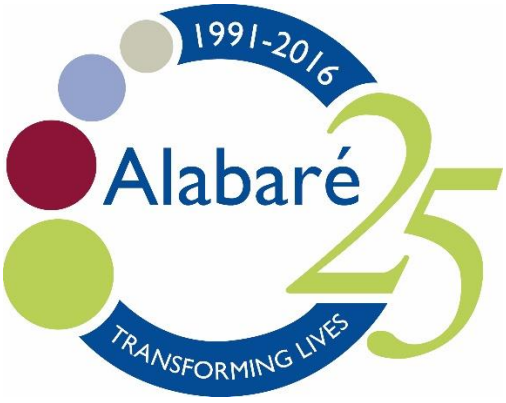
Research into the housing-related support needs of homeless veterans

Final Report to Alabaré

13 February 2017



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Executive summary

Purpose of the research

The Office for Public Management (OPM) Group conducted research for Alabaré in late 2016 with homeless veterans using its supported housing services. The study aimed to develop a deeper understanding of the current and emerging needs of homeless veterans living in Alabaré's supported housing in England and Wales. The research had three objectives:

1. To inform Alabaré's current and planned support work with homeless veterans;
2. To identify whether service development might be needed to meet emerging and future needs of homeless veterans; and
3. To convey the different experiences and needs of homeless veterans as individual people in an accessible and human way to key audiences.

Background

There are a range of statutory provisions across the UK including: the ***Armed Forces Covenant*** and the ***Armed Forces Act 2011***; the ***Homelessness Act 2002*** and the ***Care Act 2014*** in England and the ***Housing Act 2014*** and the ***Social Services and Well-Being Act 2014*** in Wales, which together set out the duty of care of central and local government to homeless veterans.

There is already a level of existing research and other information available on the needs of veterans in general but less on the needs of those who are homeless. Our research drew on these existing sources, aiming to minimise duplication, build on existing knowledge and to focus our primary research interviews with Alabaré's residents to gather information on homeless veterans specifically, in areas where there are currently knowledge gaps or limitations.

Methodology

Our methodology included two distinct phases: a scoping phase and primary research phase with residents. The scoping phase involved rapid review of the existing research literature, review of published quantitative data and review of internal data collected by Alabaré, plus scoping discussions with staff through exploratory interview and a focus group. This was then used to focus primary research with nine male residents through in-depth interviews to explore the key themes identified in the scoping phase.

Headline findings from scoping

- There is limited data on homeless veterans in the UK;
- There is a higher prevalence of homelessness amongst ex-Army personnel compared to other areas of service in the Armed Forces;

- Homeless veterans tend to have an older age profile compared to the general homeless population;
- Many homeless veterans present high rates of alcohol and/or drug misuse;
- Many homeless veterans suffer from physical and/or psychological injury or illness;
- Homeless veterans tend to be "managing" significant social/economic/psychological disadvantage that pre-dates their service;
- Homeless veterans commonly experience relationship breakdown (such as divorce or a falling-out with parents);
- Increasingly, homeless veterans enter supported housing after serving time in prison and/or present extreme debt;
- Many homeless veterans have significant difficulty adjusting to civilian life, and;
- Homeless veterans often prefer to live in veteran-only supported housing because of a shared understanding of military culture and the mutual support this provides.

Key findings from interviews with residents

The interviews gathered detailed evidence on the individual experiences of nine different veterans (all male) living in Wales and England and explored the themes identified in the scoping phase to better understand how certain characteristics can make some veterans more vulnerable to homelessness than the majority who make a successful transition to civilian life. The full report presents these themes through the medium of veterans' own stories, told as far as possible in their own voices. Those interviewed all presented significant vulnerability, often multiple vulnerabilities, across four key areas: alcohol and/or drug misuse; physical and/or psychological injury and/or illness; relationship breakdown and the effects of a culture of institutionalisation. The interviews demonstrated that broadly, these vulnerabilities are experienced similarly for veterans across different ages, areas of service in the Armed Forces, or reasons for leaving the Armed Forces.

Key findings from the interviews include the following:

Veteran-only provision

Demand and need for veteran-only supported housing is likely to remain consistent and high for the foreseeable future. This model is working well for homeless veterans in England and Wales living in Alabaré services, meets many of their emotional and support needs and is strongly preferred by veterans over generic homelessness provision. This is primarily a result of the shared understanding of military culture which enables residents to provide peer support to each other through the transition and re-integration to civilian life.

Added value

Added value is delivered through specialist veteran-only services being provided by an organisation also providing broader homelessness services – ensuring that veterans are able to access a wide range of additional support services to support their transition to and re-integration into civilian life.

Building social capital

Mutual support between homeless veterans derived from their shared understanding of military culture is strong and consistent and they particularly value this benefit of specialist provision. Alabaré's work thus builds new social capital through bonding between homeless veterans and so supports their transition and re-integration to civilian life. The research also identified further work Alabaré is doing to build new *bridging* social capital by supporting residents to engage in community-based activities such as volunteering and training which it will be important to strengthen and consolidate for the future.

Disadvantage predating service

There is a strong correlation between the experience of disadvantage prior to entering service and later veteran homelessness. As suggested by the scoping work both in the evidence review (Johnsen *et al,* 2008) and in the staff focus group, disadvantage predating service including difficult childhoods was a significant factor contributing to veteran homelessness. The interviews with veterans demonstrate clearly and viscerally how problems from childhood or adolescence can be "managed" by serving in the surrogate "family" of the Armed Forces, but are likely to re-emerge after discharge, often in a form staff refer to as "childhood PTSD" and often associated with other vulnerabilities such as alcohol dependency and offending behaviour.

Emerging needs

The scoping work with staff in the focus group discussions identified two new areas of potential need that appear to be growing – homeless veterans, particularly younger veterans incurring extreme levels of debt, and increasing numbers of veterans homeless from prison with offending patterns that differ from the generic homeless population. The very high prevalence of alcohol dependency for homeless veterans also suggests that there may be value in considering whether any other service innovation may better help support these needs.

Limitations of the research

The research was conducted within relatively limited resources and therefore necessarily excluded a range of other possible research options and limited the sample number of residents interviewed across Wales and England to nine.

Recommendations for future service provision

These findings have informed the recommendations below for Alabaré's future work with homeless veterans. We suggest that Alabaré should consider:

1. Consolidating existing strengths in maintaining and strengthening its external links with a comprehensive range of referral agencies and support providers including military-focused agencies and specialists in health, housing, employment, alcohol/drug treatment, and mental health.

2. Building on the Welsh experience of prevention-focused work to develop an early/crisis intervention service model, ideally in close collaboration with the Armed Forces, to support them in implementing their duty of care to staff leaving the military for a variety of reasons. This might include early engagement with veterans being made redundant and veterans being discharged for medical reasons or for offending.

3. How to engage early with and provide the best support for younger veterans and others with serious money management issues incurring extreme levels of debt.

4. How to best meet the needs of the increasing numbers of veterans homeless from prison, particularly those in a "revolving door", recognising that the pattern of homeless veteran offending appears to be very different to other homeless groups, and is more likely to involve alcohol-triggered, violent and serious crimes that are impulsive rather than pre-meditated.

5. Developing a more structured approach to addressing the needs of homeless veterans with compound/multiple needs rooted in early childhood difficulties and disadvantage.

6. Whether there is a need for other options to ensure "dry" provision for recovering alcohol-dependent homeless veterans who are sober and fully abstinent.

Recommendations for future research

There are a number of areas which were beyond the scope of this study, but which the scoping work suggests may be potential areas for future research for Alabaré and include:

- New and more consistent internal data collection on homeless veterans living in generic supported housing accommodation with Alabaré accommodation;
- New internal data collection on the medical journeys of veteran clients in Alabaré accommodation, including change over time in medical conditions;
- Homeless female veterans;
- Homeless Black and Minority Ethnic (BME) veterans;
- Homeless veterans with a background of offending; and
- Homeless veterans with dependents.

