ARMED FORCES
COVENANT
FUND TRUST

Tackling Serious Stress in Veterans, Families and Carers

Consultation Report

Sonia Howe; Director of Policy

September 2018

Thank you to everyone who took part in our consultation. We were delighted by the number and range of the responses that we received; and most grateful to all who gave us their time to help shape this programme. This £4M programme will look at how we can best support veterans who are very unwell; while also recognising the needs of their carers, partners and children. This programme will deliver one of our four core themes - providing non-core healthcare services for veterans.

Your views and ideas through the consultation have helped to shape the assessment framework for this programme; which is available as a separate document

Melloney Poole
Chief Executive
Armed Forces Covenant Fund Trust

The Tackling Serious Stress in Veterans Families And Carers programme willl make grants to try new ways of working to better support veterans who are very unwell, and their carers and families, funding projects that are on top of existing services. This programme will fill gaps in statutory provision, making a genuine and lasting difference to those in significant need, while not overlapping with any of the existing veterans' mental health services.

This programme will support veterans with severe mental health needs that are not being addressed through current services.

We want this programme to make a long-term difference by being able to show how the best ideas improve care for veterans and their families, and have commissioned a support and research project that will give support to applicants and grantholders, and evaluate the grants we make.

The Armed Forces Covenant Fund Trust ran a consultation to shape the assessment framework for this programme; which will influence the types of projects that ultimately gain support. Six key themes emerged

Should projects need to have a not for profit organisation involved to be eligible; and should the not for profit organisation be the lead partner?	What types of interventions are most important?	Encouraging strong and effective partnerships
Where in the UK should projects be funded?	Encouraging co-design of services with veterans and carers	How can we best learn from the projects we fund; and support interventions that make a difference?

Summary of key findings

◊ A total of 87 responses were received

◊ Most of the responses were from charities that support the Armed Forces Community.

◊ There were 17 responses directly from veterans, and 5 responses from family members of veterans

◊ There were high levels of support for the concept of supporting carers through the programme

◊ All of the proposed types of projects received support, with the lowest levels of support for addiction projects. It was felt by some respondents that this was an area for the NHS

◊ There was strong demand for activities to bring partnerships together

◊ There was support for cross sector partnerships

◊ There is an understanding of the importance to fund in all nations of the UK, but also support for UK wide projects.

◊ There was strong support for the principle of veteran involvement within project design, and a significant proportion felt that this should be a formal requirement. Other respondents highlighted the difficulties with co-design with the target group. An approach that requires evidence of involvement in the project design but will not block projects if a full co-design mechanism can't be deployed for good reasons may be the best balance.

◊ There was overall support for an overarching approach to evaluation with a minority view that had concerns regarding the complexity of the work. Respondents highlighted a number of potential areas where outputs from a research provider could have a positive impact

43% of respondents supported the priority of support for carers and peers

74% of respondents felt that there should be an overarching approach to evaluation

32% of respondents highlighted ideas to bring partners together, and 14% felt that partnership working should be a requirement of the programme
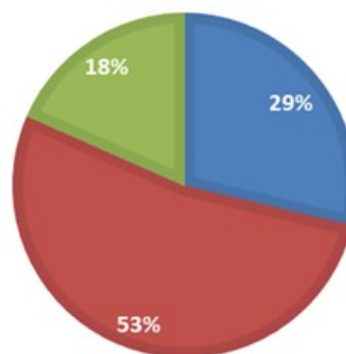
Responses to the Consultation

The consultation ran over a six week period closing on 19th June 2018. A total of 87 responses were received. 82 of these were through the online survey tool; and five were received as emailed responses.

Responders were asked to identify whether they were responding as an individual; or as an organisation; and what sector their organisation was from. There were 17 responses directly from veterans, and 5 responses from family members of veterans

Most of the responses to the question on organisation type were from charities that support the Armed Forces Community.

