Stress?’ I’d heard of it, but I only thought it was for like soldiers that were coming out now that had been to Iraq and Afghanistan.”

(Veteran, longitudinal sample)

“ I was pitching up for the night, a policeman stopped me and, ‘What are you doing?’ I go, ‘I’m just pitching up for the night’. He goes, ‘Do you have a home?’ I was like, ‘No, not anymore’. He goes, ‘Right, pack up your stuff’ and then he brought me up here. He was ex- Forces himself and he saw that I had a bit of kit that was Forces marked and he asked ...and then dropped me off here and then that night I was here; I had a flat here that night.”

(Veteran, longitudinal sample)

One approach therefore would be to enable the proactive identification of veterans by generic services to help identify and signpost them to veteran specific services. However, a challenge with this approach is that generic services, including primary and acute healthcare providers, are already under pressure to identify risk amongst a whole range of diverse groups, including other homeless people or people at risk of fuel poverty, for example.

Accessing and using other support services

Veteran welfare services

When discussing their assessment of support services in the form of veteran welfare services, national veterans' organisations were cited most frequently by those respondents who had engaged with these resources. For those who had used veteran advice services, they also often felt that the staff members at the service were considerate and the help offered was both wide-ranging and practical:

“ Yes, the help I got was they actually intervened for the council to get me on the register.”

(Veteran, longitudinal sample)

“ No, [veteran advice service] was really good. I was contacted by a man called [staff member], who was Scottish if I remember. He was a really nice guy.”

(Veteran, longitudinal sample)

“ When I've got in contact with them they've been brilliant. [Hesitates] I can't remember the name but they help try and get you work and everything. They've been really good. I can't remember the name of them. Most of them have been good, it's more you've just got to get in contact with them to get it going, sort of thing but I suppose that's the main thing with most things.”

(Veteran, longitudinal sample)

Often one service would signpost or refer to another and therefore in many instances veterans had encountered several different services. Interestingly, it was those veterans that had served in the military for four years or more that had experienced veteran welfare services in greater numbers. More than twice the number of respondents in the longer

serving cohort said they had engaged with such services on leaving the military. Overall those that had encountered veteran specific welfare services found it to be a positive experience:

“ Yes, they've been a cushion there for me otherwise I might have gone under again...”

(Veteran, longitudinal sample)

The larger organisations with which respondents had engaged gave support and assistance such as offering vouchers for food, paying for brief hotel or B&B stays, buying furniture or white goods for a new place of accommodation and even giving help with bonds for a new place to live or clearing rent arrears:

“ I was homeless at the time, not for too long, got in touch with the [veteran welfare service] who put me in a B&B and then they managed to sort out and pay the rent for me to get a bedsit. I was there for a couple of years. So without them I wouldn't have been any closer because the council wasn't really doing that much.”

(Veteran, longitudinal sample)

“ Well, they helped me get clothes and what have you, helped me out with a bit of dollar when I was in [city], put me in a hotel one December for a month because of the snow and it was freezing so...”

(Veteran, longitudinal sample)

“ Yes, and then another one, a chap, he got divorced, got himself a flat, this was in Wales, he was a Sergeant in the Artillery and he got a flat, bare flat, rung the [Veteran welfare service] up, they sent him a load of white goods; brand new cooker, brand new fridge freezer. I didn't even know the [Veteran welfare service] did that. They'll give you money to get your white goods.”

(Veteran, longitudinal sample)

“ *That was help from [veteran welfare service] who paid my rent arrears off which I had built up before the Army which was quite good of them because it was about, I think, it was something like £900 in rent arrears, paid it off and I got a flat.”*

(Veteran, longitudinal sample)

Other organisations gave help with both finding and funding employment and training for veterans:

“ *...I started working up there as a countryside ranger before I moved back down here, so I was working up there and that was for [name] County Council and I was a countryside ranger for about two years, and I was renting and obviously the fund then ran out because it was funded by the [veteran welfare service] for two years...”*

(Veteran, longitudinal sample)

Some veterans had also engaged with smaller organisations, or associations related to a specific military Service. The assessment of these was, again, very positive:

“ *It's about two years ago. I was picked up off the street by [veterans support service] and first brought here in a pretty bad way because I was living on the streets and obviously with the alcohol and I was picked up. Then the second time I was in a bad way again and then [veteran welfare service] picked me up again, I was living on the streets yet again.”*

(Veteran, longitudinal sample)

“ *Fortunately some help from some friends and then the (veteran welfare service) they got me in touch with [veteran accommodation provider] and I've been here since tail end of March...They helped me by taking me to the different housing associations and the Jobcentre. I didn't know my national insurance number. You can't go anywhere without that... I wasn't getting any help from any of the other organisations, welfare or anything, about trying to find my national insurance number. Within 24 hours the (veteran welfare service) had come back, got the national insurance and helped to get things moving.”*

(Veteran, longitudinal sample)

For some respondents however, accessing veterans' welfare services had been a negative experience and they did not receive the help that they had sought or expected:

“ *You are fooled into the false sense of security that when you leave they're going to help you, but they don't. You leave, that's it. I'm fighting now with [veteran welfare service] just to get £600 in vouchers to get clothes. I have to literally beg and beg and beg and beg and beg. I did 12 years, do you know what I mean? It's horrendous. It is a very flawed process.”*

(Veteran, longitudinal sample)

“ *Yes, I tried them but I don't know how they operate. I don't know. I don't know. I tried them. They seem all right, but their processes are not direct. It's not a direct kind of thing, and especially if people don't really have a communal address. Their system will work if you're already in the system. If you never really were in the system, it's hard to get in there. I guess they do what they can, but it's a long procedure.”*

(Veteran, longitudinal sample)

Mental health services

Respondents were asked if they had used any mental health support services. This could be either dedicated veterans' services or generic services. More than half of the veterans we spoke to had accessed services. However, respondents did not always specify which type of service they had accessed, although when they did it was usually a national veterans' mental health service. Those that had accessed or tried to access mental health support were usually doing so because of PTSD or depression:

“ I didn't even know that I'd got post-traumatic stress disorder and the gentleman that diagnosed me said 'Do you think you've got post-traumatic stress disorder?' and I went 'No' and he went 'Well I'm telling you that you have'. I was like 'Right okay'. So then I went to see the other psychiatrist but it was only three years since I went to [veteran mental health service] and actually got diagnosed with post-traumatic stress disorder.”

(Veteran, longitudinal sample)

Some respondents reported positive experiences and outcomes when engaging with mental health services. Having the knowledge that someone is there to listen and have a chat with was found to be particularly useful:

“ I have sessions with, what's it called - because of my PTSD, [veteran mental health service], I've still got about four of five sessions with [veteran mental health service], which when I really feel everything's really getting on top of us and things like that, get me up, give [name] a phone, 'Come on, get your arse down here' and you'll sit there for an hour and a half, have a coffee, biscuits and we have a chat and she relaxes me.”

(Veteran, longitudinal sample)

“ I have good sessions. The last session that I had, I said to her at the end of it, 'I think that's the best session we've ever had, so cheers for that.”

(Veteran, longitudinal sample)

On the other hand, there was a great deal of dissatisfaction amongst veterans at how long they had to wait to receive help and support. Several of those that had accessed any form of mental health service, be it veteran specific, a generic service or via the NHS, complained at how slow the process was from initial point of contact to actually receiving the help they required:

“ No, I did try a while ago, but they just said that they couldn't deal with it. It wasn't for the drinking that I was going for then. It was my own issues with PTSD and that and I just kept going and they said they weren't qualified to do it. They can refer you to somewhere else, but the waiting list could be two years or whatever because there's a big waiting list, so you just call them and it doesn't matter, because there's no point in waiting two years. By then I don't know what would have happened. So I could have drunk myself to death by then or something.”

(Veteran, longitudinal sample)

“ I mean I've been asking for months and months to get mental health help from these guys...And because it kept getting delayed, and delayed, and delayed, I went down to the doctors, I said, 'Look I need a CPN. I need a CPN and I need to see a psychiatrist' and within a month it happened.”

(Veteran, longitudinal sample)

“ Very slow, yes. I just need to contact my doctor again, it's just a slow process isn't it, it's not quick enough.”

(Veteran, longitudinal sample)

Another negative aspect of the process by which one could access mental health support was centred on the fact that veterans were unable to get help while they were drinking heavily. This then, it appeared, became a cycle:

“ Well, I’ve had nobody actually address my PTSD. I applied to [unclear word] but they’re not willing to help because I’m an alcoholic. I’ve got to stop the alcohol before they’ll deal with me so I can address my PTSD then...I’ve got to get rid of the alcohol first... then my GP says I suffer with severe PTSD from that stress. Well, I tick all the boxes for PTSD. I self-medicate through having a drink. Do you know what I mean? ”

(Veteran, longitudinal sample)

Drug and alcohol services

Veterans were asked if they had engaged with any drug or alcohol services and if so what their experience of these services had been. Less than a third of the interviewees had done so. Both drug and alcohol services had been utilised but, of those that had accessed drug or alcohol services, the vast majority were for alcohol related issues alone. In explaining why they felt they had turned to alcohol or drugs, it was generally for self-medicating purposes and as a coping mechanism. This was often in relation to PTSD:

“ I just got into taking heroin, I didn’t take drugs until later on in life, but I found with that it just blocked all my problems out and it worked, so I could self-medicate. I just took it at weekends to start with and then it got to every night and then I couldn’t stop taking it because there wasn’t help there to, I couldn’t get put straight on the script at the time. I’ve been fighting that battle ever since, to this day. I’m on a methadone script now, I don’t use. I have relapses, but I don’t use every day like I used to, but I’m on methadone script.”

(Veteran, longitudinal sample)

A small number of drug and alcohol misuse services were mentioned by respondents who had accessed them for support and this had generally been a positive experience:

“ I also see a company here called, I think its [generic support service], they’ve just changed their name and that’s for my drug recovery thing. They’re the only people I speak...Yes, all right now because it took them a week to get my script sorted out so I was ill for the first week, because I was withdrawing off the methadone so yes, I was really ill. So once that was sorted, it’s been fine.”

(Veteran, longitudinal sample)

“ I mean I was drinking, you know, heavily. I’m not so bad now like more just like social drink, you know, like every now and then, but you know, having my dog helps and I think they see that and I engage with [alcohol /drug service] and stuff like that, so I’m trying to help myself as well.”

(Veteran, longitudinal sample)

However, for some, rather than engage with help from services, they had found their own way of dealing with a substance misuse issue:

“ I’ve tried a lot of different things, but I’ve found what’s helped the most was just the gym. That only came about, about I’d say, about three months ago now. I was like ten stone, but I’m 12 stone now just through the gym and it acts as a deterrent because you think, ‘I don’t want to drink because I won’t go to the gym the next day, I’ll have a hangover.’ So, I drink on a weekend, but socially...”

(Veteran, longitudinal sample)

Other services

Interviewees were asked if they had ever used any other services for help and support. Several had used other services – this ranged from health services such as physiotherapy or chiropractic services to food banks and help when on the street. Sometimes simple low level support was received in the form of accepting a meal and getting help with filling in forms or offering accommodation:

“ *It would have been in [town] at a place called [generic support service]. It was right on the seafront, because they do food for anyone homeless or struggling and that where you can go and get a meal and that and help you...Yes it was her that made the phone calls and then I spoke to them. They arranged a day where I could get picked up and then I got picked up...Some of them you have to meet other people that are trained, but there's always someone that will come with you and help you fill all the paperwork and that you need and make sure you're all right, you're not getting too stressed and that.*”

(Veteran, longitudinal sample)

“ *Vets support services she had heard of [veteran welfare service], rung them up and told them about me and they picked me up and then brought me here. When I got here I'm like, 'How the hell, how have I got here? I was in north Wales two hours ago?' Because I hadn't been drinking, coming down. That's when the care started to kick in, even now I can still ring them up. [Veteran welfare service] have got their own accommodation now..*”

(Veteran, longitudinal sample)

Also, other support services that people accessed were educational in their aims:

“ *[Veteran accommodation provider] have got this organisation called [name of support service]. They help people with educational things so I've been doing how to use a computer. Start from scratch; I don't know nothing. I know how to get on to YouTube now and on to Wikipedia.*”

(Veteran, longitudinal sample)

Others had support in the home, namely from the local authority, however this was not always helpful:

“ *I don't know to be honest. I had a support worker when I lived in [city] as well, she used to come out and visit us but she wasn't that great. She messed a lot of my stuff up, my debt relief order. It was supposed to have gone through about a year ago but it went through about four months ago. She sent it to the wrong address and then we had to redo it all basically...Yes, just through the council.*”

(Veteran, longitudinal sample)

Conclusion

Veterans who had left within the last two years appeared more likely to discuss positive support they had received at the time that they left the Forces. Veterans who had left some time ago reported very limited transition support at the time that they left, and were more likely to feel disengaged from help. A conclusion is that there may be cohorts of veterans who left the Forces some time ago who have hidden needs, and may be disconnected from services or from information about how to get help.

A factor compounding this latter issue was the way that a number of respondents experienced episodes of homelessness some considerable time after they had left the Armed Forces. One group had left the Armed Forces with settled accommodation, but subsequently became homeless for a variety of reasons sometimes many years after leaving the Service. Relationship breakdown was a key trigger in these instances. An issue therefore for these individuals was more likely to be about being identified as a veteran if/when they approached generic services and being able to subsequently link into veteran services. In contrast, another group of respondents reported unsettled circumstances prior to joining, and discussed being at risk of homelessness straight after leaving the Armed Forces.

A key challenge for respondents was linking with mainstream support via local authorities, and a barrier was being able to show that they had a valid local connection to whatever part of the country they were attempting to live in. However, it must be noted that some respondents described experiences that had occurred a number of years ago, and therefore may have reflected historic practices by local authorities.

A further challenge was effective signposting to veteran specific services, with some

respondents reporting that there seemed to be very limited knowledge of services available for veterans amongst the local authorities they had approached. Some respondents felt that their positive experiences of engaging with local authorities or with other services seemed pure luck in relation to talking to an individual officer who expressed a sympathy towards the needs of veterans, and who 'went an extra mile' to signpost effectively or offer practical support. One approach therefore would be to enable the proactive identification of veterans by generic services to help identify and signpost them to veteran specific services. However, a challenge with this approach is that generic services, including primary and acute healthcare providers, are already under pressure to identify risk amongst a whole range of diverse groups, including other homeless people or people at risk of fuel poverty, for example.

Respondents also discussed their views on accessing and using wider veteran welfare services. Those veterans that had served in the military for four years or more had experienced veteran welfare services in greater numbers. More than twice the number of respondents in the longer serving cohort said they had engaged with such services on leaving the military. Early Service Leavers amongst our respondents were less likely to have used these services. Respondents also discussed using generic services such as mental health, or drug and alcohol services. Although these services were largely valued where respondents had used them, our respondents also highlighted issues that face the wider population of people who live with homelessness such as the length of time it can take to access services, and also problems accessing services where there is a dual diagnosis around mental health and drug and/or alcohol problems.

Chapter 4:

The role of dedicated veteran accommodation services in veterans' housing journeys

This chapter focuses on the nine case studies of dedicated veteran accommodation to explore the present and future role of this sector (see Chapter 1; Table 1.1 for scheme profiles). The chapter draws on both interviews with staff and service users utilising these services. In addition, perspectives from veterans taking part in the longitudinal interviews on dedicated provision, are also included. The chapter examines the development (including funding) and aims of the provision, client groups served, services provided and potential impact. This chapter ends with a summary of the housing and support outcomes of our longitudinal sample following their contact with veteran accommodation based, and housing advice, services.

Development of the schemes

Established veteran organisations explained that the majority of their accommodation for veterans was developed in the last century. Models of provision were therefore to some extent ‘inherited’. However, all established providers had developed provision within the last decade, reflecting more contemporary concerns. Similarly, whilst generic housing providers had been established for many years (sometimes under different housing configurations), their veteran schemes were also relatively new. All schemes included in the research had been developed in the last decade, and most in the last five years.

There were a number of factors that influenced the development of the nine example schemes. Local housing needs analysis had been a determining factor in a number of schemes. One organisation had been approached by their local authority following high numbers of veterans presenting as homeless; this spurred them on to consider the possibilities in this area. Another recent scheme had also been set up following a local study identifying need in this area. In some cases, need was not explicit, rather extensive local knowledge and experience pointed to ‘this would probably be a good idea’. With exception of two services commissioned by local authorities, the schemes were provider-led initiatives, often involving considerable partnership working.

The identification of a need for more coordinated and holistic services was also evident. For three organisations, a major spur to development had been a concern that existing provision for veterans was disjointed. These providers wanted to offer a more holistic service that was much more responsive to veteran’s needs than existing provision:

“ There are thousands of military charities out there, but the vast majority, you have to fit into a certain criteria... it was started because we don’t have any qualifying criteria, as long as you are a veteran... if we don’t know the answer we will probably know somebody who does and if we don’t we will find somebody who does...If somebody approaches us, we will deal with it... we will find the answer...”

(Veteran provider, case study)

Many of the case study representatives explained that a combination of fortuitous events and circumstances came together to enable the developments. One veteran-led organisation felt that this amounted to a ‘force of circumstance’. The availability of three linked key factors appeared determining here: buildings; funding, and partners.

At least three organisations had buildings gifted to them, including two former older people’s residences; a large house and a farm. In another example, a generic homelessness agency approached a veteran organisation and offered them a property for leasing.

Some providers acknowledged that the recent funding climate for the development of veteran provision had been favourable. In particular, the availability of LIBOR funds provided organisations with a major opportunity to consider how they could better meet the needs of veterans, particularly for the funding of expensive, high quality schemes with a range of services. It had also been a relatively fruitful time for other fund-raising for veterans with high media attention and following the establishment of the Armed Forces Covenant:

“ On the capital side there was obviously a one off splurge from the LIBOR funds, and not all of that has worked its way through yet, not all of the units are on-line... so that was a one-off splurge. Outside of that, back to reality if you like, it's tough... we have to fund-raise over a period of time, and that is slow, we can do it but it's slow.”

(Veteran provider, case study)

“ If we hadn't had the windfall we've had [LIBOR], we wouldn't be able to purchase new properties.”

(Veteran provider, case study)

The development of smaller, shared houses usually relied on finding, or being approached by, landlords willing to lease properties to the veteran provider (sometimes at a reduced rate). However, LIBOR funds had also been used here, and fund-raising was also important. One provider commented that they had developed the case study scheme using LIBOR funds purposively so that they would own the property so they were not reliant on working with a landlord who might need to sell the property at some point.

Partnership working was at the heart of most accounts of veteran developments. These services sometimes involved a developer and provider partnership. In most cases, the leading organisations had harnessed support from a wide range of players to bring the project to fruition. For example, one organisation had support from 13 local authorities with their project. Another example was an organisation working with a local community trust to refurbish a gifted property.

Revenue funding

Revenue funding came from a wide range of funding sources, and was an ongoing issue for most providers, despite an awareness that the veteran sector probably fared better than other homelessness agencies due to access to other veteran charitable monies.

The removal of Supporting People ring-fenced budgets had an impact over the last few years. One provider had lost all their local authority funding to provide housing related support as the authority had rationalised its provision into a single support services (generic) provider. Through a huge increase in fund-raising, they amazingly had managed to fund-raise to cover all their support costs. They had made a decision not to raise rents as they did not want veterans to fall into the poverty gap whereby they would be cash poorer if they went into work whilst in their supported accommodation. (Although one veteran explained rents had increased from £89-£146 over five years). However, they questioned the viability of this funding base in the longer term.