1 Introduction

1.1 Purpose of the research

Alabaré commissioned The Office for Public Management (OPM) Group in mid-2016 to undertake primary research with homeless veterans using its supported housing services. The aim of the research was to develop a deeper understanding of the current and emerging needs of homeless veterans living in Alabaré's supported housing in England and Wales. The research had three objectives:

4. To inform Alabaré's current and planned support work with veterans;
5. To identify whether service development might be needed to meet emerging and future needs of homeless veterans; and
6. To convey the different experiences and needs of veterans as individual people in an accessible and human way to key audiences.

This report sets out the findings from this research which was conducted during the autumn and winter of 2016.

1.2 Background

Across the UK, the ***Armed Forces Covenant*** and the ***Armed Forces Act, 2011*** set out the duty of care of the government to veterans. In England, the ***Homelessness Act, 2002*** and the ***Care Act, 2014*** generally formulate homelessness strategies and promote physical, mental and emotional well-being respectively. In Wales, the ***Housing Act, 2014*** and the ***Social Services and Well-Being Act, 2014*** set housing priorities and provide the legal framework for improving the well-being of people who need care and support. These arrangements set the context for housing-related support services in Wales and England for homeless veterans and for conducting this research.

There is already a level of existing research and other information available in Wales and England on the needs of veterans. In order to make the best use of Alabaré's charitable funds we therefore designed our research to include an initial scoping phase of work to draw together these existing strands of information. Our aim was to minimise duplication, build on existing knowledge and to ensure that this research contributes genuinely new knowledge to the evidence base by helping us focus our research interviews with Alabaré's residents to gather information on homeless veterans specifically, in those thematic areas where there are currently knowledge gaps or limitations.

1.3 Methodology

Our methodology thus included two distinct phases: an initial scoping phase to help focus the research most effectively followed by fieldwork to conduct primary research with Alabaré residents.

Scoping phase

The scoping phase of work included three main strands:

- A rapid evidence review which considered the existing research literature and evidence on current and emerging needs of homeless veterans in the UK;
- A quantitative data review including published quantitative data on veteran housing and homelessness together with a brief review of Alabaré's own internal data; and
- Staff scoping discussions including an exploratory interview with Alabaré's Care and Support Director and a focus group discussion with staff members from Wales and England providing both specialist veteran and generic homelessness services. These mapped staff perceptions of underlying issues contributing to homelessness for veterans and provided insight on implications for housing support services.

From this scoping work we produced an interim report summarising the headline findings from each of these three strands and used these, in co-production with Alabaré staff and Trustees, to shape our approach to conducting fieldwork with residents living in Alabaré's specialist supported housing for veterans in Wales and England.

Fieldwork phase

The fieldwork phase included the design and development of a semi-structured interview guide, the development of the sampling frame, and briefing and information materials for staff and for residents to ensure:

- Fully informed consent by research participants, and
- To provide reassurance that all data protection and confidentiality protocols were in place.

Alabaré staff provided invaluable support with recruiting participants, enabling us to complete nine face-to-face depth interviews in Alabaré's specialist supported housing services for veterans – three people in Wales and six people across two services in England. The interviews explored each individual veteran's homelessness histories, experiences in the Armed Forces, and his (all interviewees were men) perceptions of the benefits and challenges of living in veteran-only supported housing.

Interview data was then coded, analysed and triangulated with findings from the scoping phase. Themes were developed and explored and we have sought to present these themes in the later sections of this report through the medium of veterans' own stories told, as far as possible, in their own voices. (No names are used).

Definition of a veteran

The research applies the current widely accepted UK definition of a veteran and their dependents (Rice, 2009).

"*Everyone who has performed military service for at least one day and drawn a day's pay is termed a veteran, and their dependents also qualify for certain benefits as part of the ex-Service community.*"

1.4 Report structure

The following sections of this report first summarise the findings from the scoping phase which are then used in the subsequent sections to situate and triangulate the findings from the primary research with veterans living in Alabaré's supported housing:

Section 2 – briefly summarises the headline findings from the scoping work;

Section 3 – outlines key findings from the primary research on the vulnerabilities and needs of homeless veterans contextualised by the scoping information;

Section 4 – outlines key findings from the primary research on current and future service provision;

Section 5 – provides our conclusions and recommendations from the research;

Section 6 – summarises key references from the literature included in the rapid evidence review; and

Appendix A – summarises the demographic characteristics on the nine veterans who participated in the primary research.

2. Scoping: headline findings

2.1 Introduction

The scoping phase included a rapid evidence review, analysis of internal data and external published data sets, and a focus group with Alabaré staff. From these we established an overview of local and national trends and emerging themes in veteran homelessness in the UK and began to develop some insight on possible implications for housing support services. Broadly, trends appeared similar in both Wales and England.

A summary of these headline findings from the scoping work is summarised in the table below and then each discussed further during this section.

Sources used in the rapid evidence review are fully referenced in Section 6 of this report.

Table 1: Headline findings from scoping

Headline findings from scoping	
1) There is limited data on homeless veterans in the UK;	2) Homeless veterans tend to have an older age profile compared to the general homeless population;
3) Many homeless veterans present high rates of alcohol and/or drug misuse;	4) Many homeless veterans suffer from physical and/or psychological injury or illness;
5) Homeless veterans tend to be "managing" significant social/economic/psychological disadvantage that pre-dates their service;	6) There is a higher prevalence of homelessness amongst ex-Army personnel compared to other areas of service in the Armed Forces;
7) Homeless veterans commonly experience relationship breakdown (such as divorce or a falling-out with parents);	8) Increasingly, homeless veterans enter supported housing after serving time in prison and/or present extreme debt;
9) Many homeless veterans have trouble adjusting to civilian life, and;	10) Homeless veterans often prefer to live in veteran-only supported housing because of a shared understanding of military culture and the mutual support this provides.

2.2 Prevalence of veteran homelessness

There is limited data on the prevalence of homelessness amongst veterans in the UK. However key data bases and research studies including CHAIN, Jones *et al.* (2014) and Johnsen *et al*. (2008) estimate that the homeless veteran population in the UK is between 3 - 6%. The data also indicates that homeless veterans are often White British and predominantly male.

There are challenges to collecting information on homeless veterans, especially outside London. The evidence review identified four key reasons why reliable data collection is difficult:

- A reluctance of veterans to seek help;
- A reluctance to self-identify as a veteran;
- Local authorities not recording veteran status, and;
- Service-providing organisations not requesting or recording information on veteran status.

Despite these challenges there is a range of qualitative and quantitative data in the published literature which is summarised in the following sub-sections and where relevant, contextualised by the findings from the staff focus group and our review of Alabaré internal data.

2.3 An older population

Homeless veterans are often older on average than the general homeless population. The literature suggests that veterans are more likely to experience homelessness for the first time at an older age than homeless people in general. In a study of 33 veterans in South England, approximately 50% of ex-Service personnel stated that they were over 30 when they first experienced homelessness, as compared to 10% of civilians who were over 30 years old (Dandeker *et al*, 2005, p.28).

Focus group participants confirmed that typically Alabaré veterans are aged between 30-50 years and that they see few veterans who are 65 years or older because of their greater statutory entitlements.

2.4 Alcohol and/or drug misuse

The literature identifies alcohol and/or drug misuse as significant contributing factors to veteran homelessness. It suggests that a culture of excessive alcohol consumption in the military often leads veterans to alcohol dependency. Studies suggest that the military drinking culture can cause problems on discharge, including strain on relationships and putting employment and housing at risk.

Rates of alcohol misuse amongst homeless veterans are higher compared to rates of alcohol misuse amongst the generic homeless population in the UK. For example, Johnsen *et al's* study referenced CHAIN data indicating that 55% of CHAIN clients

with a service history had struggled with alcohol misuse, compared with 34% of all CHAIN clients (p.17). Additionally, Fear *et al's* 2007 study found that 36% of 16-19 year old males in the Army drank harmful amounts of alcohol compared with 8% of males in the general population. For 20-24 year olds, this was 32% for those in the military compared to 14% for the general population (referenced in Fossey, 2013, p.10).

