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Evaluation Report

Veteran Friendly Framework

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Veteran Friendly FRAMEWORK

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Executive Summary

In Great Britain, 2.03 million[1] people have served in the UK Armed Forces (regular, reserve or both), which equals almost 1 in 25 people of the over-16 population. 7%[2] of households in England and Wales include at least one veteran and around 57% of veterans are married or in a registered civil partnership.

Over half of veterans (53%) are aged 65 and over, and nearly one-third (31.8%) are aged 80 and over. Among the 1.2 million spouses or partners of veterans living in England and Wales, just over 46% are aged 65 or over. Just under 89% of these spouses or partners are female and considering that women significantly outnumber men in the oldest age groups, it is likely that the number of spouses and partners residing in care homes may exceed the number of veterans themselves.

We know that people who have served in the UK Armed Forces, or have been part of a military family, often have different life experiences that have a more significant impact on their lives compared to other professions[3]. It is common for families to have moved frequently throughout their careers; they may have attended military schools, may have lived on military bases for significant proportions of their lives, and may have deep connections and ties to the UK Armed Forces community. We also know that veterans often need different types of support in civilian and later life, such as with moving into civilian employment and securing housing after leaving the services as well as with health and care needs relating back to their time in service.

The Veteran Friendly Framework (VFF) is a programme designed to support veterans and their partners as they move into a nursing or care home. The rollout of the VFF is currently focused on England, with 210 homes having successfully implemented the VFF as of July 2025. The aspiration is to scale the programme more widely across the UK.

This report reflects the findings of an independent impact and process evaluation, the first of its kind and scale to evaluate a veteran focussed intervention in care homes. The findings suggest that the VFF leads to improved identification and recording of veterans/partners, increased understanding among staff of their specific needs, and enhanced personalisation of care. The findings also suggest that these result in improved wellbeing, greater social connections, and more meaningful engagement in activities. Staff and managers also report professional benefits and a positive shift in care culture.

In summary, the evaluation has found that due to the VFF:

- There is a 140% [4]increase in the recording of veteran/partner status
- 66%[5] of veterans experience an increase in social connections
- 55%[6] of veterans participate in more activities

[1] ONS UK armed forces veterans, Great Britain: England and Wales Census 2021 and Scotland's Census 2022

[2] ONS UK armed forces veterans, England and Wales: Census 2021

[3] Ministry of Defence: Living in our shoes: understanding the needs of UK Armed Forces families 2021

[4] *Based on data from 41 veterans*

[5] *25/38. Source - proxy survey*

[6] *21/38. Source - proxy survey*

- 45%[7] of veterans are more engaged in activities when they do participate
- 37%[8] of veterans have an increased sense of wellbeing
- 32%[9] of veterans feel less isolated
- 32%[10] of veterans are more satisfied with the care they receive
- Staff[11] feel better able to provide support for 55% of veterans

Qualitatively, veteran residents and their families have reported feeling more valued, being in receipt of more personalised care and being more engaged and included in care home activities. Care staff and managers have reported that the Framework has positively influenced how they approach care decisions, given the opportunity for increased personal and professional development, and improved teamwork and the delivery of person-centred care within their home. All homes visited during the second stage of this evaluation were asked the question "was the VFF worth it?"; even where they had found challenges in the implementation of the Framework, managers and staff unanimously answered "yes" to this question.

"The VFF has broadened life for everyone [at the home]"
- Staff

"At first, I wasn't sure, but now I see how much it's changed how we care for residents. It's not just a checklist; it's changed our whole approach."
- Manager

These benefits have been achieved with an average per-care home investment (from funding partners) of £1,098.19: an average per-veteran investment of £289.

This evaluation of the VFF provides evidence of its impact in enhancing care for veterans and their partners in care homes across England. Given the impact observed and its alignment with national care priorities, we strongly recommend the continued rollout of the VFF across England and expansion into the devolved UK nations.

The independent evaluation of VFF has been carried out by Care City Innovation CIC, a not-for-profit innovation partner to health, care, charities and communities working to improve UK health and care systems. The evaluation is funded by the Office for Veterans' Affairs, Royal British Legion, and Royal Star & Garter.

[7] *17/38. Source - proxy survey*
[8] *14/38. Source- proxy survey*
[9] *12/38. Source- proxy survey*
[10] *12/38. Source - proxy survey*
[11] *25/45. Source- staff survey*

1. Introduction to the VFF

The Veteran Friendly Framework (VFF), aims to tackle loneliness and isolation, delivering improved health and wellbeing outcomes for over 25,000 veterans and their partners living in care homes across England. It has been designed to support the practical, emotional and social needs of the Armed Forces community by providing care homes with resources to assess and improve their offer of care.

The VFF is a collaboration between Royal Star & Garter, the Royal British Legion and the NHS Veterans Covenant Healthcare Alliance (VCHA), with funding support from the Armed Forces Covenant Fund Trust, Royal Star & Garter, the Royal British Legion.

The independent evaluation of the VFF, which has taken place over the last 12 months, is funded by the Office for Veterans' Affairs (OVA), Royal British Legion (RBL), and Royal Star & Garter (RSG). This evaluation aims to assess the impact of the VFF on veterans residing in care homes across the UK.

1.1 Aims of the VFF

There are around 15,000 care homes in England, only 21 of which currently offer specialist support to those who served in the Armed Forces and their partners. The intention of the VFF if to spread good practice for supporting veterans and their partners beyond specialist care homes, through three main aims:

- **Delivering improved health and wellbeing outcomes**
  The VFF aims to support the delivery of personalised and veteran-specific support in residential and nursing care settings.
- **Supporting practical, emotional and social needs**
  The VFF focuses on enhancing the overall well-being, identity, and connection of veterans/partners, ensuring they feel understood and valued in care environments.
- **Setting National Standards**
  The Framework aspires to raise standards across the care sector, using its veteran-centred principles to improve practices for all residents.

1.2 Structure and delivery of the VFF

The Framework is modelled on the principles of the VCHA's Veteran Aware accreditation and has been specifically tailored for use in care home settings by Royal Star & Garter. It incorporates eight key standards, which serve as a practical roadmap for care homes aiming to implement veteran friendly practices:

Table 1: 8 VFF Standards

	VFF Standard	Description of VFF Standard
	**Understanding and signing the UK Armed Forces Covenant**	Recognition and alignment with the principles of the UK Armed Forces Covenant to reduce the disadvantages experienced by veterans and their families.
	**Appointing VFF Champions**	Nomination of a dedicated UK Armed Forces Champion to support and deliver the implementation of the Framework within the care home.
	**Including veteran status in care planning**	Incorporation of the UK Armed Forces community status in residents' care plans to ensure individual needs are identified and met.
	**Ensuring appropriate clinical care**	Sharing of veteran's UK Armed Forces status with clinical services to facilitate appropriate medical care.
	**Training and education staff**	Staff training and education to understand the needs of the UK Armed Forces community.
	**Building a support network**	Establishing links with local UK Armed Forces-related services, including the Royal British Legion, Primary and Secondary Care providers, and other veteran organisations.
	**Supporting the UK Armed Forces as an employer**	Promoting care homes as UK Armed Forces-friendly employers and encouraging the recruitment of veterans.
	**Raising awareness of the UK Armed Forces Community**	Actively increasing awareness and recognition of veterans' contributions and needs within the wider care home and community setting.