Smaller organisations seemed to struggle more than larger organisations. One case study relied totally on fund-raising to maintain its accommodation and resource centre (90% from 'bucket rattling'). The resource centre was staffed entirely by volunteers. A small board of Trustees oversaw the project. This model was only sustainable as it was small scale, and strikingly due to the commitment of both volunteers and service users to the project. Veterans did claim Housing Benefit but the resource centre provided utilities and support. Another smaller organisation explained that they had to increase rents/ service charges (covered by Housing Benefit) following cuts in Supporting People, and had 3-4 full-time volunteer positions. They were finding it harder and harder to raise money in the charitable world due to the perceived competition from larger players:

“ Funding now is just a nightmare. Thought it was hard when started. If you have a capital project, then you might find somebody. What's changed is that the government funding has disappeared. What that's done has shifted the big charities with a reasonable staff into the world that was the little charities' domain previously. So we're fighting now with people who are well qualified to write funding bids, and the staff and resources to spend the time. It blocks the little guys out.”

(Veteran provider, case study)

Another middle sized organisation, that had been successful in fund-raising to date, noted that they needed money for a specific fund-raising post to enable this to continue in the future. Larger organisations had this facility in place.

Some schemes also looked to the private sector for some financial or in-kind support. One scheme had achieved considerable corporate support when initially set up but noted that this had reduced and they had to promote the services more than previously. A number of schemes, as well as benefiting from other charitable services delivering support to them, also had negotiated pro bono work from private health and well-being practitioners.

At the time of the study, most providers were extremely worried about the extension of the Local Housing Allowance rates to supported accommodation¹⁸ and that, should this proposal go ahead, that provision would not be sustainable.

Aims of the schemes

All of the schemes were attempting to address the housing and support needs of veterans, although the specific aims and objectives reflected diverse approaches to this, including:

- To increase housing for veterans in need.
- To provide safe, affordable and suitable accommodation.
- To help veterans to move on to more permanent housing from transitional accommodation schemes.
- To give veterans the skills to manage independent living (with support if needed) in Civvy Street.

- To develop awareness and help address support needs, including health (mental and physical) and substance misuse issues.
- To help identify and pursue aspirations related to training/education/employment/leisure interests.
- To support residents with relationships with their families/provide respite for families.
- To enable veterans to build relationships with, and participate, in the wider community.
- To help people become a 'good citizen'.

Most providers were focused on the delivery of transitional accommodation – and articulated that this was about a transition from the chaotic world of homelessness to a more settled life in Civvy Street. Schemes were attempting to offer a 'stepping stone' to independence:

“ So here we may find someone who has just come out of the military and needs a bit of support because they currently find themselves jobless and homeless...settling back into their own property perhaps using us as a 'stepping stone'... This is better for their independence and trying to get people back out there into the community rather than just getting a room and being institutionalised.”

(Veteran provider, case study)

“ This is a stepping stone to getting your independence back. It's like a foothold.”

(Veteran, case study)

¹⁸ The then proposal that rent and service charges for all supported accommodation would be funded through Housing Benefit or Universal Credit up to the level of the applicable Local Housing Allowance rate from 2019. This was announced in September 2016: http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/?dm_i=3R33,36VG,O8BIS,9F14,1. This proposal was dropped in late 2017; new proposals are outlined in DWP/ DCLG (2017).

A couple of organisations had historically been focused on longer-term housing. They discussed a recent shift in their thinking away from permanent tenancies to the provision of short-medium term accommodation. There was a concern to maximise the housing resources available for veterans for those in greatest need, ensuring that constrained resources were used most effectively. There was also a concern to move people into civilian life as soon as possible to avoid creating a dependency on a dedicated service. However, making this shift was not easy in established provision where older cohorts of residents had entered the provision with an understanding they would have a tenancy for life. The challenge of finding appropriate move-on accommodation also hindered this aim:

“ We are trying to move from this “houses for life” because the vast majority of our general needs housing... is full of people, it’s just like nice council housing, they are happy to stay there, being subsidised forever – and what we are trying to achieve is a model whereby they come in for 5 years and then we have a look at them again, and of course, it’s always hard, there might be means testing and all that, we find out if they are still in need, and if they are not in so much need, we try to encourage them to move on, because we can go on building properties but it is a finite resource at the end of the day and when they are full, they are full, and we want to actually help the people who have the greatest need.”

(Veteran provider, Roundtable)

‘Community’ was a key feature of a number of schemes. Different emphasises were put on this by different providers. One model clearly was to develop a scheme that could itself offer a veteran community, with sufficient communal resources:

“ They are all built around communities, so we don’t have flats here and there, we build a community where we have central offices, we have communal areas, we have training facilities, all of that... homes built around a community, that is our modus operandi.”

(Veteran provider, case study)

In contrast, providers of smaller units of accommodation stressed how houses were designed to be part of existing local communities and to develop community resilience. Some providers combined both these concepts by opening up veteran communal facilities to the wider local community, to encourage mixing of both communities. One scheme had also established a specific outreach service into the community, whereby veterans offered their services to other people in need in the wider neighbourhood.

Target client groups

As reported in the first stage report (Jones et al., 2014), the majority of providers targeted their provision to all veterans who had served at least one day. Similarly, veterans could have left the Armed Forces for one day or some decades ago. A number of providers were working with a high level of Early Service Leavers; and most (though not all) people supported came from more junior ranks. Most provision also accepted both men and women, but in practice mainly catered for men.

Most projects stipulated the target client group in terms of the nature of housing and support needs of potential residents. This was to align support needs with the level of staffing available, and what was considered manageable in a communal setting (sometimes due to being shared housing/ to fit in with existing tenants). Given the focus of provision, most projects aimed to provide a service to veterans who were homeless or at risk of homelessness in the near future, with a priority to assist those sleeping rough. Projects usually either targeted their services to either people with:

- Low/medium level need: here projects could not support people with severe mental health needs/current addiction issues.
 - We look to the middle. If they've got too complex needs we can't take them - we're not 24/7. (Veteran provider, case study)
- High level need: a few projects were targeting people, or willing to support people, with high and complex needs.

One provider had decided to mix the level of need in a recent scheme:

“The original plan was to have a facility for vulnerable people but actually the idea of putting all vulnerable people in one place wasn't great so we cut it in half. So half are people who come from more vulnerable backgrounds.”

(Veteran provider, case study)

Providers often reflected that it was quite difficult to target their services in this way. One case study explained that they had to turn quite a few referrals away as people's needs were too complex for the project. Others commented that once people were resident, it sometimes transpired that people's needs were higher than had been expected or that their needs changed. One scheme was surprised that they were not working with more people with PTSD. Another service had initially set up to assist with recent transitions from military life to civilian living, however they found that a large proportion of referrals were from veterans who had served many years ago, highlighting how need (particularly related to mental health issues, and PTSD) might take many years to become evident. Overall, it was clear that the nature of needs amongst veterans varied widely and that, as it was difficult to predict the level of presenting need. In a couple of schemes, there was a concern amongst some veterans about drug use and/or severe mental health problems amongst a minority of residents on the premises. This had led to at least one serious recent incident.

Effective demand

Some areas demonstrated stronger effective demand (or presenting need) than others. In some areas services were described as 'full'. However, two accommodation providers explained that they had received fewer referrals than they had originally expected, and that they had a number of spaces available. Another explained that referrals to their new service had been slower than expected, but they also indicated that there had been little advertising of the service. A third provider was developing new provision and explained that they would probably decommission two other properties in the same area when the new provision came on site, suggesting that demand would not be sufficient for all the schemes together. Jones et al. (2014) documented that some providers were turning away veterans although demand appeared stronger for long term housing than transitional accommodation.

Referrals tended to come from a very wide range of agencies, and self-referral via word of mouth was also significant. One provider pointed out the lack of referrals direct from the Army welfare services; however another stated that they were just starting to get referrals via this route; and another explained that their services were now more closely aligned with other agencies and were now receiving more service leavers. Veterans interviewed in the case study work confirmed that they found out about the veteran accommodation from a wide range of sources. For example, three of five veterans in one case study mentioned the internet as the main way of finding the accommodation. Another veteran welfare agency was mentioned by a fourth, and the fifth had heard about the scheme from a family member. As with the longitudinal interviews, there was a large element of chance as to how people found out about the provision. For example, one veteran explained that another veteran in a hostel mentioned the organisation, he commented: 'It's not what you know, it's who you know...' There were also diverse experiences by providers in relation to the

number of referrals coming through via more generic services, including the local authorities.

The case study experiences suggested that actual need was likely to be higher than effective demand. Firstly, there was clearly a low level of knowledge of dedicated (and other) services amongst veterans. Secondly, there was also some evidence that some veterans may not realise that such services were available for them:

“ I thought veterans were people who got blown up. Not people like me. I didn't know I'd be entitled to anything like this.”

(Veteran, case study)

Thirdly, there was widespread agreement amongst providers and veterans that people were often reluctant to ask for help, and only at times of crisis (perhaps due to always having had someone else sort things out for them in the past; and having pride in being able to cope without help). Fourthly, it was thought that demand tended to increase at times of conflict – and decrease when general awareness around the military decreased. There was a consensus that more assertive engagement was required, alongside better general advertising, to link people into veteran accommodation services. The new Veteran Housing Advice Office, providing one point of entry for veterans with housing issues, should lead to a more effective signposting and referral service for schemes.

Veterans in the case studies, and longitudinal sample, all reported that the referral process for schemes was simple and relatively quick:

“ Literally, it was such a quick process. After two weeks being homeless, thinking what am I going to do? I had a phone call from one of the support workers from the day centre on a Friday morning, ‘There's [provider], I've recommended you to them and they've sent forms. Come over, we'll fill

it in online and then we'll send it off.’ So I went there, we filled in the online application, sent it off and then he was like, ‘Yes, well we might take about a week or whatever.’ So I was really happy anyway. A couple of hours later I got a phone call from them saying, ‘Yes, the guy's going to come down and assess you, they might take you tonight.’ That was [staff member] who came down, spoke to me. He was like, ‘Right, there's a room for you if you want, if you're up for it.’ So I went that day. I was like, wow. That was really good.”

(Veteran, longitudinal sample)

“ I didn't expect it to be that quick [getting into veteran accommodation], I'm glad it was now because the thought of walking ten miles every day in November [to a B&B/ sign on], there and back, so ten miles each way is, you know [laughs]...”

(Veteran, longitudinal sample)

Assessment of scheme services

Accommodation

Type of accommodation

Within the case studies, there were two main types of accommodation being offered by providers: self-contained, usually one bed flats; and shared houses. All schemes provided accommodation for rent, although one provider was also developing a shared ownership model for veterans with disabilities. In one scheme, in exceptional circumstances, volunteers would also put up homeless veterans in their own homes. This project would not refer to generic hostels, and would not let someone stay on the street:

“ Our volunteers look on it as family helping family, the Forces are a big family and it's the age-old, you never leave a man behind...”

(Veteran provider, case study)

Some providers firmly believed that shared accommodation provided the best setting for vulnerable veterans to start re-building their lives. Socialisation opportunities were seen as crucial particularly for those suffering from PTSD where isolation could be a concern:

“ Personally I think shared accommodation is imperative, with PTSD which is a major psychiatric problem lads come in with, isolation is awful and it tends to be the default for somebody with PTSD, they isolate themselves, don’t want to socialise with anybody, don’t want anything to do with anybody else, they only see people if they have to, well, if you’ve got one bedroomed flats, they never have to see anybody, because they never have to leave those flats. Here, they have to leave their rooms, even if it is only to go to the toilet or to use the shower, or to get something to eat, at least that way they are seeing somebody... they know when a guy is not coping, and it’s sort of, ‘Come on, kettle’s on’, and they’ll sit and talk. Again, we have had residents here who have sat up with other residents until silly o’clock in the morning just because they needed to talk. Or somebody is having night terrors, you have got somebody else here who understands...”

(Veteran provider, case study)

Self-contained accommodation, in contrast, was felt to provide more of an independent living experience that better prepared people for moving on. One provider also explained that it offered more flexibility in terms of those they could accommodate in terms of levels of need, for example someone with lower levels of need could live next to someone with higher levels and not necessarily have to socialise together. Whilst some veterans described how a self-contained flat sometimes gave them too much opportunity to close themselves away, they also felt that this model offered a good balance of support and independence:

“ I check in [with key worker] when I’m feeling good. Because when I’m not feeling good, I shut myself away, in the flat.”

(Veteran, case study)

“ ...they check on you once a day, they even knock on your door if they haven’t seen you or heard of you and force you to make communication; that’s my issue (laughs) it’s still, you know; but also you’ve got that independence; the flats have a kitchen, you’ve got your living room, you’ve got your bedroom, bathroom, you can live independently, I think that’s good, you know.”

(Veteran, case study)

Satisfaction

Irrespective of model, satisfaction with the standard of accommodation, and related facilities, was very high amongst veterans. Accommodation was usually modern and clean. There was just one scheme where the accommodation was old and had damp. The accommodation, importantly, was felt to be safe:

“ They offer brilliant accommodation. I’ve got my own massive room. We’ve got everything we need here. Shared TV area, shared kitchens.”

(Veteran, case study)

“ I’ve also been a mortgage holder as, as military personnel, as a civilian, and I can say that the accommodation in here is equally on par of what I would buy if I was given the opportunity. It’s well thought out, design is, is really well thought through...”

(Veteran, case study)

“ Yes. I love it here... I feel very safe here.”

(Veteran, longitudinal sample)

“ *The place itself is great. I mean the flat is clean. You come in and they are cleaned you know.”*

(Veteran, longitudinal sample)

Several veterans did, however, feel that veteran transitional accommodation had too many rules and regulations:

“ *I'm happy as such in ways, obviously it's like a breakthrough that you get, you've got a roof over your head and you get your support and stuff like that and they can find you courses and that for work and stuff. I'm happy in that respect but at the same time it's not really home, it doesn't feel like home. Even when you're working here and that, you can't have overnight guests or anything. I'm not really that bothered about that completely but it's annoying now and again when you bring someone back...”*

(Veteran, longitudinal sample)

“ *The staff seem to run the place here like it's a youth hostel with all different rules and stuff like that. It's not really a place for adults with the rules if you know what I mean.*

That side of things, it's a bit of a let-down.”

(Veteran, longitudinal sample)

A few providers assisted veterans to have children to stay by paying for hotel accommodation, or accessing nearby veteran guest accommodation. However, there was also a specific call from many veterans to be able to have their children to stay on site:

“ *I'm the father of two children, one who would be allowed to stay here overnight [over 18], but one, because they're only sixteen, is not allowed to stay here overnight...And for transitional accommodation who, who are getting people ready to go back into the, the real*

world, they, they should have the skills and facilities necessary to enable family to come and stay.”

(Veteran, case study)

Providers explained that some people were reluctant to move on from the dedicated accommodation both because of feeling settled and because the standard of accommodation on offer was typically better than any independent accommodation they would secure. Ironically, one of the veterans in our longitudinal sample explained that he had moved on from a dedicated scheme because he was getting too comfortable. However, two older veterans were extremely pleased to have found a longer-term veteran scheme and felt that they were settled for life:

“ *...you do miss where you were before a bit, you know, but the problems with [dedicated scheme] is it's sort of like a safe haven and you get too comfortable and if you don't get out within a reasonably set time you become too attached.....it's the safety of it and everything, you know, so...”*

(Veteran, longitudinal sample)

“ *... because we want to move people on, and because we are a charity, our rents are low... you create wonderful facilities, the landscaping, the training facilities, and there is a security with having you mates around you, we find it harder to move people on, so our perfect model would be a fixed period of time whereby there would be an easy trajectory to move on into independence... Because it is supported housing, the best leverage we have got to move people on is the fact that there is a certain kind of stigma or something like that, but it doesn't feel too much like supported housing so we struggle with that...”*

(Veteran provider, case study)

In practice, some people in the longitudinal sample did want to move on to achieve independent living, to be free of some of the restrictions of shared accommodation, and also the tensions associated with living in a communal setting with a mixed client group.

Whilst the overriding view on the accommodation offered was positive, there were one or two veterans who had past poor experiences of (non-case study) veteran specific hostel-type accommodation (with shared facilities): one person described a previous stay as like a 'prison sentence'; describing a 'difficult environment' that was very noisy and a heavy drinking culture.

Preparing people for independent living

A key focus of many schemes was preparing people for independent living. For example, one provider offered people modules around what a tenancy is like/ understanding utilities/ council tax etc. More generally, they helped people sort out their finances and benefit arrangements, often helping them to get onto a firmer footing before moving on. One provider also spoke about helping people to understand that they need to take responsibility for their lives and, especially amongst younger people, break down the sense of entitlement that some of them were perceived to hold:

“ You have got to push the clients, you’ve got to get them to expand their comfort zone because they are transitioning from being in the military to hopefully being fully functioning civilians.”

(Veteran provider, case study)

However, one veteran was quite critical about the nature of the support, feeling it could be more proactive in helping people prepare to move on, and felt that people were staying longer in the scheme that they needed to:

“ I’m not happy with the support... Everybody has a support worker, but they seem to go through the motions... I mean you’ve got people here now who’s been here eighteen months/two years and they’ve no intentions of moving, they just keep trying to put it off and put it off, basically cos they’re on a good number, you know, they’ve got no worries, got no bills, and they’re happy with that; and there’s people here ...they’ve not been shown how to live outside this place, this bubble, and so when they do eventually gone, they’ve got to go eventually because it’s, it’s a limited time you, you’re allowed to be here; they’re not going to survive, they are gonna be up the creek.”

(Veteran, case study)

General support and monitoring

With a couple of exceptions (see above), veterans often spoke very highly about the support from staff. Generally, veterans reported that staff were very responsive to their needs, and would also respect their privacy, unless they were concerned about them. At least two schemes had a daily phone call system to each flat, this was seen as a good thing, that staff 'noticed' them and were 'concerned' for people's welfare. There appeared to be widespread support for staff being very proactive with the veterans:

“ And the staff know what they are doing, which is a big, big plus.”

(Veteran, case study)

In discussing positive experiences of veteran's accommodation services, respondents emphasised the importance of having staff members around who were supportive. This offered a sense of security, in that veterans felt that they could ask for help with most things and that there was someone there if needed:

“ Whenever I need a little help with something I always will ask and approach him, you know, ask for a bit of opinion or help with filling in a form...As far as I’m concerned the staff are friendly, very approachable, supportive. They’re good at what they do, very professional. If someone’s really in a vulnerable situation I could say I’d more than recommend them come here to kind of turn their lives around and see where they go from there.”

(Veteran, longitudinal sample)

“ They’ll help you with your benefits, they’ll help you with getting in touch with charities, they’ll help you with getting on the council lists. They’ll help you... They know more about it than you ever will, so they do all of these things and if you’ve got other issues... They’ll help you with drug issues. They’ll help you with any issue that you have. So if you imagine it’s... It’s like somebody has just grabbed you, said, ‘We’ll give you a hand, let’s find out how to do this.’ Obviously you can still do things yourselves but there’s always someone else that says, ‘Who do I speak to next?’ I think that’s where it’s beneficial.”

