

GLASGOW'S  
**HELPING  
HEROES**

**GHH:  
A VITAL SERVICE**

Enabling our Armed Forces  
community to thrive

**FULL REPORT**

An independent  
review by:



UNIVERSITY of  
**STIRLING**

Commissioned by:



Funded by:



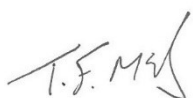
**FiMT**  
forces in mind trust

## Foreword

In an Armed Forces charity sector that numbers in excess of some 1,800 charities (2019) it is not surprising to find a diversity of support available covering employment, housing, community care and wellbeing, advice and advocacy and much more else besides. But despite the focus of some of these support services, many charities would note that often their clients reflect an array of needs in addition to the principal reason that caused them to present in the first place. Charities would also note the importance of community-based solutions in providing the most effective support and so it is axiomatic that a comprehensive knowledge of local support services and access to them is key.

Forces in Mind Trust first visited Glasgow's Helping Heroes in 2012 and, with others, have had a longstanding interest in a model of service delivery that takes a holistic approach to understanding and supporting its clients, through its unique partnership with Glasgow City Council and local partners. However, despite running successfully for many years, and with plenty of anecdotal evidence of its benefits and long-term impact, we recognised that it was important to provide a more rigorous assessment and objective evidence of its long-term impact for the veteran community and their families. That's entirely consistent with FiMT's vision that all ex-Service people and their families lead fulfilled civilian lives, and to drive improved support toward that end through objective evidence and learning. Thus, a project that evaluates the benefits of expert knowledge, good client communication, accessibility to services derived from a one-stop shop approach, services navigation support and a person-centred, flexible service offers valuable insight.

Forces in Mind Trust's mission is that all ex-Service persons and their families make a successful and sustainable transition to civilian life, a journey that sometimes requires resort to charities who dedicate themselves to this task. This report underscores the value of the GHH model, signalling the benefits of this approach to both SSAFA, local authorities and the wider Armed Forces charities sector alike. I therefore welcome this study and commend it to all those interested in a proven model and wanting to learn from its success.



Tom McBarnet

Chief Executive (Acting), Forces in Mind Trust

## Executive Summary

### Purpose of the report

This report is the final output from a two-year independent evaluation of SSAFA's Glasgow's Helping Heroes service. The research was carried out by the University of Stirling and Glasgow Caledonian University, and funded by Forces in Mind Trust (FiMT).

Glasgow's Helping Heroes (GHH) is a holistic service providing advice and support on issues affecting service personnel, veterans and their families in Glasgow, including housing and homelessness, employability and training, welfare benefits, financial and health issues. GHH is operated by SSAFA, the Armed Forces charity, in partnership with Glasgow City Council, helping them to meet the Armed Forces Covenant principle of ensuring that veterans are not disadvantaged by their time in service.

This research aimed to do two things. Firstly, to assess the impact of the GHH service, using a Social Return on Investment (SROI) analysis. And secondly, to support GHH in developing an improved framework for future monitoring and evaluation. This report provides the findings from both of these aspects, identifying lessons for GHH and also for the wider military charity and veteran welfare sector.

### Key findings

The primary finding from this SROI evaluation is that GHH provides a vital service for vulnerable veterans across Glasgow, delivering substantial social impact. The SROI analysis which forms the core of this evaluation demonstrates the significant value for money that GHH delivers – **for every £1 invested in the service, GHH delivers £6.63 of social value.**

Our sensitivity analysis also illustrates a range of potential SROI values from £3.81 to £11.16, but most importantly, outline analysis of data from previous years (pre-Covid years) indicates that the social value figure in 'normal' conditions would be around **£11.68 for every £1** invested in the GHH service.

Yet, the true meaning of the SROI ratio can be seen through the personal impacts experienced by GHH clients. For many of the clients interviewed as part of this evaluation, the support they received from SSAFA was life-changing:

*Well, it's gave me a...a reason for living, that's maybe a wee bit extreme, but true... I didn't have any carpet and, you know... the next thing within two or three weeks I had carpets on the floor, I had a new fridge and a new freezer, a new tumble dryer, washing machine, clothing and money... they gave me a reason to keep going. I went from really down to quite happy, you know. (GHH client)*

*Yeah, [they] totally changed my life. As I said my partner... I'm in a different house, she's in a different house but we've got on a lot better. If it wasn't for GHH I wouldn't be sitting here just now. I don't know where I'd be. (GHH client)*

These social impacts do not just affect GHH clients, but also deliver benefits and cost-savings to public services. For example, by assisting clients to move away from homelessness, GHH saves money for Glasgow City Council in terms of homelessness provision and temporary accommodation. In addition, research evidence on the hidden costs of homelessness suggests that such work also delivers significant savings for health and criminal justice services, which are heavily used by homeless individuals. This wider impact often arises because GHH can span the boundaries between the Armed Forces world and civilian welfare systems:

*So, certainly one of the gaps that it plugs for us is housing support because...one of the main issues still with veterans returning to the city and well, they're maybe not even returning to Glasgow, they'll be returning from service but choose Glasgow to return to and the housing regulations are incredibly complex... and hard to navigate... So it's really helpful for us, it's an enquiry we get quite a lot [and] we can say there's a housing expert there.  
(GHH Stakeholder)*

Crucially, it is essential to recognise that the impact of a service such as GHH cannot be reduced to a single financial number. Whilst the SROI figure provides a valuable shorthand for social impact, no such summary can hope to capture the full range and depth of changes delivered for their clients. As the qualitative evidence from the client and stakeholder interviews shows, GHH delivers life-changing support for some of the most vulnerable veterans, many of whom would not be reached by mainstream welfare services, or would themselves be very reluctant to engage with non-specialist organisations.

The evidence from this evaluation suggests that there are a number of aspects of GHH's approach which are essential, albeit that different elements will be necessary for different clients. These key characteristics of the service can be summarised as follows:

- Accessibility of holistic service in one place
- Support to navigate public services and other aspects of civilian knowledge
- Expert knowledge of housing, welfare and other systems
- Person-centred, flexible support service
- Consistent and proactive communication

Most of these are service characteristics which would be of value to any vulnerable client group – the notion of a person-centred approach which treats people with respect, care and empathy is common to many public and third sector organisations. However, the evidence from GHH suggests that services need to be tailored in specific ways to meet the distinctive needs of veterans. Understanding the impacts of Service life for some veterans lies at the heart of the success of the GHH model.

SSAFA and the GHH team recognise that veterans can struggle with the complexity of the multiple bureaucracies of the civilian world, and that a combination of pride and the perceived differences between Service and civilian services can lead veterans to disengage, even when they have substantial needs. Having team members with Service experience, working alongside others with substantial

expertise in civilian welfare systems such as housing, seems to be valuable – providing peer support and professional expertise under one roof.

*I think the best bits was...well one was not being judged, they didn't judge me whatsoever because, you know, I would hate for anybody to get in this state, but when you get to this state it's like you're embarrassed more than anything, but they didn't make me feel that way at all. They were there to help and do a job and that's exactly what they done. (GHH client)*

*A lot of these clients have really complex issues and they have serious trust issues as well, where maybe they've been let down before. So the fact that they're actually able to come into the office where they're comfortable, and... build up a relationship that they trust... You know, it totally works. Whereas if they did have to go externally, I think they would be...in fact I don't think, I know there would be a lot of instances where the clients just wouldn't go. (GHH Stakeholder)*

In relation to the second aim of the research, to improve GHH's framework for monitoring and evaluation, this report does not cover the specific detail related to existing data management and analysis, which have been discussed with GHH in an ongoing, formative process. The key development of interest beyond GHH was the introduction of the Independence Outcomes Star, following an options appraisal process.

This particular tool is being adopted by an increasing number of organisations across the Armed Forces charity sector and therefore offers potential for wider impact analysis, beyond GHH and SSAFA. Although delays caused by the Covid pandemic prevented a full analysis of Outcomes Star data from GHH, or incorporation into the SROI, the early data suggests that there is considerable value in using this tool to capture less tangible, but vitally important welfare outcomes for veterans.

### Recommendations

These findings regarding the social impact generated by GHH and the crucial characteristics of the service which enable this impact, lead to a set of recommendations. There are no major changes amongst the recommendations. The core conclusion from the evaluation is that GHH is providing a service which is highly valued by clients, which delivers substantial social value in terms of outcomes related to housing, finance, employment, resilience and mental wellbeing.

These recommendations are directed primarily to GHH and SSAFA, but many of them will interest other organisations working to support members of the Armed Forces Community.

**a) Keep up the vital service.**

The service in its current form is delivering excellent outcomes for veterans in need. Maintaining the key elements of the GHH approach outlined above is important, including relationships with key partners.

**b) Explore possibilities for more expert support around employment.**

Of the three main outcomes identified in the Theory of Change, employment

is arguably the area where GHH could do more. Although the 2020-21 figures are clearly lower than usual due to the pandemic, there is still scope for greater focus on employment outcomes. Options for providing more expert support, either in-house or through external partners, may be useful as the employment market grows in the post-lockdown environment.

**c) Utilise the Outcomes Star approach and data more widely**

Although it has not been possible to use the Outcomes Star data to any great extent within this evaluation, the early indications are that the process of completing Stars and reviewing the associated data should be valuable in continuing to refine the GHH approach. In addition, refining the administrative data collected on clients and ensuring a coherent fit with the Outcomes Star methodology will be important to maintain and further improve the quality of their service delivery. SSAFA should consider learning from this experience to use the Outcomes Star methodology more widely across its services.

**d) Consider existing service provision.**

The evidence from this evaluation suggests that the GHH model incorporates a number of characteristics which are essential in meeting the needs of vulnerable veterans. SSAFA should consider undertaking analysis to identify areas of the UK where there may be unmet need for a holistic service like GHH, particularly in large cities where there are likely to be significant numbers of veterans. The data from the 2021/22 census is likely to be useful here.

**e) Avoid extrapolating too much from the lockdown experience.**

This evaluation highlights the way in which GHH was able to adapt quickly and effectively to the lockdown situation in 2020, moving to remote service provision and offering proactive support to the most vulnerable. However, the longer-term picture has demonstrated that there are limitations associated with losing face-to-face services, as some clients have struggled to ask for help or maintain contact. GHH and SSAFA need to strike a careful balance between maintaining the benefits of more online access and recognising its limitations. Further analysis of the preferred access routes for different veterans may be useful.

**f) Create and promote across the military charity sector an outcome-focused data collection and evaluation approach to drive a cohesive approach to social impact measurement.**

This project has highlighted the extent to which GHH has tended to collect data on activities, outputs and immediate outcomes, rather than identifying potential longer-term positive impacts on their clients. Although there have been some moves towards focusing on outcomes within SSAFA and across the wider Armed Forces charity sector, the overall picture remains inconsistent and patchy.

Building on the learning from this research, SSAFA want to work with Cobseo, Veterans Scotland and other service delivery partners to create and develop an outcome-focused data collection and evaluation approach

which brings together organisations from across the sector to drive improvements and consistency in how social impact is measured. This should not necessarily aim to harmonise outcome measurement approaches, since the work and needs of each organisation will be distinct. However, there is a common understand and agreement about the need to sharing learning around outcomes measurement and evaluation to demonstrate the dramatic difference that this support makes to people's lives.

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# 1 Introduction

## 1.1 Background to Glasgow's Helping Heroes

Glasgow's Helping Heroes (GHH) is a partnership between SSAFA, the Armed Forces charity, and Glasgow City Council aiming to help members of the Armed Forces Community – those who are serving and those who have served in the UK Armed Forces, as well as their immediate family members. The service was established in 2010 following a City Council review of the support provided to the Armed Forces community by the local Council.

GHH provides a holistic service providing advice and support on any issue that affects service personnel, veterans and their families in Glasgow, including housing and homelessness, employability and training, financial issues, welfare benefits and health issues. The organisation works closely with a range of organisations across the city, to deliver coordinated support and ensure that clients do not fall through the cracks between agencies. During the evaluation period, the GHH team consisted of six members of staff, including some members with direct lived experience of serving in the Regulars or Reserves. The team also has a range of expertise in areas of particular importance for GHH clients, such as housing and financial support from Armed Forces benevolent funds.

## 1.2 Context for the Evaluation

The holistic service model provided by GHH, whilst not completely unique, is relatively unusual and innovative in its approach to providing such a broad range of advice and support under one roof. SSAFA believes that the GHH model is delivering transformative change for clients and that there is potential to replicate the approach in other areas, with a substantial Armed Forces Community population. To provide evidence for any potential replication and better understand the essential elements of the model, SSAFA secured grant funding from Forces in Mind Trust and commissioned a rigorous and independently verified evaluation of the GHH service.