The VFF is designed to align with and complement national, regional, and local policies, ensuring a robust foundation for its implementation and sustainability. By addressing key policy directives and integrating veteran-specific considerations into care home practices, the Framework supports the broader vision of creating equitable, inclusive, and high-quality care environments.

The VFF is delivered through a centralised support team within Royal Star & Garter, working directly with participating care homes to integrate the Framework into daily operations (Section 1.3.4). The delivery approach includes centralised support and resources, providing tailored guidance, resource materials, templates, and awareness building from pre-application to achievement of VFF standards, alongside encouraging the designated UK Armed Forces Champions in each care home.

1.3 Alignment with the veteran and healthcare policy landscape

Although the VFF pilot currently focuses on England, there is ultimately an ambition to scale VFF to care homes across the UK, and the Framework is in alignment with UK, regional and local policies.

1.3.1 National policy alignment

The VFF is deeply rooted in the principles of the **UK Armed Forces Covenant**[12], a UK commitment to ensuring that serving personnel, veterans, and their families are not disadvantaged in accessing services. NHS bodies and Local Authorities in UK nations are subject to a legal duty to give due regard to the principles of the Covenant in delivery of healthcare and housing. While this doesn't currently extend to social care, the VFF clearly demonstrates a way that care homes and wider social care commissioners and providers could give due regard to the Covenant in the field of social care.

By encouraging care homes to sign and implement the Covenant, the Framework reinforces its objectives through:

- **Equity in care**
  Reducing the disadvantage and disparities in accessing tailored health and social care services for veterans.
- **Recognition of service**
  Promoting the understanding of military experiences and their impact on physical and mental health, enabling a more personalised approach to care.
- **Veteran identity awareness**
  Highlighting the importance of veteran status in care plans and clinical services, which aligns with NHS England's VCHA accreditation process. This approach ensures veteran identity is not just acknowledged but meaningfully integrated into care provision.

The Framework also supports the broader national policy aim of inclusion, well-being, and respect for veterans, as highlighted in government initiatives such as the **Strategy for Our Veterans**[13]**.** With the focus on personalised care the VFF ensures that veterans and their partners receive support that reflects their unique lived experiences and further promotes dignity and quality of life. The VFF also aligns with national healthcare priorities and emphasises the importance of practicing person-centred care, as outlined by the Care Quality Commission[14], NHS England[15], NHS Wales[16], NHS Scotland[17] and the Department of Health in Northern Ireland[18].

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[12] Ministry of Defence. (n.d.). *UK Armed Forces Covenant*. Retrieved from https://www.armedforcescovenant.gov.uk

[13] Ministry of Defence. (2018). Strategy for Our Veterans: Valuing Our UK Armed Forces Community. Retrieved from https://www.gov.uk/government/publications/strategy-for-our-veterans

[14] Care Quality Commission. (n.d.). Person-centred care Framework. Retrieved from https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-Framework/responsive/person-centred-care

[15] NHS England. (n.d.). Personalised care model. Retrieved from https://www.england.nhs.uk/personalisedcare

[16] NHS Wales Health and Care Quality Standards

[17] Person-Centred Care: Creating a Healthier Scotland

[18] Health and Wellbeing 2026: Delivering Together

Furthermore, it is important to note that the VFF has the potential to serve as a model for enhancing personalised care across the adult social care system. Its approach to tailoring support around lived experience and identity could provide valuable insights for the Independent Commission on the Future of Social Care. By embedding co-produced, person-centred practice, the VFF illustrates how meaningful improvements in care quality and equity can be achieved across diverse settings.

The VFF builds on the success of the **Veteran Aware accreditation**[19] for NHS Trusts and the **Veteran Friendly Practice accreditation**[20] for GP practices in England, developed in collaboration with the NHS Veterans Covenant Healthcare Alliance (VCHA) and the Royal College of General Practitioners (RCGP). These programmes have encouraged GP practices in England to seek veteran-friendly accreditation, with surveys showing nearly two-thirds[21] of veterans would feel more comfortable seeking help from accredited practices. In Scotland and Wales, equivalent schemes are in place to support veteran identification and care in primary settings, such as the Scottish General Practice Armed Forces and Veterans Recognition Scheme[22] and the NHS Wales Veteran-friendly GP scheme[23]. By raising awareness of the UK Armed Forces Covenant, improving the identification of veterans, and addressing their specific needs, these accreditations have set a strong standard for veteran-centred healthcare across the UK.

However, a clear gap was identified in the care home sector where, of the 340,355 care home residents in England and Wales, 7.79% (26,520) are Armed Forces veterans[24]. This number is significantly higher than the number of veterans residing in care homes specialising in veteran care (estimated at around 1,260 based on 21 Armed Forces specialist homes with 60 beds each). Unlike hospitals or GP practices, care homes were found to lack a structured approach to consistently recognise and support the unique needs of veterans. The VFF was created to fill this gap, adapting the principles of Veteran Aware accreditation to fit the care home setting

1.3.2 Regional policy alignment

At regional level, the VFF promotes collaboration with **Integrated Care Systems (ICS)**[25] and place-based working in healthcare, ensuring veterans' needs are integrated into care pathways. Key aspects include:

- **Coordination with healthcare services**: Establishing links with primary, secondary, and specialist veteran services, such as the **Op RESTORE**[26] (formerly Veterans Trauma Network (VTN) and **Op COURAGE**[27], to provide seamless healthcare support. The government also recently

[19] https://veteranaware.nhs.uk/

[20] https://elearning.rcgp.org.uk/course/view.php?id=803

[21] Royal College of General Practitioners (RCGP). (n.d.). NHS England veteran-friendly accredited GP practices. Retrieved from https://www.rcgp.org.uk

[22] https://www.gov.scot/news/new-scheme-to-improve-healthcare-for-veterans/ and https://learn.nes.nhs.scot/65580

[23] https://heiw.nhs.wales/support/revalidation-support-unit/continuing-professional-development-cpd/veteran-friendly-gp-practice-accreditation-in-wales/

[24] https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/livingarrangementsofukarmedforcesveteransenglandandwales/census2021#spouses-partners-children-and-stepchildren-that-lived-with-veterans

[25] NHS England. (n.d.). Integrated Care Systems for UK Armed Forces. Retrieved from https://www.england.nhs.uk/integratedcare/

[26] https://www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists/

[27] https://veteranaware.nhs.uk/op-courage/

announced plans to ensure easier access to essential care and support for veterans under a new VALOUR[28] system.

- **Awareness raising activities**: Encouraging regional awareness raising and support for care staff to better understand the specific needs of the UK Armed Forces community, thereby raising the standard of care across multiple settings.
- **Regional advocacy**: Aligning with the goals of regional UK Armed Forces Champions, who advocate for veteran-friendly practices across health and social care systems.

By fostering these partnerships, the VFF ensures that care homes become active participants in regional networks that prioritise veterans' well-being and accessibility to tailored services.

1.3.3 Local policy alignment

At local level, the VFF emphasises sustainable partnerships and community engagement, ensuring its principles resonate with the immediate environment of care homes. The Framework supports:

- **Collaboration with local organisation**
  Building strong relationships with organisations such as **Royal British Legion**, **SSAFA**[29], and local veterans' cafes, which provide direct support and engagement opportunities for veteran residents and their families.
- **Community awareness**
  Raising awareness of veterans' contributions within the local community, which often aligns with local council initiatives aimed at fostering inclusivity and acknowledgement of UK Armed Forces service.
- **Empowering local leadership**
  Encouraging care homes to nominate Armed Forces Champions who lead veteran-focused initiatives within their communities, seeking opportunities to partner with local organisations whose responsibilities align with the Covenant Duty[30].