(Veteran, longitudinal sample)

Education, training, volunteering and employment

Provision differed as to the extent it could support people with getting ready for, and accessing training/education and employment, however most schemes saw this as a key area of activity. Firstly, at the very least, key worker support would commonly include this as an area to support people with in terms of sign-posting/helping people to access Jobcentres etc. Secondly, many providers were able to provide basic (or enhanced) access to computers (sometimes in an IT suite) to support job-hunting. Thirdly, a minority of providers offered specialist support in this area

through the employment of dedicated staff. Other schemes had links with external providers who came in to offer employment training. The issue of employment and training was also discussed by the veterans who took part in the longitudinal interviews, and their experiences are covered later in the chapter.

As noted earlier, engagement with the local community was an important aspect of provision in a number of the services. In one scheme, there was a café and meeting rooms available to the public to assist with community engagement. Another provider linked up to nearby charities to offer volunteering opportunities. A third scheme worked very closely with the local community to offer services to other people in the neighbourhood. This reaching out to the community gave veterans opportunities to volunteer and help others, gaining skills and self-confidence in the process.

Health and wider well-being services

Providers explained that health was a key area of their work with veterans. Most accommodation providers had links with external health services. A number of providers had links with a specialist veteran mental health organisation that came in to provide psychological support. Another provider explained that they had links with a psychiatrist in the city who was willing to provide their services for free to them in exceptional cases. Schemes often also had links with addiction services which they referred people to and/or where addiction services visited the scheme. Veterans explained that: ‘you’ve got so many resources that’s coming into here that help’.

A couple of providers had established links with specialist well-being services. One scheme was offering mindfulness to their veterans. Another had a good working relationship with a local Havening¹⁹ therapist, who provided their services ex gratia for veterans. These well-being services were highly valued by resident veterans:

“ Havening, so haven-ing, havening; and it’s like a touch therapy; and when I have that done for two days I sleep on a night, after that and I’m, I’m back to; but what it does it gets rid of the stuff what I want to work on, it don’t come back. But I’m, I’m still having sessions now, you know, and it’s absolutely unbelievable.”

(Veteran, case study)

One provider explained the importance of their schemes providing Psychologically Informed Environments (PIE), where all staff members are trained in this method of working which prioritises relationships in schemes, attempts to include rather than exclude people with challenging behaviour and supports people’s emotional life (addressing past traumatic experiences). Over the last few years, PIEs have been encouraged in wider homelessness services (Keats et al., 2012), with a recent evidence review concluding they are a ‘promising development’ (Breedvelt, 2016, p13). This method of working could be particularly useful in veteran services.

A number of schemes also placed a priority on helping people to get and stay fit, and participate in leisure activities with other veterans. One scheme had employed a healthy living officer and also had a gym on site. Another provider had an extensive ‘health and well-being programme’ in place across all its schemes, including daily activities at their largest scheme. However, despite providers’ best efforts, some veterans felt that they had too much time on their hands:

“ A lot of your time is sat and wasted just looking at four walls...”

(Veteran, case study)

Helping people to move on Accessing accommodation

All providers helped veterans to find and apply for move on accommodation suitable to their needs. Some providers attempted to get people into social tenancies as a first priority, but all also supported people into the private rented sector. Moving people on was viewed as a major challenge:

“ That is our biggest stumbling block, trying to move them on, because the supply isn’t there.”

(Veteran provider, case study)

Access to social housing was felt to be highly limited, even when an acknowledgement of the veteran status had been made:

“ Being a veteran gets you 5 points on the housing list, it’s like trying to bring the tide in with an egg-cup, it doesn’t mean anything – 5 points is a token gesture.”

(Veteran provider, case study)

In some areas, supply was seen to be contracting further:

“ It’s starting to clog us. Where six months ago we could move people on fairly quickly, now it’s much more difficult. The major RSL providers are retrenching around here – cutting staff and properties.”

(Veteran provider, case study)

The bedroom tax was also raised as an issue, as there were simply not enough one bedroom flats that people could afford on benefits. Some veterans who were fathers were looking for two bedroom properties so their children could stay but this was almost impossible to access unless they were working and on a relatively good wage. The private rented sector could be expensive; one provider was investigating

¹⁹ Havening, the transitive verb of the word haven, means to put into a safe place. (see www.havening.org)

possible shared accommodation to make it affordable (and also due to the under 35 years old shared accommodation rate).

However, some providers had identified specific routes into social housing. For example, one provider had good links with a housing association that could provide 'sensitive' tenancies to people so they were placed in appropriate locations (including away from areas that might impact negatively on their resettlement). Another provider had good relationships with a couple of local housing associations who they could contact directly (and vice versa). This provider also issued people with a letter of eviction after six months that put them to the top of the council list.

The challenge of trying to find people accommodation was made harder by the fact that most schemes took people from different parts of the country – and also tried to rehouse people back to their local areas. One provider explained:

“ If anyone wants to move elsewhere then we are hitting brick walls: nobody will take them in. In spite of the Covenant, the local connection rules are a block.”

(Veteran provider, case study)

However, in contrast to this, another provider stated that some local authorities were now beginning to respond to the Armed Forces Covenant. As indicated in the previous chapter, this suggested significant variation across the country.

Some providers were utilising, or attempting to develop, veteran-dedicated housing services to assist with the task of finding housing. One case study utilised the Veterans Nomination Scheme (see Box 4.1), alongside traditional housing routes: this made a big difference to their ability to house people. Another provider, who offered permanent tenancies, was also

developing new schemes to assist the housing pathways for other veterans moving on from transitional schemes in two areas of the country. Yet another provider was hoping to develop their own move on accommodation. The longitudinal interviews provided an opportunity to talk to veterans about their subsequent experiences of move on, and of finding and living in new accommodation, and these are discussed later in the chapter.

Box 4.1:

Veterans' Nomination Scheme (VNS), Stoll/Royal British Legion

A scheme, run by Stoll in partnership with The Royal British Legion, to arrange access to social housing for Veterans who have been living in unsuitable accommodation. The scheme can also help Service leavers find accommodation. The VNS is aimed mainly at single people and couples without children (who would not normally be able to get social housing). Currently, there are over 70 partner landlords across England.

The VNS accepts referrals from any organisation that works with Veterans. The VNS is only suitable for Veterans who can live independently with very little support. Referrers will need to show that they will arrange for support for the Veteran, if they need it. The housing provider will arrange an interview and pre-tenancy checks.

The time on the waiting list varies according to area, but is typically 6 to 12 months. In areas of high demand, such as London, it is likely to be 12 months.

Resettlement support

As documented in Stage 1 of the research, few accommodation providers were able to provide significant resettlement support to service users when they moved on. This was partly a function of geographical reach – former users could move some distance from the accommodation. Some schemes could however offer short-term assistance, for example, eight week’s follow-up of clients.

A number of providers had specific help available to support people with the expense of moving on into independent housing, including paying for bond/ rent-in-advance and/or securing furniture. One case study gave people the equivalent of two month’s rent to everyone when they left (from voluntary funds). In another case study, working with a veteran charity, they offered a furniture pack worth £1,000 that residents used in their flat and then took with them when they moved out. There was a charge of £22 per week in rent to cover this. A third provider, also using charitable funds, was able to provide a move-in pack, including a bed, bedside table, kettle, toaster and cutlery. In addition to the provider perspective, the later section in this chapter on the experiences of veterans in the longitudinal sample also discusses the issue of resettlement support.

The impact of the services

The present study was not a formal evaluation of accommodation services; the study did not therefore assess the extent to which schemes were meeting their aims or how effective they were on measures such as housing sustainment. Nonetheless, the interviews with providers discussed how they presently monitored their schemes and key outcomes; and veterans were asked about the impact of living in the schemes on their lives. The next section looks at the longer term outcomes from our longitudinal sample.

Present monitoring of schemes

Providers were currently utilising a variety of different measurement tools to track the progress of residents, and assess the impact of their scheme. The choice of these measurement tools was influenced by the funding requirements of individual schemes, as well as existing monitoring tools being utilised by providers. Key tools included:

- **Supporting People (SP) outcome measures** – although SP monitoring is no longer analysed or required by local authorities, a couple of providers continued to use this system to capture key outcomes on leaving the service, including maximising income, reducing debt, training and work, leisure activities, contact with agencies and social networks, physical and mental health, substance misuse, obtaining and maintaining accommodation.
- **Outcomes Star**²⁰ – an established tool in homelessness sector which support workers, working with users, assessing ‘distance travelled’ whilst with the service in a similarly wide range of areas, including managing money, managing tenancies, meaningful use of time, motivation and taking responsibility, emotional and mental health, physical health, substance misuse, social networks, self-care and living skills and offending.
- **Key funders’ monitoring frameworks** – for example, the Big Lottery Fund, including information on employment and housing placements.
- **Provider-chosen monitoring systems** – utilising software solutions for the third sector. One provider was focusing particularly on finding housing for their clients and financial outcomes.

Few providers collected robust information, however, on where service users moved to after they left the Service or the extent to which they

²⁰ <http://www.outcomesstar.org.uk/homelessness/>

maintained move-on accommodation. Schemes often had limited resources to follow up clients in their own homes (or other accommodation).

Providers explained that veterans inevitably stayed in the accommodation for varying lengths of time. In a minority of cases, regrettably, some people had to be evicted when they were unable to live safely in the accommodation. In some cases, it was reported that veterans' support needs, especially around drugs or severe mental illness, were too high to be safely met in the service. Others left when an opportunity arose, for example, being able to move back home. However, many veterans did stay in the services for some length of time and waited for a suitable move-on opportunity. Two advice/outreach services also explained that a small proportion of clients that they supported needed a second period of assistance with their housing and lives. This points to the need for better move-on support for some clients with medium to high needs.

It would be useful for the sector to build up a better picture of housing outcomes. Traditional homelessness 'staircase' services, where clients need to demonstrate being ready to move onto independent tenancies, have relatively modest levels of success with moving people into independent tenancies. A considerable body of research exists that suggests a success rate of between 40-60 per cent of service users (Pleace, 2016).

Scheme impact on service users

For many service users, the opportunity to move into a specialist scheme appeared to be making a big difference to people. In transitional accommodation, the majority of veterans had found somewhere they could feel relatively safe and settled, from which they could begin to re-build their lives. Many had experienced long periods of sleeping rough or sofa-surfing where they had no opportunity to plan or invest in their life. A recent internal evaluation of one scheme (Tee, 2016), utilising the Adult Social Care Outcomes Toolkit, found

that evidence was strongest for making a difference to people's health and well-being at the point of moving into a scheme.

Some schemes were offering longer-term accommodation and it appeared that most people were taking up this opportunity to settle and stay in the accommodation. These kinds of schemes, whilst not able to solve all of people's problems in life (for example, long-term health problems), appeared to offer some people a stability of residency that they valued greatly.

As described in the previous section, most accommodation providers attempted to provide a holistic package of services with a considerable emphasis on health and well-being. Whilst this was often a long and difficult journey, many veterans felt that schemes were assisting them to change their lives, and in some cases, to turn their lives around.

Some veterans explained that their outlook had changed fundamentally since moving into the scheme. This could be a combination of direct support from staff, as well as other services that they had been linked into:

***R:** Made a difference being here? It's made a massive influence. Before I came here I wasn't looking for a house, wasn't looking for work, all that. It's made life easier for me.*

***I:** What was it about before?*

***R:** Not sure, I don't know to be honest, it just wasn't on my agenda. Now it is.*

***I:** Is it about you or about the support?*

***R:** I think it's both. I've made a massive change since I came here. And the help.*

***I:** What about the time in rehab?*

***R:** Yeah, that was important, it gave me time to think about what I wanted to do.*

(Veteran, case study)

For some veterans, the support they had received had made a huge difference to their life, helping them to address mental (and physical) health needs and significantly affecting their wider well-being.

In a few cases, people felt that the project had literally saved their life, highlighting the crisis that people were in when they moved in:

R1: *A lifesaver; and I mean that seriously.*

R2: *I'm alive and I'm recovering.*

R3: *I'm actually starting to...recover and, and starting to open my eyes a bit more to which my life can actually be.*

R4: *Just still alive, if not for this place...*

R2: *I think overall, for all of us, it's given us security.*

(Veterans, case study)

“ *...if it weren't for this place I'd be, I would be dead, you know, they've dragged me from sub, subterranean, you know, they've brought me back up; and not handing me out, helping me up, you know...just picking me up and make sure I'm all right, you know, but they're not too in yer face with it. Like squaddies know squaddies, you know, and like might shout up, are you all right and; yeah, I'm all right, yeah. But, you know, there was days where I didn't come out me room, you know, just sat and just laid there and cried and everything else. But if it weren't for these lot here, I wouldn't be here now, I, I'd have been pushing daisies up... it was the difference between life and death, basically.”*

(Veteran, case study)

However, one provider explained that they had moderated their expectations in relation to what they could achieve. They felt that their services were able to help people to move into appropriate housing but that they could not address all of people's support needs particularly around alcohol consumption. Where it was not possible to access specialist health services, or people needed long term interventions, the role of the project was around stabilisation rather than transformation:

“ *They are doing their best but I need medical help...”*

(Veteran, case study)

A key priority for many veterans was to find stable employment (and undertake training where this was required in order to achieve this). People described a number of barriers to this, including the lack of jobs, difficulties accessing their chosen type of course or training, and long-term health conditions or disabilities that meant it was difficult or impossible for them to work. Nonetheless, providers reported some success in assisting veterans with training and employment. One provider reflected that the fact that veterans had previously had an ambition (to join the Armed Forces) and a 'strength of will' to pursue a direction, helped them to discover a new direction, even if they had temporarily lost sight of this. A recent evaluation of self-build housing projects also found some success in terms of accommodation schemes helping veterans to find work (as well as providing training) (University of the West of England, 2016).

The experiences of veterans over time: a longitudinal analysis

As discussed in Chapter One, a qualitative longitudinal panel of 35 single veterans was recruited for the research in 2015, with an initial interview at this time, followed by two repeat interviews over the next two years. Chapter Three discussed the experiences of the longitudinal panel immediately after leaving Service and up to the point at which they moved into the veteran-dedicated schemes from which they were recruited into the study. In the second and third interviews we were able to discuss their views and experiences about subsequent housing and support, including reflections on their time spent in veteran-dedicated services, and other accommodation they had moved to. This section summarises the key points from these longitudinal interviews. Further information and more detailed findings can be found in Appendix C.

The experiences of veterans who participated in the longitudinal study highlighted the vital role of social rented housing in moving on from dedicated veterans' schemes, with the majority waiting until social rented accommodation was available. Wider veteran welfare organisations played a crucial role in helping respondents to acquire goods and furniture in their new homes, although some respondents expressed a desire for stronger links to support the process of moving into, and setting up a new home.

Veterans in the longitudinal sample who were still living in veteran-dedicated accommodation highlighted the diverse role that these schemes were playing, with examples of where schemes could play a longer term role in providing housing and support, as well as short term crisis intervention. However, a couple of participants discussed difficulties in affording the living costs of veteran-dedicated

accommodation whilst at the same time trying to find work that could cover these costs.

Whilst the accommodation needs of veterans in the longitudinal sample had been largely met, their support needs with regard to health, isolation, finance and budgeting, or other issues such as helping to sustain and re-establish contact with children were ongoing requirements. Indeed, the availability of floating support was highlighted as very important for many respondents; however, this was not always available. Some respondents in the longitudinal sample noted that they had remained in the same locality as veteran-dedicated schemes, and valued opportunities to link back to them for ongoing support. A couple of respondents stressed the important role that their links with health services played in determining their housing decisions, with people wanting to live and stay near to their present medical support.

There was an overwhelming view that the veteran-dedicated schemes had made a significant impact on respondents' lives at the point of moving in. The schemes offered a relatively safe space for people, which offered a qualitatively different experience from other types of accommodation for people who have experienced homelessness. However, whilst respondents highlighted the importance of schemes in dealing with an immediate crisis, not everyone's experience of living in schemes was entirely positive. Some respondents commented on the diversity of needs present within some schemes. Substance misuse, especially alcohol, could lead to chaotic behaviours and lifestyles, and respondents commented on the tensions of sharing a space with other residents with these needs. Whilst some were happy biding their time in schemes, others would have liked to move on more quickly, highlighting the need for better access to move-on opportunities.

Conclusion

The current landscape of provision has been developed both proactively to meet identified and perceived housing and support needs for veterans, as well as reactively to take opportunities to move forward in a relatively favourable (capital) funding climate, although there was considerable concern amongst providers about new funding arrangements for supported accommodation. The main aim of the sector was to assist homeless veterans who are struggling with daily life to make a positive transition to independent and civilian life.

The provision usually offered excellent accommodation and facilities. Partnership working enabled a range of housing, employment and health and well-being services to be delivered to service users. Most veterans using the dedicated accommodation services argued that they had a positive impact on their lives, and long-term housing was highly valued. Areas highlighted for improvement included: more support for parents to re-establish/ maintain close relations with children, more proactive support and activities within supported accommodation, and improved move-on opportunities with ongoing resettlement support. Whilst living with peers could bring tensions, there was potential to develop more formal peer support initiatives.

Chapter 5:

Improving housing pathways for veterans

This penultimate chapter considers how housing pathways can be improved for veterans in the future. It first focuses on the role of dedicated provision for veterans. It considers whether there is a case for the provision of dedicated accommodation. It then looks at what is working well in the dedicated accommodation sector and where improvements could be made to strengthen provision. The chapter then focuses on the gaps in wider services and responses to homelessness amongst single veterans in the UK. The chapter draws on evidence from the case studies, longitudinal interviews with veterans and also the key player Roundtable discussion convened for the project (see Chapter 1).

Considering the role of dedicated accommodation for veterans

Why dedicated provision for veterans?

This study included a qualitative exploration of the rationale, and preferences, for dedicated veteran schemes compared to generic provision. The narratives of providers and veterans revealed a number of related arguments in support of dedicated provision. It should be noted that narratives of different respondents (for example, statutory providers and non-veterans) might highlight additional or different arguments

1. Veterans can be disadvantaged by their time in Service

For example, whilst serving, people have very little if any choice of location or housing type. They are less likely to have local knowledge of services, even where returning to their previous local area. This argument particularly supports the provision of veteran-specific advice services. In addition, Service personnel have limited exposure to managing housing and finances, and are therefore less skilled in these areas on leaving the Forces. One of the key aims of the Armed Forces Covenant is to ensure that veterans are not disadvantaged by their service.

2. Veterans' needs are different and specific

Many staff, including those who had worked in both generic and dedicated provision, argued that veteran needs were different from others; they struggled to articulate the reasons but vehemently believed in this. Chapter 3 examined the reasons for homelessness amongst the veterans in our longitudinal panel. Whilst, on paper, these were similar to many non-veterans, provider narratives also

highlighted the importance of understanding people's experiences in light of their military Service, and transition to civilian life. This was particularly the case for people who had gone straight into Service at age 18. In effect, it could be argued that they experience a very different transition to adulthood from other members of society. They learn a very different skill-set to the average young person, and still need to make a more traditional transition to independent living on leaving the Forces:

“ It's not like any other job really because for any other job, if you change your job you have to have a period of readjustment but for these guys it's a complete way of life. Until you've been on a military base...These guys go to bed together and get up together...and suddenly they are out here on Civvy Street.”