CONSULTATION RESPONDEES; ORGANISATIONS AND INDIVDUALS

■ Individual ■ Organisation ■ Declined to answer

18%

29%

53%

RESPONSES BY ORGANISATION TYPE

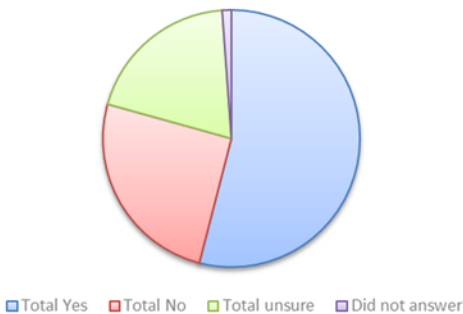| Category	Value
Did not answer	18
Other (please specify)	17
University or research organisation	4
Housing association	1
Private sector organisation	2
Local authority	3
Public sector health organisation, such as an...	6
Charity supporting carers	2
Charity supporting people with mental health...	5
Charity supporting the Armed Forces Community	29

Types of organisations represented in the 'other' category included Personnel Recovery Units, Community Interest Companies, NHS Clinicians, National Treatment Centres and individuals

Should projects need to have a not for profit organisation involved to be eligible; and should the not for profit organisation be the lead partner?

In the consultation, respondents were asked their views on involvement from different sectors Respondents who chose **yes** tended to highlight the reach of the voluntary sector in working with voluntary sector organisations; and expressed views on ensuring that expenditure was additional to statutory support. Respondents who chose **no** and those that were **unsure** felt that funding should go to the strongest ideas regardless of sector.

Should projects need to have a not for profit partner to be eligible?

☐ Total Yes ☐ Total No ☐ Total unsure ☐ Did not answer

Charities and voluntary sector organisations add significant value by offering specialist expertise and flexibility that cannot necessarily be achieved by statutory providers. We can engage with people who mistrust statutory services, finding ways for them to access statutory support and offering additional services.

Having worked with health organisations they tend to make pretty vague bids for this type of funding. They then assume VCS partners will have capacity within existing funding to take on new referrals. The health system is under pressure for money and not doing a great job on mental health provision at the moment - I think you would get a better result if you asked all players to be involved - it needs to be a system wide approach.

Typical comments from respondents choosing yes

3rd sector are being used more and more to support local authorities and often they have people who are more committed or have more time to look for funding, however, I am really not sure if projects need to be of this type of organisation.
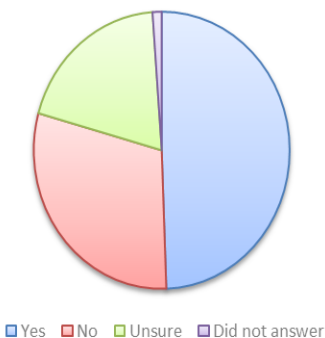
Innovation can come from all sectors including NHS in partnership working

It would be very positive to have voluntary sector involvement but should not be an essential requirement to be eligible.

Typical comments from respondents choosing no

Typical comments from respondents who were unsure

A specific question was asked on whether not for profit organisations should lead the partnerships

Should the lead partner be a not for profit organisation?

☐ Yes ☐ No ☐ Unsure ☐ Did not answer

Among the organisations that answered yes to both questions; there was support from voluntary and community sector organisations for strong levels of involvement, with 22 charities across the respondents answering yes to both. But there were other types of organisations and individuals represented within the sample. There were a high number of respondents to the survey overall from voluntary sector organisations.

Segmenting the data further led to interesting results.