By embedding the principles of the UK Armed Forces Covenant into its structure, the Framework reflects the national commitment to veterans and their families. Through partnerships with regional health networks and local organisations, it ensures veterans receive equitable, person-centred care that addresses their unique needs. The VFF not only enhances the quality of care in participating homes but also serves as a model for advancing inclusivity and respect for the Armed Forces community across the wider care sector.

1.3.4 VFF central management and support

Central support for the VFF programme is provided through three full time roles employed by RSG: a Project Lead and two Project Officers. They also benefit from Executive support, alongside resources and input from the RSG marketing, digital and other central teams. The project team are responsible for care home engagement, provision of support to homes to achieve the VFF standards, and review and approval of VFF applications. These roles are referred to collectively as 'the VFF team' throughout this report.

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[28] https://www.gov.uk/government/news/thousands-of-veterans-to-benefit-from-new-uk-wide-support-network

[29] SSAFA. (n.d.). Supporting veterans: Employment initiatives. Retrieved from https://www.ssafa.org.uk

[30] The Armed Forces Covenant: Guidance

Engagement of care homes commenced through existing links the Project Lead held with larger multi-home organisations and has continued through a combination of word of mouth (including care homes sharing on local forums) and active engagement efforts through system-level partners (local authorities, integrated care boards and Healthwatch organisations), presentations to care home forums, and direct outreach to homes. This has also been supported by a continuous programme of press and public communications work, including a full launch of the VFF in October 2023, targeting the care, military and not for profit sectors. The VFF team have recently reported an increase in 'cold approaches' from homes which have not been part of engagement efforts but have become aware of the VFF through word of mouth/the VFF website. The VFF team have noted that in the beginning building momentum and engagement was difficult with much of the communication to interested and early adopter homes done on a case-by-case basis through email. The creation of a dedicated VFF website (four months into the programme) has made a notable difference, allowing the centralised sharing of VFF news and testimonials and improving team efficiency.

Homes which are interested in the VFF will make initial contact with the VFF team via e-mail, receiving an email response with a flyer describing the programme and a follow up telephone call. The VFF team will then present to the care home and follow up a week later. If the home is interested in continuing with the process the VFF team will provide a wraparound service of the provision of materials (posters, flyers, training videos) to support implementation, access to the VFF team for any queries 8am-5pm throughout the week, and linking the home with other homes going through the process. These supportive peer cohorts of 6-8 homes are encouraged to visit each other and learn from each other's approaches. From a capacity perspective these cohorts have replaced the need for the VFF team to visit homes individually which is of particular note as the programme looks to expand its reach. The team will however always try to attend VFF celebration events in homes.

The VFF team noted that, particularly in the early stages of the programme, the engagement with homes was 'all dependant on relationships' which was also proffered as an explanation for the initial clustering of VFF homes in the North West and Yorkshire as these were areas in which the team could easily visit in person. Working with larger providers (in particular Anchor and Care UK) in these areas then supported further spread across England. The VFF team reported that these providers engaged particularly well with the VFF as they viewed the process as quality improvement alongside other internal initiatives such as the deployment of social prescribing through which they could refer clients into VFF activities.

2. Evaluation introduction and methodology

Care City Innovation CIC conducted a theory-based process and impact evaluation of the VFF: co-developing a Theory of Change which was tested through the evaluation to establish the impact of the VFF and the barriers and facilitators to its implementation. The aims of the evaluation were to identify:

A. The extent to which the aims of the VFF adoption were being met;
B. The changing experiences of veterans, their partners, their families and participating care home staff and managers;
C. Improvements to the overall efficacy of care;
D. The potential for wider adoption; and
E. The value for money achieved through adoption of the VFF standards.

2.1 Logic Model and Theory of Change

A Logic Model and Theory of Change (Appendix 1) for the VFF had been developed before the commencement of the evaluation by RBL, RSG and the Veterans Covenant Healthcare Alliance (VCHA) and was informed both by the experiences and knowledge of these organisations, and the findings of Gillen & Harding (2024)[31] from an international scoping review of veterans' social care needs. Whilst this scoping review primarily identified that the existing evidence is extremely limited (with only one of the studies identified being from the UK, from a total of 33 papers) it does highlight key issues which were important to the development of the original Logic Model and Theory of Change:

- Whilst all care home residents can face issues with social connections and personal autonomy, for veterans this may be shaped by their military background and how positively they engage with their military identity
- Veteran residents might have physical and mental health care needs connected to their military experience, requiring different care approaches than non-veteran residents
- The influence of military service on the care needs of veteran residents is heterogenous, emphasising the need for personalised, military-informed care planning

The original Logic Model and Theory of Change provided a theoretical basis for the VFF that the evaluation team (Care City) and representatives from RBL and RSG then developed further through a dedicated workshop.

Of particular importance in this development were the learnings (barriers, facilitators and contexts) about the delivery of the programme, which RBL and RSG had generated since the design of the original Logic Model and Theory of Change. The workshops facilitated the development of a Logic Model designed specifically to support the delivery of the evaluation (Figure 1) and the identification of

[31] Gillin, N., Almond, M. and Fossey, M. (2024) Veterans in Care Homes: An International Scoping Review to Inform UK Policy and Practice. Journal of Long-Term Care, (2024), pp. 346–359. DOI: https://doi. org/10.31389/jltc.259

key contexts and mechanisms to interrogate the Theory of Change (Figure 2). The identification of key contexts and mechanisms was supported through Care City's previous experience and knowledge of the implementation of complex interventions in the social care setting, and the organisational, behavioural and structural contexts and mechanisms which can influence implementation. The Theoretical Domains Framework[32] was also used to identify relevant actor behaviours which can facilitate/create barriers to successful implementation. The Office of Veteran Affairs' (OVA's) Public Perceptions' report and findings about the implementation of other Frameworks within care homes (most notably the Gold Standards Framework for care homes (GSFCH)[3334]) also informed the hypothesised contexts and mechanisms.

To ensure that the outcomes measured were meaningful to the key programme stakeholders and beneficiaries, input was also sought from care home managers and residents. A sample of RSG care home managers attended the Design Workshop, written feedback was submitted from RBL care home managers, and resident feedback was gathered by the RSG project team. The feedback from care home managers also supported the refining of outcomes into measurable variables, prioritisation of these variables, and selection of a robust and acceptable set of measurement tools that can be used to assess them.

[32] Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2017). A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project. Implementation Science, 12(1), Article 21. https://doi.org/10.1186/s13012-017-0605-9

[33] Straus, S. E., Tetroe, J., & Graham, I. D. (2011). Knowledge translation is the use of knowledge in health care decision-making. Journal of Clinical Epidemiology, 64(1), 6–10. https://www.sciencedirect.com/science/article/abs/pii/S0895435609002674#:~:text=Knowledge%20translation%20is%20defined%20as,these%20key%20decision%20maker%20groups.