With respect to drug misuse, research has found that homeless veterans are less likely to misuse substances than homeless people in general, or than the general UK population. One study posited that this may be because of the British Armed Forces' zero-tolerance policy for drug use, their use of random drug-testing, and risk for individuals of dishonourable discharge arising from a failed drug test (The Futures Company, 2013, p.25-26). CHAIN statistics indicate a 24% instance of drug use among homeless veterans compared to a 34% instance for all of their general/non-veteran homeless clients.

Focus group participants considered that the housing-related support needs of those homeless veterans with alcohol and/or drug misuse issues present as broadly similar to those in the general homeless population with alcohol/drug dependency, although they agreed that alcohol misuse appeared much more prevalent amongst veterans with the incidence of drug misuse less visible.

2.5 Physical and/or psychological injury or illness

The spectrum of physical and psychological injuries and illnesses discussed in the literature is broad: ranging from those with severe physical and/or psychological injury or illness caused during service to those who have experienced unrelated injury or illness. Focus group participants considered that the presenting housing-related support needs of homeless veterans with injury or illness are broadly similar to those in the general homeless population with similar levels of injury or illness, even if the causal or trigger factors are different. These similarities include alcohol and drug misuse, and medically diagnosed stress and/or anxiety.

Some data supports the prevalence of mental health issues amongst veterans. For example, CHAIN data suggests that clients with a service history are more likely to be assessed as having support needs associated with mental ill-health than non-veteran clients. For example, in one analysis where 39% of veterans had support needs, only 26% non-veterans had support needs related to mental health (Johnsen *et al,* 2008, p.18). Data on PTSD is mixed and some studies emphasise the need for perspective regarding the scale of the problem. NHS Choices data from 2001-2007 gave the annual number of personnel leaving the UK armed forces due to a psychological condition as varying from 155 to 215 (around 0.1% of regular service personnel leaving service). Of these, only 20 to 25 were diagnosed with PTSD (NHS Choices data, 2007, referenced in Fossey, 2010, p.7).

During the focus group staff commented that they often observe a form of post-traumatic stress emerging for veterans which is caused not by their military service but is a result of earlier childhood trauma (including abuse) which has been 'managed' by entering the forces (most often the Army) as a surrogate "family" to

replace the unstable/unsafe home life. This early trauma then re-emerges after leaving the Armed Forces, leading to breakdown and/or offending. Staff referred to this as 'childhood PTSD.'

Thus, physical, and especially psychological injury and/or illness, appear to be significant causes of, or exacerbating factors, in veteran homelessness.

2.6 Disadvantage predating service

Johnsen *et al's* 2008 study found that a significant number of veterans had experienced disadvantage prior to entering the Armed Forces. This was often because of difficult childhood or adolescent experiences, including strained relationships with parents, a history of care, abuse, problematic drinking, and/or involvement in criminal activity. Approximately one quarter of the ex-Service personnel interviewed in the study fell into this group. It found that for many, their time in the Armed Forces was a period of 'suspended animation.' In other words, problems from childhood or adolescence were managed by serving but continued into adult life from the point of discharge (2008, p.21).

One study described these service members as individuals who were often seeking a route out of poverty and/or dysfunctional family lives. The literature also appears to suggest that those joining the Army in particular frequently used entry into service to escape childhood/adolescent dysfunction. As noted above, focus group participants confirmed that in their experience, disadvantage predating service, including difficult childhoods, was a significant factor contributing to veteran homelessness.

2.7 High homelessness prevalence for ex-Army personnel

The literature also suggests that a higher number of homeless veterans served in the Army than in the other Armed Forces. Our analysis of Alabaré's internal data confirmed that there are higher numbers of veterans in its supported housing who had served in the Army compared to other areas of the Armed Forces. From a data search of veteran and non-veteran service users living in Alabaré's supported housing from 1st January 2013 to 1st October 2016, we found that:

- A total of 908 service users had previously served in the Armed Forces;
- The area of service that homeless veterans most frequently reported was the Army, with 700 instances recorded (15.6%), and;
- The second highest recorded area of service that homeless veterans reported was the Royal Navy, with 106 instances recorded (2.4%);
- 266 veteran service users (2.3%) indicated having served in another area of the Armed Forces (such as Royal Air Force, Territorial Army);
- 3,498 entries (79.4%) were left blank or were recorded as "unknown". Whilst these will predominantly reflect services users who are not veterans, it is very possible that some non-disclosing veteran service users are within this category.

2.8 Relationship breakdown

The literature highlights the effects of relationship breakdown in contributing to veteran homelessness. Studies identify a group of veterans who, after having successful careers in the Armed Forces, do not encounter difficulties after leaving until an (ostensibly) unrelated trauma later in life (such as relationship breakdown or bereavement) occurs. For example, Johnsen ***et al's*** recent study found that relationship breakdown (including parental relationships) was the most common cause of homelessness for veterans. This was in part attributed to the strain on relationships of living at home with a partner after long periods of living apart (Jones *et al*, 2014, p.75). Divorce rates are also higher amongst Armed Forces personnel than the general public (National Audit Office, 2007 referenced in Johnsen et al, 2008 p.28).

Alabaré focus group participants confirmed that relationship breakdown was the most significant contributing factor causing veteran homelessness. As with their comments on alcohol and/or drug misuse, they considered that the housing-related support needs of those homeless veterans who experience relationship breakdown are broadly similar to those of the general homeless population experiencing breakdown of relationship.

2.9 Referrals from prison and violent offences

The focus group discussion indicated that increasing numbers of homeless veterans are being referred to supported housing from prison. Staff said many veterans who served time in prison then became homeless on discharge from prison.

Staff also commented that the pattern of offending for veterans is often different to the pattern for other homeless clients. From their experience, crimes committed by veterans are less likely to be minor acquisitive offences and instead tend to be alcohol-triggered crimes, violent and serious crimes (such as murder, rape, and grievous bodily harm). Crimes committed by veterans tend not to be premeditated and are instead "impulsive." It was noted that drugs are rarely an underlying cause of crimes committed by veterans.

2.10 Extreme debt

Staff described increasing numbers of veterans referred from prison who are in serious debt and also commented on the increasing numbers of veterans who are young and in extreme debt. This is not surprising as Johnsen ***et al's*** (2008) study found that financial crises such as redundancy, dismissal or business problems causing homelessness were more common for veterans than for the general homeless population (Fitzpatrick *et al.*, 2000; Pleace *et al.,* 2008 referenced in Johnsen *et al,* p.32). Poor money management skills, attributed to not having had to budget and pay bills whilst in the Armed Forces, were identified by a number of studies as a key difficulty in adjusting to a civilian life.

2.11 Difficulty adjusting to civilian life

Overall, studies suggest that many veterans find the adjustment from Armed Forces to civilian life very difficult. Explanations centre on factors of 'institutionalisation' and a 'dependency culture' in the Armed Forces which reduce veterans' capacity to cope in civilian life. These factors include a limited understanding of the housing market, difficulty with the culture of non-military workplaces, or a general lack of transferable skills.

Focus group participants concurred with this view and described being in the military as a 'mini-institutionalisation' where veterans do not learn the life skills or money management needed for a successful transition to civilian life.

However, the extent to which veterans are 'institutionalised' is debated across the studies within the literature. For example, one study referenced the 2007 National Audit Office which found that veterans who had served the longest time typically found the adjustment to civilian life easier than those who had served shorter periods (Johnsen *et al,* 2008, p.41-42).

2.12 Veteran-specific provision and mutual support

Within the literature, views are mixed about whether veterans are best served by specialist veteran supported housing services or generic services. For some service providers, any additional resources in their area were welcome since they reduced pressure on mainstream services and housing. However, other service providers felt that the housing and support needs of veterans could and should be met within generic supported housing services (Jones *et al,* 2014, p.87). Furthermore, some studies identified concerns that veterans living in specialised veteran accommodation would continue to mix with, use the same facilities as and socialise with, only other veterans (Jones *et al,* 2014, p.87), possibly delaying or hampering their transition to civilian life.

Other studies however found that specialist veteran supported housing could increase awareness of and take-up of resources available to veterans. Focus group participants said they would always prioritise sending veterans to specialist supported housing, where possible, for two main reasons:

- Specialist services provide housing support amongst other homeless veterans who are likely to have a shared understanding of military culture and to experience similar challenges in the shift from military to civilian life; and
- Many veterans want specialist services in order to differentiate themselves from the wider homeless population, and this is particularly important to those who associate homelessness with drug use.