Respondents that said *yes* to both questions	29	A not-for-profit organisation will bring a values-based approach to the service management, providing the necessary level of integrity to manage funding for these important and potentially sensitive services. Confidence in the competence and integrity of the service lead partner by funders, service-users and associated stakeholders will underpin the success of the service. Because it is more palatable to most veterans. It is also a better use of what is in effect charitable funding. While some money may need to be used by 'for profit' organisations, keeping this to a minimum is the most effective use of the funding.
Respondents that answered *no* to both questions	7	No! It should be the organisation with the expertise to assess, diagnose, treat and report research. It needs to be a medical service - whether it's a charity or not is irrelevant.
Respondents that answered yes to a not for profit partner, but no or unsure on whether they should be the lead	17	The Local Authority or NHS body should be the lead organisation: they have the bureaucratic and financial depth to manage this - spurred on by charities/volunteers Sometimes small community groups have good ideas and local reach but don't always possess the skills on their management committee to apply for and manage the grant. Collaborative working would be essential here.
Respondents that were no or unsure on both questions	24	I don't think the charity sector is necessarily always most effective in delivering services. It depends. Needlessly reduce the range of high quality service providers It is about what works best, not who does it. although charities often bring quality and an ethos, that others don't.
Respondents that said no needing to have a not for profit organisation to be eligible but yes to the question about a not for profit organisation being the lead partner	13	Because it ensures that the focus of the project is controlled by the not for profit organisation. This is about providing the best possible service for the Armed Forces Community. Every penny should be accounted for and directly attributable to meeting the aims of the Covenant.

In summary

- There was support for strong levels of involvement from the charity sector from all respondents
- Respondents who did not support eligibility criteria of having involvement from the charity sector recognised the value of the charity sector, but did not want to make interesting projects ineligible
- There were themes on governance, value of money and offering the best support to veterans within these responses.

What types of interventions are most important?

The consultation highlighted a number of types projects that may be considered for support. Respondents were informed that the programme will look for innovative, new ideas that do not form part of statutory provision. This list is not exclusive, and a consortium might have a good idea based on evidence that is not on this list.
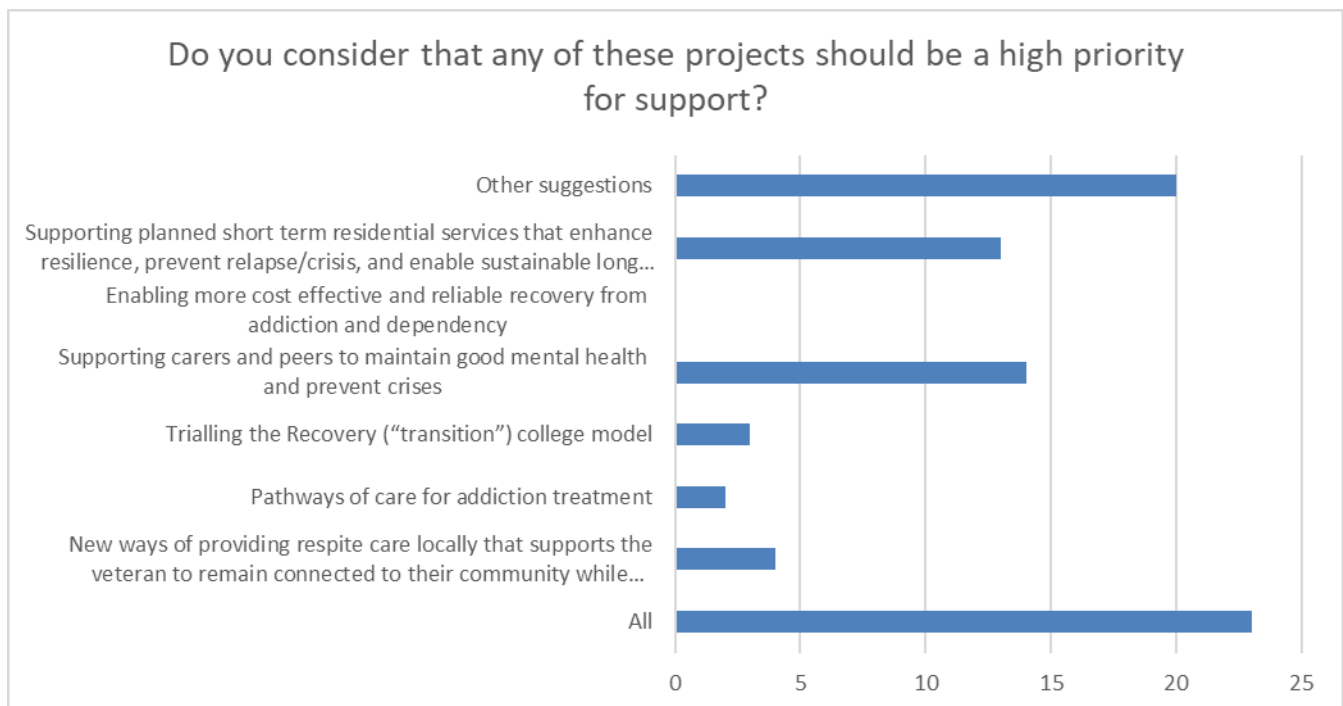
- New ways of providing respite care locally that supports the veteran to remain connected to their community while supporting their carer
- Pathways of care for addiction treatment
- Trialling the Recovery ("transition") college model
- Supporting carers and peers to maintain good mental health and prevent crises
- Enabling more cost effective and reliable recovery from addiction and dependency
- Supporting planned short term residential services that enhance resilience, prevent relapse/crisis, and enable sustainable long term purposeful living