[34] Lawton, S., Haddad, M., & Duncan, C. (2014). Understanding and assessing the impact of dignity therapy in palliative care: A systematic review of the literature. Palliative Medicine, 28(8), 976–994. https://doi.org/10.1177/0269216314539785

Figure 1. Logic Model

	Inputs	Activities	Outputs	Short-term Outcomes	Long-term Impact
Meeting veterans' needs	• Detailed assessments of veterans' unique needs. • Comprehensive demographic information (military branch, gender, age). • Uptake of VFF and AFC. • Staff training in detailed assessment of needs.	• Conducting thorough needs assessments to identify unmet and changing needs, and opportunities to maximise support, • Collecting and analysing demographic data to inform care practices. • Developing and implementing recognition systems that honour veterans, spouses and partners' service and unique needs.	• Individualised care plans tailored to veterans, spouses and partners' specific needs. • Detailed demographic profiles to guide care strategies.	• Improvement in the relevance and quality of care provided to veterans. • Better understanding of the veteran population within care homes. • Increased morale, satisfaction and wellbeing among veterans. • Increased morale, satisfaction and wellbeing amongst non-veteran residents. • Veterans, spouses and partners' experience of comradeship and of their needs being met increases. • Families' satisfaction with care and rating of residents' needs being met increases. • Improved staff morale.	• The Enhancement of veteran-specific care practices are sustained over time and become business as usual for existing and new veterans. • Data-driven policies and programmes that continually adapt to demographic trends. • Institutional culture that deeply respects and acknowledges veterans' service. • Reduced staff turnover and improved retention.
Diversity and Inclusion	• In-depth cultural and historical context materials. • Diversity and inclusion policies	• Integrating cultural competence training into staff development programs. • Organising inclusive events within homes that reflect the backgrounds and values of veterans. • Implementation of diversity and inclusion policies	• Culturally competent staff well-versed in understanding of the historical context, experiences, culture, preferences, and needs of the armed forces community • Regularly scheduled events within homes that diversity. • Inclusive practices that support all veterans, spouses and partners.	• Increased cultural sensitivity and competence among staff. • Greater participation and engagement in veteran community events (both within and outside the home) by both staff and residents. • Increased experience of inclusion from veterans, spouses and partners and their families • Increased experience of inclusion from non-veterans and their families.	• A culturally rich and inclusive environment within care homes. • Ongoing community engagement and support for diversity initiatives. • Enhanced well-being and satisfaction among all veterans, regardless of background.
Collaborative Mechanisms	• Identification of local veteran organizations, partners, and traders. • System for facilitating peer support between care homes	• Building and maintaining relationships with veteran organisations and other partners. • Developing peer support relationships between VFF homes.	• Increased number of connections with veteran organisations and other local partners. • Increased number of connections, and engagement with, other VFF homes.	• Improved access to, and uptake of, additional resources and support through partnerships. • Increased sharing of learnings with other VFF homes • Increased veteran and family wellbeing and satisfaction through improved collaboration • Increased non-veteran resident wellbeing and satisfaction	• Sustainable and resilient support systems for veterans. • Long-term emotional stability and well-being for veterans. • Continued professional growth and low turnover among staff.
Engagement and Participation	• Effective engagement strategies tailored for veterans, spouses and partners and their families • Facilitation methods for active participation in decision-making.	• Conducting pre-application engagements to assess veterans, spouses and partners' needs and readiness. • Facilitating active participation in community activities and decision-making processes.	• Engaged and well-informed veteran participants. • Active involvement of veterans, spouses and partners in shaping care practices and policies.	• Increased readiness and interest in participation among veterans, spouses and partners and their families. • Increased empowerment and involvement of veterans, spouses and partners and families in community activities (both veteran specific and general). • Increased involvement and engagement with community activities by non-veteran residents.	• Sustained high levels of engagement and participation by veterans, spouses and partners. • Long-term empowerment of veterans in influencing care decisions.
Sustainability	• External evaluation • Resource allocation	• Develop income generation plans to support programme • Conduct economic evaluation • Fundraising efforts to support veteran focussed activities within care homes	• Sustainability plan for programme • Evidence of value for money of programme • Additional funding secured for central programme • Funds available for activities at level of home	• Roll out of VFF continues at proposed rate/increased rate. • Increase in veteran focussed activities within care homes.	• VFF extends beyond England to four nations. • VFF informs care for wider care home residents and other social care beneficiaries.
Social and Emotional Well-being	• Programs to foster connections between staff and veterans, spouses and partners. • Detailed assessments of veterans' unique needs	• Strengthening personal connections through regular interaction and engagement. • Providing comprehensive emotional and wellbeing support tailored for veterans, spouses and partners. • Providing opportunities for engagement with wider armed forces community beyond the home.	• Strong, meaningful relationships between staff and veterans, spouses and partners. • Increased opportunity for, and engagement with, wider armed forces community beyond the home. • Increased engagement with activities within the home.	• Improvement in the emotional and physical well-being of veterans, spouses and partners. • Increased staff satisfaction and willingness to engage with unique veterans, spouses and partner needs. • Increased veteran and family satisfaction with care.	• Sustained emotional health and stability for veterans, spouses and partners. • Long-term staff commitment and reduced turnover.

Figure 2. Contexts and Mechanisms

	Contexts	Mechanism
Organisation	• Organisational size (beds and staff) • Organisational structure (independent/chain) • Organisation type (residential vs nursing) • Geography (rural/urban) • Proportion of agency staff • Turnover and sickness • CQC rating • Reasons for seeking to adopt VFF	• Does size of organisation present a challenge to consistent implementation of standards within a home and staff engagement? • Is being part of a chain of homes a barrier or facilitator to implementation? • Are residential or nursing homes more likely to engage with VFF and successfully implement? • Does an urban setting facilitate stronger/more links with external organisations? • Does the presence of a geographically near military base have an impact on adoption? • Does a higher proportion of agency staff/higher staff turnover/higher sickness rates inhibit successful implementation? • What is the correlation between CQC rating and VFF engagement and successful implementation? • Does the reason for engaging with the VFF impact the manner in which managers lead on implementation?
Staff	• Beliefs about special category of veterans • Cultural differences (note high diversity of staff) • Interest • If they have a background in Armed Forces (nature of champion)	• Does a belief that veterans do not represent a special category impact care delivered/engagement? • What is the impact of different ethnic/cultural backgrounds on engagement with programme/veterans, spouses and partners? • Does having an armed forces background impact the delivery of VFF champions?
Programme delivery	• Adequate leadership resources and staff training programs. • Access to IT infrastructure. • Policies addressing systemic biases and standardisation protocols.	• How does staff experience of leadership impact engagement? • What is the impact of lack of supportive IT infrastructure? • Does the presence of supportive policies support implementation and engagement?
Residents, friends and family	• Residents want to engage with veteran identity • Family/loved ones are supportive • Pre-existing strong relationship with care staff • Pre-existing recognition of veteran status	• Do health conditions have an impact on a residents engagement levels? • Do people without friends or family engage more or less than other residents? • Do a person's beliefs have an impact on their engagement levels? • Do working in different forces have an impact on adoption?
External organisations	• Local health services (e.g. GPs) are well engaged with the home • Availability of supportive organisations able to offer veteran targeted activities • Services and suppliers are aware of Care Home's high person centred care	• Do more highly engaged GPs ensure that principles of VFF are maintained within wider health system? • Where there isn't the local availability of supportive organisations - how do home adapt? • Does awareness impact how they are perceived by suppliers, services and potential residents?