Staff commented that although there are risks to be managed in differentiating homeless veterans from other homeless individuals, the shared culture and understanding of common experiences means residents are often better able to support each other and face the issues that have contributed to their homelessness.

Staff considered that this was particularly the case in relation to recovery from the alcohol dependency of a heavy drinking culture and the need for "dry" accommodation.

Staff confirmed that they would prioritise sending veterans to specialist veteran housing support unless the individual was a young person aged less than 25 years. In these cases, staff would refer to a youth focused housing support service, rather than a veteran housing support service. Staff considered this more appropriate because age was often a more significant causal factor for homelessness than veteran status for young homeless ex-service members.

3. Key findings: vulnerabilities and needs

3.1 Introduction

We drew on the combined findings from our scoping work to help focus and target our primary research with Alabaré veterans to best meet the aim and objectives outlined in the Introduction to this report. In this section we present an overview of the demographic profile of the nine veterans who completed in-depth interviews for the research, followed by a discussion of the vulnerabilities and needs we explored with them.

3.2 Profile of participants

We interviewed nine veterans living in Alabaré's veteran-only supported housing schemes in three locations:

- Hampshire, England;
- Wiltshire, England, and;
- South Wales (Rhondda Cynon Taf), Wales.

Three characteristics were the same for all nine veterans who took part:

- **Gender:** all participants were male;
- **Ethnicity:** all participants identified as either White British (a total of six in England) or White Welsh (a total of three in Wales), and;
- **Supported housing type:** all participants currently lived in Alabaré's veteran-only supported housing.

The results below summarise additional key characteristics, events, and areas of vulnerability and which relate to some of the current and emerging trends in veteran homelessness in England and Wales described in the earlier summary of our scoping work.

3.2 Age of participants

The majority of veterans interviewed were older. Eight of the nine participants were over the age of 47 and the oldest participant was 72. Most veterans interviewed were between the ages of 59 to 62. The youngest participant was 27 years old. A full presentation of the age of each participant is presented in Appendix A, Table 1.

3.3 Area of Armed Forces service

The majority of veterans interviewed had served in the Army (seven). The remaining veterans interviewed had served in the Royal Air Force (one) and the Royal Navy (one). A summary of participants' Armed Forces service is presented in Appendix A, Table 2.

3.4 Leaving the Armed Forces

Most veterans interviewed had left the Armed Forces over twelve years ago and most had been in their 30s when they left the Armed Forces. The majority of veterans interviewed left because they reached their End of Service term (five). Two participants left after being discharged (one for Medical Discharge and one for Dishonourable Discharge). Two of the veterans interviewed left because they did not want to be in the military any longer. One veteran had a record of offending and served time in prison after Dishonourable Discharge. A complete list of participants' end of service details is presented in Appendix A, Table 3.

3.5 First homelessness

A small majority of participants first became homeless recently - five participants had first become homeless since spring 2016. The longest period any participant had been homeless was fifteen years. The shortest period any participant had been homeless was three weeks.

3.6 Vulnerabilities and support needs

We recruited interviewees known to have a vulnerability or need identified in the scoping work in order to test and develop insight on how vulnerabilities affect individual homeless veterans and what support needs they may have. The four key areas of vulnerability we sampled for were:

1) Alcohol and/or drug misuse;
2) Physical and/or psychological illness and/or injury;
3) Relationship breakdown, and/or;
4) The impact of a culture of institutionalisation from serving in the Armed Forces.

During the interviews we found, unsurprisingly, that in real life none of these factors occur in isolation and that the veterans taking part tended to have multiple vulnerabilities which compounded each other and complicated their support needs. However, for the purposes of this analysis we present each factor individually to indicate how different vulnerabilities can lead to homelessness for veterans. Each factor is analysed against the scoping phase findings in turn, using participants' varied experiences, in Wales and in England, as evidence.

3.7 Alcohol and/or drug misuse

Alcohol and/or drug misuse is a significant factor contributing to veteran homelessness. Generally however, alcohol misuse or dependency is more often presented by homeless veterans compared to drug misuse. There is wide acceptance that this stems from a strong culture of heavy drinking combined with formal policies of zero tolerance of drug use in the Armed Forces.

This prevalence of alcohol misuse was reflected by the interviewees. At least six participants explicitly considered that alcohol and/or drug misuse had been a contributing cause of their homelessness. They were also able to provide us with insight on how the drinking culture in the military had played its role in developing alcohol dependency. Examples from the interviews with veteran service users are presented below.

Example #1:

One older veteran recovering from alcohol dependency described himself as a "chronic alcoholic." He explained that when his partner died eleven years ago, he began drinking excessively again, as he had whilst serving:

> *"I […] was drinking far too much. And being ex-Forces, we come from an extremely […] big drinking culture. You drink before you go to conflict, you drink when you come back – it's just never ending."*

For this veteran, the expectation and frequency of drinking in the Armed Forces had an impact on his alcohol dependency after leaving. He was dependent on drinking to 'manage' challenges in the Armed Forces and now relied on alcohol to deal with difficult experiences in civilian life after the death of his wife. Largely because of his return to alcohol he lost his job and his home, creating his need for supported housing.

Example #2:

Another veteran explained how a culture of drinking in the Armed Forces meant his fellow service members regularly encouraged his excessive drinking. This led him to commit a violent act and subsequently to his discharge:

> *"The Army encourage it [drinking]. It's all everybody thinks about: when's the next piss-up? […] Once I've had a drink, I just can't control myself and I do stupid things. Even when I was in the Army I did stupid things and ended up on probation bans through alcohol. But yet, the Army would still encourage you to go out and have a drink and not treat it like 'hang on; this guy's got a problem.' It's mad. And then when you get in trouble, they're like, 'what are you doing?'"*

This experience illustrated an important gap between the pressure to drink to 'fit in' within the Armed Forces and the lack of support members receive when they present persistent alcohol dependency whilst serving. Further, it highlights how pervasive the drinking culture appears to be within the Armed Forces. He was encouraged to drink until a problem arose, which then left his employment and housing at risk. As a result, the violent crime he committed whilst drinking led him to be sentenced for an offence and released from the Armed Forces on Dishonourable Discharge. He was also ordered to serve time in prison. Upon his release from prison his bail conditions prevented him from living with family, and so he was homeless. This veteran also has dependent children but his circumstances make it difficult to fulfil his responsibility to jointly care and financially support his children with his ex-wife.

Example #3:

For another veteran, cannabis dependency led him to homelessness. After a serious civilian vehicle accident thirty-five years ago, he was unable to work and began 'managing' his physical injury with cannabis. A recent disagreement with his wife and grown son was triggered by his cannabis use and resulted in him becoming homeless:

> *"To help me with the pain, I turned to cannabis. And I was on cannabis for about 35 years – heavily. And without realising it, I changed. And I'd become just like my father. And then one day, back in […] October, I ended up having an argument at home with my oldest son…so he [beat me up]. I ended up on the floor. It took a while to figure out what was going on...I ended up going to the hospital."*

A combination of factors had contributed to this veteran's need for supported housing. These included physical injury, inability to work, childhood PTSD from a strained relationship with his father, and relationship breakdown. Each was exacerbated by his cannabis use. The ostensibly cannabis-caused argument meant his wife permanently removed him from the local authority flat he was living in with his family. After being removed, the shared account he had with his wife was closed. He stayed with friends for a few weeks, but because personal relationships had been strained from drug-use (anti-social behaviour) he was not welcome to stay permanently. Without money or a means to support himself, he became homeless.

3.8 Physical and/or psychological injury and illness

Veterans experience a range of physical and/or psychological injury and illness and these injuries and illnesses may have been suffered whilst serving or as a civilian. Although our scoping work raised the possibility that PTSD may be over-diagnosed amongst veterans, the interviews provided insight on the level of need that homeless veterans with PTSD may have. A number of participants said that a physical or psychological injury or illness significantly contributed to their need for supported housing. Some had also experienced multiple physical or psychological injuries or

illnesses, increasing their vulnerability to homelessness. Examples from the interviews are presented below.