*27% of respondents felt that **all** of the priorities on this list were the right priorities*

Participants were asked three questions in relation to this list

- Should any of these be higher priority
- Should any be lower priority?
- Are there any other interventions that should be considered?

*33% of respondents said that **none** of the list should be a <u>lower priority</u>*

When asked to consider which themes should be a lower priority for support; respondents were again largely supportive of all of the priorities, but addiction support received less support than the other areas. No respondent highlighted carer support as being an area of lower support. Some free text responses indicated the role of the NHS in delivering addition treatment.
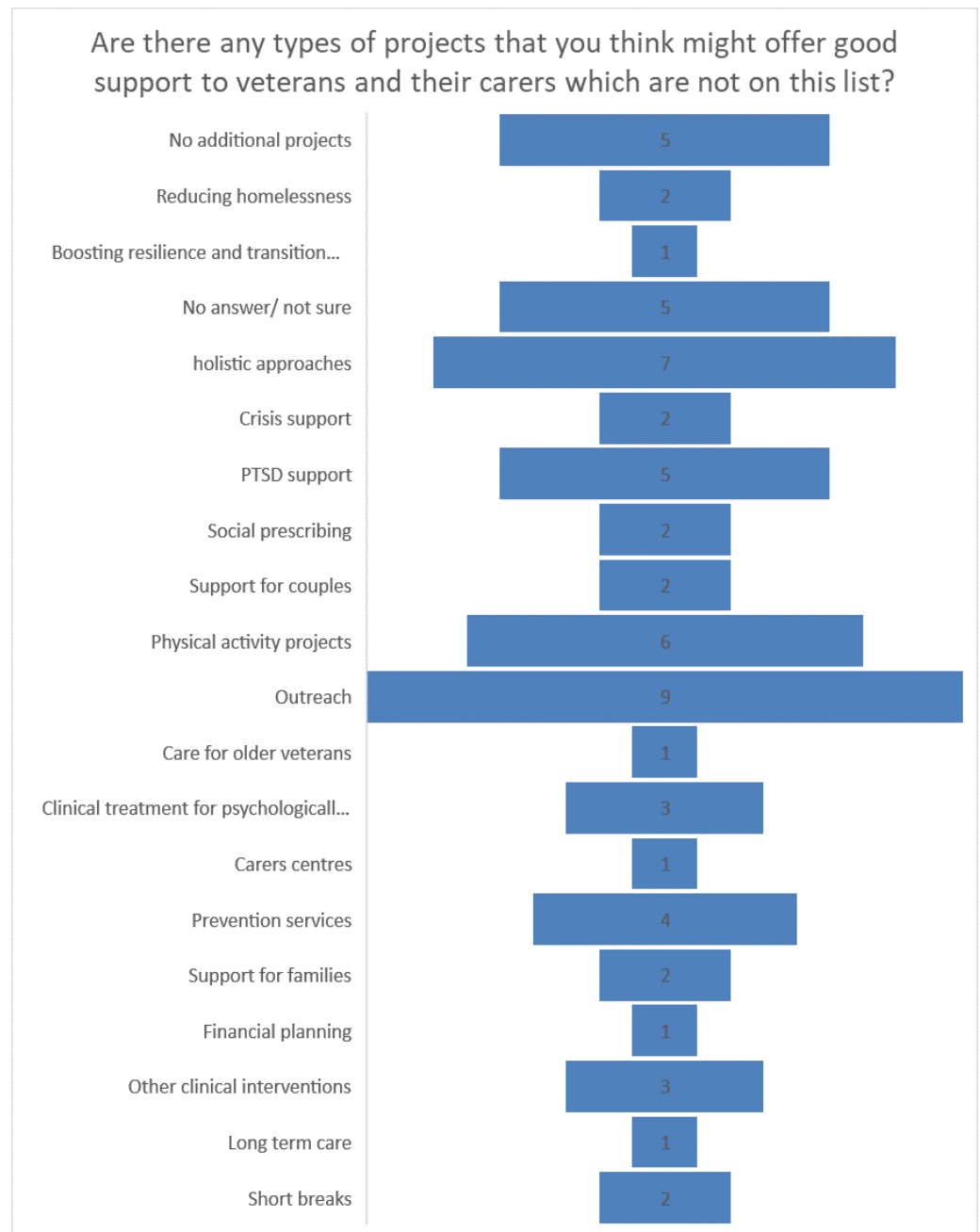
43% of respondents supported the priority of support for carers and peers