2.2 Data collection

The data collection period for the VFF evaluation took place between September 2024 and March 2025. The data analysed for this report includes:

A. 42 completed care home manager surveys from 42 homes who are implementing or have implemented VFF standards. Survey questions can be found in Appendix 2.
B. 45 completed staff surveys from across 18 homes who are implementing or have implemented VFF standards. Survey questions can be found in Appendix 2.
C. A focus group with the VFF team. Focus group interview guide can be found in Appendix 3.
D. A 'specialist homes' focus group held with RBL care home managers and members of their central team. Focus group interview guide can be found in Appendix 3.
E. 12 visits to an in-depth subsample of care homes (Table 3), including detailed interviews (Appendix 4) with:
    a. 31 residents (21 veterans, 1 partner, and 9 non-veterans);
    b. 1 non-resident family member of a veteran;
    c. 33 staff; and
    d. 12 care home managers.
F. 9 completed care home manager surveys from 9 homes who have not begun to implement the VFF standards. Survey questions can be found in Appendix 5.
G. 51 proxy-measures completed by staff in implementing/implemented homes about 38 veterans and 12 partners (one survey did not identify which group their survey was for). Survey questions can be found in Appendix 6.
H. Review of 18 VFF "application forms" that are completed by care homes to provide evidence of how they have met the VFF standards. Our analysis of application form data focused on identifying both examples of implementation activities as well as evidence of impact to support the findings of this evaluation.

2.2.1 Data collection and sampling

Manager and staff surveys

The evaluation sought data (primarily through surveying of managers and staff) from care homes engaged with the VFF process across each of the three phases of engagement:

- those who have achieved the VFF standards (implemented),
- those currently working to implement them (implementing), and
- those that are pre-engagement.

This 'all homes' data collection took place between September 2024 and March 2025. Through two surveys designed for managers and for staff/champions we gained quantitative data around

the barrier and facilitators to the implementation of the VFF standards, as well as each home's experience of the process, and the outcomes they observed as a result of implementing the VFF.

Surveys were distributed primarily via email, with some completed on-site during our team's visits to sub-sample homes, some hard copies distributed to pre-engagement homes at a relevant in-person conference, and some surveys conducted over the phone. There were a total of 42 responses to the manager survey, representing one home each, and 45 responses to the staff survey where multiple staff from the same home were given the opportunity to respond, with 18 homes being represented in the response.

Table 1 reports the total number of homes in each phase of VFF engagement, as reported in September 2024, with the phase of homes adjusted where they had progressed through implementation by March 2025.

Table 1: Manager and staff survey response rates by VFF engagement level

	Engagement level		
	Homes in pre-engagement	**Homes implementing/currently working through VFF**	**Implemented/ VFF standard achieved**
Number of homes	77	80	66
Manager survey response rate	9 (12%)	19 (24%)	23 (35%)
Staff survey response rate	N/A	Responses from 10 homes (13%); 21 responses total	Responses from 8 homes (12%); 24 responses total

Proxy surveys

During the planning of this evaluation, we recognised challenges around gathering insights from care home residents through surveys alone, and planned to meet with care home residents - the primary target beneficiary of the VFF - through a series of in person visits.

During our first series of care home visits it became clear that, even where residents have full capacity to participate in an interview, the structure and completion of the self-assessment surveys proved challenging for some.

As such we developed an additional method of assessing impact alongside resident interviews, through a proxy survey: staff and manager observations were used as a proxy indicator of resident wellbeing. We requested staff complete one survey for each veteran or partner resident, or as many as were feasible given available staff time and resources. We had a total of 51 responses from 9 homes, with a total of 38 veterans and 12 partners of veterans (the question was not completed in one response), with breakdown of stage of engagement provided in Table 2 below.

Table 2. Proxy surveys by VFF engagement level

	Engagement level	
	Homes implementing/currently working through VFF	**Implemented/ VFF standard achieved**
Number of homes visited in sub-sample	4	8
Proxy measure responses	15 responses across 4 homes, 29% of responses overall	36 responses across 5 homes, 71% of responses overall

Interviews with residents, managers, and other staff

In-person qualitative interviews were conducted to explore barriers, facilitators, contexts and mechanisms surrounding the VFF implementation in greater depth. These longer, more nuanced conversations also supported our ability to determine attribution of changes in outcomes to the VFF or other factors. All residents, care staff, and managers of the in-depth subsample homes were invited to participate in the evaluation.

These in-person visits were conducted with 12 homes, 5 of the homes were currently in the process of implementing the VFF standards at the time of our visits and data collection, and 7 of the homes had already fully implemented the VFF standards. The sub-sample homes themselves were identified with support from the VFF Team to ensure a diverse sample of homes in terms of factors including size, geography, group/independent status and CQC rating. Table 3 reports the data collection from each of the in-depth subsample homes, and Table 4 reports the characteristics of these homes.

Table 3: Data collection from in-depth subsample homes

Sub- sample homes				
Home Pseudonym	**Engagement level**	**Qualitative Interview**	**Manager survey respondent from this home?**	**Number of staff survey respondents from this home?**
A	Implemented	2 non veteran residents 2 veteran residents 4 staff 1 manager	Y	13
B	Implemented	1 non-resident family member (veteran's partner) 2 non veteran residents 4 staff 1 manager 1 veteran resident	N	0

C	Implemented	4 staff 2 non veteran residents 1 manager 1 deputy manager 1 veteran resident	Y	0
D	Implementing/ working through VFF	1 administrator 1- manager 2- staff 1 veteran resident 1 non veteran resident	Y	9
E	Implementing/ working through VFF	1 manager 3 staff 1 veteran resident	N	2
F	Implementing/ working through VFF	1 manager 2 staff 2 veteran residents 1 non veteran resident	N	0
U	Implementing/ working through VFF (very early)	1 manager 1 staff 4 veteran residents (2 with support of loved ones)	N	0
V	Implementing/ working through VFF (very early)	1 manager 2 staff 0 veteran residents 1 non-veteran resident (family member of veteran)	Y	1
W	Implemented	1 manager 2 staff 2 veteran residents	Y	1
X	Implemented	1 manager 3 staff 3 veteran residents	Y	3
Y	Implemented	0 manager (unable to be present) 4 staff 3 veteran residents	Y	1
Z	Implemented	1 manager 2 staff 2 veteran residents	N	1

Table 4: Characteristics of in-depth subsample homes

Home Pseudonym	*Type of Setting*	*Type of care home*	*Stage of Implementation*	*CQC Rating*	*No . of Beds*	*No. of Veterans*
A	Urban	Residential, Residential Dementia, Respite	Implemented	Outstanding	61	8
B	Urban	Dual (residential and dementia care, assisted living and nursing care)	Implemented	Good	67	8
C	Rural	Residential + nursing home	Implemented	Requires Improvement	37	3
D	Rural	Residential, Residential Dementia, Respite	Implementing	Good	52	4
E	Rural	Residential care, dementia physical disabilities care	Implementing	Requires Improvement	45	1
F	Rural	Residential, Social support, advanced dementia, palliative care	Implementing	Good	106	5
U	Rural	Residential, respite, dementia, day care	Implementing	Good	48	9
V	Rural	Residential, nursing, dementia care	Implementing	Good	36	8
W	Urban	Residential care with focus on dementia care	Implemented	Good	73	10
X	Urban	Residential care, dementia care	Implemented	Good	60	9
Y	Urban	Nursing care, dementia care	Implemented	Good	69	5
Z	Urban	Residential care, nursing care, dementia care, end of life care, respite care	Implemented	Good	80	13

Data collection from non-engaged homes

In order to establish attributable impact of the VFF, data was collected via survey from managers of care homes who had never engaged with the VFF. This data collection was done in person through events held by Care Providers Voice (CPV) - an advocacy organisation for the independent carer sector in North east London. Of the nine care homes managers who completed the survey:

- 6 care homes (67%) are part of a larger organisation and 3 (33%) are independent
- 7 care homes (78%) are located in urban settings and 2 (22%) are located in rural settings
- 3 care homes described themselves as dual care homes, 5 are residential care homes and 1 is a nursing care home
- The care homes employ an average of 53 staff members

Data collection from specialist homes

Emerging barriers and facilitators were presented to a focus group (in March 2025) of 8 RBL members of staff including 5 registered care home managers, the head of operations for care homes, the support service manager and the care director for care homes. This focus group was to gain insights and recommendations, as to the identified barriers and facilitators, from homes which provide specialist support for veterans/partners only and have themselves been through the VFF process.