Example #1:

A veteran who suffered a serious physical injury whilst serving in the Armed Forces was also later diagnosed with PTSD associated with combat and experiences whilst serving. He explained how his condition led him to homelessness:

> *"It was only after what happened three years ago – when I got PTSD – that my life went down. But it's the same for all veterans who get it. One day you go to sleep – fine. The next day, you wake up and you think, 'what's gone on?' You're scared of your shadow. […] My need for supported housing – because of my condition I ended up living on the streets for two years […] I only remember bits and bobs of it."*

His serious physical injury requires frequent medical attention and causes daily pain and mobility challenges. This restricted mobility contributes to feelings of isolation. Feelings of isolation are then worsened by his PTSD, not being able to work, and from experiencing multiple relationship breakdowns (including estrangement from his wife and a falling-out with his parents). These complex illnesses and injuries combined with life events had left this veteran with no social support network and no means to support himself. As a result, he became homeless.

Example #2:

Another veteran connected his ongoing mental health issues to his need for supported housing. Due to prolonged bullying he experienced in the Territorial Army (TA) and the Army, he developed serious mental health issues and began sleeping rough:

> *"It's affected me ever since…I was heavily medicated and drinking a little bit and I just didn't know where I was. I just slept anywhere, really."*

After serving for two years in the TA he joined the Army where the bullying continued. As a member of the Infantry Unit, he was taunted for being a Clerk and bullied because he was Welsh. In the Unit, Welsh members were labelled 'girly' or homosexual. The bullying made him decide to leave the Army and re-join the TA. However, the bullying continued and his mental health declined. He began experiencing anxiety, depression and "psychotic tendencies" which led to his discharge for medical reasons. Additionally, he suffers from severe arthritis.

Joining and re-joining the service in different roles and areas affected his ability to develop friendships or support from colleagues. Relationship breakdown with colleagues during disrupted periods caused mental health issues, leading to Medical

Discharge. This created a difficult path out of the Armed Forces. His psychological ill-health, in addition to drinking, caused vulnerability and led to his homelessness. This experience also highlights the sometimes stark shifts and transitions Reservists make between military and civilian life which may contribute to instability and insecurity through entering and re-entering the Armed Forces.

Example #3:

When another veteran received a serious physical health diagnosis he was no longer able to work. Additionally, his long-term partner ended their relationship and shared housing arrangement. When he was released from the hospital after surgery, he had nowhere to live:

> *"Up until April of this year I was holding down a job…I moved in with the lady that I'd been having a long-distance relationship with. During that time, I got diagnosed with a cancerous growth. And in […] June this year, I went into hospital and she told me she didn't want me back in the house, which left me in a situation where I was homeless."*

For this veteran, a physical illness not related to his service was a major factor in his homelessness. He was unable to work and it ostensibly caused his partner to end their relationship, although it is possible that relationship instability existed before his cancer diagnosis. His first marriage ended because he was never around whilst serving and it is possible that his ability to maintain relationships was strained by serving. Relationship success after serving might be challenging for veterans who have not maintained long-term relationships in the past, particularly when concurrently managing a physical illness or long-term condition. If the relationship fails, as it did for this veteran, social support can cause housing precarity, loss, and homelessness when another significant life crisis (such as a serious physical illness) occurs.

For a number of the interviewees physical and psychological injury or illness was a significant factor in becoming homeless. It is important to note that physical and/or psychological injury and/or illness frequently occurs alongside alcohol or drug misuse and/or relationship breakdown. In many instances, a physical or psychological injury led to unemployment and limited ability to return to work quickly because of medical conditions. Four research participants also explicitly described stress related to combat and memories from serving which still negatively affected their thoughts and moods.

3.9 Relationship breakdown

The scoping work highlighted the negative impact that relationship breakdown can have on veterans who become homeless together with the prevalence of relationship breakdown as a key factor leading to homelessness. Divorce or relationship instability for example, often leaves veterans without housing options.

The interviews with veterans confirmed the connection between relationship breakdown and homelessness, broadly matching findings from the rapid evidence review. The interviews also offered insights into the various ways relationship breakdown affected many veterans' need for supported housing. Many interview participants described how a form of relationship breakdown, either with an intimate partner or family, led them to lose social support. A loss of social support often led to strained finances and a lack of housing. While only one veteran explicitly discussed relationship breakdown as a direct causal factor of homelessness (see below: Example #1), about half of the participants described how their alcohol and/or drug misuse or an injury or illness occurred alongside relationship breakdown, leading to homelessness. All the veterans we interviewed had limited social support.

Example #1:

A poor relationship with his step-father, coupled with his mum's inability to cope with his PTSD diagnosis, meant this veteran was not welcome to live with his parents.

> *"When I came back to the UK, I stayed with my parents for a couple of months. And when I found out I had PTSD […] because of my relationship which I've got with my step-father, which is not a good one […] I was saying I would like to live with my parents, but my mum was saying, 'no, you can't live here because you and your step-father will be killing each other."*

He could not turn to extended family either. Because of his PTSD his extended family shunned him. This participant has experienced a lifetime of relationship breakdown including childhood abuse, bereavements both at a young age and more recently, and a separation from his wife. It is not surprising that he also found relationships with Alabaré staff challenging.

Example #2:

Another veteran connected the prevalence of relationship breakdown, in particular divorce amongst ex-Armed Forces personnel, generally to a unique attitude engendered by serving:

> *"You'll probably find in the Armed Forces…that's the biggest divorce rate you'll ever find – because we're 'better than everybody else.' – And we're bullies, we're 'big-heads' and we treat people like shit. It's as simple as that."*

This veteran was not divorced himself but talked at length about the effects of the unique attitude that can develop for some veterans while serving which makes it difficult to manage relationships outside the Armed Forces.

For those participants who discussed a form of significant relationship breakdown these events were often accompanied by another life event (such as psychological illness) and created a condition of housing instability – and eventually, homelessness. These breakdowns included, and often combined, divorce and/or separation (sometimes multiple intimate relationship endings), a falling-out or 'shunning' from family, such as from parents, siblings, and extended family, and ended friendships. Several veterans discussed difficult relationships with parents and abuse during childhood.

While relationship breakdown for the participants was not always a direct factor leading to homelessness, it is likely that not having stable partners, family, or friends to appeal to during periods of housing precarity had made them vulnerable and more likely to need supported housing when an illness, injury, or loss of employment occurred.

3.10 A culture of institutionalisation

A culture of institutionalisation can have lasting, negative effects for veterans as they adjust to civilian life. Also referred to as a 'dependency culture', veterans can become ill-prepared to adjust to civilian life – often they do not engage in daily civilian tasks (such as bill-paying or house-hunting) and friendships and networks are often developed around a shared understanding of service which can be lost after leaving.

A perceived loss of shared understanding can lead veterans to experience isolation or to participate in antisocial behaviour, which can include alcohol and/or substance abuse. Equally, these challenges can be complicated by a physical and/or psychological injury or illness. A culture of institutionalisation from serving can also strain relationships with family and friends who are not Armed Forces (for example, being away for long periods of time, difficulty connecting to those outside of the Armed Forces). Combined, these experiences can contribute to homelessness.

For many of the participants, these experiences seemed to be true regardless of the length of time a veteran served, or the area in which they they served in the Armed Forces. In some cases, the effects of institutionalisation are worsened by other experiences such as living in local authority care or in prison.

Example #1:

One participant entered the Army directly from secondary school. Thus, he had little experience of civilian life when he left the Armed Forces after six years of service:

> *"I never really experienced a normal adult life. And that's what's hard now. You speak to your mates who've never been in the Army and they've got it all together. It's like […] I've just left school again […] The Army is all structure and regiment - I've never had to apply for jobs […] I've never experienced it. In the Army, you wake up, you're in work, you live on camp. You haven't got to worry about travel. Whereas out here, there's so much to take into consideration."*

For him, an embedded Army routine made it difficult to adjust to the uncertainty of civilian life. Not only did he feel different from those who had not served, but also 'behind'. This feeling of being 'behind' was compounded by prison. Combined with an alcohol dependency and bail conditions that restrict his housing options, this veteran became homeless.