The evaluation, which has been conducted by the University of Stirling in partnership with Glasgow Caledonian University, aimed to provide a robust academic analysis of the impacts of GHH's service to the Armed Forces community in the Glasgow area. Using a Social Return on Investment (SROI) approach, the evaluation demonstrates the social value delivered and explores the particular aspects of the GHH model which are crucial in transforming lives.

In commissioning the evaluation, SSAFA recognised that the existing data collected by GHH tended to focus on service activities and outputs, rather than tracking long-term outcomes for their clients. This reflects a wider issue of weaknesses in outcome measurement across the Armed Forces charity sector and, indeed, most of the third and public sectors. Hence the project was also tasked with developing an evaluation framework for GHH which will provide reliable evidence of impact over time. This report indicates how this new approach to evaluation could be used by GHH in future and highlights lessons for further impact measurement, which may be of value for SSAFA as a whole, as well as the wider military and welfare charity sector.

The research team and GHH wish to thank all of the veterans and their family members who gave up their time and shared their stories to contribute to the evaluation. Listening to clients has been invaluable in understanding the distinct challenges faced by members of the Armed Forces community and examining the most valued and most effective elements of the GHH model.

### 1.3 Impact of Covid-19

The evaluation project began in January 2020, shortly before the coronavirus pandemic was declared and around two months before the first UK lockdown. Inevitably, Covid-19 and the related restrictions on multiple aspects of daily life have significantly impacted upon GHH's service delivery and the evaluation itself. This report also provides a brief analysis of the ways in which GHH adapted to the pandemic, attempting to capture the useful lessons from this experience. The SROI analysis also includes an assessment of the likely effect of the pandemic on GHH's overall impact, as well as providing some guidance as to the relative value of the GHH service under 'normal' circumstances.

### 1.4 Evaluation Report Structure

Section 2 of the report begins with some context for the GHH service in terms of the distinctive challenges experienced by some veterans. Section 3 outlines the methodology used for the evaluation, including the Theory of Change, which sets out the overall model of GHH's service.

The following section provides a brief discussion of the work done to enhance GHH's future monitoring and evaluation approach, aiming to capture a wider range of outcomes than the current data allows. Section 5 is the heart of the report, setting out the SROI analysis in detail, leading through to the calculation of the social impact generated by GHH.

These results are followed by a sensitivity analysis in Section 6, showing how the SROI figure has been shaped by the decisions made through the process. Given the context within which the evaluation was carried out, Section 7 discusses the impact of the Covid-19 pandemic on GHH's service and on the SROI analysis. Finally, the report concludes with a brief summary of key points and some suggestions for the future.

## 2 Veterans' needs in Glasgow

In order to evaluate the impact of the GHH service, it is important to understand the nature of veterans' needs in Glasgow. There is very little robust data on the number of veterans in the city, although the 2022 census includes a question about service which should help to fill this gap. The most recent estimate is that there are around 220,000 UK Armed Forces veterans in Scotland<sup>1</sup>, whilst a slightly earlier survey suggests that the wider ex-Service community in Scotland is around 530,000 people, roughly 1 in 10 of Scotland's population<sup>2</sup>. Given that a little over 10% of the population lives in Glasgow, it is reasonable to suggest that there are more than 50,000 members of the Armed Forces community in the city. The vast majority will never need the support of an organisation like GHH, but for those that do, there is substantial research evidence that details the specific challenges they may face.

### 2.1 Issues arising from Service life

Veterans and other members of the Armed Forces community are not radically different from the civilian population. Moreover, most Service leavers make a successful transition to civilian life at the end of their military career<sup>3</sup>. However, there are some aspects of Service life which can create challenges for a small minority, either at the point of transition or later in life.

- Reluctance to seek help

The Service culture of pride, honour and self-reliance can make it difficult for some veterans to seek support, even when they are facing substantial challenges such as homelessness, unemployment or mental health difficulties<sup>4</sup>. This can be exacerbated when civilian services do not operate in the same way as the Armed Forces.

- Transition

Although most Service leavers manage transition out of the Forces successfully, it is a substantial challenge, which causes problems for a minority. Alongside the psychological and cultural shift<sup>5</sup> of becoming a civilian, Service leavers have to simultaneously find employment and, if they have been living in Armed Forces accommodation, a new home<sup>6</sup>. Transition can be particularly challenging for Early

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<sup>1</sup> Ministry of Defence (2017) *Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016*. London: Ministry of Defence

<sup>2</sup> Royal British Legion (2014) *A UK Household Survey of the Ex-Service Community*. London: Royal British Legion.

<sup>3</sup> Forces in Mind Trust (2013) *The transition mapping study*. London: Forces in Mind; Ashcroft, M. (2014) *The veterans' transition review*. n.p

<sup>4</sup> Johnsen, S., Jones, A. & Rugg, J. (2008) *The experience of homeless ex-service personnel in London*. York: University of York; Rolfe, S. (2020) *Working Together to Meet the Housing Needs of Ex-Service Personnel*. Stirling: University of Stirling

<sup>5</sup> Bergman, B. P., Burdett, H. J. & Greenberg, N. 2014. *Service Life and Beyond – Institution or Culture? The RUSI Journal*, 159 (5), 60-68; Cooper, L., Caddick, N., Godier, L., Cooper, A. & Fossey, M. 2018. *Transition From the Military Into Civilian Life: An Exploration of Cultural Competence. Armed Forces and Society*. 44 (1), 156-177.

<sup>6</sup> Forces in Mind Trust (2013) *The transition mapping study*. London: Forces in Mind; Ashcroft, M. (2014) *The veterans' transition review*. n.p

Service Leavers and others who have to leave earlier than planned, who may have additional vulnerabilities and may not be well prepared for civilian life<sup>7</sup>.

- Complexity of civilian systems

The institutional side of life in the military is relatively simple, since military personnel only have to deal with one organisation. Civilian institutions are more complex, with different departments and organisations dealing with housing, employment, welfare benefits, health and other aspects of civilian life. This can cause problems for some veterans in finding the right information<sup>8</sup> and navigating a path through these different systems<sup>9</sup>. Moreover, although there is a lot of support available from the Armed Forces charity sector, there is evidence that some veterans may feel overwhelmed by the range of these organisations and struggle to work out where to turn in their time of need<sup>10</sup>.

- Difficulties for service providers

Conversely, some civilian organisations can find it difficult to understand the distinctive challenges which veterans can face, or even to identify veterans within their client group<sup>11</sup>.

## 2.2 Needs of veterans in Glasgow

Alongside these broad issues arising from Service life, the evidence suggests that some veterans can have particular needs in a number of areas essential for quality of life. These include:

- Housing and homelessness

Despite the popular perception of a huge number of veterans living on the streets, veterans are not over-represented in the homeless population<sup>12</sup>. Nevertheless, the challenges associated with transition for those living in Armed Forces accommodation, together with the significant amount of career mobility, can create particular housing difficulties for some Service leavers. In addition, the issue of complex systems involving multiple organisations is especially extreme in Glasgow, with more than 60 Housing Associations operating across the city.

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<sup>7</sup> National Audit Office 2007. *Leaving the Services*. London: National Audit Office; Godier, L. R., Caddick, N., Kiernan, M. D. & Fossey, M. 2018. Transition Support for Vulnerable Service Leavers in the U.K.: Providing Care for Early Service Leavers. *Military Behavioral Health*, 6 (1), 13-21.

<sup>8</sup> Ashcroft, M. (2014) The veterans' transition review. n.p.; Cusack, M., Montgomery, A. E., Sorrentino, A. E., Dichter, M. E., Chhabra, M. & True, G. 2019. Journey to Home: development of a conceptual model to describe Veterans' experiences with resolving housing instability. *Housing Studies*, 1-23.

<sup>9</sup> Forces in Mind Trust (2013) The transition mapping study. London: Forces in Mind; Quilgars, D., Bevan, M., Bretherton, J., O'Malley, L. & Pleace, N. 2018. *Accommodation for single veterans: Developing housing and support pathways*. York: University of York.

<sup>10</sup> Royal United Services Institute 2010. *Whither welfare? Structuring welfare in the military community*. London: RUSI.

<sup>11</sup> Rolfe, S. (2020) Working Together to Meet the Housing Needs of Ex-Service Personnel. Stirling: University of Stirling; Forces in Mind Trust 2017. *Our Community - Our Covenant: Improving the delivery of local Covenant pledges*. 2nd ed. London: Forces in Mind Trust.

<sup>12</sup> Scottish Government (2021) *Homelessness in Scotland: 2020-21*. Edinburgh: Scottish Government; Bevan, M., O'Malley, L. & Quilgars, D. (2018) *Snapshot: Housing*. Chelmsford: Forces in Mind Trust Research Centre

- Finance

Evidence from the Royal British Legion survey suggests that around 10% of veterans experience difficulties with their finances, in relation to debt, lack of savings, or day-to-day expenses<sup>13</sup>. Such financial challenges can be exacerbated by Service life where housing and other costs are subsidised and deducted at source<sup>14</sup>. In tandem, some veterans experience difficulty in finding civilian employment that pays an equivalent salary to their Service income<sup>15</sup>. Again, finding a route through the complex bureaucracy can be particularly challenging for those veterans who need to access welfare benefits.

- Employment

As with homelessness, the evidence largely suggests that veterans are no more at risk of unemployment than the wider population. However, there are considerable differences within the veteran population, with specifically ex-Army veterans, Junior Ranks and Early Service Leavers particularly vulnerable to unemployment<sup>16</sup>. Issues around workplace transferability and recognition of skills acquired in the military can be particularly problematic and not understood by the civilian employers.

- Mental health and wellbeing

Until relatively recently, the evidence suggested that veterans were probably at lower risk of being diagnosed with a mental health problem than the wider population. Conversely, more recent research suggests that the levels of PTSD, depression and anxiety are higher amongst more recent Service leavers and that the official figures may be a considerable under-estimate<sup>17</sup>. Within this broad picture, it is also important to recognise that there are significant differences between groups of veterans, such as higher rates of PTSD amongst those deployed to the frontline<sup>18</sup>, and particular mental health difficulties experienced by women veterans<sup>19</sup>. Issues of stigma around mental health and wellbeing create particular barriers for veterans in seeking support, with some evidence suggesting it can take a decade or more for veterans with mental health issues to ask for help<sup>20</sup>.

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<sup>13</sup> Royal British Legion (2014) *A UK Household Survey of the Ex-Service Community*. London: Royal British Legion.

<sup>14</sup> Forces in Mind Trust 2017. *Our Community - Our Covenant: Improving the delivery of local Covenant pledges*. 2nd ed. London: Forces in Mind Trust; Rolfe, S. (2020) *Working Together to Meet the Housing Needs of Ex-Service Personnel*. Stirling: University of Stirling.

<sup>15</sup> Bevan, M., O'Malley, L. & Quilgars, D. (2018) *Snapshot: Housing*. Chelmsford: Forces in Mind Trust Research Centre

<sup>16</sup> Cable, G., Fleuty, K., Cooper, A. & Almond, M. (2021) *Snapshot: Employment*. Chelmsford: Forces in Mind Trust Research Centre

<sup>17</sup> House of Commons Defence Committee (2018) *Mental Health and the Armed Forces, Part One: The scale of mental health issues*. London: House of Commons.

<sup>18</sup> King's Centre for Military Health Research (2018) *The Mental Health of the UK Armed Forces*. London: King's College

<sup>19</sup> Hendrikx, L., Williamson, C., Baumann, J. and Murphy, D. (2022) Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans. *Illness, Crisis & Loss*.

<sup>20</sup> Mellotte, H. Murphy, D. Rafferty, L. and Greenberg, N (2017) Pathways into Mental Health Care for UK Veterans: A Qualitative Study, *European Journal of Psychotraumatology*, 8:1; Murphy, B. & Busuttill, Walter. (2015) Exploring Patterns in Referrals to Combat Stress for Uk Veterans with Mental Health Difficulties between 1994 and 2014. *International Journal of Emergency Mental Health and Human Resilience*. 17.

This range of needs and the barriers that veterans can experience in seeking and finding support provide the context within which GHH operates. The evaluation aimed to assess the extent to which the GHH service is able to address these needs and the particular aspects of their approach which help to overcome the barriers.