Review of the VFF application forms

Care homes are required to complete an application form to evidence that they have met the VFF standards. 18 of these application forms were reviewed as part of the evaluation to identify any additional activities and impacts not identified through the other data collection methodologies. The 18 application forms were randomly selected, and anonymised, by the central VFF Team from each of their geographic regions. Few additional activities/impacts were identified as part of this review and where they were this has been noted in the relevant sections.

2.3 Limitations

There are key limitations to this evaluation which are discussed below. It is important to note that these limitations are not unique to this evaluation and are a frequent feature of research conducted within the care home setting. Whilst not unique, these limitations are compounded through the evaluation's focus on a population (veterans/partners) whose needs and experiences of social care have been 'found to be a largely underexplored area of research, especially in the

UK'[35]. A recent scoping review[36] of international research identified only 1 UK study relating to veterans living in care homes (speaking to 8 veterans, 1 mother, and 15 staff), with the largest qualitative paper identified speaking with 36 veterans (conducted in Taiwan). This evaluation appears to be internationally unique in the scale of its mixed methods data collection, and collection of comparator data, in the evaluation of a veteran targeted care home intervention. The following limitations should be considered within this context, and the significant contribution this evaluation is making to the evidence base.

2.3.1 Resident participation challenges

Throughout the data collection phase, staff were generally welcoming and willing to support and participate in the interviews undertaken. A key challenge we encountered was the capacity of veteran residents/partners to participate in data collection activities.

Often, many of the veterans/partners in the home were unable to consent to interviews due to a lack of mental capacity, and, as stated earlier, were sometimes able to partake in one element of data collection (i.e. interview), but unable, or too tired to complete others (such as self-report surveys). Some veterans, particularly those residents who served during national service, were unwilling to identify as veterans and had no interest in participating in interviews. The changing needs of residents on the day of the visit, with some being either unwell or engaged in other activities at the intended time of interview, paired with limited staff capacity to support, was an additional challenge.

The Care City team focused as much as was possible on interviews with veterans/partners, but also addressed this problem through employing the proxy measure discussed in section 2.2. Whilst we acknowledge that proxy measures are less robust than directly collected measures, they are routinely used in large scale research in care home and domiciliary care settings in recognition of the aforementioned mental and organisational capacity challenges.

2.3.2 Comparator data

Comparator data was collected to allow us to explore key differences between care homes who are currently or have already implemented the VFF, and those who are not currently engaged with it. A survey was employed to collect data from non-engaged care homes, and was shared with over 100 care homes through various channels, including email contacts, forums, phone calls and in-person events. Despite this wide outreach, only 9 care homes responded to the survey, highlighting the difficulty of engaging care homes in a conversation about a topic that may not hold priority among other pressing issues they face. This small sample size limits our ability to draw comparative conclusions, and acts as a small insight into a handful of homes that may not represent the wider population. It is recommended that in future evaluations an alternative approach is taken to collecting comparator data . There may be a way to build this

[35] Gillin, N., Almond, M. and Fossey, M. (2024) Veterans in Care Homes: An International Scoping Review to Inform UK Policy and Practice. Journal of Long-Term Care, (2024), pp. 346–359. DOI: https://doi. org/10.31389/jltc.259

[36] Gillin, N., Almond, M. and Fossey, M. (2024) Veterans in Care Homes: An International Scoping Review to Inform UK Policy and Practice. Journal of Long-Term Care, (2024), pp. 346–359. DOI: https://doi. org/10.31389/jltc.259

data collection into the VFF process, such as through asking a home to give an honest audit of their current processes around things such as identification and recording of veterans, prior to formally beginning to work towards the VFF standards. It should be noted that, to our knowledge, no research to-date has collected comparator data in the evaluation of a veteran targeted care home intervention.

2.3.3 Sample size and analysis

Throughout this report insights from data are explored descriptively and narratively given that any inferential statistics would have been inappropriate and inaccurate given the small size of the sample. Due to this smaller sample size, it is of note that there is also greater risk for potential for outliers to skew data. Though not possible to completely mitigate this, qualitative and quantitative insights are woven together throughout the report to illustrate nuances. For transparency, both whole numbers and percentages are provided each time responses are discussed.

'Most Significant Change' analysis[37] was originally planned as part of this evaluation to explore the experience of change across the various stakeholder groups and establish which changes were most significant both within and across the groups. This approach was based on an assumption that the most significant change might vary between stakeholder groups, but within professional groups (VFF team, care home managers, care home staff) the identified significant changes were consistent, and (as detailed above) engagement from residents proved too challenging to take this approach. This approach to analysis was therefore not conducted.

2.3.4 Value for Money Analysis

The intention of this evaluation was to collect health service use data about veteran/partner residents (pre and post the implementation of the VFF) to inform a value for money analysis which took account of wider system benefits. This data was to be collected through care home care records about the number of GP visits/attendances, number of ambulance call outs, number of hospitalisations and lengths of stay. This data was only to be collected with the express consent of the resident. However, even where the consent of the resident had been collected, homes were either unwilling to share the necessary data (citing data sharing concerns) or did not maintain the necessary records to allow them to do so. There was a single home that was willing and able to share the data (on the basis of resident consent) but this has not been included in this analysis as it only represented two residents and was not of enough value to retain and analyse the data. Whilst this barrier might have been addressed within a longer timeframe, the duration of this project meant that it was not possible to negotiate multiple agreements with the range of separate, private and charity providers running the care homes.

[37] https://www.betterevaluation.org/methods-approaches/approaches/most-significant-change

3. Evaluation findings

This section reports the findings of the impact and process evaluations, along with the value for money analysis.

To ensure consistency in language, in this report, we are referring to the different phases of the VFF implementation process as follows:

1. *pre-engagement - referring to homes that have not started the process of implementation of the VFF*
2. *implementing - referring to homes that have started the implementation process*
3. *implemented - referring to homes that have completed their implementation process and have met all standards*
4. *VFF- engaged homes will be used to refer to any homes included within 2 or 3; homes that have had some level of engagement with the framework, whether that means they are in process or have successfully implemented. Staff and manager surveys surveyed just these groups so this will be used as a shorthand to refer to the whole population of respondents to those surveys.*

Homes that are part of a larger group organisation are referred to as "non-independent" as opposed to those that are run independently.