Example #2:

After holding a combat role in the military for twenty-four years, one interviewee felt he was not an 'ordinary' person. Instead, his role trained him to end human life, if commanded. Coupled with his PTSD, this responsibility has a lasting effect on him:

> *"Because of my [mental health] condition, [with] alcohol, I'm quick tempered. And because of my job, as they keep telling you, 'you're not just a civilian, you're an Army person' – you're a soldier. And you can flip like that […] I think military people find it hard to adjust to civilian life. I've been military my whole life. My two step-fathers were military. I've been military born, bred…"*

For this veteran, adjusting to civilian life is very difficult because of his psychological illness and his institutionalised training. He perceives that he might not manage his anger and is aware that his PTSD complicates this and so often isolates himself from social events.

Example #3:

For a third veteran who served in the Royal Air Force, being trained to live outside meant he preferred sleeping rough to living in a generic homeless shelter when his business failed and he was unable to afford his rent. It was not until the cold autumn weather arrived that he realised he was "too old" (60 years) to manage sleeping rough safely. A culture of institutionalisation combined with a sense of entitlement due to him for serving his country strongly affected these decisions. Only the availability of veteran-only supported housing, which he was directed to through the Royal British Legion, ultimately enabled him to accept supported housing because it was recommended through a trusted, military-focused organisation.

Example #4:

Another veteran summarised his observations of what ex-Armed Forces personnel think of themselves compared to civilians upon leaving the Armed Forces:

> *"When you come out of the Forces […] you have this funny feeling that you're the only one that's done it. You're better than everybody else."*

This same veteran laughed when he remembered receiving his first water bill after leaving the Armed Forces. He recalled not knowing what it was and being surprised that he had to pay. Household tasks such as paying bills had not been relevant to him

whilst he was serving. Whilst he always paid his rent and bills on time, a lack of home ownership knowledge led him to lose his home through an ownership dispute.

Some veterans said that being more familiar with military culture than civilian culture made it difficult to transition to civilian life. The challenges adjusting to civilian life were observed with personal relationships, finding work, and managing household expenses. In some cases, military culture fostered a sense of entitlement, which made it difficult for some veterans to adjust to relationships and expectations outside of the Armed Forces. Often, the effects of a culture of institutionalisation led to relationship breakdown, straining social support, employment and health needed to maintain housing.

3.11 Vulnerabilities and needs: overview

Overall, the face-to-face interviews with nine different veterans living in veteran-only supported housing with Alabaré provide rich and illuminating data on these key vulnerabilities as significant factors leading to veterans' need for supported housing. When veterans experienced multiple vulnerabilities, their exposure to housing risk and homelessness often increased. These experiences occurred across different ages, reasons for leaving the Armed Forces, length of time served in the Armed Forces, and the area in which the veteran had served.

4. Key findings: service provision

4.1 Introduction

In this section we consider the information from the interviews to examine the implications for Alabaré's current and future services and to help identify whether further service development is needed to meet the emerging and future needs of homeless veterans.

As well as vulnerabilities and needs we also discussed with our interviewees their views on what works well and what is challenging for homeless veterans using veteran-only supported housing with Alabaré, both in Wales and in England.

4.2 Service themes

Interviewees identified a mixture of benefits and challenges involved in living in Alabaré's veteran-only supported housing. These fall into three thematic areas:

- Shared understanding of military culture;
- Opportunities to build social networks, and;
- Access to additional services.

Shared understanding of military culture

The evidence review produced a mixed picture of whether veteran-only supported housing was valuable for homeless veterans. While some studies indicated that veteran-only supported housing might hinder veterans' ability to re-integrate into society after serving, other studies suggested that veteran-only supported housing might increase service uptake and alleviate vulnerability for those who might not otherwise seek support.

Alabaré staff taking part in the focus group had observed a consistent and significant preference for veteran-only housing from their residents. The interviews confirmed this strong preference for veteran-only supported housing because of the shared experience and understanding of military life that exists between residents and in some cases, with staff. All interview participants preferred living in veteran-only supported housing irrespective of length of time served in the Armed Forces, different areas of service, and other general experiences in service.

Interviewees considered that they can better access social support from other veterans who understand service life. Additionally, they appreciate having supported housing staff who are either veterans themselves or who understand Armed Forces culture. All nine interviewees thought that it was easier to get along with other veterans in supported housing compared to other homeless people because of shared values (for example, understanding a combat role, specific postings, or an ethos of supporting each other 'no matter what').

Interviewees also felt safer living with other veterans in supported housing, compared to living with other homeless people. Some interviewees expressed their sense of difference and preferred veteran-only supported housing possibly because they have a sense of entitlement arising from their service to their country. A number also had the view that other homeless people who misuse drugs were 'different' or dangerous.

Example #1:

An older veteran who had served for twenty-four years in the Intelligence Corps talked about appreciating the shared commitment his housemates had for each other's well-being. He said this was possible because of the collective expectations they shared through an Armed-Forces 'philosophy':

> *"The ethos of a veteran [only] house is very strong […] you're a close-knit group. You're [trained] that your life depends on each other […] Knowing someone is there for you is the main difference."*

For him, feeling supported while navigating homelessness was important. It was clear that after a long career in the Armed Forces, feeling supported by a culture of camaraderie and trust extended beyond his time in service. He recognised that his veteran-only supported housing enabled him to focus on searching for work and improving his physical health rather than his safety or immediate social support needs.

Example #2:

Feeling supported through a shared Armed Forces culture was not only important for someone who had served for a long period. Another veteran who served one month thirty years ago said he felt less endangered living in veteran-only supported housing compared to how he felt living in generic supported housing. He related this to residents having a shared approach to supporting each other:

> *"I suppose you feel a bit safer because you're all of the same sort of ilk. You're all – you know, if it was sort of open to everybody then it would be even more frightening. But because it's all for veterans, everybody seems to just 'muck-in.' And everybody seems to get on with one another."*

What he learned to expect of his military colleagues whilst serving provided a structure for what to expect from his fellow veteran residents in Alabaré veteran-only supported housing and led him to feel safer:

> *"I was given a homeless place for a week over in [Chippenham] but I could only stay there for two days because I couldn't sleep, I couldn't*

unwind, I couldn't relax. It was horrifying. It was an absolute nightmare."

He said he settled more quickly in veteran-only supported housing with Alabaré because he had his own locked room and lived amongst people of a similar background that he could trust. He perceived generic homeless people as untrustworthy, dangerous and as substance misusers. Since he is recovering from substance abuse himself, it is evident that his differentiation between veteran substance misusers and non-veteran substance misusers is strong.

Living with other veterans who are seemingly predictable, cooperative and have a shared understanding of Armed Forces culture means residents often do not worry about their safety or who they can form a supportive relationship with. They can also focus on their physical and psychological health, including sobriety.

As all interviewees shared this view we suggest that a preference for veteran-only supported housing will remain important to homeless veterans and continue to be highly valued.

Veteran-specific referral routes were also considered important by interviewees, particularly the Royal British Legion and NHS Veterans, Wales.

Building social networks and social capital

Many of the interviewees had experienced loneliness and isolation because of being homeless. While most found social support through a shared understanding amongst Alabaré residents or staff members who had served in the Armed Forces, several veterans said they also wished for enhanced social networks. Further, some veterans said they wanted to improve their social networks to find employment.

Example #1:

For one veteran, a significant recent relationship breakdown led him to feel lonely and isolated. He said that he had a difficult time adjusting to his current living arrangement because he experiences regret and sadness from losing his family:

"It's hard to get over the fact that [recently] I was a father and a husband and now I'm not."

Despite his sadness, he indicated a desire to build social networks to alleviate isolation. Though he said he has not lived in supported housing long enough to know what services he needs, he wants to join a computer course to improve his computer skills and will rely on Alabaré staff for guidance to achieve this goal. He also volunteers locally to leave the home during the day, set-up through Alabaré. Building social capital through connections that Alabaré facilitates is valuable and demonstrates the role that Alabaré plays in helping residents alleviate feelings of

loneliness and isolation. This might be most effective when these connections are made specifically through Armed Forces connections that allow many veterans to feel an immediate sense of familiarity, trust, and support through shared culture, expectations and experiences.