(Veteran provider, case study)

Even where they appear to have made transitions, for example making the 'domestic' transition (Coles, 1995) from being single to a couple/family, this transition is completed in a very different framework to civilian life. Leaving the services involves a new transition that can impact adversely on family life, that can result in relationship breakdown, including often then losing contact with their children:

“ If you find yourself having recently left the Forces, you'll probably find yourself having done more tours than ever before, so you are going to have found yourself with more time outside of the family home...so basically what happens is when the guys eventually move back into the family home there is a real period of unrest that can result in divorce...a change in dynamics and family breakdown.”

(Veteran provider, case study)

This military-civilian transition also necessarily involves loss of crucial markers in people's lives – loss of structure, loss of status, loss of friendships, and essentially a loss of identity:

“ A lot of our guys tend to go through a bereavement process because they have been part of this “family”, depending on how long they served. They’ve been a big fish in a small pond. They’ve had that network of like-minded individuals, then they leave and you know you’re just a minnow in a large ocean...even if they’ve had a crap time, it’s the camaraderie.”

(Veteran provider, case study)

A lot of veterans who become homeless have also left the Services suddenly, sometimes being asked to leave, complicating the transition to civilian life considerably. They often retain a positive identity derived from being part of the military but then have to cope with the experience of being rejected from this ‘family’ (which often comes on top of rejections in their childhood).

It was argued that the impact of military institutionalisation needed to be understood to help people move forward and that generic services tended not to understand or have time to work on these issues. It was hypothesised by some providers that those veterans who struggle most to transition are more likely to struggle with identification of themselves as a civilian.

3. The value of peer support (and staff with military knowledge)

This argument centres around veterans having a commonality of experience and therefore of being able to understand each other. This enables them to support each other better, and importantly to be able to do this without veterans having to explain everything that has happened to them. Unquestionably most veterans in the study believed that veteran-specific accommodation and support was more appropriate to their needs because of this:

“ Yes, I do yes, because I’m around like-minded people. When I talk to [staff member] he’s an expert in his field do you know what I mean? He knows what I’m talking about. He’s spoken to plenty of people that have got the same sort of condition as me, same as everybody at [organisation]. They know a little bit about me. They know what’s going on in my head do you know what I mean? They know my background. They know that I’m a nice fellah in general do you know what I mean? It’s like the residents as well. Before I’ve even met them I’ve got a connection with them because I know they’ve been in the Services do you know what I mean? So it’s a lot different to just moving on to an estate or into a council where you don’t know anybody. So it does help yes. It helps a lot.”

(Veteran, longitudinal sample)

“ The more vulnerable they are that you’re helping the more important it is to have commonality, to have peer support, to have people who have gone through the same issues that you have gone through.”

(Veteran provider, case study)

“ ... the reason why a veteran likes to talk to another veteran is because the veteran understands what he is not saying and that sometimes makes it a lot better because if you are trying to explain it to somebody who hasn’t been there or doesn’t understand or whatever, you have gotta re-open old wounds, and you’ve got to face those demons head on because you’ve got to drag them out and put them on public display – if you are talking to another veteran, who understands anyway and may have walked in those shoes, you don’t have to explain it because they already know, so you don’t have to drag the demons out..”.

(Veteran provider, case study)

“ We find that when the lads come here there’s that immediate bond straight away. They trust each other. Doors are left open. It’s that automatic, ‘There’s a new one in, we need to look after this one.’”

(Veteran provider, case study)

4. Veteran accommodation reflected the military experience

Veterans also explained that provision was reminiscent of their time in the military and this enabled them to feel more comfortable. This also included the sense of camaraderie amongst veterans, as well as the shared nature of transitional accommodation. Non-veterans are unlikely to have this experience and might find shared accommodation more problematic.

“ I like it. I like it. It’s like being back in the Army but you’ve got the lads round you, so it’s like they’ve got the same sense of humour and the banter is still there but you don’t have all the other jobs to do and everything, but it’s still good because that’s one of the things that not just me miss, but I know loads of people when they come out - just the sense of humour and they’re beside each other all the time where it’s not the same things I think for us. So that’s a good thing.”

(Veteran, longitudinal sample)

5. Harnessing the positive qualities of the veteran experience and identity

There was a strong belief that being part of a veteran community could have a positive impact on residents:

“ ... we believe that the engagement of a community where people identify themselves as veterans, it kicks in pride, I think it kicks in a sense of discipline... and you have to be seen to stand up and be strong, and also I think the comfort, the banter, where there are solely veterans I

think there is a pride in that, that psychological aspect, you can harness that to achieve good outcomes for the individual...”

(Veteran provider, case study)

The longitudinal work (see Chapter 3) highlighted how, for many respondents, their ‘veteran’ status was a very positive aspect of their identity. In some cases, it was the strongest, and most positive part of their identity, particularly at a time in their life when facing homelessness. Over the last decade, there has been a growth in focus on ‘strength-based’ rather than ‘deficit-based’ services. Even where veterans interviewed explained that their services were no longer required by the military, the vast majority of people still viewed the majority of their service in a positive light (often as the best time in their life). Potentially, veteran services can harness that positivity as a platform to working towards other positive outcomes.

“ The fact that you give them something to ground on whilst you start to take the chaos away, it means it gives you an easier starting point. It’s a point of context for them. It’s almost something they can cuddle up to... It’s a focus of positivity in their lives, something they can feel good about.”

(Veteran provider, Roundtable)

6. Generic provision could be poor and counter-productive for veterans

Approximately a third of our longitudinal sample had used generic homelessness services, most predominantly hostel provision. There were a few positive reports of provision where this had been of good quality, with good support, for example YMCA provision. However, most responses were negative, with the most oft-cited complaint about generic services related to the anti-social behaviour of other residents and the misuse of drugs and alcohol in hostel accommodation. Those that had

experienced both forms of provision preferred the veteran-specific services, largely because of the much poorer environment of hostels:

“ *I lived in a civilian hostel in Leicester and if you've ever lived in a civilian hostel, it's rife with heroin addicts, it's rife with drugs, it's rife with alcoholism, it's rife with everything. It's not an environment that you'll ever better yourself from. It is just a self-destructive process, so I left that because I just couldn't be in that environment. It just wouldn't suit me naturally and personally.*”

(Veteran, longitudinal sample)

“ *It's better than what the Government give you. Yes, I've been in some horrible hostels, temporary accommodation, hotels and stuff, which you'd think are nice but are totally not... You actually feel safe, you know what I mean?*”

(Veteran, longitudinal sample)

There was a belief amongst respondents that veteran-specific accommodation is less chaotic than a generic service and that residents are less likely to be troublesome and generally be more tidy and respectful of their surroundings. One provider delivering both generic and veteran services felt that veterans were, on average, more motivated to make changes to their circumstances (possibly related to the training in the military):

“ *Obviously I've never been to any of the other houses, but I can imagine what they're like. They will probably be like the place I've just moved out of. There probably wouldn't be much discipline there. At least here there's a bit of supervision. People have got to behave.*”

(Veteran, longitudinal sample)

“ *I suppose people are all ex-military have a little bit better understanding of each other. When I was at [provision] they're all civilians sort of thing. Men and women. They have a different outlook on things I suppose and not so tidy.*”

(Veteran, longitudinal sample)

There was also a feeling that generic provision did not understand (nor care) about the veteran experience, or their resultant health needs. Further, they had so much on their plate, they simply didn't have time to give the support needed:

R1: *I was gonna be put in a place down in [homeless hostel], and for my condition that would have made it a lot, a shed load worse, not just because in that Centre you get a choice, cos I've got alcohol dependency, it's full of alcoholics, full of druggies, so in which case trying to get away from that environment you, you might as well have just said, 'Right, OK, when do you want us to book your funeral', because it's a case of veterans, so what? It doesn't matter... the fact that you're a veteran, the fact that whatever you've done, they don't care, quite frankly they don't give a stuff about you...*

R2: *And medically they don't understand.*

(Veteran, case study)

As reported in Chapter 4, most veterans also spoke very highly about both the standard of accommodation and support available in dedicated schemes. These features undoubtedly also influenced their overall preference for dedicated services to generic services which were much more variable in quality. However, one veteran explained that he would have preferred a high quality, generic, scheme in his local town than moving to the veteran-specific scheme. It should also be

noted that a few veterans reported anti-social behaviour in the dedicated schemes, including reports of inappropriate levels of alcohol or drug use, and occasional violent incidents in schemes²¹.

There were some arguments that supported the provision of generic services, rather than dedicated ones.

1. Dedicated provision hinders, rather than supports, the transition to civilian life

Two of the case study providers, whilst seeing some advantages of dedicated provision, also raised the possibility that dedicated services could hinder people's reintroduction to civilian life, being concerned that the task of moving people beyond 'barrack life' might not be best achieved by replicating that experience. At the Roundtable discussion, providers described this as a 'tension', of 'putting people back into a familiar space to try and move them forwards':

“ A mantra is creating independence, but a lot of what we end up doing is creating dependence – veterans come to rely on it. It's hard to set up a support network in such a way that you can take it away and they can move on.”

(Provider, Roundtable)

One veteran in our longitudinal sample had decided to stay with family rather than move into a scheme as he was concerned that it may have a negative impact on him. This argument was also about the pros and cons of staying in any form of transitional accommodation that brought lots of people together who were struggling in life:

“ ... if I'd move myself into a place with other people who are having issues with, with their support would have probably put me on a

downward way towards maybe, cos, you know, you, you mimic what you're, you're around after a certain portion of time unfortunately.”

(Veteran, longitudinal sample)

2. Some veterans did not want to share with other veterans (or do not mind either way)

One provider had found that many veterans in longer-term veteran housing did not particularly value the shared military experience. Another provider estimated that perhaps up to 20% of veterans did not wish to be amongst ex-Forces personnel. One of our interviewees in longer-term veteran accommodation did not like living around other veterans. He wanted to distance himself from past experiences and also found it a strain being around others who were looking for their support:

“ I've had my issues, because we are all obviously in the same boat and some people can rely on you too much, and you haven't got the strength to support them, you're trying to support yourself so it can be a bit of an issue...”

(Veteran, case study)

Another veteran explained that it was all about getting on with individuals rather than other veterans, especially in shared accommodation:

I: Is it good to be with other veterans, or...?

R: I don't know, cos if it weren't a veteran support centre and I was the way I was and [co-house tenant] was the way he was; get on with him really well; what if we'd never been in the Forces? So it doesn't matter just because you've got a Forces background, all depends on what kinda character you are.”

(Veteran, case study)

²¹ Some schemes were aimed at veterans with high support needs increasing the risk of such incidents. High support levels are required in these schemes. A couple of veterans, however, felt that their scheme had taken on people with too high needs for the given level of support service, impacting negatively on the lives of other residents.

3. Location of services

Due to the relatively geographical scarcity of dedicated veteran accommodation schemes, most users had to move some distance to access specialist provision. This meant that people were often dislocated from their local areas and available support networks. This could also make it harder for people to move on and find employment, with a tension around whether to stay in the new area or return to their previous home. Service users were often very grateful for the opportunity to move into a specialist scheme, but would have preferred to have accessed this resource closer to their former home.

4. Veteran schemes could be targets for anti-military sectors of society

A couple of respondents mentioned concerns that veteran schemes could become targets for anti-military feeling from other sectors of society. Whilst this should not be a reason not to provide them, there is a potential extra cost for enhanced security for schemes. One of the case studies had increased the security of their schemes and also been careful about publicity surrounding the scheme following intelligence identifying possible problems in this area. One veteran also reported an incident of veterans being targeted in the community.

What is working well in the veteran accommodation sector?

Chapter 4 provided detailed information on the role of the current dedicated veteran accommodation sector. Here, the main elements of good practice are highlighted.

High quality provision/embellished offer

Providers felt that they could provide an 'embellished offer' to veterans compared to

many generic services for homeless people. Veteran accommodation providers described productive links with wider veteran welfare services, whereby the latter could support with funding for extra services or offer funds to help people move-on from provision. Extra funding pots (particularly LIBOR), and possibilities for fund-raising, meant that services provided were often high quality. Accommodation, in particular, was of a good standard, with excellent communal facilities. It is possible that this, combined with services that recognised people's veteran status, could offer a less stigmatising experience for veterans compared to some homelessness services.

Delivering a hub of services

Linked to the above point, veteran accommodation services were typically offering a range of services under one roof, providing a hub for the delivery of services to address people's needs holistically. The dedicated veteran accommodation sector was much broader than accommodation alone, rather focussing on the health and well-being of veterans:

“ I tell you what works really, really well – that hub thing... it's a massive positive.”

(Provider, Roundtable)

Collaborative relationships in sector

The Cobseo (The Confederation of Service Charities)²² Housing Cluster has brought together a significant number of veteran housing providers. It appeared that providers shared considerable solidarity and desire to improve accommodation for veterans. Good practice was being shared between providers. They were actively working to improve coordination further to benefit the needs of veterans.

²² The stated objectives of Cobseo are to represent, promote and further the interest of the Armed Forces Community by:

- Exchanging and coordinating information between Service Charities
- Identifying issues of common concern and coordinating any necessary and appropriate action.
- Acting as a point of contact for external agencies to the members of Cobseo.
- Representing and supporting the needs and opinions of its member organisations, individually and collectively at central & local government levels and with other national and international agencies.

For further information see: <https://www.cobseo.org.uk/>

Cobseo/Stoll had recently been awarded funding from the Armed Forces Covenant to fund a Veteran Housing Advice Office, that will be delivered by the Royal British Legion, to act as a central point of entry for any veteran in housing need. There were also examples of effective joint working between providers, for example, one provider had invited another to join in their allocation meeting for properties, effectively joining the team.

External reputation

The external reputation of the sector, certainly with the MOD, was seen as a big positive. In some cases, there appeared to have been less opposition to the development of veteran-specific services compared to generic homelessness services. However, stage 1 of the study (Jones et al., 2014) did identify very variable support from local authorities for veteran specific services.

Dynamic nature of sector

The veteran accommodation sector had developed considerably over the last five years. Aided by the availability of funds, and commitment of key players, new provision had been developed with a wider geographical spread and the availability of different models of provision. Providers felt able to innovate and achieve at a time of relative austerity and cut-backs in other generic services. There was also considerable flexibility in the sector, responding to needs as they presented, with both large players and also small bespoke 'niche' providers.

Box 5.1:

Veteran Housing Advice Office

A new service from March 2017 to provide information/ one point of entry for any veteran with a housing need in England, Scotland and Wales.

Service: Web 'portal' and telephone advice (9-5; Mon-Fri). Two staff, manager and administrator.

Funding: Armed Forces Covenant.
Provider: Royal British Legion.

Improvements to the dedicated veteran accommodation sector

Schemes that better support veteran parents

A clear recommendation from veteran accounts was the need for providers (both dedicated and generic) to offer accommodation that they could have their children to stay or at least spend time there. One veteran also would have been very grateful for legal aid to help him gain access to his children. This, it appears can have a fundamental impact on their wellbeing. However, providers did explain that safeguarding concerns unfortunately had to override people's rights as fathers:

“ *No, and I've tried and I've tried and I've hollered until I was blue in my face, yes, they won't allow it...No, they did say like about [another veteran resource] because they have a family room. It is just across the road...I don't want to go and ask, or like this is just an example, it's probably not a good one, but some guy that's just had his legs blown off in Afghanistan and he's recovering here and wanting to see his family, I'm not going to say, 'Can I have that room', ahead of him, do you know what I mean? Obviously he deserves it a lot more than I do.”*

(Veteran, longitudinal sample)

“ ...I've got children that I would love to bring to visit and they've turned round and said because of all the risk assessments and everything that we have to do and all that and everything, we can't allow it...Yes, I've asked loads of times and it's just been a straight no... It does have an impact when you're told that as a father or a parent you're not allowed to have your children in your flat.”

(Veteran, longitudinal sample)

Training and background of staff

A number of veterans also felt quite strongly that staff in dedicated schemes should have experienced military life in order to understand the issues and needs of the veterans. Providers tended to favour a balance of veterans and civilians to bridge the transition to Civvy Street:

“ To me people who run these places have got to be ex-Forces to me, otherwise you'll get people like myself, who'll go what the friggin' hell do you know about what I've been through, what I've done and what I've seen. Also you can chat with them, you can have a giggle with them and you're more open with them...”

(Veteran, longitudinal sample)

“ I think it's a great idea, I just think the staff should be a bit more clued up on military background or at least have members of staff in the office that are military background.”

(Veteran, longitudinal sample)

More services?

Several veterans talked about the need for new services and there was a feeling amongst some that there is not enough provision generally. However this may, to some extent, have reflected a lack of knowledge about what was available. Providers generally felt that provision was probably almost at the right level to meet the need for dedicated transitional provision, although did note that one could not presume this due to a level of hidden need:

“ There's not much for us at all. There's not many housing associations like this, or trusts or charities that do this. There isn't enough I think throughout the country, for the amount of ex-veterans that are on the streets. There isn't enough of these places.”

(Veteran, longitudinal sample)

“ There's a lot of people trying to do things for people, but I still think they're lacking. You walk the streets, London or anywhere on a night-time and look at the homeless shelters and all that sort of thing, how many ex-soldiers are in there. There's a hell of a lot and they don't care. Well they do care, but there's a lot of soldiers too proud to go and ask for the help. They think they can - I'm one of them, I'm a bone head. They think they can do everything themselves, but in some ways you can't, but other ways you can.”

(Veteran, longitudinal sample)

“ I think they do try their best, but it's nowadays loads of people are wanting to use these services that are coming out of the Army, so it's a bit of a hard situation. I think they should have more of these places scattered about than what there is now because like most people don't want to go into civilian hostels, like the [hostel], because I've been in and I know it's horrible. There are drugs everywhere. It's just not nice.”

(Veteran, longitudinal sample)

“ This sector does not admit it yet but it’s just true, in terms of the more urgent levels of need, actually we are quite close to having the provision to meet it, and if we could really really coordinate as a group, and could prioritise the resources properly, we could actually meet that need really well...”

(Provider, Roundtable)

Move on accommodation and support

Both providers and veterans agreed that there was a need for better housing move-on opportunities. This included access to both social and private rented sector accommodation, and floating support to help people to cope in tenancies, preventing repeat homelessness. Providers acknowledged that this area of work represented work in progress. As the sector develops further, there should hopefully be an opportunity to re-examine this area as a network of providers. One possibility was to align the Veteran Nominations Scheme with the new Veteran Housing Advice Office. Many veterans felt that they should have more priority for social housing via the local authority, especially given the disadvantage associated with the issue of ‘local connection’. The Armed Forces Covenants were still seen as offering very varying safety nets to people. This needed to be reviewed and local authorities supported as necessary:

“ There is their connection. The one thing we do suffer from, because a lot of soldiers move around throughout their life, they’re not actually connected to anywhere. If they’ve been out over five years, they’re not eligible for anywhere. So if you imagine that soldier then becomes a non-existent because he’s not actually got a tie to anywhere in the country and no council...”

(Veteran, longitudinal sample)

Whilst some providers were seeking to build their own longer-term housing, this was more driven by the need to identify appropriate housing than any perceived need for permanent veteran housing. The exception to this was the current development of at least two new veteran villages, however the future role of these was still uncertain.

Following the experience of the longitudinal sample of veterans moving on from schemes, as well as provider assessment at the Roundtable event, there was a consensus that better access to floating support to people’s independent living situations was needed:

“ I think floating support is more important than we realise right now...because that is about responsiveness and often diversion into civilian solution, it is geographically flexible whereas projects aren’t...”