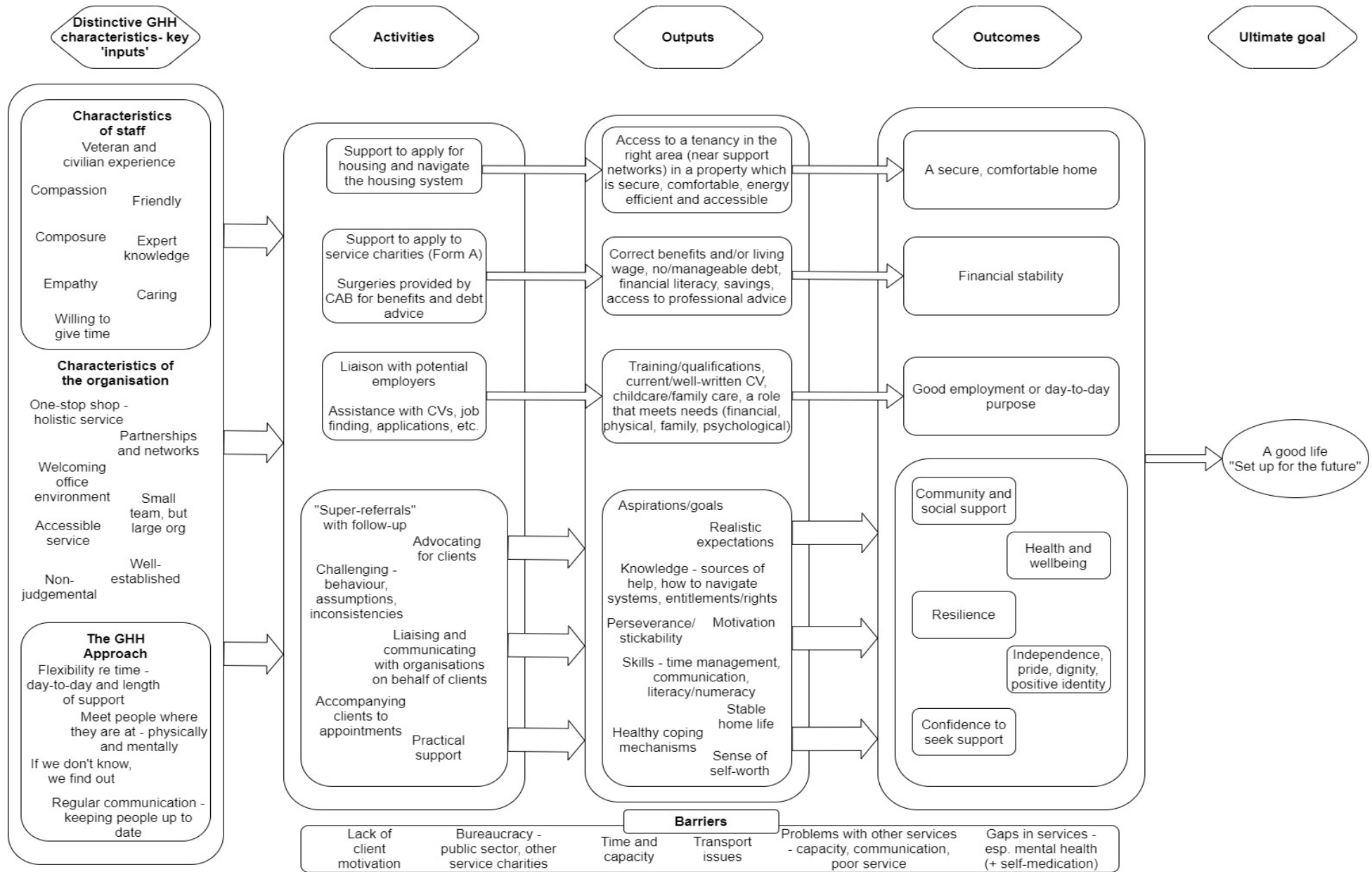
### 3 Evaluation Methodology

The research consists of three inter-connected elements. Firstly, a Theory of Change model was developed to provide a framework for the evaluation. Secondly, the Independence Outcomes Star was introduced as a new approach to outcomes measurement within GHH, following an options appraisal. Lastly, a Social Return on Investment (SROI) analysis was conducted to evaluate the impact of the GHH service relative to its costs of delivery.

#### 3.1 Theory of Change

The **Theory of Change** (ToC) model was developed through a collaborative workshop with the GHH team, to clarify the intended outcomes from the service and the processes involved. ToC methodology starts from the intended long-term outcomes. The model then attempts to establish and examine the ways in which a service aims to generate these outcomes by setting out the pathways from service activities, through outputs and interim outcomes towards the final goals. Discussing these elements with team members helps to reveal the underlying assumptions and identify what needs to be measured to demonstrate impact. The GHH Theory of Change is set out in Figure 1.

Figure 1 – Glasgow’s Helping Heroes Theory of Change





Due to the outbreak of Covid-19 in early 2020, a second workshop was held with the GHH team to identify changes that needed to be made to the original ToC model, based on the experience of the first wave of the pandemic. Amendments were made to reflect the changes in client circumstances, and how this impacted on GHH's ways of working and the outcomes generated. These changes and the specific impacts of the pandemic on GHH's service and clients are discussed in section 7.

In order to verify elements of the ToC model (as well as gathering data to inform the SROI research), eight in-depth interviews were carried out with stakeholders, as set out in Table 1.

Table 1 – Stakeholder interviews

<b>Organisation</b>	<b>Relationship to GHH</b>
Glasgow City Council	Main funder. Refers clients to GHH.
Citizens Advice Bureau (CAB)	Partner. Runs advice surgery in GHH office, receives referrals from GHH.
Scottish Veterans Residences	Partner. Two-way referrals.
Crisis Counselling	Contracted service. Receives referrals from GHH on annual contract.
Rangers Community Foundation	Partner. Runs wellbeing course jointly with GHH.
Veterans Housing Scotland	Partner. Two-way referrals.
PoppyScotland	Partner. Two-way referrals. Some joint employability work.
Veterans Welfare Service	Partner. Two-way referrals.

Interviews were also carried out with 12 GHH clients. These were primarily intended to gather qualitative data on impacts and to examine strengths and weaknesses in GHH's approach, but also helped to verify the ToC model from a client perspective. Client interviewees were selected to provide evidence across all main areas of GHH's work – particularly those of housing, finance and employment. The selection also aimed to include a diversity of clients in terms of age, gender, length of military service and time since leaving the Forces. The interviews focused on clients' experience of support from GHH (and referral agencies such as CAB where appropriate) and the outcomes delivered. This also included practical impacts such as improved housing or financial stability, as well as less tangible effects, such as improvements in mental wellbeing or personal resilience.

Building on the ToC methodology, existing data collected by GHH was reviewed in detail, to identify which elements of the model were already being measured, with a particular focus on outcomes. Alongside providing feedback to GHH about how to improve the management and use of existing administrative data, this review was used to inform an options appraisal exercise to assess alternative outcome

measurement frameworks for GHH, leading to the adoption of the **Independence Outcomes Star**<sup>21</sup> by GHH

### 3.2 Outcomes Star selection and implementation

Outcomes Stars are completed collaboratively by a key worker and their client on a periodic basis, in order to measure progress along a 'journey of change'. As a visual tool, Outcomes Stars are designed to provide an accessible summary of progress, facilitating joint working and enabling clients to recognise their own steps towards agreed goals. An example Outcomes Star (based on a fictional client) is presented in Figure 2 below. The Star system also provides quantitative data which can be collated across the organisation as part of a monitoring and evaluation approach.

Figure 2 – Example of Outcomes Star



The **Independence Outcomes Star** is a specific impact measurement tool 'for people receiving support from Armed Forces organisations to improve their quality of life', developed by Triangle Consulting with input from the Officers' Association and Help for Heroes. This Outcome Star has six key outcome areas – finances, housing, health, activities, social life and wellbeing – which map very closely onto the outcomes identified through the ToC process. Each time a Star is completed, the worker and client discuss their progress along a five-point journey for each outcome

<sup>21</sup> For more details, see: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/independence-star/>

area, which focuses on the extent to which the individual is using the support available and developing the skills to manage independently.

Due to Covid-19 related delays in implementation, it has not been possible to use the Independence Outcomes Star data as part of the SROI analysis. However, Section 4 of this report sets out initial findings from the Independence Outcomes Star data and indicates how this data could be used more comprehensively in future monitoring and evaluation of the GHH service.

### 3.3 Social Return on Investment (SROI)

The final element of the evaluation was the SROI analysis, which forms the core of this report. SROI methodology aims to capture the social and environmental impacts of a service, as well as economic value. 'Financial proxies' are employed to represent non-monetary benefit, enabling a more complete cost-benefit analysis than can be captured from conventional accounting methods. A detailed analysis is undertaken to ensure the validity of the findings, examining the extent to which impact can be attributed to the service being evaluated, how long it is likely to last and possible displacement of other positive outcomes.

Ultimately, SROI analysis creates a ratio between the costs of the service and the social value generated – for example, a ratio of 3:1 would indicate that £3 of social value is delivered for every £1 invested in the service. However, it is important to recognise that this headline figure is only the tip of the evaluation iceberg – the aim of SROI as a methodology is as much to identify areas for improvement, as it is to provide a summary of financial impact.

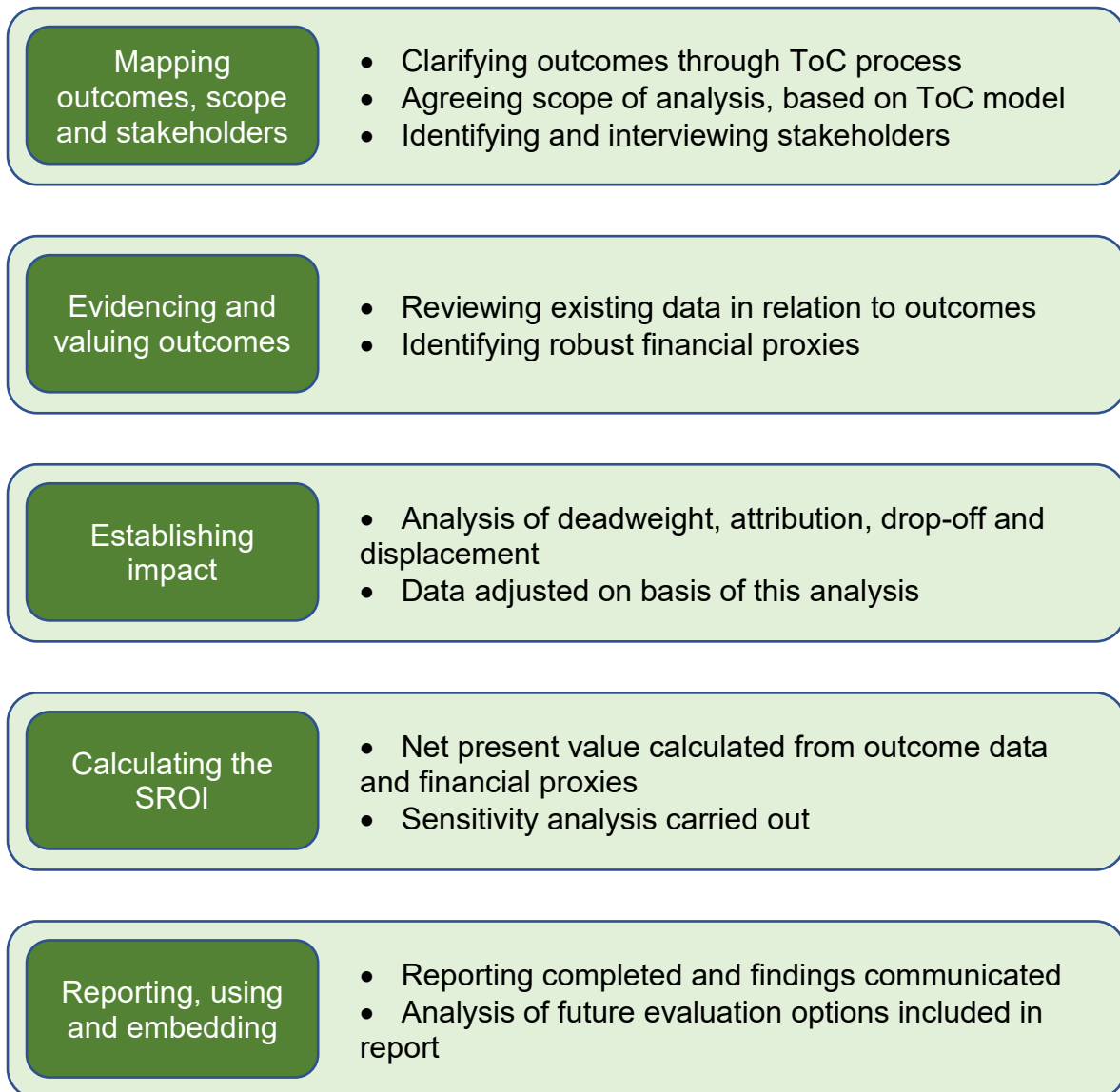
Figure 3 provides a summary of the stages of the SROI approach employed in evaluating the GHH service, following established methodology<sup>22</sup>. Further detail, including explanations of SROI terminology where needed, is given in the subsequent sections of this report.