41% of respondents supported the priority of supporting planned short term residential services

The design of the survey enabled respondents to provide free text responses, and a number of respondents made suggestions of alternative priorities, which included boosting reissuance and transition support, and responding to the most pressing local need. When asked to consider any additional areas of priority; the following were identified

The greatest number of responses were supporting outreach type activities (n9) with veterans with mental health needs. There was also support for projects that deliver holistic approaches and encourage veterans with mental health needs to engage in physical activity.

63% of respondents answered the question on additional priorities

Are there any types of projects that you think might offer good support to veterans and their carers which are not on this list?

Category	Count
No additional projects	5
Reducing homelessness	2
Boosting resilience and transition…	1
No answer/ not sure	5
holistic approaches	7
Crisis support	2
PTSD support	5
Social prescribing	2
Support for couples	2
Physical activity projects	6
Outreach	9
Care for older veterans	1
Clinical treatment for psychologicall…	3
Carers centres	1
Prevention services	4
Support for families	2
Financial planning	1
Other clinical interventions	3
Long term care	1
Short breaks	2

In Summary

- All of the proposed types of projects received a level of support from respondents.

- There were high levels of support for the concept of supporting carers through the programme; and support for the concept of helping with planned short term residential services

- The lowest levels of support for addiction projects. It was felt by some respondents that this was an area for the NHS exclusively

- A range of additional ideas were suggested by respondents, with support for outreach and holistic approaches

Encouraging strong and effective partnerships

The consultation asked

How can we encourage the best possible partnerships between charities, voluntary sector organisations and statutory providers such as healthcare providers, community mental health teams and probation services?

84 responses were received for this question; which enabled respondents to give a free text response, and they can be broken into the following themes

⇒   Bringing partners together- 28
⇒   Having mandatory requirements for partnerships-12
⇒   Involving veterans- 11
⇒   Suggested examples of good existing practice- 11
⇒   Structure and governance-7
⇒   Support existing partnerships- 6
⇒   Challenges in creating partnerships – 4
⇒   Commissioning related partnerships- 2
⇒   Additional comments- 2