Data sources

This section draws on data from proxy surveys, which staff completed on behalf of residents they knew well. 51 proxy surveys were completed by staff from 9 of the 12 in-depth homes where staff had capacity to complete surveys when asked. Of these 51, 38 were completed about veteran residents, 12 were completed about partner residents, and 1 did not specify. This impact evaluation also uses data from surveys completed by both care home staff (including champions), and care home managers, which had 45 and 42 responses respectively, and were completed both by staff and managers of care homes both from the in-depth subsample, and those outside this sample who were reached via email and in-person engagement at a relevant conference

3.1 Impact of the VFF

An interview with a veteran resident, sharing reflections on military life and how the care home supports their wellbeing

An interview with the spouse of a veteran resident, discussing the importance of recognition and support for partners of those who served.

A veteran resident pointing to locations of past service on a world map during an interview, highlighting personal stories

3.1.1 Impact evaluation

This section evaluates the impact that the implementation of the VFF has had on care home residents (including veterans, partners, and non-veterans), care home staff and managers, and friends and family of veteran residents.

Both quantitative feedback collected through proxy surveys, and qualitative insights from interviews form the basis of the data analysis. We have identified the following themes, summarising the outcomes identified as a result of implementing the VFF:

- *Increased identification and recording of veteran and partner status*
- *Increased understanding of veteran needs*
- *Positive impact on veteran and partner wellbeing and experience of care*
- *Enhanced connections and engagement for veterans, partners and homes*
- *Professional and team development*
- *Sustained change*

Each section below begins with the anticipated outcomes laid out in the logic model. Anywhere an outcome was not able to be evaluated, this is also addressed.

An interview with the deputy manager, reflecting on the care home's journey with the VFF and the changes it has brought to everyday practice.

3.1.1.1. Impact 1 - Increased identification and recording of veteran and partner status

Logic model outcome evaluated:

- Better understanding of the veteran population within care homes

In order to better understand the Armed Forces community population within care homes it is vital that veterans/partners are identified and recorded as such.

Homes in this evaluation have demonstrated a 140% increase in the recording of veteran/partner status of their residents.

- 80%[38] veteran/partner residents in VFF engaged homes now have their status recorded in their care plan.
- Of these, the majority (59%[39]) did not have this recorded in their care plan prior to their home's engagement with the VFF.

80% of veteran/partner residents having their status recorded in VFF homes is markedly higher than the rates in these homes prior to VFF engagement, and in homes which have never engaged with the VFF.

- Prior to their homes engagement with the VFF, only 27%[40] veterans/partners had this status recorded in their care record.

[38] *33/41. Source - proxy survey*

[39] *14/24. Source - proxy survey*

[40] *11/42. Source - manager survey*

- Only 11%[41] of homes which have never engaged with the VFF were found to record veteran/partner status.

This strongly suggests that implementation of the VFF has a direct impact on the identification and recording of veteran/partner status.

There is also qualitative data to suggest[42] that even where the status had been previously recorded, the quality of this recording had improved due to the VFF as illustrated in the quotes below:

> *'Their status was on their care plans but not to the length it is now since becoming a VFF home'*
>
> *- Deputy Manager*

> *'A little, however not as detailed.'*
>
> *- Deputy Manager*

The increase in identification and recording of status is a clear example of an improved understanding of the veteran/partner population within VFF homes. This improved understanding has provided the basis for further impact as reported in the following sections.

> *'We wouldn't have known to ask about military backgrounds before, but now that we do, it's been incredible. It's changed how we see behaviours—why someone reacts to fireworks, why they maybe need that structured routine.'*
>
> *- Manager*

3.1.1.2. Impact 2: Increased recognition, and understanding, of veteran needs

Logic model anticipated outcomes evaluated:

- Better understanding of the veteran population within care homes
- Increased cultural sensitivity and competence among staff
- Improvement in the relevance and quality of care provided to veterans.
- Improved staff morale
- Increased staff satisfaction and willingness to engage with unique veteran need

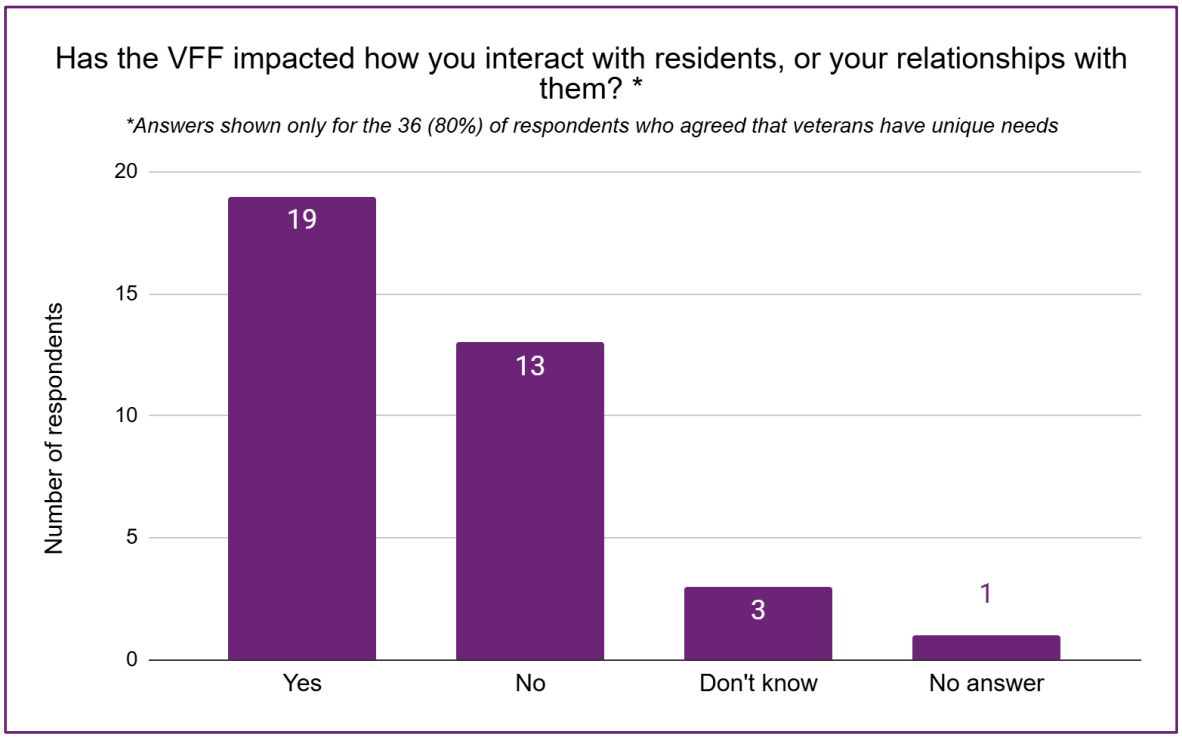
[41] *1/9. Source - manager survey - not implemented homes*

[42] *Source - proxy survey*

Recognising and understanding the unique needs of veterans/partners in care homes is necessary to deliver centred care which takes account of these residents' Armed Forces background and experiences.

80%[43] staff in VFF-engaged homes recognise that "veteran residents have unique care needs compared to non-veteran residents". Of this 80%, which represents 36 staff, 53%[44], feel that the VFF impacts how they interact with residents:

Figure 3. Impact of VFF on how staff engage with and have relationships with residents



Staff who agreed that veterans have specific care needs were also asked to share what these needs might be. The most common responses given are summarised below, demonstrating a depth of understanding that could inform the provision of tailored activities or support to address the challenges.