Building on the ToC model and the review of existing data, it was decided to focus the SROI analysis primarily on four main areas of work and their directly associated outcomes – housing, finance, employment and wellbeing. Evidence from the initial client interviews and from stakeholders highlighted the importance of other outcomes, so these have been included where data is available. The limitations of current data on the less tangible outcomes of the GHH service (e.g. improvements in support networks, resilience, etc.) highlight the potential value of combining this with the Outcomes Star data in the longer-term. Section 4 discusses some of the options for using this data to create a more comprehensive evaluation in future. However, this does not invalidate the SROI analysis – rather, it suggests that the ratio will be an underestimate since, whilst all costs are included, it only covers a subset of the total social impact delivered.

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<sup>22</sup> See SROI Network (2012) *A Guide to Social Return on Investment*. London: SROI Network

Figure 3 – Social Return on Investment (SROI) process



## 4 Outcomes Star – Implementation and Analysis

The Independence Outcomes Star was implemented within GHH, following an options appraisal process to identify a framework to more effectively capture all of the outcomes delivered for their clients. Existing data collection included some of the important outcomes, such as clients entering employment or securing a new tenancy after housing problems. Yet it did not adequately measure less tangible outcomes such as improvements in mental wellbeing, resilience or confidence to seek support. These were identified in the Theory of Change developed with staff and were emphasised by those clients interviewed, as being central to the positive impacts of the GHH support they received. By focusing on the journey of change, the Independence Outcomes Star also enables measurement of progress towards longer term goals. This is particularly important for clients with the highest level of need, who may take some time to achieve concrete outcomes - such as employment or financial stability.

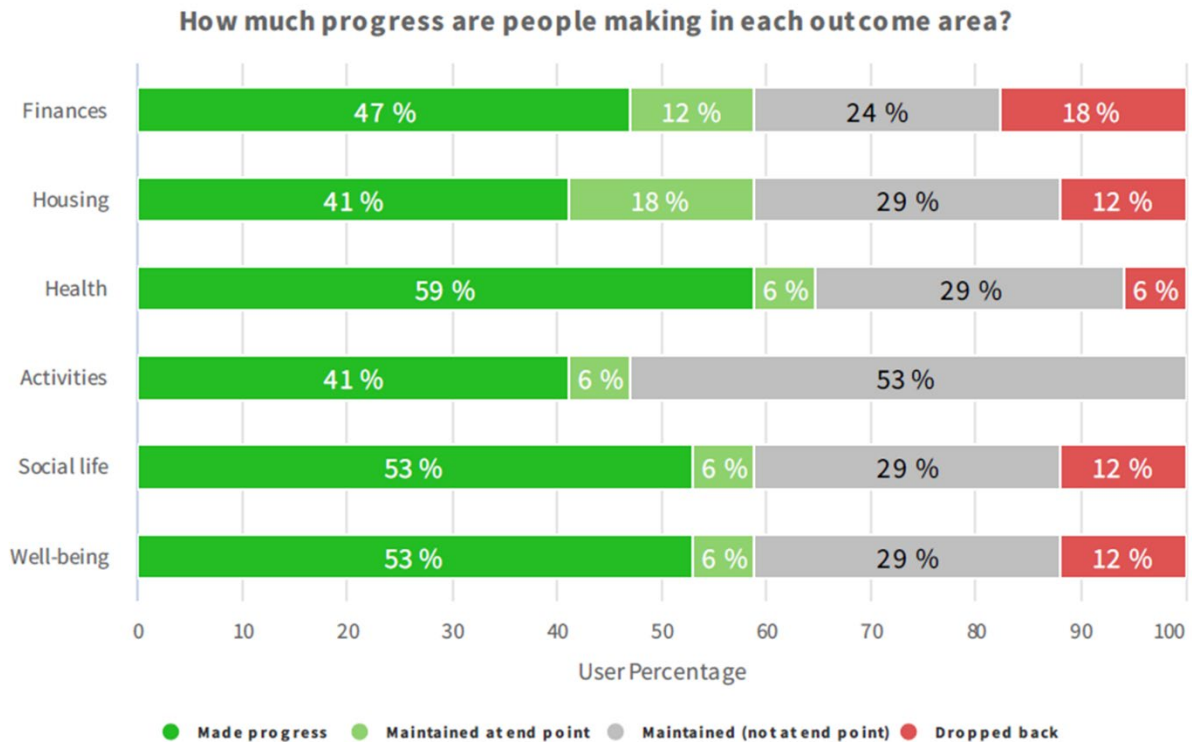
Due to the various restrictions linked with the Covid-19 pandemic, the implementation of the Outcomes Star was delayed until Spring 2021, so there is insufficient data to provide robust findings for this report. This section therefore provides only early indications from the data so far, along with an evaluation of the implementation process and consideration of the potential for using this methodology in future monitoring and evaluation. These findings are clearly of value for GHH but may also be of use across the wider Armed Forces charity sector, as the Outcomes Star becomes used more widely.

### 4.1 Insights to date

Whilst the Independence Outcomes Star is now being used routinely with all GHH clients and 92 clients have been engaged with the process, a large majority (82%) have only completed one Star. Standard practice is to complete a second Star with clients at the end of a short engagement, or at a suitable review point after a number of months, to assess progress. Given the delay in introduction, most clients have not yet reached this point, so there is relatively little data to analyse in order to examine GHH's impact.

However, Figure 4 provides a summary of the progress made by those clients who have completed at least two stars. This suggests that the service provided by GHH is enabling clients to progress along their journey of change in all outcome areas, with just a few clients experiencing setbacks. As discussed in section 7, this data needs to be understood in the context of COVID and related restrictions, which has significantly affected the opportunities for progress in some areas. For example, it is unsurprising that the 'Activities' outcome, which covers employment and volunteering, shows the least improvement given the impact of the pandemic on employment opportunities for much of the past two years.

Figure 4 – Outcomes Star data showing distance travelled



#### 4.2 Implementation process

The process of implementing the Outcomes Star within GHH was evaluated through a series of reflective workshops held with staff over the first six months. A number of challenges were encountered by the team over this period, which may provide useful learning for other organisations introducing the Star:

- Due to the pandemic, all GHH work was being conducted remotely during the first few months of using the Outcomes Star, making it difficult to use with some clients (e.g. individuals with impaired hearing) and also limited the value of the Star as a collaborative and visual tool with a strong action planning element.
- Since team members were working from home, there were far fewer opportunities for peer learning, to build on the initial training provided by Triangle Consulting. Moreover, the initial Outcomes Star training itself was less effective in delivering shared learning, since it was delivered online.
- In the early stages, GHH team members tended to do more ‘advisor-led’ stars, based on their own assessment, making risk-averse judgements about the ability of vulnerable clients to engage with the process.
- Initially, team members sometimes found it difficult to challenge clients’ self-assessments when these seemed either over-optimistic or too pessimistic, and also expressed some concern about exploring all of the outcome areas with clients who had approached GHH for help in just one area.
- Early in the implementation process, completing the Outcomes Star was adding as much as 20 minutes to a client meeting, with implications for overall workload for each team member.

Evidence from the team workshops showed significant developments in team members' practice and confidence in using the Outcomes Star, which addressed these challenges. In particular GHH team members highlighted the ways in which they had found ways of weaving the Star into their conversations with clients, finding forms of words which introduced it effectively and avoided duplicating assessment questions. This reduced the amount of time required to around 10 minutes and built their confidence in using the Star collaboratively with more vulnerable clients, as well as enabling team members to challenge self-assessments where necessary.

Most importantly, their reflections after six months of using the Outcomes Star highlighted the value of the approach for clients and for GHH. Using the Star as a framework for initial assessment, and later review, has helped GHH ensure that all needs are being identified, including issues beyond the presenting problem.

The value for clients is perhaps best illustrated by one individual who had approached GHH with housing problems, which were likely to take several months to resolve. Completing a collaborative second Star a few months into the process, the client demonstrated significant progress across most outcome areas, including housing, despite their housing problem not being resolved. For both client and GHH team member, this was an extremely valuable process, highlighting the extent of progress along the journey of change from a holistic perspective. Although the client was still not in a secure tenancy, they felt much more positive about their temporary accommodation and optimistic that they would be able to manage their housing situation in the future.

#### 4.3 Use of the Outcomes Star for monitoring and evaluation

At an individual level, examples such as the above demonstrate the value of the Outcomes Star as a tool for regular assessment of progress with clients, facilitating a collaborative process of learning and development. For GHH as an organisation, the Outcomes Star offers a range of benefits in terms of monitoring and evaluating the services delivered as a whole.

By considering progress towards collaboratively agreed goals, the Outcomes Star enables a summary of impact beyond simple concrete outcomes, incorporating the less tangible issues such as physical and mental wellbeing, which clients often highlight as being vital. By incorporating all six outcome areas, the Star provides a measure of progress towards resilience and independence, which is essential for clients of organisations like GHH. As the Theory of Change indicates, the ultimate goal for the organisation is to enable clients to be 'set up for the future', rather than requiring ongoing or repeated support. Whilst not all clients will achieve complete independence in this way, thanks to the unpredictable challenges of life, the Outcomes Star provides a means of focusing on resilience and independence at an individual level. This methodology demonstrates progress towards these outcomes at an organisational level.

Internally, this therefore provides GHH with data to assess which areas may require additional attention or innovations in approach (e.g., the pandemic-related

challenges around ‘Activities’ noted earlier). For external and internal audiences, the Outcomes Star data should enable GHH to provide robust evidence of impact across all outcome areas and a compelling narrative of clients’ progress towards independence. One possibility is to utilise this data in a future SROI analysis, although this would require background research to develop appropriate financial proxies for these Star indicators.

## 5 Social Return on Investment Analysis

In order to contextualise and underpin the SROI analysis, this section provides a more detailed picture of the four main elements in the Theory of Change model, outlining the inputs, activities, outputs and outcomes of the GHH service. These feed through into the SROI calculation, via the development of financial proxy indicators and adjustments to ensure that the final ratio is an accurate representation of GHH’s social impact.

### 5.1 Inputs

To calculate the SROI ratio, it is necessary to determine the financial value of the inputs which are used to deliver the service. Given that the SROI analysis does not incorporate all of the outcomes generated by the service, due to limitations in available data and financial proxies (see below), it would be possible to make a case for including only a proportion of the GHH budget as the relevant input.

However, the included outcomes cover the main areas of GHH’s work and separating costs as they relate to different outcomes would be extremely difficult. Hence, the full GHH annual budget of £250,172 is used as the baseline for the SROI analysis, with the implication that the final ratio will be a slight under-estimate. A breakdown of the budget is provided below in Table 2.

Table 2 – GHH annual budget for 2020-21

Item	Amount
Staffing costs	£186,692
Building and administrative costs	£1,574
IT costs	£2,180
Welfare grants to clients	£9,112
Service delivery expenditure (activities for clients, etc.)	£16,871
Contracted services (CAB and Crisis)	£11,000
SSAFA management and overhead costs (10%)	£22,743
<b>Total budget</b>	<b>£250,172</b>

It is worth noting that some elements of this budget have been significantly affected by the Covid-19 pandemic. Whilst staffing costs have not changed, building and administrative costs have reduced thanks to the shift to home working. Alongside this, however, welfare grants to clients have increased substantially during this period, including a considerable increase in emergency food support. During the early period of the pandemic, GHH was successful in obtaining additional Scottish



Government and National Lottery Community Fund grant funding to provide such support to clients facing difficulties due to the lockdown.

As the Theory of Change model shows, there are significant elements of GHH's service which cannot be readily captured by the simple financial budget figure. The importance of these intangible aspects was highlighted by a number of client interviewees. In particular, several clients talked about the quality of communication from GHH, emphasising the importance of being kept up to date throughout the support process.

*if they don't know, they'll go away and find out and come back to you. They'll never just fob you off and just say oh, okay, they'll actually go out of their way to find out the information and then they'll phone you up or they'll email you or they'll call you, like, they are really good at that as well. (GHH client)*

Notably, clients also highlighted the sense that GHH team members understood their situation as veterans and the difficulty they might experience in asking for help.