Typical responses are set out below

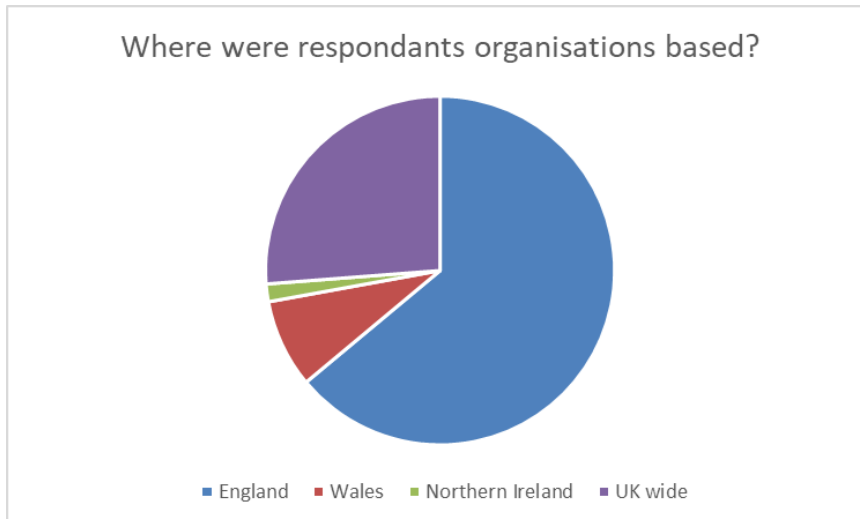|	
Bringing partners together	*Encouraging collaborations between organisations Provide a platform whereby organisations can share current ideas, projects and resources to make it easier to see with whom collaborations can be sought Perhaps incentivise collaborations* *We would recommend taking a place-based approach to funding and making introductions between the different stakeholders, especially each of those applying for funding from the Covenant Fund, to assist in knowledge of who other local providers are. Another way to do this would be to fund existing work, with a local presence, as they are best placed to know who other providers are and where overlaps lie.* *Sharing of ideas and contacts between different organisations.*
Having mandatory requirements for partnerships	*by requiring partnership applications with key agencies represented* *Enable time to develop partnerships for specific funding streams and work plans. Enable charities to lead on projects as a valued partner rather than having to come in as a delivery partners to statutory leads. Set out in requirement of funding for all projects to have at least one voluntary sector partner, and weight the responses in respect of the value of the role of the voluntary sector within that partnership.*

Involving veterans	*Be open to new ideas and methods of help and healing, encourage larger charities to work with smaller ones and not be so closed shop. Encourage healthcare providers to look at alternative services, such as being out in nature, nature therapy, social farming, outdoor activities, being together as teams, away from the 'us and them' authoritarian model. 'working' as equals. Life experiences shared and the camaraderie of being with your peers who 'have been there themselves'.*
Challenges in creating partnerships	*It would be helpful if the emphasis was on the best partnerships for the proposed project, rather than anything that is too prescriptive about the nature of the partnership. Developing appropriate partnerships can be time consuming for charities and requires significant resource, so allowing the time for potential bidders to think through their project and then come to the most appropriate partners and types of partnership would be helpful. Clear guidance on the types of partnership that are eligible or preferred, or ones that have been successful in the past, would be extremely helpful to bidders. It may be worth considering offering the option of networking opportunities to allow bidders to meet potential partners*
Suggested examples of good existing practice	*I currently work as part of the …Project and this project has brought together lots of organisations to support veterans. Working on partnerships of this type where veterans can easily access support of several organisations by contacting one makes things easier for them*
Structure and governance	*Encourage/ensure the establishment of a local Veterans and Families Mental Health Network. Ensure Chair is from either local authority or local NHS.* *Sufficient funding is needed as well as support for staff. Stressed staff impacts the care given. All services are stretched to beyond capacity at present and often commissioned services see themselves in competition. Making joint working between sectors an essential condition of funding opportunities. However I have seen examples where partnerships have been made for the purpose of funding and there aren't the real relationships and passionate people who really want to make a difference. These can often be found In the voluntary sector.*
Commissioning related partnerships	*Joint commissioning – Encourage those bidding within the programme to do so an consortia. Individual bids can be penalised.*

In Summary

Overall, there was strong support for the concept of partnership working; and a number of respondents noted that initiatives to bring potential partners together would be positive. The importance of cross sector partnerships involving charity and statutory health services was identified by some respondents, and in addition; there was consideration given to how to best reach veterans through these partnerships

32% of respondents highlighted ideas to bring partners together, and 14% felt that partnership working should be a requirement of the programme

Where in the UK should projects be funded?

Where were respondants organisations based?