(Provider, Roundtable)

The need for adequate move on provision was also to ensure that service users did not get ‘stuck’ in transitional accommodation services when they were ready to move on. There was near universal positive experiences of dedicated provision as a crisis intervention, but a greater diversity of views on how long people wished to stay in transitional accommodation, with some wishing to move on quicker than was currently possible.

Alternative housing-led solutions

The veteran housing sector has developed dedicated housing, with most of the new provision offering transitional supported accommodation. In the early 1990s, with the introduction of Supporting People, there was a rebalancing of provision away from bricks and mortar towards floating support being delivered to independent tenancies. In the last five years, the Housing First model²³ has been introduced in the UK which argues for the provision of independent housing straightaway for those with high and complex needs, rather than transitional accommodation to assist people to become 'housing ready'. This model of provision, originating in the USA and being developed Europe-wide (and in Canada and Australia), has achieved a high rate of success in helping formerly homeless people with complex needs to maintain independent housing (Pleace, 2016). In most cases, European Housing First services end homelessness for at least eight out of every ten people. In the USA, in recent years, there has also been a shift away from the provision of congregate accommodation to housing-led solutions for veterans (but still delivered within a veteran-led sector).

Veteran providers interviewed in this study held mixed views about the suitability of this model for veterans. Some thought the concept was still not adequately proven and pointed out that there would not be enough veterans in any one place requiring the support of such a scheme – therefore it would be more about tapping into generic Housing First schemes. A

concern was also raised that independent housing could be isolating for people, and that some vulnerable people would find it hard to manage their own front door to visitors. Although Housing First works well for the majority of its clients, research shows it does not work well for 10-20% of clients, further investigation would therefore be required as to the profile of this group and whether or not it reflects the profile of some homeless veterans. Other providers considered it could work well for those with high level needs who were difficult to accommodate in a congregate setting but questioned whether resources could be made available for this:

“ I think it's part of the offer, I think it would really work for some people...Housing First is much more aimed at the really vulnerable end... I think it would work for some really vulnerable people, absolutely – the only reason why we don't do more Housing First is that we don't have enough housing frankly, I think there would be much more of it if there was more housing around... I think it's just part of the arsenal, I don't think it's necessarily the best way to do it, I think it depends on the individual.”

(Veteran provider, case study)

“ As a model, it sounds like it could work perfectly well, but the biggest problem is the shrinking pool of [housing] provision, and less resources to put in the wrap around services. It is easier to put in services to eight people in a shared house than eight in separate accommodation.”

(Provider, Roundtable)

²³ The Europe Housing First guide (Pleace, 2016) outlines eight core principles of Housing First schemes:

- Housing is a human right.
- Choice and control for users.
- Separation of housing and treatment.
- Recovery orientation.
- Harm reduction.
- Active engagement without coercion.
- Person-centred planning.
- Flexible support for as long as required.

“ *There aren't that many [military providers/charities] doing the very, very difficult stuff. The more one talks with different charities the more you realise that the vast majority... do not seem to want to get into this territory. It is bloody hard.”*

(Veteran provider, case study)

Some veterans interviewed supported the provision of congregate settings, whilst others would have liked independent housing immediately.

I: *And how about if it was just your own flat?*

R: *Yes, I could work with that as well, it would be better.*

I: *It would be better?*

R: *Yes, I'm not into reminiscing about Army life and nonsense like that.*

I: *So if you had your own property and support coming to you, that would work for you?*

R: *Yes, I think so.*

(Veteran, case study)

Overall, the study suggested that other housing-led models might be worth investigating but within a mixed offer of both congregate and housing first schemes. The task of securing ongoing revenue funding was a major challenge for providers.

Improved revenue funding base

As highlighted in Chapter Four, at the time of the study, the Government was reviewing the role of the future of Housing Benefit for supported accommodation and most providers were very worried about the sustainability of the sector in the future should this be changed. One case study provider explained that a new veterans' scheme had been stalled because of the uncertainty around the then proposed introduction of the Local Housing Allowance rates to supported accommodation.

Providers were also concerned about other aspects of welfare reform:

“ *This is clearly the biggest issue for [us], the long term funding. Obviously when you have aspects of welfare reform coming through on almost a week by week basis it does make it difficult to commit to significant capital investment...the biggest thing that would cause us concern would be if the benefit cap was lowered.”*

(Veteran provider, case study)

There was also a concern that support for veteran services could wane over time, with a reducing Armed Forces and possibly accompanying reduced profile.

Improvements to wider housing pathways and services

Improving the military-civilian transition

The MOD has recently redesigned its resettlement services, which involves more preparation and better signposting for veterans leaving the military. This was warmly welcomed by most participants. Our interviews suggested that veterans with housing need who had left Service recently had been directed to some services, specifically SPACES. However, there was a strongly held view that this represented a first step and that greater attention on the military-civilian transition was still required by Government. Some providers also suggested that the military should identify people at risk of a poor transition at the recruitment stage and follow this through (for example, veterans with experience of being in care).

As also highlighted in Chapter 3, some veterans were very critical of their experience of the Armed Forces on leaving and believed that veterans were not treated with much respect once they have completed their Service. One veteran explained that the transition should be seen as a 'military problem' rather than 'an individual problem'.

One provider also commented that there was a lack of 'ownership' of the military for problems people experience on transitioning from the military:

“ People should have more help when they come out of Army - [I've] seen people in a complete mess when they come out - a lot of lads are completely lost... Think people leaving Services deserve to be treated like everyone else but a little extra. Shouldn't have people out in wheelchairs [raising money for veteran charities].”

(Veteran, longitudinal sample)

“ Pathways would be better if they got help while they were still serving...before they come out more could be done, well you know what we'll signpost you there or we'll give you an application form for here, before it gets to crisis point...We get an awful lot coming in at crisis point saying, 'Oh I've got to leave tomorrow', and I think what needs to be recognised is that they need a bit more of a helping hand because they've not had to do anything for themselves, it's all been done for them so there could be a bit more of a support package in place.”

(Veteran provider, case study)

Civilian training was discussed as a method by which to enable those just leaving the Services to assimilate more easily back into a non-military life. Correspondingly, others discussed interim accommodation for those leaving the Services which could help people to stabilise themselves, especially for single people with little or no family support who might otherwise end up in a single bedsit with 'the rot' setting in:

“ I think one thing that should happen on a larger scale is mandatory training for when you come out. So you're going to come out of the Army, you've done your 12 years, or 22 years, or whatever, it's mandatory that you do two weeks civilian training. They've given you three months to be a civvy to a soldier, then surely you need that from a soldier to a civvy, because you're not going to cope out there. But the Army won't accept it.”

(Veteran, longitudinal sample)

“ ...unfortunately, for every single person in this room we've ended up here after the fact. What you want to be doing is stopping us getting here after the fact, you want to be taking us from the Forces, whether that means periods where, if, if you're an infantry soldier you train for eighteen weeks to become a soldier, they should be looking at a package where you leave the Forces and eighteen weeks before you come out you're

first starting off with the basic sides of what's going to happen as you become a civilian and you're literally posted into a transitional accommodation place like this..."

R2: Prevent it before it happens.

R1: How much more money could be saved on the National Health and by various groups that are absolutely flooded by veterans with issues.

(Veterans, case study)

Some veterans argued that those who had served for a long period should automatically be provided with housing on leaving the military:

“ *If people have served long enough, they should automatically be given a house, either on housing or council, automatically the minister in the Government should automatically provide that, I think anyway. Not for myself because I didn't do long enough, but a fella in here, had done 12 years, he shouldn't have to go through this, he served his country, his country's just thrown him on the side lines. The whole system's got to change in all fairness.”*

(Veteran, longitudinal sample)

Or people's names should be on housing lists before leaving, in part to avoid issues with local connection, so that housing could be found by the time of leaving. Irrespective of the way that housing is arranged, there was a view that the military – or another allied responsible agency – should ensure a soon to be veteran has a place to live before they leave. This was particularly important for those whose service is no longer required for whom there will be little time for transition planning:

“ *They need to make sure that they actually have somewhere to go before they release them, kind of thing like that. I almost got released without actually having anywhere to go but it's lucky my friend went, 'Yes, you can*

stay here for a week until your place is ready'.”

(Veteran, longitudinal sample)

For those that had left the Armed Forces for more than two years prior to the interview, one of the most commonly cited factors that could have helped the veterans better was having informed those leaving the military what to expect. Several had assumed once in civilian life it would be relatively easy to settle and become part of that civilian society, but many found it to be a shock and quite quickly became aware of a need for help. Therefore, several of the veterans felt a more thorough resettlement process would have helped their situation:

“ *Yes, because military people don't know what they're going to expect. They think they do, but they don't, but the first thing, as much as everyone wants to be a full-grown adult, which we are of course, it's different. It's still a different society...”*

(Veteran, longitudinal sample)

“ *Just the way of life - when you're in the Army you've got all your bills paid for you, so what's yours in your pocket is yours. You're guaranteed your meals a day so you don't even have to worry about that. You've got mates there you can rely on as well and just living on your own, just being out in your own flat. I'd always have people in the block with me.”*

(Veteran, longitudinal sample)

Overall, veterans felt that the Armed Forces should simply do more for people before they left (although veterans who left Service some time ago might reflect on circumstances that have now changed). One interesting element that could potentially have made a difference for some was having a mentor. This would be an individual to whom veterans could turn to for advice, someone who was accustomed to issues faced by those leaving the Forces:

“ Probably, maybe a mentor. Possibly like a personal mentor, just one person to phone to advise you on everything, ‘How was this, that and the other?’ Possibly in the Jobcentre here, they have an ex- Forces chap I’ve heard, so maybe they could have somebody who’s an ex- Forces housing champion. Somebody to go to, who you know to go to, I don’t know.”

(Veteran, longitudinal sample)

It was stressed that adequate transition support needed to be available for families as well as single people. Many people in our sample left with families – it was relationship breakdown later that led to homelessness. It was also stressed that previous cohorts of veterans will not have benefited from any recent or future improvements in resettlement.

Information and sign-posting

Providers felt that there was still a long way to go to ensure that potentially homeless veterans were aware of their housing options at any point following leaving Service. There was a perception that information on veteran housing might be better in Scotland. In England, the availability of information differed considerably between local authority areas, reflecting differential levels of interest and level of presenting need. Although improvements were being felt in some areas, the Armed Forces Covenant was thought to have varying reach across areas. It was felt that local authorities should have a much clearer role in sign-posting provision for veterans. High regard was held for the few authorities who had a specialist veteran advisor, although it was acknowledged that this might only be possible in areas with significant numbers of veterans.

There was also potential to involve a range of mainstream agencies in identifying and referring veterans, including GPs, hospitals, other health professionals, other advice agencies and other organisations including prisons:

“ I’m not too sure what percentage of veterans are in custody; I met a few in there but there is a percentage of prisoners that are veterans. So is it places like this what need, for when the veterans are coming out of custody; what do they do? Do they go back to their own life and mess up again and need places like this.”

(Veteran, case study)

“ I think it would help if the Citizen’s Advice Bureau had information that could help veterans, cos the Citizen’s Advice Bureau is run by volunteers and I’m pretty sure the majority of them don’t have Service experience.”

(Veteran, case study)

Veterans in our study clearly had very little knowledge about housing options, including if and where any dedicated schemes were, and called for much better advertising of schemes:

“ So if you imagine there’s a whole system here that nobody knows of. So if I didn’t know of it and I lived in Leicester, which is only 50 miles away, how many people up in Scotland or people in Ireland or people in Wales, or people all over this world who don’t know about it? They’re still entitled to it, they just don’t know it exists. So all of these places need to make an emphasis on getting it out there, getting into the councils. Make sure that every single council knows that this places exists...”

(Veteran, longitudinal sample)

“ Yes, I see a lot of people, like ex- Forces that just don’t know about it at all [dedicated scheme]. The facilities are good, but they need to work more on the awareness, I think personally.”

(Veteran, longitudinal sample)

R1: I had absolutely no knowledge that anything like this existed, it's so under publicised...

R2: There's so many veterans out there that don't realise that places like this exist.

(Veterans, case study)

It was hoped that the new Veteran Housing Advice Office (see Box 5.1), which will operate as one point of contact for any veteran from March 2017, would act as an important resource in this area.

Generally, it was stressed that any system should be as standard as possible across the nation/nations to allow veterans the best chance of accessing at the point of need:

“ Having that consistency of contacts...there is no standard template and members of the military are used to having standard templates...process.”

(Veteran provider, case study)

Evidence based planning

Jones et al. (2014) recommended the development of national housing strategies for veterans, underpinned by a robust evidence base on housing need at the regional/ sub-regional level. This was re-stated in this stage of the study, and also needed to reflect the hidden nature of veterans' housing and support needs, which might occur many years after leaving Service. Whilst local authorities and the veteran housing, and wider welfare, sector could play an important part in this process, it was argued that this should be led at a governmental level:

“ I think the Government should do a comprehensive, strategic needs analysis of veterans and then do a veterans housing strategy... and if it could put some money there it just helps to align people more quickly... if you haven't at least it's a stick to bash the sector with/ incentive to prove that you are being strategic.”

(Veteran provider, case study)

It was suggested by a few respondents that the UK government could usefully review transitional and support arrangements in other countries around the world.

Planning over the long-term would also address the worry of some providers and veterans that support for veterans was highly influenced by media attention of recent and current conflicts. Planning, and funding, was needed on the basis of need, rather than levels of public conscience.

Planning, or providing a framework at the level of individuals, was also needed for veterans to be able to navigate the transition from Service to civilian life:

“ In this world called Civvy Street: nothing works... It's the mapping, and them trying to work their way around and understand that the mapping doesn't work.”

(Veteran provider, case study)

Prevention of homelessness at key life or transition points

As with all homelessness, veterans in our longitudinal study were most at risk of homelessness at key life or transitional events such as relationship breakdown, loss of employment, the onset of ill-health or bereavement. The transition from the military to civilian life is itself a major transition, involving a change of employment and accommodation at the very least, and could give rise to homelessness (see earlier section). Effective prevention of homelessness involves catching people at these vulnerable points and giving them the support and resources to manage these transitions and move to a new, sustainable situation.

Better mental health services for veterans

Providers and veterans both highlighted how mental health needs were a high priority in terms of addressing the root causes of homelessness, and improving people's ability to cope with living independently in the future. It was felt that this area was improving, but from a low base, and needed further attention. There was considerable support for dedicated veteran mental health services, not least because mainstream services were over-stretched. Counselling and residential courses should be available flexibly (often needing to be delivered to an accommodation setting) and be longer in length for some veterans. There were also calls for better training amongst GPs and mental health specialists about veterans and PTSD.

“ I don't think doctors really know enough about it either. Some of them do, but some of them don't really understand about it either, so maybe they could learn a bit more about it I suppose. They should have more specially designed for PTSD, because you can have an ex-squaddie everywhere... So even if there was one trained and he was just day to day - or she - just day to day at the doctors just designed to just - people who have been in the Army and she only spoke to them. So then she could give them

the tablets or recommendations or anything that you can give them to help, because they're just designed to help them.”

(Veteran, longitudinal sample)

Some veterans also felt quite strongly that there was a need for some support around how to change people's reactions to threats, away from trained violence, in civilian life. There was also still felt to be a disconnect between alcohol and mental health services (generally, and for veterans), with veterans with substance misuse issues not always being able to access mental health services (despite this being seen as a common symptom of underlying psychological issues).

There was also a broader point that links between housing and health services needed to be stronger across the UK. A number of veterans in our longitudinal sample felt they could not move areas as they feared they would lose their current medical assistance.

Conclusion

Although there is no conclusive evidence available on the relative effectiveness of dedicated versus generic services, there is a strong case for the provision of at least some dedicated veteran provision as many service users expressed a preference for this type of accommodation. The chapter highlighted a relatively new and dynamic veteran accommodation sector, increasingly working together (inter and intra-agency working) to deliver flexible services to veterans at the point of need. As with any developing sector, there remain areas where services can be improved, including better coordination and improved move-on opportunities. More generally, improvements are also need in developing housing pathways for veterans more generally. Key areas for improvement include the military-civilian transition, generic and veteran specific preventative services and better access to mainstream housing and mental health support.

Chapter 6:

Conclusions and recommendations

This final chapter presents the key conclusions from the veteran's accommodation research and makes recommendations for the future development of services in this area

Key conclusions

Housing and support needs of single veterans

The first stage of the study reviewed the housing and support needs of single veterans (Jones et al., 2014). The evidence indicates that the majority of veterans access settled accommodation after they leave the Armed Forces and make a successful transition to civilian life. Nevertheless, a small minority of veterans do experience homelessness and their support needs can be high. Some veterans are more at risk of homelessness, including those with adverse life experiences before and within the Services, and/or those who have little or no family support. As with the general population, homelessness amongst ex-Service personnel is most commonly caused by a trigger event (such as relationship breakdown/loss of job), however there may also be a Service context to this (for example, family reunification after serving abroad or PTSD). Further, it is well documented that the nature of Service life does not always equip Service personnel to operate in the housing market or negotiate complex welfare and benefit systems (Ashcroft, 2014).

The qualitative work in this study confirmed much of the above and highlighted the complexity of present housing pathways for veterans. One group of respondents reported unsettled circumstances prior to joining up, and discussed being at risk of homelessness straight after leaving the Armed Forces. However, a larger group experienced episodes of homelessness some considerable time after they had left the Armed Forces. Some of these veterans had struggled from the start, moving between different insecure living arrangements, including living with family members and poor quality unsupported tenancies. Another group had been settled on leaving but subsequently became homeless after a trigger event, often relationship breakdown. Here, a key issue was how they were identified as a veteran if/when they approached generic services, and whether these services could link them to veteran services.

The development of better housing pathways for (single) veterans

There is significant potential for the development of better overall housing pathways for veterans. The veteran-dedicated accommodation sector, at present, is chiefly responding to need presented at crisis point. However, people's housing journeys suggested multiple opportunities to better support people at earlier junctures. This requires all sectors to work more effectively together to create these pathways, including both veteran and generic providers in the statutory and third sector, as well as Government departments and allied umbrella organisations. There is significant potential to involve a much wider range of mainstream agencies in identifying and referring veterans.

This study, and other reports in the sector, suggests there have been some limited improvements to housing advice for those leaving service. Some of our recent leavers in the study had received more information about housing provision than cohorts of former leavers. However, the military-civilian transition still requires greater attention (particularly for the most vulnerable veterans), with veterans arguing for greater assistance/re-orientation period of support to civilian services. This could be offered by Through-the-Gates services, working with the Armed Forces.

Many of our respondents were critical of the support available from local housing authorities, reporting difficulties around local connection and their level of priority under homelessness and/or wider housing allocation systems. It appears that the Armed Forces Covenant still requires further attention in the area of housing. The new Homelessness Reduction Act 2017 which focuses on homelessness prevention, introducing a duty on local authorities to respond to cases of threatened homelessness and to make personalised plans for all threatened households, will require local authorities to provide information and advice that is designed to meet the needs of specific

groups, including former members of the regular Armed Services²⁴. This could represent a major opportunity to ensure that veterans are reached within the new extended homelessness duties. In particular, preventative work on family breakdown such as mediation and reconciliation assistance could be of benefit. Recent research on housing responsibilities in London (Kirton-Darling and Carr, 2016) recommends that all local authorities should record whether applicants have a Service history under the new legislation. This research supports this conclusion.