*I'm ex Forces, I hate to ask people for help, but they've helped me to ask for help and I'm still reluctant to ask for it. But if I need it, if I'm in real dire straits I will ask them. But, yeah, they've helped me to ask for help if you know what I mean. (GHH client)*

Other partner contributions (e.g. CAB, Crisis Counselling) are either included in the total budget, where the service is funded by GHH, or accounted for in the attribution adjustment.

### **Case study – Hazel<sup>23</sup>**

Hazel is the widow of a Corporal in the Gordon Highlanders, who had served a full career. She had approached GHH because she was a bit behind with her rent and her fridge-freezer had broken down.

The GHH team rapidly discovered that Hazel had been struggling financially for some time – she was finding it difficult to make ends meet on a day-to-day basis and had been unable to buy any new clothes for at least three years. Drawing on funding from the Benevolent Funds, GHH were able to get Hazel back onto an even keel, paying off her rent arrears, buying a new fridge-freezer, and enabling her to buy food, new clothes and other items that she needed.

Beyond her immediate financial needs, the GHH team identified that Hazel's mental wellbeing had been badly affected by her situation, and that this had been exacerbated by the loss of social contact during the pandemic. Recognising that Hazel had been unable to buy even basics for some time, GHH delivered some little extras:

*“They went above and beyond... they even brought me down a couple of bags of cat food. When [GHH team member] came down with that cat food, he brought a little bag, he had a little bag with them and he says, I've brought you a little present to cheer you up a little bit, and it was five little glass things that you put tea lights in, so he brought the candles and a box of chocolates. And I was just like, oh, that melted my heart.”*

From Hazel's perspective, the monetary help transformed her financial situation and significantly reduced her stress level, but the key things were about how she was treated by the team:

*“I think the best bits was...well one was not being judged, they didn't judge me whatsoever because, you know, I would hate for anybody to get in this state, but when you get to this state it's like you're embarrassed more than anything, but they didn't make me feel that way at all. They were there to help and do a job and that's exactly what they done. [And the other] part I think was the constant letting me know what was going on - basically every week, sometimes twice a week they would phone and tell me where they were with getting [financial] help.”*

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<sup>23</sup> Names have been changed to protect confidentiality.

## 5.2 Activities and Outputs

Given the person-centred, flexible approach employed by GHH, it is somewhat difficult to succinctly describe the activities undertaken by the team in their work with clients. However, there are several key activity areas which form the core of GHH's work, delivering important outputs for clients. These activities are underpinned by a comprehensive assessment process which attempts to identify each client's primary needs. It is also important to recognise that some issues will only become apparent over time, particularly since some veterans find it so hard to ask for help. Evidence for these aspects of GHH's work was extracted from client records, staff discussions, and stakeholder and client interviews.

### 5.2.1 Housing

A significant proportion of GHH's clients experience housing problems and require assistance to navigate the housing system. Whilst there are some dedicated veterans' housing services in the area (e.g. Scottish Veterans' Residences transitional support facility at Bellrock Close), the wider housing system in Glasgow is particularly complex, with more than 60 Housing Associations and no common housing register. GHH therefore employs a dedicated Housing Advisor and one of the Peer Support Workers also focuses substantially on housing issues. Clients and partner organisations highlight the value of this aspect of GHH's service, providing housing expertise within an organisation that also understands veterans' issues.

*[I was] deemed as homeless, so you then have to go through the homeless avenue which was quite traumatic to say the least. It was an unhappy, disturbing, like, process, but [GHH team member] helped me, like, negotiate the... obviously with me having issues with mobility and stuff, he helped me negotiate with them by saying no, you can't put her in a block of flats because of this, this, and this, like, he knew all the legislation... so he is basically a champion when it comes to that kind of thing. (GHH client)*

*So, certainly one of the gaps that it plugs for us is housing support because... one of the main issues still with veterans returning to the city and well, they're maybe not even returning to Glasgow, they'll be returning from service but choose Glasgow to return to and the housing regulations are incredibly complex... and hard to navigate... So it's really helpful for us, it's an enquiry we get quite a lot [and] we can say there's a housing expert there. (GHH Stakeholder)*

### 5.2.2 Finance

Many GHH clients face significant financial difficulties, often struggling with debt, low income and issues relating to accessing welfare benefits. GHH provides two key services to address these financial problem – funding dedicated time from a CAB advisor to help with benefit and debt advice and assisting clients to access funds from the Armed Forces benevolent funds. Financial assistance through the benevolent funds inevitably overlaps with other areas of work – for example, funding for white goods can be an essential part of starting a new housing tenancy.

### **Case Study – George<sup>24</sup>**

George was a Lance Corporal with the Royal Corps of Signals, also serving with the Reserves after leaving the regular Army. He has two disabled children and has experienced significant mental health problems, due to a combination of work pressures (after leaving the Forces) and the enormous difficulty he was finding in getting any help for his children.

George's case is somewhat atypical in the level of financial gains, but it nevertheless provides a valuable example of the type of work undertaken by GHH and their partners, as well as highlighting some of the crucial characteristics of their approach. With extensive support from GHH and the CAB, George was assisted to take an unfair dismissal case against his most recent employer, eventually winning the case and being awarded more than £50,000 in pension and compensation. The CAB have also helped George and his family to apply for the disability benefits to which they were entitled, whilst GHH have provided constant support for their mental wellbeing, including referrals to Crisis Counselling, the Child and Adolescent Mental Health Service, and other partners for respite activities.

For George, one of the most important things about the GHH service was the way in which team members understand the military mindset and are therefore persistent in explaining entitlements to help, whether through the benefits system or from other sources:

*"We are very stubborn, and we are very proud, you know. We don't really like to ask for any help and even when help is offered, our first question is, you know, does somebody else maybe not need that more than me? So, it took me a long time to accept the help if I'm honest with you that was given to me for that reason, you know."*

George's employer had provided some counselling to help with his mental health, but always on a strict time-limited basis, which had not really helped. Through the partnership with Crisis Counselling, George has now been having regular counselling sessions for around two years, which he describes as being 'absolutely fantastic'. Without being concerned about a time limit, George has been able to use the counselling much more effectively to address his mental health difficulties.

Importantly, although GHH are not in any sense a crisis service, team members have sufficient mental health awareness, empathy and flexibility in their approach that they are able to respond when needed. Again, this was crucial for George:

*"I've threatened suicide numerous times and now this is the absolute truth, [GHH team member] saved my life and I'm not just saying that... because I was on the verge of committing suicide and he came out to my house, he took me out, he took me to a wee coffee shop, he sat me down and he got me a coffee and we started talking and he basically says he is not leaving me alone until I give him permission to call my GP."*

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<sup>24</sup> Names have been changed to protect confidentiality.

### 5.2.3 Employment, training and day-to-day purpose

Where clients are looking for work, GHH provide direct support in the form of assistance with CV preparation, help to find job or training opportunities and liaison with employers. Referrals are made to specialist training and employment agencies where appropriate. They also source funding for related costs through benevolent fund applications or partner services such as Fares4Free, who assist with transport for veterans. This can be particularly important for Service leavers, if the resettlement programme does not enable them to find work on transition:

*[With GHH support] I managed to get a job doing administration with the NHS... it was the direction I wanted to go on when I left the Army anyway, but it just took me about two years, because no one would like take you on, which is pretty weird, because they say there is a great resettlement programme, but it doesn't always work for everyone... so most of them just kept on rejecting [me] because they didn't think that I had a lot of transferable skills. (GHH Client)*

### 5.2.4 Health and Wellbeing

For those clients experiencing mental health issues, GHH funds trauma counselling through Crisis Counselling, as well as making referrals to NHS agencies as appropriate. Clients highlighted the speed of response from Crisis Counselling and the open-ended nature of the service provided, distinct from many other time-limited mental health supports:

*They put me through to [Crisis] and I've been having counselling through them, basically that's been nearly two years now and it's been wonderful, it's been such a support for me, you know. There's been many times where we've sat and I've talked to my counsellor and we thought well, you know, do you think you need to come back, do you think we need to continue the counselling? And I'm saying to myself well, I don't really think so, but... as soon as something happens, you know, I need to speak to somebody because I'm, you know, I'm looking at the river right now, I need to go speak to somebody. So, it's none of this, oh you only get five sessions and that's you cured, these people have been there the whole time for me, which is absolutely fantastic. (GHH client)*

GHH also runs 'Glasgow Veterans United' (GVU), which is a 12-week mental health and wellbeing course, aimed at supporting participants to make better lifestyle choices. Delivered in partnership with the Rangers Community Foundation, this includes football coaching alongside inputs from a range of other partner organisations. Importantly, the GVU course has a strong focus on building supportive relationships within the group, enabling clients to regain some of the peer support they will have known whilst serving.

*We always notice the camaraderie of the group. I think veterans can be... picky about who they spend their time with. I think sometimes being engaged with groups that aren't solely veterans can be quite challenging for some of them. But being able to bring them all in together and they almost build that respect and friendship with each other, and they build a really strong group, which they've maybe not had since they've left the Forces... almost a support mechanism where they can push each other. (GHH Stakeholder)*

GVU also incorporates a focus on employment and volunteering, helping clients to build their confidence and make connections with other organisations as well as others within the Armed Forces community.

*Absolutely, it's great, yes, because obviously being new up here it got me to know people and different services... I sort of did a bit of work with them afterwards to try and become like a volunteer with them as well which is really...and obviously that was linked in with the GVV because I wouldn't have got to know them otherwise, you know. (GHH client)*

Beyond these very specific outputs delivered through Crisis Counselling and the GVV course, much of GHH's work with clients has a broader focus. These include improving mental wellbeing and the less tangible outcomes shown in the Theory of Change – resilience, social networks, pride, independence and the confidence to seek support when needed. These elements are discussed further in the Outcomes section below.

#### 5.2.5 Other Activities

The broad areas of activity within the GHH service are underpinned by a substantial amount of work to address the circumstances and needs of each client. In some cases, this will involve intensive forms of support such as accompanying clients to appointments or keeping in regular contact to monitor a client's mental health, whilst other clients require relatively limited assistance.

*And he used to attend your meetings if you wanted a bit of support with you. He seemed to know better what to say to them, do you know what I mean... because they would, if you had a professional with you, they seem to listen more. Rather than if you went on your own, they'd sort of try and fob you off with the crap [housing] that they didn't want, do you know what I mean. (GHH client)*

Much of this work relates to other organisations, with GHH providing navigation assistance through bureaucratic processes, recognising that the civilian world is institutionally far more complex and fragmented than the unified military system.

Finally, GHH staff also highlighted the importance of challenging clients' behaviour and assumptions where this may be exacerbating problems, albeit within the context of a supportive working relationship.

### **Case study – Ashley and Shaun**

Ashley and Shaun recently got married, having met in veterans' homeless accommodation and then built a relationship through attending a Glasgow Veterans United course run by GHH. Shaun joined at 16, but did not complete basic training, whilst Ashley served for 12 years in the Royal Signals.

GHH were able to provide Ashley and Shaun with expert housing advice, which ultimately enabled them to secure a Housing Association property together – which Ashley describes as their 'dream home'. In addition, GHH applied for benevolent funding support to help with carpets and furniture, and the CAB supported Ashley to apply for back-dated disability benefits.

For Ashley, a crucial factor was that GHH team members, whether they themselves had served in the Forces or not, understood the Service experience and the challenges that some veterans can face in adapting to civilian life:

*“You don't know what's around the corner and you don't know what might arise and being a civilian is like... it's really difficult to meander through being a civilian life. Because we used to structure, we are used to this, we are used to that, but simple things like how to set up your gas and electricity, like, if you've never done that before, they helped explain like all the procedures... I've had my own property since I was younger, and then I lived in the military and then I got so used to everything being done for me but now I've got to do it all myself.”*

For Shaun, who had spent less time in the Forces himself, the most important aspect of the GHH service was the professional expertise of team members. Understanding the system, having the right contacts, and facilitating interactions with organisations all helped to smooth progress through the complex civilian housing system:

*“He was really good at that, because he seemed to know, the contacts he had were brilliant. He was a bit like the Alex Ferguson of the housing world... I always find with most professional sort of meetings, if you've got a sort of peer support with you, it makes a hell of a difference. I think they word things better than the average Joe and do you know what I mean, they know what questions to ask... whereas I'd be in there, I would just sit there and listen and go right, okay, yes, that's fine.”*

Hence, Ashley and Shaun's experience illustrates the value of bringing together an understanding of the Service experience and professional expertise in the complexities of civilian bureaucracies. Whether this is through individuals who encapsulate both aspects, or through different team members, this combination is a crucial part of the vital GHH service that is delivered for many clients.