■ England   ■ Wales   ■ Northern Ireland   ■ UK wide

63 respondents declared that they were from organisations and gave the location of their organisation. Most reported that they were based in England

On the question of how can we ensure that we are funding projects across the UK, including in Scotland, Wales and Northern Ireland? There were 78 responses to this free text question which could then be broken down into the following themes

⇒   Communications 19

⇒   Application process 17

⇒   Equality of spending 13

⇒   Additional comments 10

⇒   Don't have geographic balance 7

⇒   UK wide projects 7

⇒   Good practice suggestions 3

There was an interesting mix of comments; and it is of note that a minority of respondents were advocating that funding projects where large concentrations of veterans are located is of greater importance that achieving geographic balance. There was also some support for the funding of UK wide projects. A number of respondents had ideas relating to how to communicate information about the programme; and comments on the application process.

By only funding projects based on evidence. This requires each region to have an understanding of current provisions in place and aligning that with the need of each region.

Create specific budgets for each of Wales, Scotland and Northern Ireland for local providers or UK-wide providers with capacity on the ground

11

"Our advice would be to ensure that there is equity of spending in each of the 4 geographical jurisdictions."

8% of respondents advocated views where funding should not have a geographic balance

A further 8% suggested that UK wide projects would be desirable

Use existing collaborative partnerships. There are a number of mature and nascent networks that should be exploited.

Allocating resources to each area, whilst securing projects, can have a negative effect on preventing excellent projects in other areas coming through as the allocated finance may have been met. Perhaps an aim of % of projects from each area would be helpful and less restrictive than limiting the funding available.

Marketing in the right areas/locations and with the right organisations

Ensure that opportunities are advertised as widely as possible so that organisations across all countries are aware of them

In Summary

There is an understanding of the importance to fund in all nations of the UK, but also support for UK wide projects. There were conflicting views on ringfencing of budgets

Encouraging co-design of services with veterans and carers

Respondents were asked

How can we best encourage applicants to take a co-design approach and show good evidence of veteran and carer involvement in the design of their projects?

There were 76 free text responses to this question, which were broken into the following themes

⇒ Potential tools 39

⇒ Co-design as a requirement of the application process 18

⇒ Additional comments 8

⇒ Good practice examples 6

⇒ Role of consultation 4

⇒ Challenges in co-design with this client group 4

Potential tools	*Many organisations have regular discussions with beneficiaries about existing/ proposed services that is captured anecdotally. Clear guidance and advice from the funder on what constitutes 'good evidence' would therefore be extremely helpful. For example, does this need to be qualitative, anecdotal, quantitative, and would it need to involve focus groups/surveys etc? Providing examples of what the funder considers to be good beneficiary involvement in project design would be very useful.* *The benefit of collaboration between organisations and the sharing of expertise can only be exploited if organisations are aware of others that may be of mutual benefit to each other in providing care. A means to offer introductions would assist.* *Use the local Veterans and Families Mental Health Network as outlined above. This needs a pro-active Local Authority and an engaged NHS Trust.*
Co-design as a requirement of the application process	*Ensure co - design is a fundamental part of the bid process including the Bid questions. Ensure organisations provide evidence of who they have worked with and what the outcome was.* *Adopt the principles of INVOLVE (NHS), and do not accept applications from those that fail to demonstrate real collaboration. What we Most be aware of is tokenism, and ensure that if large organisations bid, the funding is ring fenced and that partner organisations have a clear role within the delivery of services*

Good practice examples	*In line with best practice, as part of the design stage to the project delivery, applicants should have consulted with relevant stakeholders, including veterans/carers, in the service development. Such practice is common within the 3rd sector, and organisations such as our own would routinely evidence service co-design to include service users, families, carers, and stakeholders. This should be routinely evidenced as part of any application made for funding.* *Speak to the Big Lottery time to Shine team as they required very good co-production evidence on that programme and will give you some good tips. Essentially you'll need evidence of who they have spoken to, what the feedback was and how they have incorporated this into the programme design.*
Role of consultation	*Ensure adequate beneficiary consultation*
Challenges in co-design with this client group	*this can be difficult as engagement of those with mental health needs can be difficult. Some lower level mental health, such as stress etc are not recognised by the individual until they engage with a support project. Whilst co-design should be encouraged, it should not be a pass or fail element. In addition, the bids should show, and provide evidence of, engagement during the project and how this has developed the service during the project time* *Not sure of a co-design approach. I do know that it is extremely difficult to get a Veteran to accept help. My experience is that they have to bottom out first, then if caught in time a very slow introduction to one to one help. This is working at the moment here in Inverness where Poppyscotland has the availability for a regular drop in centre, this showing a positive with Veterans*