Previous studies have reported that the safety net provided by veteran organisations is difficult to navigate (The Futures Company, 2013; Johnsen et al., 2008). This study also showed that veteran-specific housing options are not well known to the ex-Service community. Most of our interviewees had not heard about veteran-specific accommodation, until they heard it from someone or somewhere – often by chance – after they left. Referral routes into this provision therefore need improvement. The new Veteran Housing Advice Office is likely to assist this. However, generic and wider veteran welfare services also need to act as key routes to this office and/or the sector. Where veterans do access the veteran accommodation sector, this study also suggests that improvements are needed to processes for nominations to generic housing and support services from the veteran dedicated accommodation sector for veterans.

The role of the veteran accommodation sector

The veteran-dedicated accommodation sector is a relatively new sector. Whilst there is an established historic base for some of the services, a large number of units have been developed in the last five years, and the sector has expanded by 14% since 2014 (with key schemes still in the development process).

Whilst the first stage of this study (Jones et al., 2014) suggested that provision was being developed in an ad hoc way, recent developments now indicate an improved geographical dispersion of services, and an early but enthusiastic national network of services.

The main aim of the sector is to assist homeless veterans who are struggling with daily life to make a positive transition to independent and civilian life. The sector recognises that there is an inherent tension in delivering dedicated services to help people become independent. The counter-position to this is a belief that a veteran-specific service can provide a refuge for people to re-group and re-orientate themselves towards sustainable independent living. The veteran interviews revealed that their veteran status was a positive part of people's identity, potentially offering them status and belonging at an otherwise difficult time in their life. For most veterans in the study, there was a clear preference for dedicated services.

What is working well?

The additional resources available to the sector have supported the development of high quality services, usually offering excellent accommodation and facilities. There was also a high level of effective partnership working, with veterans benefiting from an enhanced offer via links with other specialist services (including health, addiction services, and training and employment). Services were often configured as a 'hub' allowing veterans to access a range of services under one roof. Overall, there was a high level of user satisfaction with dedicated services. Most veterans using the dedicated accommodation services argued that they had a positive, sometimes transformative, impact on their lives. Many of our longitudinal sample had successfully moved on from dedicated provision to more settled accommodation and also achieved improvements in other areas of their lives.

²⁴ <http://www.publications.parliament.uk/pa/bills/cbill/2016-2017/0127/17127.pdf>

Future priorities for the sector

At the time of the research, the veteran accommodation sector was still developing and changing, with some providers exiting the sector whilst others were growing provision. Via the Cobseo Housing Cluster, there appeared to be opportunities – and an appetite – to further develop the sector into a network of providers, with greater joint working including looking at eligibility criteria, referral systems, sharing good practice and potentially developing better methods of data collection to measure effectiveness.

Veterans identified a number of possible improvements. Firstly, they called for more support to help parents to re-establish/maintain close relations with children. Secondly, some veterans argued for more proactive support and activities within supported accommodation, including a greater focus on independent living skills. In addition, peer support appeared key to the housing journey for veterans in this study; this could be better harnessed by providers to assist people whilst in supported accommodation, and to enable them to live independently longer term.

Finally, and related to housing pathways, the sector could not usually provide move-on for its service users, and there were considerable difficulties in finding move-on in the generic ‘civilian’ sector. There was also a lack of floating support being delivered to people who had moved on. There were a couple of new services being developed to offer a full housing pathway for veterans. The geographical spread meant that veterans often needed to move long distances, and usually access the provision that they have heard about rather than necessarily the closest provision. This made move-on even more difficult, including in terms of finding and maintaining employment. A central referral facility, enabling people to access the closest accommodation, could potentially assist this.

Future funding of the sector

With little evidence of unmet demand, and notwithstanding some hidden need, it is likely that few if any new single site capital projects are needed in the future. LIBOR capital funding has enabled the sector to develop to its current size. However, there are strong arguments that the focus should now shift to securing revenue funding if the sector is to be sustained. There was considerable concern amongst providers about the future funding of supported housing for veterans, in particular, the then proposed policy to apply Local Housing Allowance rates to supported accommodation. Whilst this policy has since been dropped, a risk remains under current proposals where housing costs for short-term services (including the majority of supported housing for veterans) will be dependent upon income from devolved local authority block grant funding, where there is limited assurance about long-term availability. This contrasts markedly with the current model of funding, where housing costs are met through relatively predictable rental income streams, backed by welfare benefits that are based upon a system of individual entitlement. Further, if a localised funding system is introduced, there is an additional risk that services being delivered to people with no local connection (like veterans and women fleeing violence) might be a low priority under the proposed ring-fenced grant to local authorities for short-term supported accommodation. Fund-raising was presently utilised to plug gaps, and despite greater funds available within the veteran compared to the civilian sector, the future sustainability of many services was uncertain.

Recommendations

The first stage of this research (Jones et al., 2014), a comprehensive review of the housing and support needs of single veterans in the UK, concluded with four high level recommendations (with a number of more detailed proposals related to each recommendation).

1. Housing strategies for veterans should be developed, led by the Scottish, Welsh and UK governments in collaboration with key housing and veteran agencies, supported by a clear implementation framework.
2. The Ministry of Defence, working in collaboration with other key agencies, should improve transition planning for all Service leavers to maximise people's ability to achieve and maintain sustainable housing after Service.
3. Strategies should support the development of coordinated services to meet the accommodation and housing related needs of veterans.
4. There is a need for an improved evidence base on the long-term housing pathways of veterans

Since the first report, there has been a continued focus, and activity, around the delivery of the Armed Forces Covenant, with both the military-civilian transition, and to lesser extent housing itself, as areas of focus with mixed progress (Ashcroft, 2015; FiMT, 2016). The Homelessness Reduction Bill 2016/17 will extend statutory homelessness responsibilities, and the specific needs of veterans have been recognised. However, there has been little progress towards the development of a veteran-specific housing strategy. It may be that such a strategy needs to be developed and led by veteran third sector organisations, with support from Government and statutory bodies.

The development of coordinated services for veterans has also made some progress since 2014, chiefly through partnership working at the scheme level and the work of the Cobseo Housing Cluster. However, again this coordination also needs to be looked on at a regional and national level. Progress is also being made in improving the evidence base, and in particular coordinating this evidence base, through the Veterans' Research Hub Project (VRH)²⁵, led by Anglia Ruskin University, with funding from the Forces in Mind Trust and Lord Ashcroft.

Building on the above, this research identifies three main recommendations, with a number of sub-recommendations:

- 1) The development of improved housing pathways for veterans**
 - i. Better, more proactive transition planning (targeted at the most vulnerable), both pre-and post-Service leaving.
 - ii. Improved systems to ensure that veterans are identified within housing and other welfare services (including all local authorities recording whether applicants have a Service history under the new English homelessness legislation).
 - iii. A streamlined system for housing advice and referrals to generic housing providers and, where appropriate, to the dedicated veteran accommodation options.
 - iv. Overall improved coordination, and joint working, between existing providers of veteran accommodation.
 - v. Improved processes for nominations to generic housing and support services from the veteran-dedicated accommodation sector for veterans.
 - vi. Greater coordination between health, housing, social welfare and employment sectors for veterans at all stages of the housing pathway.

²⁵ <http://www.anglia.ac.uk/health-social-care-and-education/research/research-groups/veterans-and-families-institute/veterans-research-hub>

2) Improvements to the existing veteran-dedicated accommodation sector

- i.** Peer support initiatives could usefully be investigated.
- ii.** The sector could also consider how they can better assist veterans with parenting/maintaining contact with children and wider family.
- iii.** Improved focus on resettlement and outreach services.
- iv.** Investigation of alternative housing-led models of provision (including models for both early intervention and at crisis point).
- v.** Greater focus on monitoring and service outcomes (for example, the development of a core basic framework for evaluation).

3) Review of the funding sources available to support veteran housing pathways

- i.** A shift in emphasis to ensure existing schemes, including those funded from veteran specific national capital sources, are able to access sustainable revenue funding, to enable the veteran accommodation sector to consolidate its present position. This is particularly important in the context of the Department for Work and Pensions/ Ministry of Housing, Communities and Local Government proposals around future funding for supported housing.
- ii.** Identification of possible resources to support veteran preventative or floating support services (including peer support initiatives).
- iii.** Investment in key national, regional (or large city) posts to support mainstream services supporting veterans (for example, regional housing champions or combined authority 'metro' posts).

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Appendix A:

Analysis of SPACES data

SPACES (Single Persons Accommodation Centre for the Ex Services), a housing advice and placement service, helps veterans secure appropriate accommodation when they leave the Armed Forces (within 6 months of discharge), as well as providing information, support and advice to any veteran across the UK. The service assists single veterans to access any type of housing, in any location, and also has exclusive referral rights to Riverside's three supported accommodation schemes (The Beacon, Mike Jackson House and Hardwick House).

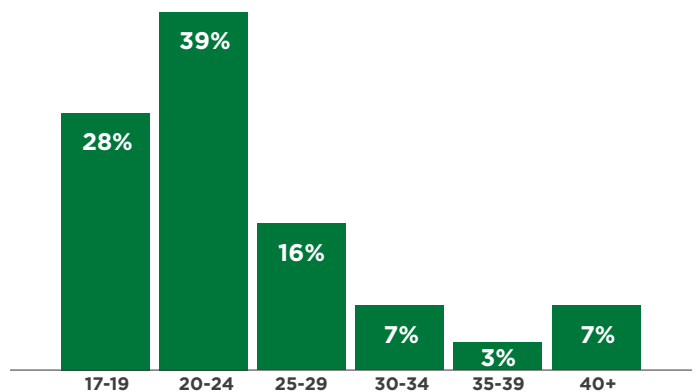
This appendix provides an analysis of data from the service from October 2015–October 2016. Over this period, just over 1,000 single veterans were supported by the service.

Demographics

The single veterans using SPACES were predominantly male (97%)²⁶, with only 28 women within the group. This was a predominantly younger group of people, with an average age of 23 (as at 1st October 2016) and a median age of 22 (at the same date). Only 10% of the single veterans using SPACES were aged 35 or over (Figure A.1). This profile reflects the targeting of the service on recent leavers.

Figure A.1: Age distribution (age as at 1st October 2016)

Source: SPACES data. Base: 1,017.



Ninety-four per cent of single veterans using SPACES reported they were unmarried²⁷, with very small numbers reporting they were currently married, divorced or had lost their partner. Only 66 people using SPACES reported that they were a parent and had a child or children with them, or living elsewhere, but these data were incomplete²⁸. The SPACES service is targeted on single people, so it would not be expected to be supporting families and couples. The great majority described their nationality as British (98%)²⁹ and 95% reported that their ethnic background was White³⁰.

The two largest groups had lived in London and the South East (23%) and the North-East and Yorkshire (21%) prior to joining the Armed Services. The levels of single veterans using SPACES who had lived in the Midlands and North West were similar, with people less likely to come from Scotland, Wales and Northern Ireland. Only a small proportion of the people using SPACES were originally from overseas (Figure A.2).

²⁶ Gender was recorded for 1,025 single veterans using SPACES.

²⁷ Marital status was recorded for 916 single veterans using SPACES.

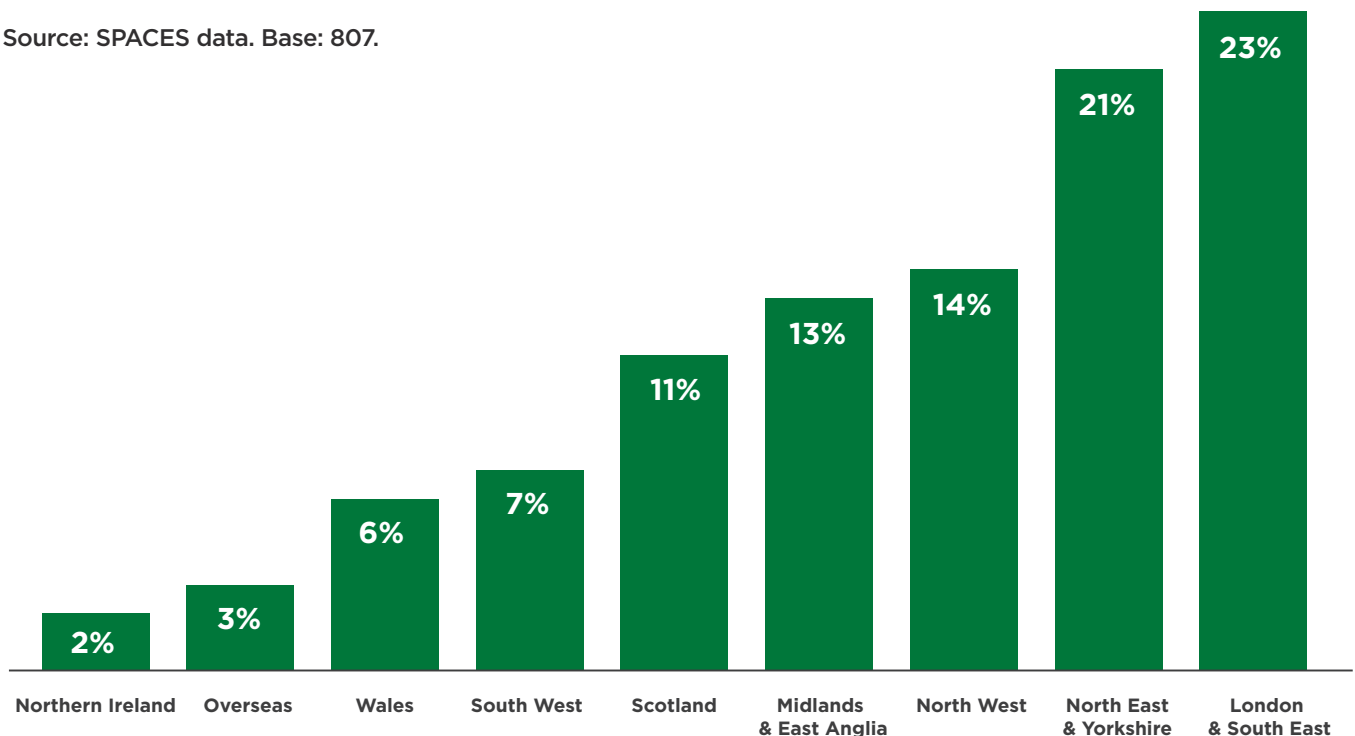
²⁸ Data were only recorded for 451 of the single veterans, although 85% of these 451 veterans reported that they had no children.

²⁹ 1,023 records were collected on nationality.

³⁰ Data on ethnicity were recorded for 1,021 single veterans.

Figure A.2: Areas lived in prior to joining the Armed Services

Source: SPACES data. Base: 807.



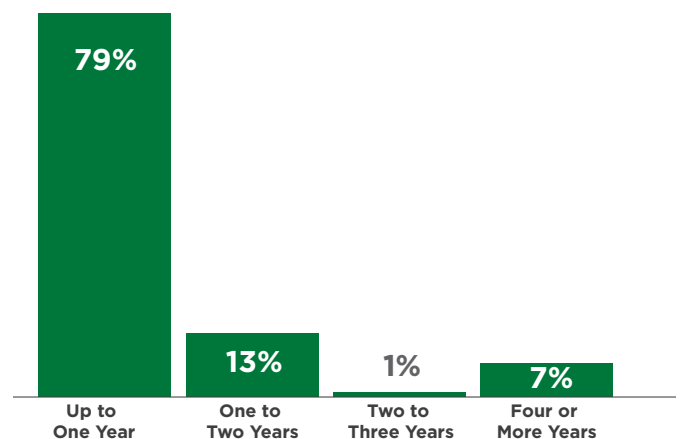
Military experience

Ninety per cent of the single veterans using SPACES had entered the Army or taken basic training with view to entering the Army, 8% reported they had been in the Navy or undertaken training and the remaining 2% had sought to enter, or been in, the RAF³¹. There was a very small representation of reservists (10 people). Overall, 38% reported their rank as ‘recruit’ (i.e. had not completed training before leaving the Armed Services), only one former officer appeared to be present among the veterans using SPACES, but 6% reported that they had been Non Commissioned Officers (NCOs)³².

Information on length of service showed a strong tendency to have completed under one year of service or training (79% of SPACES users who shared this information, see Figure A.3). Only a small proportion of SPACES users who shared information on their length of service had served four or more years (7%, Figure A.3).

Figure A.3: Reported length of service

Source: SPACES data. Base: 543.



³¹ Data were available for 1,017 people.

³² This information was collected on 1,015 single veterans.

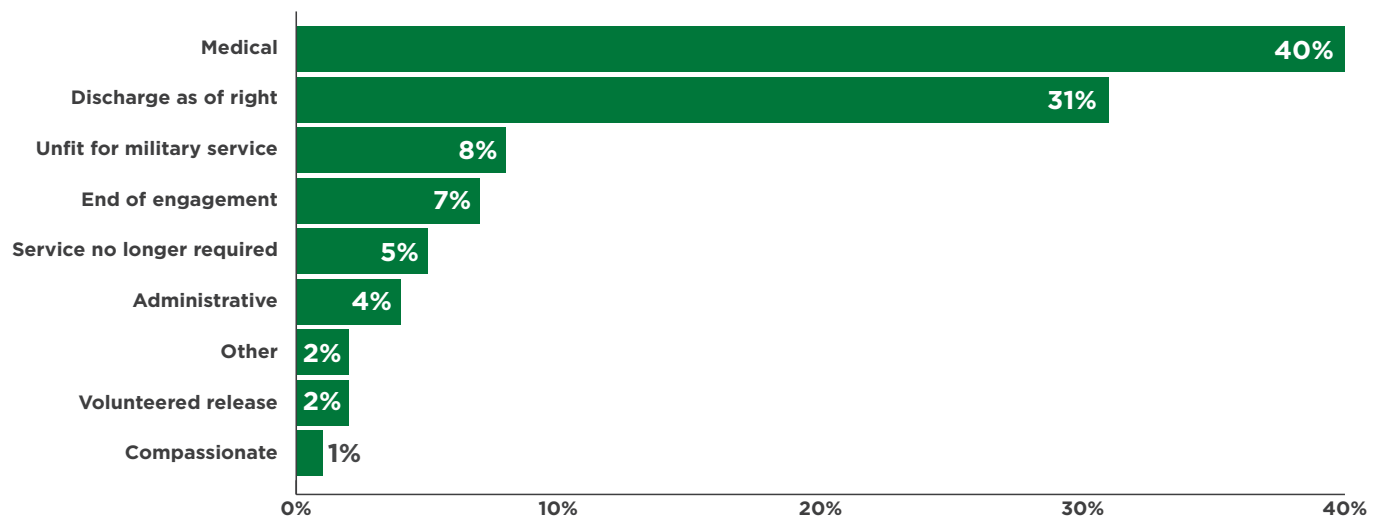
The most common reasons for discharge that were reported by the single veterans using SPACES were Medical (40%) and discharge as of right (DAOR)³³ (31%). Smaller groups reported that they had been discharged as unfit for military Service, come to the end of their service, or been discharged for other reasons (Figure A.4). The data on reasons for discharge, alongside those collected on length of service, again show the associations between brief or incomplete training and military Service and subsequent experience of homelessness. Only 7% of the veterans who were making use of SPACES were people who reported they had reached the end of their engagement (Figure A.4).