### 5.2.6 Output Numbers

Table 3 provides a summary of the outputs delivered by GHH extracted from organisational data, setting out the number and percentage of clients within broad categories. During the period for which data was extracted for the SROI (1 October 2020 to 30 September 2021), GHH worked with 299 clients. Please note that the number of clients in each category sums to more than 299, since many clients have outputs in more than one category.

Table 3 – Summary of outputs (2020-21)

Activity area	Output	Number of clients
Housing and homelessness	Support or advice	115
Finance	Assistance via Benevolent Funds	111
	Referrals to CAB or VWS	78
Employment and training	Support or advice	25
	Referrals to partners	8
Health and wellbeing	Support (including GVU)	49
	Referrals to Crisis or NHS	25

### 5.3 Outcomes

The Theory of Change model highlights three main areas of GHH's work which aim to deliver concrete outcomes – a secure home, financial stability and employment or day-to-day purpose. These outcomes are relatively simple to measure and therefore to capture in the SROI analysis. As the next section indicates, there are established proxy indicators available which cover some of the less tangible outcomes, but even these cannot fully encapsulate the impact described by some of the veterans interviewed for this evaluation.

The interview quotes below provide some indication of the extent to which some clients feel that the support they have received from GHH has had life-changing effects – in considering the results of the SROI analysis, it is essential to remember that the financial proxies can only ever tell part of the story of impact.

*I'm definitely in a much better place than I was, for sure, in all aspects... and what I really needed, to be honest, [was] some stability and I've now got that, to some extent, so the only way is up, as they say. (GHH client)*

*Yeah, [they] totally changed my life. As I said to my partner... I'm in a different house, she's in a different house but we've got on a lot better. If it wasn't for GHH I wouldn't be sitting here just now. I don't know where I'd be. (GHH client)*



*Well, it's gave me a...a reason for living, that's maybe a wee bit extreme, but true... I didn't have any carpet and, you know... the next thing within two or three weeks I had carpets on the floor, I had a new fridge and a new freezer, a new tumble dryer, washing machine, clothing and money... they gave me a reason to keep going. I went from really down to quite happy, you know. (GHH client)*

Central to GHH's ability to deliver these outcomes is their flexible, person-centred, responsive approach built on a foundation of positive working relationships with clients and partner organisations. Stakeholders from these organisations highlighted the importance of this approach and the significant additionality it delivers for veterans across Glasgow.

*A lot of these clients have really complex issues and they have serious trust issues as well, where maybe they've been let down before. So the fact that they're actually able to come into the office where they're comfortable, and... build up a relationship that they trust... You know, it totally works. Whereas if they did have to go externally, I think they would be...in fact I don't think, I know there would be a lot of instances where the clients just wouldn't go. (GHH Stakeholder)*

*If you're a client who's struggling to go somewhere and make one phone call to get dealt with and to have to phone the housing, to have to phone us, to have to phone everybody, yeah, you might get put off and you don't get half the help that you maybe get by going to the one place initially. (GHH Stakeholder)*

*GHH are able to do that face-to-face support and many of our clients, particularly obviously our vulnerable clients, it's not that they would benefit from that, it's essential. You know, they need that face-to-face support. They deal better with someone that they can build up that relationship. It's not pleasant to hand over all your financial and personal details to anyone... And I think it's that knowledge, we know that GHH go above and beyond. I know from reviewing the cases that they're very respectful of the clients, you know, when they speak about the clients on the forms. And even just that level of quality is something that can lack in other places quite frankly. (GHH Stakeholder)*

Similarly, clients emphasised the ways in which GHH team members engaged with them in a non-judgmental, respectful fashion based on an understanding of their experiences as a veteran. Combined with proactive, consistent communication and a sense of genuine care for clients' wellbeing, this approach enables GHH to set clients at their ease and build effective relationships.

*It's not like everywhere else where it's just somebody doing their job, they genuinely care about your outcome and that comes across on how they...not they sympathise but how they deal with you is like second to none. (GHH client)*

*And if they don't know, they'll go away and find out and come back to you. They'll never just fob you off... they'll actually go out of their way to find out the information and then they'll phone you up or they'll email you or they'll call you, like, they are really good at that as well. (GHH client)*

*I think the best bits was...well one was not being judged, they didn't judge me whatsoever because, you know, I would hate for anybody to get in this state, but when you get to this state it's like you're embarrassed more than anything, but they didn't make me feel that way at all. They were there to help and do a job and that's exactly what they done. (GHH client)*

*I mean if I went, for example, if I went to the job centre, I'm not putting the job centre down in any way shape or form, but the stress and anxiety that you go through going into a job centre for an interview and a meeting, sometimes it's really overwhelming, you know, and it becomes really difficult. And quite a lot of times you are not able to give all the answers that you need to give, but because it was the [Glasgow's] Helping Heroes that did it for me, I was in an environment amongst people that I knew, so I was relaxed, and I was in an environment amongst people who knew how to talk to me with respect and with calmness and they could also see if I was struggling they would stop, you know. (GHH client)*

Hence, beyond those outcomes which are incorporated into the SROI analysis, there is clear evidence of two things. Firstly, that GHH has deeper impacts on quality of life for some clients which cannot be readily measured through quantitative data. And, secondly, that many of these outcomes would not occur otherwise, since GHH is able to reach and engage with some clients who would not access other services.

#### 5.4 Indicators

Having established the key outcomes through the Theory of Change and clarified them through the client and stakeholder interviews, it was necessary to map the available data and identify appropriate financial proxies to feed into the analysis of social return. The primary source used for proxy indicators was the **Housing Association Charitable Trust (HACT) Social Value Bank**<sup>25</sup>, which provides social values for a range of outcomes. Developed using a methodology based on HM Treasury evaluation guidelines and employing British Household Panel Survey data, the Social Value Bank has become accepted as the most robust source of proxies for SROI analysis in the UK.

Alongside Social Value Bank proxies for housing, employment, social relationships and mental health, a decision was taken to include benevolent funding grants or increased welfare benefits, as straightforward financial gains within the SROI analysis. This is in line with established practice and avoids the near impossible task of measuring the indirect social value delivered by such financial gains, even though such proxy indicators may often be substantially higher than the raw figures. Table 4 provides a summary of the indicators used in the SROI analysis.

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<sup>25</sup> More information available at <https://www.hact.org.uk/uk-social-value-bank>

Consideration was also given to the possibility of using a proxy for housing support activity where there was evidence that this had enabled a client to sustain their tenancy. Other SROI reports have employed a proxy based on the cost of providing homelessness services, on the basis that these would be required should a tenancy fail<sup>26</sup>. Although this would undoubtedly have increased the measured social impact, the data available on housing support activities was insufficiently detailed to support clear decisions regarding which clients would have been at serious risk of tenancy failure.

Table 4 – Summary of indicators

<b>Indicator</b>	<b>Description</b>
Full-time employment	Moving from unemployment to full-time employment
Apprenticeship	Enrolment on apprenticeship
Vocational training	Enrolment on specific training with qualification (e.g. SVQ, HNC)
Employment training	Employment training with employer or at job centre
General training for job	General work-related training to increase employability
Regular volunteering	Volunteering at least once a month
Relief from depression/anxiety	Reduction in level of depression or anxiety
Member of social group	Regular attendance at social group
Temporary accommodation to secure housing	Movement from temporary accommodation/ insecure housing to secure housing
Rough sleeping to temporary accommodation	Movement from rough sleeping to temporary accommodation
Housing service for people in temporary accommodation	Services proving assistance to secure or maintain housing
Relief from being heavily burdened with debt	Reduction in stress from debt
Debt-free	Removal of debt
Financial gain – one-off (GHH)	Benevolent Fund or GHH Welfare Fund grant
Financial gain – one-off (CAB)	One-off payments secured through CAB advice (e.g. backdated benefit payment, Scottish Welfare Fund)
Financial gain – recurring (CAB)	Ongoing benefits secured through CAB advice

The HACT Social Value Bank includes different financial proxy values for these indicators, depending on demographic factors. For the housing indicators, the financial proxy varies according to whether households contain dependent children,

<sup>26</sup> For example, see the Northern Ireland Housing Executive's report on the Housing First pilot – North Harbour Consulting (2016) *The efficiency and effectiveness of the Housing First support service piloted by Depaul in Belfast, funded by Supporting People: An SROI evaluation.*

whilst for other indicators this varies by age group. These demographic factors were included in the analysis, along with a 12% adjustment for inflation to bring the financial proxies (originally created in 2014) up to 2021 values, using Bank of England inflation data. The financial gain data was not adjusted, as this is already encapsulated in the current values.

## 5.5 Adjustments

In line with standard SROI practice, a number of adjustments are made to the financial proxy values to ensure that the final ratio accurately reflects the SROI impact of the GHH service.

### 5.5.1 Deadweight

The deadweight adjustment attempts to take into account the change that would have happened anyway, without GHH intervention. For example, in relation to a client entering employment, the deadweight adjustment is an estimate of the chance that the client would have found work on their own, without support from GHH. The Social Value Bank provides deadweight estimates for their proxies, based on Homes and Communities Agency guidance. For the financial gain figures, a 10% deadweight adjustment has been applied, based on evidence from stakeholder interviewees, who emphasised that GHH clients were unlikely to have accessed support in other ways. Arguably some of the HACT figures for deadweight should be reduced, given the evidence that veterans are often reluctant to seek help (reinforced by the veterans interviewed for this evaluation), but this analysis has taken a conservative stance and retained the provided figures.

### 5.5.2 Attribution

Adjusting for attribution allows for the role of other organisations in enabling GHH clients to achieve the outcomes. These vary according to the type of outcome, the level of GHH support involved, the extent of partner organisation involvement, and the financial relationship between GHH and the partner organisation. For example, the CAB role in benefit gains is clearly central, but is still significantly attributable to GHH, since the CAB service is 75% funded by GHH.

### 5.5.3 Displacement

Displacement relates to the ways in which some outcomes for clients may displace outcomes for other individuals or create negative effects elsewhere. This is not relevant for most outcomes, but adjustments have been applied to employment outcomes where it could be argued that the job is no longer available to someone else (5%), and to housing outcomes where the property is no longer available to another tenant (10%). Other outcomes are not adjusted for displacement, on the basis that the positive outcome for GHH clients does not negatively impact on others (e.g. mental health improvements, benefit gains).

### 5.5.4 Duration and drop-off

Some outcomes clearly last for more than one year, so consideration of duration and the likelihood of reducing impact over time is an important part of SROI analysis. For most outcomes, the duration is set at one year, on the basis that there is no ongoing impact – e.g. training courses, housing advice, financial grants. However, outcomes relating to employment, mental health improvements, debt reduction, entering secure

housing and benefit gains are assumed to last for more than one year, with a drop-off adjustment where it is reasonable to assume a likelihood of deterioration over time. For example, improved mental health is assumed to last for (at least) three years, with a 10% chance of deterioration each year, whilst benefit gains are assumed to last for three years without drop-off, as this is the standard award period for many of the most important benefits. Entering secure housing is assumed to last for (at least) five years, on the basis that social housing tenancies are very secure, with just a 5% drop-off adjustment.

#### 5.6 Discount rate

A discount rate is applied to account for the fact that people generally prefer money today rather than tomorrow, either because there is a risk (e.g. future gains may not materialise) or because there is an opportunity cost (e.g. gains from investing the money elsewhere). Based on HM Treasury guidance, a discount rate of 3% has been applied to all projections of impact beyond the current year.

#### 5.7 Resultant social value

The final proxy values and adjustments applied in the analysis are set out in Table 5 below, along with the number of clients for each indicator and the calculated social impact. As the table demonstrates, the analysis shows a total annual present value of £1,658,891. Deducting the input costs of the GHH service gives a net present value of £1,408,719.