In summary

There was strong support for the principle of veteran involvement within project design, and a significant proportion felt that this should be a formal requirement. Other respondents highlighted the difficulties with co-design with the target group. An approach that requires evidence of involvement in the project design but will not block projects if a full co-design mechanism can't be deployed for good reasons may be the best balance.

How can we best learn from the projects we fund; and support interventions that make a difference?

Consultation participants were asked their views regarding an overarching support and research provider This question had 68 responses. A key word analysis showed the frequency at which the following words were mentioned by respondents.

The responses were analysed; and categorised based on whether the response was positive or in favour of having an overarching approach to evaluation; where the response was neutral; or where the response was negative; or sceptical about the benefits.

Evaluation 22	Outcome: 16	Independent: 8;
Evidence: 10	Effective: 9	Consistency (or similar): 4
Benchmark: 3	Collaboration: 6	

Positive responses   50

Neutral responses   11

Negative response   6

The positive responses identified independence, consistency, value, the identification of outcomes and the ability to draw comparisons between projects.

Sample responses include

"We regard this approach as the gold standard. This will approach will aid capacity building for those projects that prove to be valuable from both the human and financial perspective"

"This model will provide consistency, enabling grant holders to 'bench mark' their project. We would envisage that there would also be opportunities for grant holders to learn from each other, and have a consistent approach to support and advice from the research provider."

The neutral responses tended to focus on the challenges in delivering a complex piece of work; or were less relevant to this particular topic of the evaluation, and more focused on the general programme; or the respondent had no opinion. The small number of negative responses questioned the need to be running an overarching outcomes measurement approach; with one respondent noting the wider Outcomes Framework grant being delivered for the Armed Forces Covenant Fund Trust.

74% of respondents who expressed a view on this question supported an overarching approach to evaluation for this programme

What outputs and reports from the research provider would be most likely to have an impact on your work, and why?

63 participants responded to this free text question. The key themes identified were

⇒ Outcomes and impact 14

⇒ Policy development or evidence for future funding decisions 13

⇒ Distribution of data and information   10

⇒ Research techniques 8

⇒ Not sure 7

⇒ Uncertainty on the outputs of the research 4

⇒ Additional comments from consultation responders 4

Theme	Common responses
Outcomes and impact	These discussed the need for clear evidence of impact; supported by outcomes and outputs. Respondents want reports that give a clear evidence base
Wellbeing	Themes in this category included ensuring that the research takes into account the impact on veterans wellbeing
Policy development or evidence for future funding decisions	These responses were keen for the research to have a longer term impact on policy by providing clear data in a variety of formats; and for the outputs of the research to be able to provide a clear rational to support commissioning of services
Distribution of data and information	These responses set out what information would be of value. Statistical validity; access to interim reports and models of practise were seen as being useful
Research techniques	Respondents discussed themes about including the lived experience of veterans, health economics; the need for a range of research techniques to be deployed; and for the exploration of follow up studies on the veterans benefiting from the programme
Uncertainty on the outputs of the research	Some were unsure how differing project could be compared; or questioned the value of the end output of the research.
Not sure	All of these comments related to being unsure of what outputs or reports would help
Additional comments from consultation responders	These comments did not fit into any of the other categories, and discussed private sector companies; and the personal experience of a veteran

In summary

There was overall support for an overarching approach to evaluation with a minority view that had concerns regarding the complexity of the work. Respondents highlighted a number of potential areas where outputs from a research provider could have a positive impact