Example #2:

Another veteran emphasised the importance of living in a particular location because it is close to a community of veterans:

> *"[Here] it's more supportive – it's a Forces town. There are meeting places [for veterans] across the water."*

Having social places to meet and connect with veterans easily was important for many of the participants. In particular, it was important for veterans at this specific location as all three interviewees described heading to similar areas to socialise and participate in hobbies (such as darts) with other veterans.

Despite a desire to build social networks, relationships were challenging for some veterans. For example, one veteran with a PTSD diagnosis finds it very challenging to build relationships: *"It's just rejection all the time."* It is likely that some veterans, especially those who suffer extreme relationship breakdown both prior to serving and afterwards, and who suffer serious physical and psychological injury or illness have difficulty building social networks and might require additional support to connect and develop social capital.

Equally, some veterans whose physical and psychological challenges were currently manageable volunteered in the local community (examples included helping with other homeless initiatives, community gardens, children's groups). It was evident that veterans sought community connections and social networks. Many said that they hoped for more opportunities, but the ones they did participate in were sources of empowerment and resilience. For one veteran, building social connections was important for his employment search. He saw building social networks as making, "contacts through hobbies."

Veterans feel more supported in this by living with those they trust and whom they can rely on:

> *"You wouldn't get the same comradeship [from non-veterans]. You don't have to work for your friends – you're accepted immediately."*

A clear desire to build social networks exists amongst the veterans interviewed and underscores the value of Alabaré's work with residents to connect them with activities and opportunities that alleviate isolation and build social capital. These include volunteer opportunities that build confidence and networks (such as the Alabaré gardening competition in Wiltshire), or identifying social events (for example, venues where other veterans socialise locally, often in alcohol-free settings). These

opportunities are better trusted if arranged through veteran-only supported housing provision, further emphasising the importance of this housing support type for homeless veterans.

Accessing additional services

Some participants acknowledged a need for support to access additional services (such as Alcoholics Anonymous (AA), connecting with a physician, etc.) recognising their limited understanding of accessing services outside the Armed Forces. This emphasises the institutionalisation that can hinder veterans' ability to navigate key support services after leaving the Armed Forces.

A key support where participants said they needed help from Alabaré staff was in completing application forms. Often, these applications forms relate to receiving pensions or applying for independent housing with local authorities. Support for applying to independent housing was particularly relevant for veterans who had moved from an area where they had a local connection and needed guidance on proving a new local connection. In these cases, participants appreciated that staff explain application forms and local requirements and assist with completing them. Additionally, having support to complete forms eases stress and allows veterans to focus on other goals, including searching for work.

Job searching is another area where veterans said they need additional support and thought that having staff to support them worked well. Equally, each veteran who was job seeking said that they needed more assistance. For example, job-seeking participants said that training for computer skills for job searching, preparing CVs and completing applications would ease challenges around job searching. Another veteran suggested having one shared computer in each home so that he can search for jobs in a safe place where staff are available to help him if he has questions about an application. This support seems to be particularly relevant for older veterans who struggle with unfamiliar requirements of online job applications and general computer skills.

One veteran said he desired more one-to-one support from Alabaré staff to help him cope with his mental illness. In particular, he said he wanted support from trained staff to better support him to manage his PTSD. This included medical appointment reminders and providing social networks outlets (such as facilitating a companion to take him for coffee). Most veterans who identified substance misuse indicated that Alabaré had connected them to substance abuse services (for example, AA, Turning Point or a physician) and that this had improved their ability to enter recovery and plan goals to live independently and find work. Two interviewees also had increasing health needs - one had declining eye sight and another was losing use of an arm - and appreciated staff support which had helped them obtain appropriate health care.

Alabaré thus appears to be playing a valuable role in referring and signposting veterans to a wide range of external services and ensuring access to physicians, psychologists and substance-related support services.

The need for guidance on accessing other support services was broadly similar for both Wales and England.

4.4 Service provision in Wales

It is important to acknowledge the different social care context in Wales. While limited literature and data was available on homeless veterans in Wales, Alabaré staff provided insight on the specific context for service provision in the country. Generally, in Wales staff considered that the wider policy focus on prevention leads to improved crisis intervention and very effective housing support. Although there is a level of service duplication in Wales, this was viewed as less problematic because of good collaboration and goodwill between local authorities. In England, where prevention is generally a lower priority, staff find there is limited coordination of services and a lack of prevention-focused support.

During the interviews, each participant from Wales commented positively about NHS Veterans Wales and the support this resource offered them while experiencing homelessness, for example mental health support from NHS Veterans Wales and referral to Alabaré's supported housing services by the health service.

The strength of the bonds among the veterans in the Welsh Alabaré supported home was also very clear. All interviewees mentioned that, despite not knowing their housemates for very long, they felt they could trust them, liked them and felt they could get along well with them from the outset. The preference for veteran-only supported housing for homeless veterans was clear for both Wales and England.

Generally, staff experience of the Welsh social care context appears to underscore the benefits of prevention-focused policies. As a result, Alabaré may want to consider advocating for a prevention-focused social care and supported housing policy in England which draws on learning from Wales so veterans are better supported ahead of experiencing crisis.

4.5 Key service implications

Drawing on these thematic findings from the interviews, a summary of key service implications for Alabaré's veteran-only supported housing is provided in the table overleaf.

Table 2: Key service implications

Key service implications for veteran-only supported housing
• Access to specialist veteran-only supported housing is likely to remain important and necessary for homeless veterans across a variety of veteran characteristics (including age, area of service, the reason for leaving the Armed Forces; • Maintaining strong networks and relationships with the Royal British Legion and NHS Veterans Wales, and further developing networks with other military-focused partners (such as Combat Stress) ensures homeless veterans receive appropriate supported housing and services. This is particularly relevant for those most reluctant or afraid to seek support through generic homelessness services; • Homeless veterans generally need and want to improve their social networks in order to re-integrate more effectively in civilian life. Alabaré's work connecting residents with community based activities and opportunities (such as volunteer opportunities and computer skills training) alleviates isolation, creates bridges to the civilian world, builds social capital and is particularly valuable in supporting the transition to civilian life. This strand of work should be strengthened and extended where possible; • Veterans require support to complete application forms (such as pension forms, local authority housing applications) and Alabaré staff may need to be better supported, particularly as wider welfare reforms take effect (for example, allocated time, training, resources) to assist veterans with these tasks; • Veterans often require support for job searching and applying and Alabaré should consider how staff might be better provided to assist veterans with job searching (for example, a computer in each home for service users and signposting/connecting veterans to other employment support services); • Alabaré's role in supporting veteran service users to access physicians, psychologists, and substance-related support services will at least continue and is likely to increase significantly as veterans get older and as demographic pressures on NHS services grow, and; • The wider policy focus on prevention in Wales appears to lead to improved crisis intervention and effective housing support for homeless veterans. Alabaré could play a key and valuable advocacy role, drawing on its experience across the two nations, to enhance prevention policies in England.

5. Conclusions and recommendations

5.1 Overview

This primary research with homeless veterans living in Alabaré's veteran-only supported housing services sought to achieve three objectives:

1) Inform Alabaré's current and planned support work with veterans;
2) Identify whether service development might be needed to meet emerging and future needs of homeless veterans, and;
3) To convey the different experiences and needs of homeless veterans as individual people in an accessible and human way to key audiences.

By gathering exemplar evidence of the individual experiences of nine different veterans living in Wales and England the research demonstrates that many homeless veterans living in Alabaré supported housing present vulnerability, often multiple vulnerabilities, across four key areas: alcohol and/or drug misuse; physical and/or psychological injury and/or illness; relationship breakdown and the effects of a culture of institutionalisation. The interviews also demonstrated that broadly, these vulnerabilities are experienced similarly for veterans across different ages, areas of service in the Armed Forces, or reasons for leaving the Armed Forces.