The SROI value is expressed as a rate of return, calculated by dividing the total present value by the value of the inputs:

$$\text{SROI ratio} = 1,658,891 / 250,172 = \text{£}6.63$$

***Hence, for every £1 spent on the GHH service, £6.63 in social value is generated for veterans in Glasgow, on an annual basis.***

Table 5 – GHH SROI calculation

Indicator	Number of clients	Value	Duration	Drop-off	Dead-weight	Displacement	Attribution	Total impact
Full-time employment (25-49)	9	£15,371	3	10%	15%	5%	80%	£263,969
Apprenticeship (<25)	1	£1,756	1	100%	15%	5%	80%	£1,271
Vocational training (25-49)	4	£1,019	1	100%	15%	0%	80%	£3,104
Vocational training (50+)	2	£1,019	1	100%	15%	0%	80%	£1,552
Employment training (50+)	1	£1,071	1	100%	15%	0%	80%	£816
General training for job (50+)	1	£2,507	1	100%	15%	0%	80%	£1,909
Regular volunteering (25-49)	1	£2,536	1	100%	19%	5%	80%	£1,749
Relief from depression/anxiety (<25)	1	£31,914	3	10%	27%	0%	75%	£51,611
Relief from depression/anxiety (25-49)	12	£36,706	3	10%	27%	0%	75%	£712,325
Relief from depression/anxiety (50+)	2	£39,302	3	10%	27%	0%	75%	£127,117
Member of social group (<25)	1	£2,959	1	100%	19%	0%	75%	£2,013
Member of social group (25-49)	16	£1,110	1	100%	19%	0%	75%	£12,084
Member of social group (50+)	4	£1,850	1	100%	19%	0%	75%	£5,035
Temp accom to secure housing (no children)	5	£8,019	5	5%	0%	10%	75%	£129,775
Temp accom to secure housing (with children)	1	£8,036	5	5%	0%	10%	75%	£26,010
Rough sleeping to temp accom (no children)	1	£13,382	1	100%	0%	10%	75%	£10,117
Housing service (average)	55	£192	1	100%	0%	0%	100%	£11,827
Relief from being heavily burdened with debt	1	£11,928	3	10%	19%	0%	100%	£28,538
Debt-free (<25)	1	£956	3	10%	19%	0%	100%	£2,287
Debt-free (25-49)	1	£1,721	3	10%	19%	0%	100%	£4,118
Financial gain - one-off (GHH)	76	£94,200	1	100%	10%	0%	100%	£84,780
Financial gain - one-off (CAB)	15	£68,687	1	100%	10%	0%	60%	£37,091
Financial gain - recurring (CAB)	15	£88,855	3	0%	10%	0%	60%	£139,793
<b>Total (annual) social impact</b>								<b>£1,658,891</b>

## 6 Sensitivity analysis and verification

The SROI analysis set out in the previous section was based on a rigorous review of the available data from GHH. This was combined with evidence from the client and stakeholder interviews, as well as robust findings from other related research, to inform reasonable assumptions regarding duration of impact and appropriate adjustments for drop-off, deadweight, displacement and attribution. These assumptions were made on a conservative basis, to avoid over-claiming.

In order to test the effect of these assumptions, a sensitivity analysis recalculates the SROI ratio on the basis of altered adjustment figures. Three sets of sensitivity tests were conducted, as set out below. Examining the sensitivity of the SROI analysis in this way provides reassurance that the adjustments selected for the core analysis are reasonable and clearly evidences the substantial social value generated by GHH, since even the lowest value is well above a 1:1 ratio.

### **Sensitivity Analysis A: Reduced attribution and duration**

Given the size of contribution to the SROI analysis from the mental health and financial gain aspects, it is particularly useful to test the assumptions related to these outcomes. As noted earlier, most of the gains resulting from CAB and Crisis Counselling were attributed to GHH, because of the funding arrangements and evidence regarding access to these services.

In terms of duration, outcomes related to entering employment, improved mental health and ongoing financial gains were assumed to last for 3 years, whilst entering secure housing was assumed to last for 5 years. Applying more conservative figures for each of these sets of assumptions reduces the resultant value, as set out below. Notably, even with the combination of reduced duration and reduced attribution, the model still returns a value of **£3.81 for every £1** invested in the GHH service.

Table 6 – Sensitivity Analysis A

<b>Model</b>	<b>Changes to adjustments</b>	<b>Resultant SROI value</b>
Core model	None	£6.63
Sensitivity test A1	Reduced attribution: <ul style="list-style-type: none"> <li>• Crisis and CAB reduced to 50%</li> <li>• Other financial gains reduced to 75%</li> </ul>	£5.21
Sensitive test A2	Reduced duration: <ul style="list-style-type: none"> <li>• Employment, mental health and ongoing financial gains reduced to 2 years</li> <li>• Secure housing outcomes reduced to 3 years</li> </ul>	£4.85
Sensitivity test A3	Reduced attribution and duration: <ul style="list-style-type: none"> <li>• Combination of A1 and A2</li> </ul>	£3.81

### **Sensitivity Analysis B: Increased attribution and duration**

The second set of sensitivity tests build on the evidence from client and stakeholder interviews to introduce less conservative assumptions. Since many clients report the life-changing effects of GHH support and also emphasise the importance of feeling that they can ask for further assistance at any point, Test B1 increases the duration figures for mental health, employment and ongoing financial gains to 5 years. Similarly, based on the evidence from interviews that many (if not most) GHH clients would struggle to access support from other services, Test B2 increases the attribution figure to 90% across the board. The table below sets out the effect of these altered adjustments, as well as the combination of increase duration and attribution. These altered assumptions are not unreasonable given the evidence gathered for this evaluation, but a more conservative set of assumptions was employed for the core model to avoid over-stating social impact of GHH.

Table 7 – Sensitivity Analysis B

<b>Model</b>	<b>Changes to adjustments</b>	<b>Resultant SROI value</b>
Core model	None	£6.63
Sensitivity test B1	Increased duration: <ul style="list-style-type: none"><li>• Employment, mental health and ongoing financial gains increased to 5 years</li></ul>	£9.23
Sensitive test B2	Increased attribution: <ul style="list-style-type: none"><li>• All attribution figures increased to 90%</li></ul>	£7.98
Sensitivity test B3	Increased attribution and duration: <ul style="list-style-type: none"><li>• Combination of B1 and B2</li></ul>	£11.16

### **Sensitivity Analysis C: Including prevention of homelessness**

As noted earlier, consideration was given to a proxy for the prevention of homelessness, to provide a more accurate representation of the impact of GHH support for tenancy sustainment. This possibility was not included for two reasons. Firstly, it is hard to be clear about which clients may have been at serious risk of tenancy failure and whether GHH intervention was instrumental in preventing homelessness. And secondly, the costs of homelessness are notoriously difficult to measure, since there are so many variables in relation to length and type of homelessness, geographic location, and costs of support and accommodation services, as well as additional costs relating to other services such as criminal justice, health and social care. However, given the number of clients receiving housing support from GHH during the evaluation period (55), it is worth trying to assess the potential effect of including such a proxy.



Analysis conducted for Crisis by the Centre for Housing Policy and the University of York<sup>27</sup> presents additional cost estimates for different homelessness scenarios ranging from £3,000 to £19,000. Hence, a reasonable estimate of additional costs would be £10,000 on an annual basis. Based on assumptions that the impact would last on average for three years (shorter in some cases, but potentially lifelong in others) and that around 1 in 5 clients receiving housing advice may be at risk of tenancy failures, this would increase the SROI ratio from £6.63 to £7.78 for every £1 invested in GHH.

### **Sensitivity to effects of Covid-19**

The next section of the report outlines the impact of the Covid-19 pandemic on the GHH service, including an analysis of the likely SROI value in 'normal' times.

## **7 Impact of Covid-19**

The Covid-19 pandemic and associated lockdowns had a substantial effect on many of GHH's clients and on the service that the organisation was able to provide. Given that this was occurring during the period of the evaluation, it was important to capture these changes in the research. This section outlines the main impacts of the pandemic on the GHH service, identifies areas of useful learning from the situation for future practice, and attempts to assess the effects of the situation on the SROI analysis.

### **7.1 Service changes**

The first lockdown in March 2020 instigated two major alterations to GHH's service, aside from the immediate practical changes of closing the office and shifting to working from home.

Firstly, GHH recognised that there was a need to shift priorities away from the more aspirational goals encapsulated in the Theory of Change (Figure 1 in Section 3 above), focusing primarily on enabling clients to survive the immediate challenges of the pandemic. This was captured in a revised Theory of Change model (Figure 5 below), developed with the team after the first few months of the initial lockdown in 2020. As this model shows, changes such as the effective ban on house moves and the closure of much of the economy, prevented movement towards longer-term goals such as sustainable housing and good employment. Instead, the short-term priority was enabling clients to survive the unprecedented challenges of a rapidly spreading virus and lockdown restrictions.

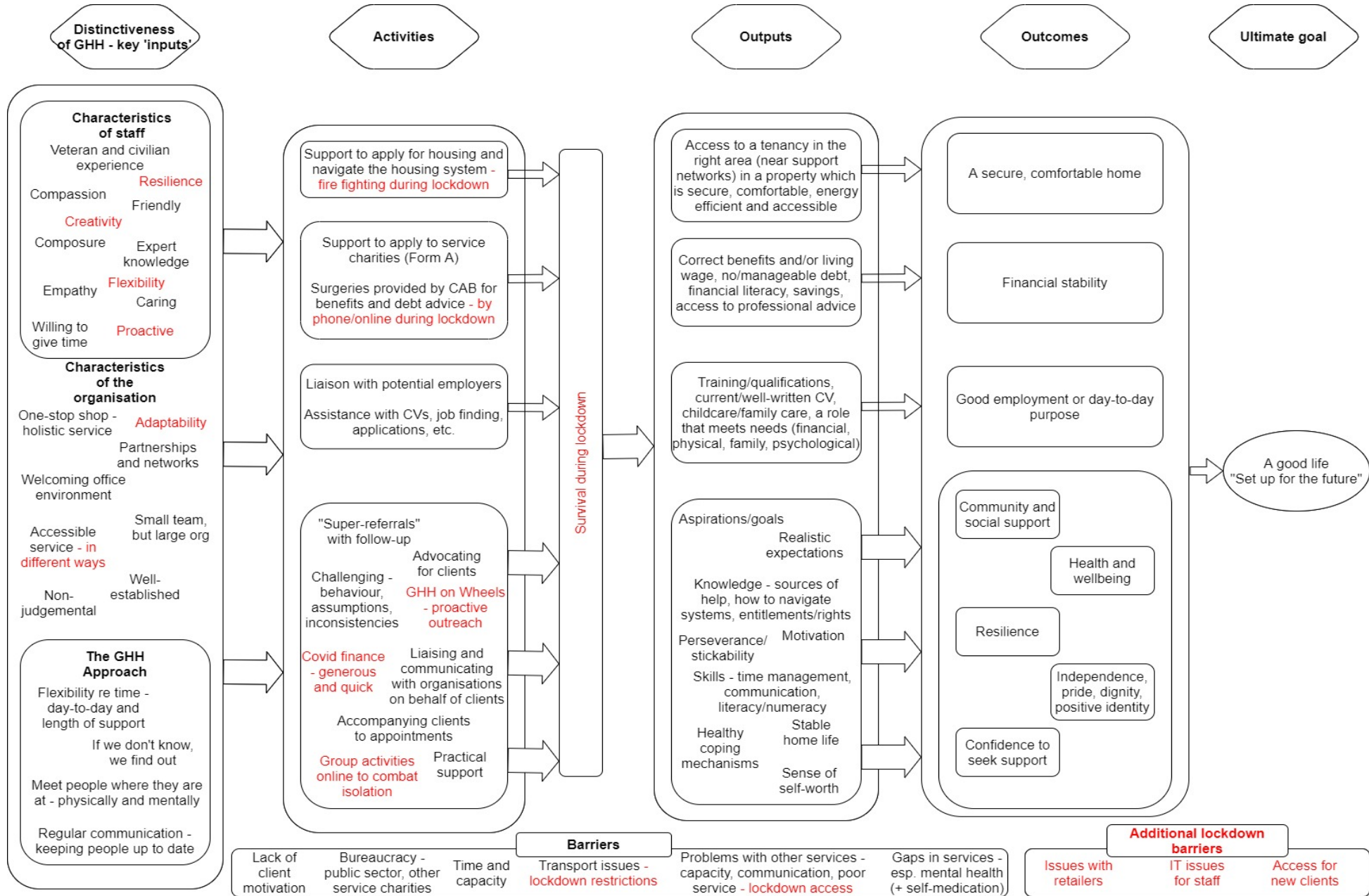
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<sup>27</sup> Pleace, N (2015) *At what cost? An estimation of the financial costs of single homelessness in the UK*. York: Centre for Housing Policy, University of York

Secondly, as part of this focus on support for vulnerable clients, a more proactive 'GHH on Wheels' service was developed. Using Scottish Government funding and support from Arnold Clark Car Rental, GHH began a home visiting service for those clients who were deemed to be more isolated or likely to face particular difficulties due to the lockdown restrictions. Whilst maintaining social distancing, this service was able to provide practical support in the form of shopping and prescription collection for clients who were shielding at home, as well as emotional support in the particularly challenging early phases of the pandemic.

Whilst the GHH on Wheels service was only funded for the early months of the pandemic, the more proactive support service was only gradually wound down as the lockdown restrictions were eased. As noted earlier, additional funding was secured in order to provide essential financial support to clients, primarily in the form of emergency food vouchers.