Support needs

Levels of economic participation were low, with 15% of single veterans reporting they were in paid work for 24 or more hours a week³⁴ at the time of contacting SPACES. A larger group were recorded as not currently seeking work (63%) – both for medical reasons and/or having not left Service yet - and 21% described themselves as job seekers. A very small number reported they were in part-time work or retired. Only 48 (out of the 709 cases) single veterans reported that they had a job to go to when they left the Armed Services.

Figure A.4: Reported reasons for discharge

Source: SPACES data. Base: 989.



³³ Discharge as of Right (DAOR) as a New Recruit – Those over 18 at date of first enlistment in the Regular Army have the right to claim discharge, with no subsequent reserve liability (after completing 28 days' service excluding leave, before the end of 3 months from the date of enlistment, giving 14 days' notice to your Commanding Officer). If under 18 at date of enlistment, this can be claimed at any time before the end of 6 months from enlistment (with 14 days' notice to your Commanding Officer).

³⁴ Data on economic status were recorded for 709 people.

Just over one in ten users reported drug use and/ or alcohol use were relatively low (11%³⁵). Similarly, 6%³⁶ reported mental health problems, and 10%³⁷ physical health issues. This data only includes information that single veterans volunteered to SPACES, not equivalent to a diagnosis or systematic testing for mental or physical health problems. While this was a young population, in which rates of physical illness and disability, though not necessarily mental illness, would generally be expected to be low, it must be noted that 40% reported a discharge for medical reasons.

Contact with the criminal justice system did not appear to be common. Thirty-two of the single veterans using SPACES reported they had a Police Record and 12 reported serving a custodial sentence, with four individuals reporting they had outstanding offences when they made contact with SPACES.

Homelessness

Those who shared information on the reasons for their homelessness reported overwhelmingly that their homelessness was a consequence of discharge from Service (84%), with reasons such as eviction (4%) and relationship breakdown (5%) being less common³⁸. This corresponds with the high number of young people, often straight from Service, using the service.

At the point of referral, three-quarters (75%) of single veterans were living in private rented housing, that included a mixture of independent tenancies and shared houses. One in six (16%) veterans were living with family or friends at referral. A small minority were living in homeless hostels or supported housing (2%), or sleeping rough (3%). Only 17 veterans were living in social housing at referral³⁹.

Accommodation outcomes

SPACES have a dual aim of providing housing advice, and a placement service for those that need it. In three quarter of cases (76%), the main service provided was housing advice, with clients no longer requiring further assistance from SPACES at the end of this contact. However, SPACES had arranged accommodation in 144 cases from October 2015 to October 2016 (approximately 12 placements per month). A minority of cases were also still open⁴⁰.

The single veterans who SPACES helped to secure accommodation were older than the entirety of SPACES users (28% were 40 or over, compared to 7% of all SPACES users and 7% aged 17-19, compared to 28% of all SPACES users) (Table A.1). While women remained much more unusual than men in this group, they were more strongly represented among single veterans receiving SPACES accommodation than among the entire group using SPACES (8% compared to 3% of all SPACES users). No statistically significant differences were found in relation to ethnic origin.

Table A.1: Age ranges of single veterans found accommodation by SPACES

Source: SPACES data

| Found accommodation by SPACES | | | |
|-------------------------------|-----|-----|-----|
| Age | No | Yes | All |
| 17 to 19 | 32% | 7% | 28% |
| 20 to 24 | 42% | 22% | 39% |
| 25 to 29 | 16% | 22% | 16% |
| 30 to 34 | 6% | 11% | 7% |
| 35 to 39 | 2% | 10% | 3% |
| 40 plus | 3% | 28% | 7% |

³⁵ Base: 458 respondents.

³⁶ Base: 457 respondents.

³⁷ Base: 862 responses.

³⁸ 680 single veterans shared information as to why they had become homeless, beyond discharge from services, eviction and relationship breakdown, only one other category 'other' was recorded, which was reported for 7% of veterans.

³⁹ Data on accommodation at referral were recorded in 719 cases.

⁴⁰ Data were available on outcomes for 799 veterans.

Alongside being older and containing a greater proportion of women than SPACES users as a whole, the single veterans receiving SPACES arranged accommodation also reported significantly higher support needs:

- 48% of the single veterans accommodated by SPACES reported they were using drugs and/or alcohol, compared to 11% of all the single veterans using SPACES (and 4% of those not accommodated).
- 23% of those receiving SPACES accommodation reported they had mental health problems, compared to 6% of everyone who used SPACES (and 3% of those not accommodated).
- 16% of those receiving SPACES accommodation reported physical health problems, compared to 10% of all SPACES users (8% of those not accommodated).

Single veterans for whom accommodation had been arranged by SPACES tended to have been allocated housing in their area of choice at a high rate, data indicated that 87% had received accommodation in the area that they had requested⁴¹. The available data did not suggest that homeless single veterans accommodated by SPACES were less likely to be able to live in some areas, for example rates were not lower for London and the South East (as may have been expected, given relatively higher levels of housing stress) than for other parts of the UK.

Data was available on 96% of the veterans accommodated by SPACES. Over two in five (42%) of veterans were placed in supported housing, whilst the remainder (58%) were placed into independent housing, including a mix of both social rented and private rented accommodation.

⁴¹ Based on 142 of the single veterans accommodated by SPACES.

Appendix B:

List of schemes

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|---|--------------------------------------|-----------------------|-----------------------------|---------------------|---------------------------|------------------------------------|--------------------------------|
| Alabaré Christian Care and Support | Alabare Carmarthenshire | Shared houses | Transitional | 10 | | | Carmarthenshire |
| Alabaré Christian Care and Support | Alabare Swansea | Shared houses | Transitional | 4 | | | Swansea |
| Alabaré Christian Care and Support | Alabare Cardiff | Shared houses | Transitional | 10 | | | Cardiff |
| Alabaré Christian Care and Support | Alabare Pontypridd | Shared houses | Transitional | 6 | | | Pontypridd (Rhondda Cynon Taf) |
| Alabaré Christian Care and Support | Alabare Conwy | Shared houses | Transitional | 10 | | | Conwy |
| Alabaré Christian Care and Support Planned (2016) | | Shared houses | Transitional | | | | Merthyr Tydfil |
| Alabaré Christian Care and Support | Wilton Development [2017/18] | Various | Transitional | 45 | | | Wiltshire |
| Alabaré Christian Care and Support | Alabaré Bristol Home for Veterans | Shared houses | Transitional | 9 | | | Bristol |
| Alabaré Christian Care and Support | Alabaré Plymouth Home for Veterans | Shared houses | Transitional | 11 | | | Plymouth |
| Alabaré Christian Care and Support | Alabaré Salisbury Home for Veterans | Shared houses | Transitional | 10 | | | Wiltshire |
| Alabaré Christian Care and Support | Alabaré Weymouth Home for Veterans | Shared houses | Transitional | 12 | | | Weymouth & Portland |
| Alabaré Christian Care and Support | Alabaré Gloucester Home for Veterans | Shared houses | Transitional | 4 | | | Gloucester City |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|---|--------------------------------------|------------------------------------|-----------------------------|---------------------|---------------------------|------------------------------------|-----------------------|
| Alabaré Christian Care and Support | Alabaré Gloucester Home for Veterans | Shared houses | Transitional | 8 | | | Gloucester City |
| Alabaré Christian Care and Support | Alabaré Bristol Home for Veterans | Shared houses | Transitional | ? | | | South Gloucestershire |
| Alabaré Christian Care and Support | Alabaré Hampshire Home for Veterans | Shared houses | Transitional | 4 | | | Fareham |
| Alabaré Christian Care and Support | Alabaré Hampshire Home for Veterans | Shared houses | Transitional | 8 | | | Gosport |
| Amicus Trust | Bedford | Shared houses | Transitional | 4 | | | Bedford |
| Amicus Trust | Aspley Guise | Shared houses | Transitional | 9 | | | Central Bedfordshire |
| Armed Forces & Veterans Launchpad Limited | Avondale House | Self-contained flats - single site | Transitional | 34 | | | Newcastle |
| Armed Forces & Veterans Launchpad Limited | Speke House | Self-contained flats - single site | Transitional | 52 | | | Liverpool |
| Community Self Build Agency/ Knightstone HA | West Street | Self-contained flats (self-build) | Longer-term | 10 | | | Bristol |
| Community Self Build Agency/ Knightstone HA | York Road | Self-contained flats (self-build) | Longer-term | 10 | | | Bristol |
| Fry Housing Trust | Selly Oak Scheme | Shared houses x3 | Transitional | 12 | | | Birmingham |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|--------------------|--------------------------------------|------------------------------------|-----------------------------|---------------------|---------------------------|------------------------------------|----------------------|
| Futures for Heroes | Futures for HEROES Assistance Scheme | Shared houses | Transitional | 5 | | | Canterbury |
| Futures for Heroes | Futures for HEROES Assistance Scheme | Shared houses | Transitional | 16 | | | Thanet |
| Gurkha Homes | Abbeygate House | Self-contained flats - single site | Longer-term | 26 | | | Colchester |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 6 | | | Bristol |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 12 | | | Southend on Sea |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 4 | | | Isle of Wight |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 8 | | | Cheltenham |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 8 | | | Bury St Edmunds |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 11 | | | Waverley |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 8 | | | Enfield |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 14 | | | Greenwich |
| Haig Housing Trust | Haig Housing Trust | Self-contained flats - single site | Longer-term | 5 | | | Merton |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|------------------------------|---|------------------------------------|-----------------------------|---------------------|---------------------------|------------------------------------|----------------------|
| Haig Housing Trust [2018] | Café Project | Self-contained flats - single site | Longer-term | 8 | | | Merton |
| Haig Housing Trust | Coming Home | Shared ownership | Longer-term | 50 | | | Various |
| Haig Housing Trust/ SSAFA | Enthoven House | Self-contained flats - single site | Transitional | 17 | | | Greenwich |
| Hull 4 Heroes [2017/18] | Extra: dedicated service in development | Veteran village | Longer-term | Unknown | | | Hull |
| Hull Veterans Support Centre | Beverley Road | Shared accommodation | Transitional | 4 | | | Hull |
| LOL foundation | 48/54 Lawton Street, Congleton | Shared accommodation | Transitional | 8 | | | Cheshire East |
| LOL foundation | 85 Canal Street, Congleton | Shared accommodation | Transitional | 7 | | | Cheshire East |
| Thirteen Care and Support | Bibby House | Shared accommodation | Transitional | 5 | | | Gateshead |
| Thirteen Care and Support | Brims House | Shared accommodation | Transitional | 5 | | | Newcastle upon Tyne |
| Riverside | Mike Jackson House | Self-contained flats - single site | Transitional | 25 | | | Rushmoor |
| Riverside | The Beacon | Self-contained flats - single site | Transitional | 31 | | | Richmondshire |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|--|------------------------------|------------------------------------|-----------------------------|---------------------|---------------------------|------------------------------------|-------------------------------------|
| Riverside | Hardwick House | Self-contained flats - single site | Transitional | 20 | | | Middlesbrough |
| Royal British Legion Industries | Mountbatten Pavillion | Hostel-type provision | Transitional | 24 | | | Tonbridge & Malling Borough Council |
| Scottish Veterans Housing Association | Whitefoord House | self-contained flats - single site | Longer-term | 11 | | | City of Edinburgh Council |
| Scottish Veterans Housing Association | Whitefoord House | Hostel-type provision | Transitional | 82 | | | City of Edinburgh Council |
| Scottish Veterans Housing Association | SVHA housing - Gilerton Road | Self-contained flats - single site | Longer-term | 9 | | | City of Edinburgh Council |
| Scottish Veterans Housing Association | SVHA housing | Self-contained flats - single site | Longer-term | 1 | | | Dundee City Council |
| Scottish Veterans Housing Association | Rosendael | Hostel-type provision | Longer-term | 45 | | | Dundee City Council |
| Scottish Veterans Housing Association | Bellrock Close | self-contained flats - single site | Transitional | 21 | | | Glasgow City Council |
| Scottish Veterans Housing Association | Bellrock Close | Self-contained flats - single site | Transitional | 31 | | | Glasgow City Council |
| Seamen's Mission of the Methodist Church | Queen Victoria Seamen's Rest | Hostel-type provision | Transitional | 170 | | | London |
| SHAID | St Peter's Court | Self-contained flats - single site | Transitional | 17 | | | Durham |
| Stoll | Sir Oswald Stoll Mansions | Self-contained flats - single site | Longer-term | 157 | | | Hammersmith and Fulham |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|---------------------------|------------------------------|------------------------------------|-----------------------------|---------------------|---------------------------|------------------------------------|------------------------|
| Stoll | Banstead Court | Self-contained flats - single site | Longer-term | 20 | | | Hammersmith and Fulham |
| Stoll | Chiswick War Memorial Homes | Self-contained flats - single site | Longer-term | 36 | | | Hounslow |
| Stoll | Countess of Wessex House | Self-contained flats - single site | Longer-term | 36 | | | Hounslow |
| Stoll [2017/18] | Evelyn Avenue | Self-contained flats - single site | Longer-term | 34 | | | Aldershot |
| Veterans Aid | New Belvedere House | Hostel-type provision | Transitional | 55 | | | Tower Hamlets |
| West London Mission | Big House | Studio flats | Transitional | 11 | | | Camberwell |
| West London Mission | Big House Clapham | Self-contained flats - single site | Transitional | 6 | | | Clapham |
| OUTREACH SUPPORT | | | | | | | |
| Thirteen care and support | Outreach service - Gateshead | | | | N.R | | Gateshead |
| SHAID | Outreach support | | | | 29 | | County Durham |
| Riverside Access | Outreach support | | | | 30 | | Colchester |

| Organisation | Name Of Scheme | Type Of Accommodation | Transitional Or Longer Term | Number Of Bedspaces | Number Of Outreach Spaces | Number Of Resource Facility Places | Local Authority Area |
|--|----------------------------------|-----------------------|-----------------------------|---------------------|---------------------------|------------------------------------|------------------------|
| Stoll | London Veterans Outreach service | | | | 35 | | Hammersmith and Fulham |
| Glasgow Helping Heroes | | | | | 200 | | Glasgow |
| RESOURCE FACILITY | | | | | | | |
| LOL | Lifeskills Centre | | | | | 25 | Cheshire East |
| Futures for Heroes day centre | Day centre | | | | | 18 | Thanet |
| Hull Veterans Support Centre | Drop-in Centre | | | | | 10 | |
| SHAID/St Peters Court Cree Project | Day centre | | | | | 10 | County Durham |
| Stoll London Veterans Outreach Service | Monthly drop-in | | | | | 30 | Hammersmith and Fulham |
| Thirteen Care and Support Gateshead Veterans Hub | Hub | | | | | 20 | Gateshead |
| British Legion pop-ins | Pop-ins | | | | | N.R | Various areas |

Appendix C:

The experience of veterans over time: A longitudinal analysis

Introduction

A qualitative longitudinal panel of 35 single veterans was recruited for the research in 2015 (see Chapter One for more details). In Spring-Summer 2016, repeat interviews were achieved with 15 veterans (and information gained on a further three veterans) and a further four interviewees were recruited, taking the full sample up to 39. Twenty-two veterans took part in the final interview (Summer 2017). In the first interview, 27 respondents were living in dedicated veterans scheme, and a further eight were living in other types of accommodation, but had experience of using veteran advice services. Not all the veterans in our sample undertook three interviews. The analysis in this appendix is drawn from respondents where we have a longitudinal dimension to their views and experiences, which includes those who took part in two or three interviews.

This appendix presents the detailed findings from the longitudinal analysis, under the following areas:

- Housing pathways following contact with veteran services
- Satisfaction with current accommodation
- Support with finding a new home
- Meeting local connection criteria
- Help with settling into a new home

- Physical and mental health needs
- Employment and training
- Links with family and friends
- Reflecting back on the role of veteran-dedicated services.

Housing pathways of the longitudinal sample following contact with veteran services

Respondents who had moved from dedicated veterans' schemes

By the final interview fifteen participants in the longitudinal study had moved from a veteran-dedicated scheme into their own accommodation⁴². Social rented accommodation featured as an important destination for nine of these participants, either housing associations or council properties. Three of these respondents were living in supported accommodation for older people. Of the remainder, a couple of participants had moved back in with family members (either a partner, or with a grandparent), and one other was renting from a private landlord.

Most of this group had made a single move from the dedicated veterans' service to their new accommodation. Two respondents, however, had moved a number of times over the course of the study. In one case this involved several moves between a number of dedicated veterans' services, interspersed with stays with family members. In another instance, a respondent made a number of moves between a couple of dedicated veterans'

⁴² It is not possible to conclude the degree of success of the dedicated schemes from this data as the study was qualitative and it is probable that we stayed in contact with people in more settled situations. Nonetheless, it does allow us to say that at least 15 of the 39 people that we spoke to successfully moved onto settled housing after contact with specialist accommodation services for veterans.

schemes, family members or an ex-partner, and privately rented accommodation. These two respondents emphasised the difficulties of fitting together their housing needs with other things such as proximity to jobs and social or family networks.

There were also a couple of examples of veterans in our longitudinal sample who had left a dedicated scheme and then experienced difficulties and the scheme had taken them back in. Unfortunately, one of these people felt the scheme had been unable to assist them on the second occasion to the extent they had hoped; the other person had been assisted to move on successfully. Finding affordable housing was a huge challenge in terms of sustainable options for these respondents. By the second interview, one of these respondents had tried to move out to privately rented accommodation, but had subsequently moved back to the dedicated veterans' scheme. In this instance a national veterans' welfare agency had assessed this respondent's situation and the local housing market and had advised against moving until his circumstances altered:

“ I got in touch with the [veteran welfare organisation] who came out, but then when, when they looked at the price... I did, cos I did see a flat but getting in it with the price but I wouldn't then have been able to afford to run it cos obviously I've got to pay a top up on my rent, and then, and then it was by the time I'd paid my top up and all me other stuff they were just saying that you wouldn't have been, you know, you can't afford it. Well that then got proved when I went to [town] that I couldn't, cos I was paying what the, cos I had to pay an £80 top up every two weeks out my benefits, that's before I'd even paid anything else.”

(Veteran, longitudinal sample)

Stayers

Four other respondents over the course of the interviews were either living in the same dedicated veteran scheme, or in move on accommodation managed by these schemes. These latter respondents described very diverse pathways in terms of planning for the immediate future. One respondent was clear that he was biding his time in a dedicated scheme so that he would be able to start bidding for social rented accommodation. Another respondent was aiming to move from a dedicated veterans' scheme to a YMCA in an area closer to his social network. Ideally he wanted to move to social rented accommodation so that work would be more affordable. A further respondent valued accommodation and support provided in the veterans' scheme and wanted to remain in the current scheme whilst he found employment that would suit him:

“ I'm just enjoying voluntary stuff. I don't want to end up in the wrong job role or I'm just going to walk out, just go sod this and walk out. I don't want to do that because I've done that before and I don't want to do that again, so I've had enough. So I just feel like I'm standing me ground and staying here do you know what I mean until it's right. So everybody's different aren't they? Some people get it right first time, some don't. It's horses for courses isn't it?”