Veteran-only provision

A key finding from the research is that demand and need for veteran-only supported housing is likely to remain consistent and high for the foreseeable future. This model is working well for homeless veterans in England and Wales living in Alabaré services. While some participants noted some challenges or improvements that could be made, veteran-only supported housing meets many of the emotional and service needs of homeless veterans and is strongly preferred by veterans over generic homelessness provision. This is primarily a result of the shared understanding of military culture which enables residents to provide peer support to each other through the transition and re-integration to civilian life.

Added value

The research also identifies some of the added value that is derived from specialist veteran-only services being provided by an organisation also delivering broader homelessness services – ensuring that veterans are able to access a wide range of additional support services to support their transition to and re-integration into civilian life.

Building social capital

A further key finding is the strength and consistency of the mutual support between homeless veterans derived from their shared understanding of military culture and how highly this is valued by veterans. This demonstrates very clearly how Alabaré's work builds social capital through the bonding between homeless veterans and thus

supports their transition and re-integration to civilian life. The research also identified the work Alabaré is doing to build new *bridging* social capital as well as *bonding* social capital by supporting residents to engage in community-based activities such as volunteering and training. This is a particularly relevant finding in the context of the polarised debate noted within the evidence review on whether specialist provision delays or supports the transition to civilian life. It suggests that Alabaré's work in developing bridging social capital is essential to its success and that it will be important to strengthen and consolidate this work for the future.

Disadvantage predating service

The research suggests that there is a strong correlation between the experience of disadvantage prior to entering service and later veteran homelessness. As suggested by the scoping work both in the evidence review (Johnsen *et al,* 2008) and in the staff focus group, disadvantage predating service including difficult childhoods was a significant factor contributing to veteran homelessness. The interviews with veterans demonstrate clearly and viscerally how problems from childhood or adolescence can be "managed" by serving in the surrogate "family" of the Armed Forces, but are likely to re-emerge after discharge, often in the form staff refer to as "childhood PTSD" and often associated with other vulnerabilities such as alcohol dependency and offending behaviour.

Emerging needs

The scoping work with staff in the focus group discussions identified two new areas of potential need that appear to be growing – homeless veterans, particularly younger veterans incurring extreme levels of debt, and increasing numbers of veterans homeless from prison with offending patterns that differ from the generic homeless population. The very high prevalence of alcohol dependency for homeless veterans also suggests that there may be value in considering whether any other service innovation may better help support these needs.

Limitations of the research

The research was conducted within relatively limited resources and therefore necessarily excluded a range of other possible research options and meant we were only able to conduct interviews with a small sample of residents across Wales and England. Other areas for potential future research are outlined later in sub-section 5.3, suggesting other homeless veterans who were not sampled during this research (such as homeless veteran women) or where additional research could identify important patterns of emergent vulnerability and housing support need (for example, older veterans and the impact of declining health over time).

Further work

Through the research, the report identifies several implications for supported housing provision that might inform Alabaré's current and planned support work with homeless veterans. The research also suggests early indicators of where service development might be needed to meet emerging and future needs of homeless veterans. These are discussed further in sub-section 5.2 below.

5.2 Recommendations for service provision

Drawing on the findings set out in the body of this report we recommend that Alabaré should consider the following:

- Consolidating existing strengths in maintaining and strengthening its external links with a comprehensive range of referral agencies and support providers including military-focused agencies and specialists in health, housing, employment, alcohol/drug treatment, and mental health.
- Building on the Welsh experience of prevention-focused work to develop an early/crisis intervention service model, ideally in close collaboration with the Armed Forces, to support them in implementing their duty of care to staff leaving the military for a variety of reasons. This might include early engagement with veterans being made redundant and veterans being discharged for medical reasons or for offending.
- How to engage early with and provide the best support for younger veterans and others with serious money management issues incurring extreme levels of debt.
- How to best meet the needs of the increasing numbers of veterans homeless from prison, particularly those in a “revolving door”, recognising that the pattern of homeless veteran offending appears to be very different to other homeless groups, and more likely to involve alcohol-triggered, violent and serious crimes that are impulsive rather than pre-meditated.
- Developing a more structured approach to addressing the needs of homeless veterans with compound/multiple needs rooted in early childhood difficulties and disadvantage.
- Whether there is a need for other options to ensure “dry” provision for recovering alcohol-dependent homeless veterans who are sober and fully abstinent.

5.3 Recommendations for future research

There are a number of areas which were beyond the scope of this research, but which we suggest are potential areas for future research for Alabaré. These are drawn from a combination of emerging themes from both the scoping phase and the fieldwork phase of the research and are summarised in the table overleaf.

Table 3: areas for future research

Emerging theme	Potential for future research
Veterans living in generic supported housing accommodation with Alabaré	Data on whether homeless veterans enter a specialist veteran housing scheme or generic housing scheme in Alabaré services is not currently collected. Understanding the emergent vulnerabilities and needs of homeless veterans in generic housing support could be explored more robustly if more consistent data is collected and analysed.
The impact of decreasing health over time on rates of homelessness	Data on the medical journeys of veteran clients in Alabaré, including how a medical issue might change over time, is currently not collected consistently. Further, the data collected on wounded veterans living in supported housing is inconsistent. Understanding the longer-term characteristics of veteran medical needs could be explored in future research if more consistent journey and outcomes data is collected.
Veteran women	It was statistically unlikely that women would be interviewed during the fieldwork of this research. However, because of the potentially significant differences in vulnerability and needs that homeless veteran women may experience, future research on the specific needs of women veterans would be important and valuable.
Black and minority ethnic (BME) veterans	It was statistically unlikely that BME veterans would be interviewed during the fieldwork of this research. However, because of the potentially significant differences in vulnerability and needs that homeless veteran BME people may experience, future research on the specific needs of BME veterans would be important and valuable.
Veterans with a record of offending	It was statistically unlikely that many interviewees would have a background of offending. While insight was gained from the participant who has a sentence for an offence, patterns could not be identified. Because of the potentially significant difference in vulnerability and needs that homeless veterans with a background of offending may experience, future research on the specific and possibly changing needs of this group of veterans could be valuable.
Veterans with dependents	A new area of potential vulnerability is veterans with dependents (those with children under the age of 18 or ageing parents to provide for). Given the unique and potentially significant difference in vulnerability and needs they may experience, future research on the specific needs of veterans with dependents (including differences between male veteran and female veterans who are homeless and have dependents) could be valuable.

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Appendix A – Participant characteristics

The age of participants

The majority of veterans interviewed were older. Eight of the nine participants were over the age of 47 and the oldest participant was 72. Most veterans interviewed were between the ages of 59 to 62. The youngest participant was 27 years old.

Table 1: age of participants

Chart-specific ID	A	B	C	D	E	F	G	H	I
Age	72	Not given[i]	62	47	27	65	59	52	60

Area of service in the Armed Forces

The majority of veterans interviewed had served in the Army. The remaining veterans were spread across the Royal Air Force, the Royal Navy, and other areas of the Armed Forces. A summary of the area of the Armed Forces that each interview participant served in is presented in the table overleaf.

Table 2: area of Service in the Armed Forces

Area of Service	Total number of interview participants who served within Area of Service
Army	7
RAF	1
Royal Navy	1

When participants left Armed Forces & when first homeless

Table 3: End of Service & First Homeless

Chart-specific ID	Year Participant Left	Number of Years Served	Age When Left	Reason for Leaving	Date when First Homeless	Age when First Homeless
A	1977	18	33	End of Service	Around April, 2016	72
B	N/A	24	N/A	End of Service	2 years ago	60
C	N/A	1 month training	15/16	Didn't like military culture	Summer 2016	N/A
D	1988	12	32	Didn't want the military to become his career	Summer 2016	60
E	1988	12	31	End of Service	Summer 2016	59
F	2003	24	39	End of service	2011	46
G	2001	7	32	Discharged: Medical (mental health)	2001	32
H	August 2013	6	24	Discharged: Dishonourable (Sentenced with violent, alcohol-related offence)	July 2016 (On release from 2nd prison sentence).	27
I	1976	3	25	End of Service	Autumn 2016	65

[i] The interview with this participant ended quickly. As a result, the age of the participant was not determined. However, the interviewer estimates that the participant is over 50 years old.