Figure 5 – Revised Theory of Change reflecting lockdown changes



The more proactive approach was especially appreciated by clients who were struggling financially or emotionally due to the lockdown changes:

*With the lockdown, [Glasgow's] Helping Heroes round here every week, every Monday or a Tuesday, food parcels, for the shot of electricity, just now in fact, just got my electricity up to £20 because I've got storage heating and that and I find it difficult, going on benefits and stuff, so they just top my electricity up which was a godsend. (GHH client)*

*I don't know what I would have done through this whole lockdown if it wasn't for... they helped take some of the pressure off. And during the pandemic with having to isolate for periods of time, it's just the little things, just having somebody phone you up and asking you how you are is literally, is the best thing ever, like, you'll never take it for granted ever again. (GHH client)*

Where possible, GHH augmented the essential support elements, such as food parcels, recognising the value of 'treats' for clients during the stress and tedium of lockdown:

*Every week they came with a wee bag of stuff, you know, which was great during lockdown... I was at home for almost 14 weeks... they were phoning me just to see if I was okay during lockdown really. And then I think there was one night there was a nice surprise, I think it was a Japanese or a Thai restaurant and [GHH team member] had phoned and said, look, we are getting 100 meals, and so the next night somebody from [Glasgow's] Helping Heroes brought me a kind of Thai meal, it was brilliant. (GHH client)*

Notably, partner organisations also recognised the value of GHH's rapid, flexible response to the pandemic, in both frontline support to clients and maintaining effective working relationships despite the shift to remote working:

*Rather than me just kind of walking down and having a chat with [GHH team member], it's just a case of picking up the phone and the communication line is really good, you know... I work for [another organisation] as well, so if I'm trying to get in touch with one of [their workers], it's a bit of a nightmare, whereas with [Glasgow's] Helping Heroes, there's never been a point where nobody's answered. So, the communication lines are pretty good. (GHH Stakeholder)*

## 7.2 Lessons learned

The evidence from clients, stakeholders and GHH team members points to two primary lessons which can be learned from the experience of adjusting and running the service through the first 18 months of the pandemic.

Most importantly, the additional challenges created by Covid-19 serve to emphasise the value of key aspects of the GHH service model. The vital elements here were strong relationships with clients and partners, combined with a person-centred, flexible approach. This enabled GHH to adapt quickly to new ways of working and to respond proactively to those clients who were most affected by the lockdown restrictions. Understanding the particular circumstances of individual clients and the challenges they might be facing, whether directly related to their military service or

not, was essential in delivering support to clients at significant risk from the virus or from the additional social and psychological implications of lockdown isolation.

Alongside this, the longer-term experience of the pandemic points to an important lesson regarding the delivery of services, with particular resonance for the veteran community. Whilst positive feedback from partners indicated how smoothly GHH seemed to manage to move to a remote working model over time some clients found it more difficult to get the support they needed without face-to-face interactions:

*So, yes, the service was still there, it just wasn't as personal. It did make it difficult when we were having to do things like, you know, paperwork because when you go into the building you are there with them, you know, things are much easier, much friendlier, it's like a big family, you know, but over the phone I've always found it difficult when I started suffering with depression I always found it difficult talking to people over the phone. (GHH client)*

Hence, although GHH demonstrated that clients could still be supported using phone and online methods, the evidence suggests that some of the more vulnerable individuals rely heavily on face-to-face contact. Indeed, some of the clients supported by GHH on Wheels had often cancelled or not attended appointments in the past, so the proactive approach improved engagement. This relates to the well-established barrier that some veterans experience in asking for help, given the military culture of pride and self-reliance. Only through direct contact with such clients are GHH team members able to develop the trust and open communication necessary to meet needs.

### 7.3 Impacts on SROI analysis

The lockdown changes in housing and employment had substantial impacts on the outcomes delivered through the GHH service, and therefore on the SROI analysis. In terms of addressing employment needs, the large-scale economic shutdown made it next to impossible to assist unemployed clients into work.

In relation to housing, the short-term picture was positive because homeless clients were temporarily housed through the 'everyone in' approach and clients who might otherwise have been at risk of losing their tenancy were protected by the eviction ban. However, because social landlords stopped letting new properties in the early phases of the pandemic, this also prevented any moves into secure tenancies. Comparing the outcome data with previous years gives some indication of this change, as shown in Table 8.

Table 8 – Comparison of outcome data over time

<b>Year</b>	<b>Employment - entering employment</b>	<b>Housing – moving to secure tenancy</b>	<b>Housing – moving to temporary accommodation (from homelessness)</b>
2018	29	43	12
2019	29	40	6
2020/21	9	6	1

Hence the data from previous years suggests that outcomes in these two key areas would be substantially higher without the impacts of the pandemic. Adopting conservative estimates based on these figures, it is reasonable to assume that around 25 clients would be assisted into employment and around 35 would be assisted into a secure tenancy, plus another 5 into temporary accommodation from homelessness under 'normal' conditions. Applying these to the SROI increases the ratio significantly, from **£6.63 to £11.68 for every £1 invested in GHH.**

Clearly this higher figure is only an estimate, but nevertheless it strengthens the case that GHH generates considerably more social value than the cost of the service. Furthermore, it suggests that a repeat of the SROI analysis in future years would be valuable to explore the accuracy of this estimate.

## 8 Conclusion

The SROI analysis which forms the core of this evaluation report demonstrates the significant value for money that Glasgow's Helping Heroes delivers for veterans. **The central social value figure indicates that GHH delivers £6.63 of social value for every £1 invested in the service.**

Furthermore, the sensitivity analysis generates a range of potential SROI values from £3.81 up to £11.16, all of which suggest that GHH provides substantial value for money. Perhaps most importantly, outline analysis of data from previous years indicates that the social value figure in 'normal times' (i.e. non-pandemic conditions) would be around £11.68 for every £1 invested in the service.

These social impacts do not just directly affect GHH clients, but also deliver benefits and cost-savings to public services. For example, by assisting clients to move away from homelessness, GHH saves money for Glasgow City Council in terms of homelessness provision and temporary accommodation. In addition, research evidence on the hidden costs of homelessness suggests that such work delivers significant savings for health and criminal justice services, which are heavily used by homeless individuals.

Crucially, it is essential to recognise that the impact of a service such as GHH cannot be reduced to a single number. Whilst the SROI figure provides a valuable shorthand for social impact, no such summary can hope to capture the full range and depth of changes delivered for clients. As the qualitative evidence from the client and stakeholder interviews shows, GHH delivers life-changing support for some of the most vulnerable veterans, many of whom would not be reached by mainstream services or would themselves be very reluctant to engage with non-specialist organisations.

The evidence from this evaluation suggests that there are a number of aspects of GHH's approach which are essential, albeit that different elements will be necessary for different clients. These key characteristics of the service can be summarised as follows:

- Accessibility of holistic service in one place
- Support to navigate public services and other aspects of civilian knowledge
- Expert knowledge of housing, welfare and other systems
- Person-centred, flexible support service
- Consistent and proactive communication

Most of these are service characteristics which would be of value to any vulnerable client group – the notion of a person-centred approach which treats people with respect, care and empathy is common to many public and third sector organisations. However, the evidence from GHH suggests that services need to be tailored in specific ways to meet the distinctive needs of veterans. Understanding the impact of Service life for some veterans lies at the heart of the success of the GHH model.

SSAFA and the GHH team recognise that veterans can struggle with the complexity of the multiple bureaucracies of the civilian world, and that a combination of pride and the perceived differences between Service and civilian services can lead veterans to disengage, even when they have substantial needs. Having team members with Service experience, working alongside others with substantial expertise in civilian welfare systems such as housing, seems to be valuable – providing peer support and professional expertise under one roof.

In relation to the second aim of the research, to improve GHH's framework for monitoring and evaluation, this report does not cover the specific detail related to existing data management and analysis, which have been discussed with GHH in an ongoing, formative process. The key development of interest beyond GHH was the introduction of the Independence Outcomes Star, following an options appraisal process. This particular tool is being adopted by an increasing number of organisations across the Armed Forces charity sector and therefore offers potential for wider impact analysis, beyond GHH and SSAFA. Although delays caused by the Covid-19 pandemic prevented a full analysis of Outcomes Star data from GHH, or incorporation into the SROI, the early data suggests that there is considerable value in using this tool to capture less tangible, but vitally important welfare outcomes for veterans.



## 8.1 Recommendations

These findings regarding the social impact generated by GHH and the crucial characteristics of the service which enable this impact, lead to a set of recommendations. There are no major changes amongst the recommendations. The core conclusion from the evaluation is that GHH is providing a service which is highly valued by clients, which delivers substantial social value in terms of outcomes related to housing, finance, employment, resilience and mental wellbeing.

These recommendations are directed primarily to GHH and SSAFA, but many of them are likely to be of interest to other organisations working to support members of the Armed Forces community.

**a) Keep up the vital service.**

The service in its current form is delivering excellent outcomes for veterans in need. Maintaining the key elements of the GHH approach outlined above is important, including relationships with key partners.

**b) Explore possibilities for more expert support around employment.**

Of the three main outcomes identified in the Theory of Change, employment is arguably the area where GHH could do more. Although the 2020-21 figures are clearly lower than usual due to the pandemic, there is still scope for greater focus on employment outcomes. Options for providing more expert support, either in-house or through external partners, may be useful as the employment market grows in the post-lockdown environment.

**c) Utilise the Outcomes Star approach and data more widely**

Although it has not been possible to use the Outcomes Star data to any great extent within this evaluation, the early indications are that the process of completing Stars and reviewing the associated data should be valuable in continuing to refine the GHH approach. In addition, refining the administrative data collected on clients and ensuring a coherent fit with the Outcomes Star methodology will be important to maintain and further improve the quality of their service delivery. SSAFA should consider learning from this experience to use the Outcomes Star methodology more widely across its services.

**d) Consider existing service provision.**

The evidence from this evaluation suggests that the GHH model incorporates a number of characteristics which are essential in meeting the needs of vulnerable veterans. SSAFA should consider undertaking analysis to identify areas of the UK where there may be unmet need for a holistic service like GHH, particularly in large cities where there are likely to be significant numbers of veterans. The data from the 2021/22 census is likely to be useful here.

**e) Avoid extrapolating too much from the lockdown experience.**

This evaluation highlights the way in which GHH was able to adapt quickly and effectively to the lockdown situation in 2020, moving to remote service provision and offering proactive support to the most vulnerable. However, the longer-term picture has demonstrated that there are limitations associated with losing face-to-face services, as some clients have struggled to ask for help or maintain contact. GHH and SSAFA need to strike a careful balance between maintaining the benefits of more online access and recognising its limitations. Further analysis of the preferred access routes for different veterans may be useful.

**f) Create and promote across the military charity sector an outcome-focused data collection and evaluation approach to drive a cohesive approach to social impact measurement.**

This project has highlighted the extent to which GHH has tended to collect data on activities, outputs and immediate outcomes, rather than identifying potential longer-term positive impacts on their clients. Although there have been some moves towards focusing on outcomes within SSAFA and across the wider Armed Forces charity sector, the overall picture remains inconsistent and patchy.

Building on the learning from this research, SSAFA want to work with Cobseo, Veterans Scotland and other service delivery partners to create and develop an outcome-focused data collection and evaluation approach which brings together organisations from across the sector to drive improvements and consistency in how social impact is measured. This should not necessarily aim to harmonise outcome measurement approaches, since the work and needs of each organisation will be distinct. However, there is a common understand and agreement about the need to sharing learning around outcomes measurement and evaluation to demonstrate the dramatic difference that this support makes to people's lives.

Launched in 2010, Glasgow's Helping Heroes (GHH) is a SSAFA service run in partnership with Glasgow City Council, providing emotional, practical and financial support to service personnel, veterans and their families throughout the city.

Since its inception GHH has helped 2,210 veterans, service personnel and Armed Forces families across the city.

SSAFA, the Armed Forces charity, has been providing practical, emotional, and financial support to our Forces and their families since 1885. In 2020 our teams of volunteers and employees helped more than 79,000 people in need, from Second World War veterans to those who have served in more recent conflicts or are still currently serving, and their families.

SSAFA understands that behind every uniform is a person. And we are here for that person and their family - any time they need us and in any way they need us.

### **NEED TO TALK?**

SSAFA's Forcesline is a free and confidential helpline providing advice and information for serving personnel, reserves, veterans and their families, and is completely independent of the chain of command.

**Call 0800 731 4880**

**Lines open 09.00 to 17.30 weekdays**

**Visit [ssafa.org.uk/forcesline](https://ssafa.org.uk/forcesline)**

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