(Veteran, longitudinal sample)

The fourth respondent had recently moved into accommodation leased by the dedicated veterans' scheme, which offered a greater degree of independence:

“ ...they let us move in, like a move-on place, so me and my mate have moved down there. It’s a three bedroom, so there’s two of us in it at the moment, but yes I prefer it. It’s like you’ve got to move on haven’t you? You can’t just stay in a room all the time...you get to a point where you need to move out don’t you? So I need to get back on my own two feet.”

(Veteran, longitudinal sample)

Respondents in contact with veteran advice agencies

Other respondents had not been living in dedicated veterans’ schemes at the time of the interviews, and instead had been in contact with advice agencies for veterans. One respondent had been staying in a couple of different places with relatives and friends whilst he was on the waiting list for social rented accommodation. Although he noted that a veterans’ advice agency had helped get him on to a waiting list, he felt that more help could have been offered:

“ ...like in my situation now I thought they could intervene; help you out with a place temporarily. Even if you have to pay, if it’s affordable, just to get yourself sorted. I’m not that kind of person that would depend on agencies, I always try to help myself as much as I can, but I think they could have [helped].”

(Veteran, longitudinal sample)

Another respondent had moved into accommodation tied with employment after he had been sleeping on the floor of a relative’s house. This respondent emphasised that a key difficulty with accommodation had been the point at which he had left the Forces. He had been accepted on to a waiting list for social rented accommodation, but was only allowed to accept a property by physically visiting at a

time when he also needed to attend medical appointments:

“ ...the council weren’t like gonna put me on the housing list till, you know, I, I had to argue that one and, and, and eventually they gave, you know, they gave in and said we’ll put you on the housing list. The rules are this, you won’t get to view any property until twenty-eight days before your termination date, that’s when your, the website will become live, but then you’re gonna have come up and view to say I’m going to take it...I couldn’t do that cos of the medical appointments, I mean [veteran advice agency] have been in contact with me but there’s not much they can do cos I’m, I’m not a priority cos I’m not on the streets and I’m pretty much in a safe environment.”

(Veteran, longitudinal sample)

Two other respondents had remained in the same housing circumstances over the three interviews. Both these respondents were biding their time until they could move into their preferred housing. In one case, a respondent was living in a foyer for young homeless people, and was on the waiting list for social rented accommodation. The other respondent was living with relatives, and building up savings to put a deposit down on his own home.

Another respondent had been living for a number of years in privately rented accommodation, but ideally wanted to move to a dedicated veterans’ scheme as a long term solution to his housing and other support needs:

“ ...we’ve discussed it with my GP and my psychiatrist; they think it’s, it’s the amount of support they [dedicated veterans scheme] give. I mean also, as well, the majority of people that live within [dedicated veterans’ provider] are ex-veterans, so also they’re

veterans, so I, it's these, these are the people that I can, I, I, I find it easy to get on with. And where I live here now, I've got like a reasonably modest sized bedsit with me own shower and cooking facilities, I just share a toilet, but the thing is though is I don't, I don't have anything to do with my, my neighbours who live in the property because I don't particularly want to talk to them because I don't like people being inquisitive and everything, if they start asking questions. But the thing is though is when I go to; I've had treatment with [national veterans welfare organisation]; they have an outreach twice a month oh at, at [dedicated veterans scheme] at [location] and I find it very easy to talk to veterans because they, it's that they, they speak, they speak the same language, but also as well is I can, something, I, I feel quite safe telling these people and they understand what I'm talking about with regards, with regards to my sort of, my PTSD and the anxiety and everything, yeah."

(Veteran, longitudinal sample)

Satisfaction with current accommodation

The first part of Chapter 4 discussed satisfaction with dedicated veteran accommodation in the case studies. Here, we cover the wider view provided by the veterans in the longitudinal sample, which also included experiences in other dedicated veteran schemes.

Of the respondents who had moved on, most were very satisfied with their new accommodation at the time of the final interview, which tended to be self-contained one or two bedroom flats or houses.

“It's my little world, home. It's got heating in it and electric in the building, my things on the wall and it's... Well it's not exactly where I want it to be but I can make it work around my life. I've got my kids coming up for the summer for the first time... I've got somewhere for my children to go to spend time with me so that's a really different aspect. Beggars can't be choosers and it's a nice place and it's in the country and I'm away from big crowds and idiots, you know, people who annoyed me, and I'm on the up...”

(Veteran, longitudinal sample)

Several of these respondents appreciated their new accommodation, but were looking to move again as there were certain aspects of their circumstances that they wanted to change. For example, one respondent noted that the accommodation was too small, and was in a location near a busy road that was very noisy. Another respondent stated that he planned to stay where he was until he had reached an age where he could apply for a transfer to level access bungalow accommodation. A further respondent highlighted that he wanted to move to accommodation with a single bedroom as he was liable for an under occupancy charge (or 'bedroom tax').

As highlighted earlier in the chapter, the four respondents who were still living in dedicated veterans' schemes had diverse expectations about how long they wanted to remain living within these schemes. These expectations varied from viewing the scheme as a staging post until they could move in to social rented accommodation, to seeing their long term future within the scheme they currently lived in. Nevertheless, these respondents also reported that they were satisfied with the accommodation they were in.

Support with finding a new home

Respondents described very mixed experiences in terms of the amount of support they had received in the process of finding somewhere to live. Some respondents described the process of finding a new home as something they had done for themselves, with little expectation that any support was expected or necessary from either dedicated veterans' scheme, or wider support agencies. Others expressed some frustration that whilst they had identified a new home themselves, that there had been little apparent support on offer during this process from organisations, and that they had expected more help during this process. For example, a couple of respondents highlighted that they had found out about accommodation provided by housing associations in the areas where they wanted to live through their own searches or contacts.

In contrast, other respondents discussed support they had received either from a dedicated veterans' scheme or national advice agencies that had helped them in the process of both finding and moving into new accommodation. This help had included support with applications for social rented accommodation, as well as subsequent practical help with the process of moving. For example, one respondent described support he had received from the dedicated veterans' scheme where he had lived in linking with a local housing association. This veterans scheme had also worked closely with a national veterans' welfare organisation to provide not only furniture and white goods, but also a mobility scooter to enable him to travel independently.

A couple of respondents discussed help with accommodation that they received from their employers. In one case, accommodation was provided with the job. In another instance, an employer had given him an interest free loan to pay for the deposit and rent in advance on his privately rented accommodation.

Meeting local connection criteria for waiting lists for social rented accommodation

A couple of respondents discussed their recent experiences of meeting local connection requirements as veterans. One respondent noted that he was living with his mother and was currently waiting for a written reference from the Army to be able to join a local waiting list. Another respondent highlighted how the requirement for a local connection had been waived once he could show that he was a veteran:

“...when I applied [to join a waiting list for housing association property], they sent a letter saying that I wasn't qualified. It was a case of me living in the borough for five years and then I had to reapply, but I said I was in the armed forces and then they waived that residential requirement and then said they would put me on it. So, it took like four weeks.”

(Veteran, longitudinal sample)

Another respondent highlighted a 'Catch 22' situation in that he wanted to move from his current accommodation with a dedicated veterans' service but that he would have to start all over again in building up time to meet the waiting list requirements for social housing in the new area.

Help with settling in to a new home

It was clear that veteran welfare organisations provided a crucial role in providing practical support to veterans moving into accommodation from dedicated veteran schemes. Several respondents highlighted the help they had received from organisations such as The Royal British Legion, SSAFA, and the RAF Benevolent Fund, which included the provision of white goods as well as other items of furniture or equipment like a phone.

“ I was still visiting every now and then, I was keeping them updated and they were telling us like where, when I very first got the property and I moved out I went back there and I was, I was able to get me cooker and there was something else - the bed, actually I got them straightaway, it's something they can fast track and that was through [dedicated veteran scheme]. So I went back and they got them for us straightaway.”

(Veteran, longitudinal sample)

Of the people who had moved on from dedicated provision in our longitudinal sample, one person clearly would have liked more support on leaving:

“ I kinda feel alone now, you know, like not, not as in like partner-wise I mean alone as in like support-wise. I know [dedicated veterans' scheme] there but I'm not there, so, you know, they won't, they, they probably won't end up using their resources to help us out, you know what I mean cos they need 'em for people that are in [dedicated scheme], and they say oh there's services after that, you know, who to go and talk to, you know, things like this, it's that, that's what it's, it's great while you're in there cos you've got all the services but when you come out it's sort of like you're kinda on your own.”

(Veteran, longitudinal sample)

Other respondents felt that support could have been offered not necessarily by the dedicated veterans' scheme they had just moved from, but from national veteran welfare organisations, as part of a wider role in addition to practical support:

“ I think what could have happened was when I moved in here a few visits, a few visits from [veteran welfare organisation] or from [veteran welfare organisation] to find if I'm setting in all right, if everything they bought me was okay, if I've got any problems like bill problems or anything like that.”

(Veteran, longitudinal sample)

“ I think when you leave the service, there is a stage when you have all these organisations like [national veterans' welfare organisation], and all that, that you can refer to but, if at least there is somebody that will call out to check on you, to say - no one checks up on you to see how you're getting on. That's the main reason why I came back to join the reserves again, because you miss that - when you are in the army, they look after you, you're close with your mates. You lose contact and like no one actually cares. It's kind of like a vacuum. When you are there, you see the army as a family. So, if there is welfare - not necessarily someone from welfare - but someone from the regiment... you know. Or maybe someone who would call and say, you know what it was like; just call to say... a check up to see how you are getting on with life after living in the army. But you don't get anything like that and it makes you feel like no one actually cares.”

(Veteran, longitudinal sample)

Further respondents described ongoing support that they received from the dedicated veterans service they had moved from. This included respondents who had remained in the locality and were able to pop in if they wanted formal support with issues such as benefits advice, or more informally, to keep up socially with other respondents or members of staff. Most provision operated an open door to support people if they were able to call in. For example, one respondent discussed help from a support worker linked with the dedicated veterans scheme he had just moved from with

completing an application for Personal Independence Payments (PIP) – there were a number of examples amongst our veteran interviewees of people still being in touch with providers.

However, another respondent was clear that he wanted to make a break with the past:

Interviewer: Have you been back up to [scheme] or anything like that?

Respondent: I haven't no. I was going to, I should have gone there and given them a hand, but there's been a lot of changes down there...but it's a past life, you know. I've got a new life now with family, do you know what I mean?...Obviously, I know they are there if things went bad, but now it's sort of like I stopped going down because it's the past. I've got a new life, got a new family. I don't need that.

(Veteran, longitudinal sample)

Maintaining links with peers

A number of respondents discussed peer support, mentoring and volunteering as part of the process of moving on from dedicated schemes. Mutual support, or just maintaining social links, either with residents or with scheme staff, offered a way of providing informal support to all concerned, as well as an opportunity to 'give something back' to schemes:

“ I've moved out, got my own place. I've got my little boy. I've got a job and I really want to get in and help [dedicated veterans scheme] give a bit back for what they've done for me and hopefully pass on my experience to these guys. I've been through the drinking. I've been where they are. I know where they are. Sometimes you just need a good kick up the butt.”

(Veteran, longitudinal sample)

Physical and mental health needs

Respondents discussed their self-reported health, including mental health over the course of the interviews. Several felt that their physical and mental health had improved over the course of the three interviews. In part this was attributed to the change in environment, and with having their own accommodation and space.

“ Coming home to a permanent base where I live and not having to worry about where I'm going to be living and things like that has taken a lot of pressure off me and a lot of stress off me. I'm going from tablet form now to an injection every three months so that makes a big change in what I have to take in the mornings. Instead of taking handfuls of tablets I'm only taking a few tablets now.”

(Veteran, longitudinal sample)

Others emphasised the support that had been received whilst they were living in the dedicated veterans' schemes, or from links at that time with veterans' support agencies or generic support:

“ I mean looking back at it all now I've, I've done it the right way really cos I got the help that I needed before, just before getting the flat, you know, so it did work out for the best but at the time I know the way I felt I wanted just, I wanted to move straight back to [town].”

(Veteran, longitudinal sample)

“ Somebody who really helped me and got me into my work works at the council. I don't know her exact job title. She works with people with disabilities and that to get them into work. So I did a lot of work with her on my mental illness and she's the one who got me working in the gym for 16 hours and now I want to be able to progress. Now I'm working out full-time as a PT, so she

really helped me and looked at my housing, because housing and all that is just a minefield and benefits and she did all that for me and helped me set up, so she was really good. That's through the council."

(Veteran, longitudinal sample)

Nevertheless, some respondents were clear that they had ongoing support needs, not only linked with time in Service, but trauma linked with lifelong circumstances, or occasionally trauma linked with single events unrelated to their time in Service.

Linking health and housing needs

A couple of respondents discussed the value of support they were receiving from specific health practitioners or that they were linked in to valued services. They also discussed balancing being on a waiting list for an operation with decisions to move to other areas for their housing. These health networks played a significant role in determining their housing decisions, and influenced where they felt they wanted to live:

"...this is one of the factors that's stopping me from possibly moving on, cos if I move to one of the [dedicated veterans scheme] properties it means I might, I might have to swap, I might have to change my doctor, and this is, this is, this is quite key for me moving on at the moment, 'cos at the moment my doctor's quite proactive, yeah... all the doctors, all the doctors' surgeries in [city] have a catchment area; where I live at the present moment I'm, I reckon it'd be another year before I could easily concentrate on moving on, 'cos I'm having.. I'm having surgery in October and I'm having a [name of operation]; so I'd rather sort of want to stay here where I am and have proper medical care. I think close to the time I might approach my surgery's admin team and see if, if I did move to one of the [dedicated veteran provider] properties so I could actually still come and see the same doctor."

(Veteran, longitudinal sample)

Another respondent discussed the challenges he faced in balancing his health needs with the accommodation options that were available, and getting across to support workers how important health networks were:

"...my support worker's like saying, well there's places in [town] and I was like, well [town] doesn't do much for me because I'm like miles away from the three hospitals I have to go to (laughs) and I don't want to be back of the queue of the progress I've made this year; so I'm resisting being forced to move to [town]."

(Veteran, longitudinal sample)

Employment and training

Respondents who had been in contact with veterans' advice agencies tended to be in some form of employment or further education. Respondents who had moved on from dedicated veterans' schemes, or who were still living in accommodation for veterans, discussed very diverse current experiences with regard to employment and training. The physical and/or mental health of the latter group played a significant role in the extent to which these respondents were able to work or take up training opportunities.

A number of respondents reflected on their time in dedicated veteran schemes and highlighted a tension in the role that some schemes were playing with respect to the rent needed to cover accommodation and support on one hand, and affordability on the other. In part, respondents described the difficulty of finding work and the associated costs of commuting, which was related to the location of some schemes.

“ I’ve been offered work in [City] but, but the thing is cos I’m in [town] it’s 20 odd quid to get down there every time so with that, the rent at [dedicated veterans scheme] is like £316 a week, I can’t, you know what I mean, it’s just impossible so I can’t take that work on. So that’s why I want to also get closer to [City] and getting something like a housing association flat so it’s more affordable like that, you know what I mean?”

(Veteran, longitudinal sample)

Another issue highlighted by some respondents was the total cost of living in dedicated veterans’ schemes, including rent levels and any associated service or support charges, which were only affordable whilst receiving Housing Benefit. Some people wished to find work whilst still in the scheme and felt that the scheme would no longer be affordable if they were to move into (low paid) work.

Links with family and friends

Respondents discussed how links with family and friends changed or developed over the interviews. For some, the level of contact, or where there was a conscious decision to have no contact with family, remained the same across the interviews. A practical difficulty raised by one respondent was that when he moved into his own place he could not afford broadband, and could not skype his nieces and nephews.

One of the issues raised by some respondents about living in dedicated veterans’ schemes was the difficulty of sustaining contact with children when the respondent was living in shared accommodation. Moving to new self-contained properties presented new opportunities for these respondents, which was not just about having physical space, but also about demonstrating a fresh start in their lives. A couple of respondents noted that they were receiving support from agencies to try and re-establish a link with their children.

Reflecting back on the role of dedicated veteran accommodation services

There was an overwhelming view that the veteran specific schemes had made a significant impact on respondents’ lives at the point of moving in. The schemes offered a relatively safe space for people, which offered a qualitatively different experience from other types of accommodation for people who have experienced homelessness. This view included respondents who had experienced a single episode of homelessness, or had lived with a more chaotic lifestyle, with periods of sustained homelessness. For some individuals, their experience of living in a dedicated veterans’ scheme was a ‘stop gap’, whereas for others it was regarded as ‘a life saver’.

“ It’s helped me sort me financial situation out, its kept me off the streets, a roof over my head - don’t need to worry about heating or anything else. It’s allowed me in this past year and a half to sort out my top priority which is my physical health and now a lot of things have been diagnosed, and courses of treatment can now progress. And it’s easier that I know what I’ve got now, I can semi plan around them...”

(Veteran, longitudinal sample)

However, whilst respondents highlighted the importance of schemes in dealing with an immediate crisis, not everyone’s experience of living in schemes was entirely positive. Some respondents commented on the diversity of needs present within some schemes. Substance misuse, especially alcohol, could lead to chaotic behaviours and lifestyles, and respondents commented on the tensions of sharing a space with other residents with these needs.

“ *The trouble is with [scheme] is you've got like three different types of people: you've got alcoholics, you've got your drugs addicts and you've got your normal people who, who've just landed on bad ground; and when you start mixing people like together you get a lot of aggravation. You get your drunks will stay together, your drug addicts will stay together, and your normal people just disappear into, and get out of the place and stay away. So you've got, you've got divisions, and when, when your alcoholics have run out of money they're round bumming off you all the time, knocking on, when people, when they haven't got a cigarette and things like that they can get, and then they're thieving out your fridges and then, then you get, it starts a situation where you want to start belting a few people.”*

(Veteran, longitudinal sample)

A couple of respondents had moved in and out of a number of dedicated veterans' schemes as part of their wider housing experiences. For these individuals, dedicated veterans' accommodation was part of a 'revolving door' of services that offered short term solutions to ongoing housing and wider support needs. Nevertheless, dedicated veterans' accommodation provided valuable access to housing and support interventions for these individuals in addition to generic services.

Conclusion

The experiences of veterans who participated in the longitudinal study highlighted the vital role of social rented housing in moving on from dedicated veterans' schemes, with the majority waiting until social rented accommodation was available.

Wider veteran welfare organisations played a crucial role in helping respondents to acquire goods and furniture in their new homes, although some respondents expressed a desire for stronger links to support the process of moving into, and setting up a new home. Whilst the accommodation needs of veterans in the longitudinal sample had been largely met, their wider support needs were ongoing requirements. Indeed, the availability of floating support was highlighted as very important for many respondents; however this was not always available.

There was an overwhelming view that the veteran specific schemes had made a significant impact on respondents' lives at the point of moving in. The schemes offered a relatively safe space for people, which offered a qualitatively different experience from other types of accommodation for people who have experienced homelessness. However, whilst respondents highlighted the importance of schemes in dealing with an immediate crisis, they also highlighted some areas for improvements including more proactive support and activities within supported accommodation; improved (and quicker) move-on opportunities and support; and overcoming some of the common disadvantages of living communally including consideration of resident mix, rent levels to assist with employment take-up and facilities to have children to stay.



For more information about our research, please contact:

Centre for Housing Policy
University of York
York YO10 5DD

Telephone: +44 (0) 1904 321480 Email: chp@york.ac.uk Twitter: @CHPresearch