- Mental health support / post traumatic stress disorder
- Service-related physical challenges
- Other disabilities sustained through service

Whilst the recognition that veterans/partners have unique needs is high amongst VFF-engaged homes, the knowledge about these issues is more nuanced:

- 51%[45] of staff reported that their knowledge about veteran specific issues is "good" or "very good"
- 36%[46] rated their understanding as 'neither good nor poor'

[43] *36/45. Source - staff survey*

[44] *19/36. Source - staff survey*

[45] *23/45. Source - staff survey*

[46] *16/45. Source- staff survey*

- Only 36%[47] of staff respondents indicated that they had received training and education on the needs of the UK Armed Forces community, indicating an area that could be focused on in future

It is important to note that it is a requirement for VFF Champions (a minimum of 3 per home) to directly receive training from the VFF team, with the expectation to help cascade this knowledge within their respective teams. The data suggests that not all staff members have had an opportunity to learn from the VFF Champions or attend a training session at their home, likely due to limitations around time constraints as discussed elsewhere in this report.

Managers and champions at a small number of homes that were new to the VFF process reported little change in their staff's knowledge around veteran-specific needs since engaging. In these instances they attributed it to the fact that early engagement activities were only partaken in by a handful of champions in the home, and that they expected staff-wide knowledge to pick up as the VFF work was implemented more widely across the home.

This disparity of knowledge across staff (particularly early in the VFF process) might also be reflected in how staff report that the VFF has impacted the care they deliver:

- Staff reported being able to provide better care for 43%[48] of veterans/partners due to the VFF. This is more pronounced for veterans, with staff feeling able to provide better support for 55%[49] of these residents.
- Staff neither 'agreed nor disagreed' that they could provide better care for 31%[50] of veterans/partners due to the VFF, with only 6%[51] in disagreement.

Despite these quantitative variations, in interviews the majority of staff reported an increase in knowledge of veteran needs and how that has improved the care they can provide. They shared how delving deeper into the experience of veterans/partners has helped them better understand their needs, and how they can be best cared for, as illustrated in the quotes below:

> *'It makes you think more about their behaviour and understand it; makes us ask why'*
>
> *-Manager*

> *'Without VFF, we might have assumed we were being person-centred, but now we see how much more there is to understand about veterans' lives.'*
>
> *- Care home staff/champion*
>
> -

[47] *16/45. Source - staff survey*

[48] *22/51. Source - proxy survey*

[49] *21/38. Source- proxy survey*

[50] *16/51. Source - proxy survey*

[51] *3/51. Source - proxy survey*

During interviews, staff also describe carrying a "greater level of consideration" into their roles, becoming more sympathetic to veterans' needs and behaviours. This includes increased sensitivity to the impact that time in the Armed Forces may have had on an individual, including experiences of trauma and PTSD.

> *'For someone living with dementia that has PTSD or some adverse behaviours, it's easy to label them as 'challenging' without recognising the underlying causes.'*
>
> *- VFF Champion*

Staff expressed an understanding of the benefits veterans residents gain from *"engagement in veteran community groups*", and an understanding for how the military may have shaped resident habits, with one staff member sharing that she recognised how *"most of them continue their disciplinary [sic] lifestyle*" and how this impacts on their preferences.

They also shared that the VFF has improved staff morale by contributing to their sense of purpose at work. Across homes we heard consistently that VFF has offered staff a clear pathway to learning more about their residents in a way that leaves staff feeling more connected to them, and with a renewed sense of achievement when they feel equipped to meet their needs. One manager shared just how much this provided him with additional motivation to pursue and maintain VFF standards, even when it was challenging:

> *"It's been an adjustment, but when you see a resident light up because they feel understood, that makes it worth it."*
>
> *- Manager*

Working to better understand the needs of veterans/partners makes clear to staff the challenges they face, the way they engage with their environment, and the impact their service has had on them. Equipped with this knowledge, staff are better able to make informed decisions around how they provide both individual care, and coordinate residents- wide activities that can make tangible changes to residents' experiences of care and overall wellbeing.

Interview with veteran resident and his daughter

Interview with resident veteran

3.1.1.3. Impact 3: Positive impact on veteran and partner wellbeing and experience of care

Logic model anticipated outcomes evaluated:

- Improvement in the relevance and quality of care provided to veterans/partners
- Increased morale, satisfaction and wellbeing among veterans/partners
- Increased morale, satisfaction and wellbeing amongst non-veteran residents
- Increased veteran and family satisfaction with care
- Improvement in the emotional and physical well-being of veterans/partners
- Families' satisfaction with care and rating of residents' needs being met increases

The improved identification of veterans/partners, and the increased recognition and understanding of their unique needs, has led to changes to be made in care homes as a direct result of the VFF (see Process section) that have impacted positively on residents' experience of care and wellbeing.

- 35%[52] of veterans/partners have an improved sense of wellbeing due to implementation of the VFF. This is more pronounced for veterans, with 37%[53] of veteran residents experiencing an improved sense of wellbeing.

[52] *18/51. Source = proxy survey*

[53] *14/38. Source = proxy survey*

- 29%[54] of veterans/partners are more satisfied with their care due to implementation of the VFF. This is more pronounced for veterans, with 32%[55] of veteran residents being more satisfied with their care.

Many veteran residents, as well as partners and family members, reported that their care has become even more thoughtful, tailored and personalised since the implementation of the VFF. In many cases, this has meant that staff now understand how to support veterans through an approach that takes their preferences into account.

Examples were shared of care staff becoming more mindful of their approaches to care to better suit veterans' / partners' backgrounds, such as adjusting communication styles, respecting personal preferences and recognising potential triggers related to trauma. It has also led to a deeper understanding of the reasons behind residents' wishes for personal preferences, including structures and routines, which often reflect their habits developed while serving in the Armed Forces. This additional layer of care contributes to greater outcomes and experiences for veterans/partners in care homes.

> *'I don't like people making decisions for me. I like to be asked, not told"'*
>
> *- Veteran resident*

Another veteran shared how positively it has impacted his experience of care to know he now shares the military facet of his life with staff he sees regularly at the home. He expressed that the home's engagement with VFF showed him that staff truly cared to learn more about his life and about his service history.

> *'Yeah I enjoy telling them [staff] about it [service]. It's nice to know some of them really genuinely care to hear it as I don't want to talk their ears off!"*
>
> *- Veteran resident*

The increased level to which veteran's needs are met also has the potential to improve the confidence of family members in the quality of their loved one's care. One partner of a veteran expressed that the staff's ability to create a safe and inclusive environment was appreciated and that they felt great relief knowing their loved one was well cared for.

Staff feel the Framework has positively influenced how they approach care decisions, often *"adding to their care"* and making them more attuned to veterans' experiences, ensuring that both their emotional and social needs are being addressed.

[54] *15/51. Source = proxy survey*

[55] *12/38. Source = proxy survey*

'The more you know about someone, the better their care plan.'
- Staff / Champion

Staff also mentioned that they now understand that residents living with dementia may often travel back to their time of service in their memory, and how meaningful it can be for them to engage in gentle reminiscence, or discuss time in the service with veteran residents.

A service cap gifted to the veteran resident through the efforts of the care home as a powerful reminder that they are respected and not forgotten.

'[With dementia] often their minds go back to earlier experiences so they're probably still living in that time [of active service] some of them, and we didn't think about how to engage with that before'
- VFF Champion

To ensure that the VFF is integrated successfully into the daily routines, veteran and partner-specific questions have also been added to standard assessments, intake questionnaires and activities are chosen in line with personal preferences and needs in mind. These shifts indicate that the Framework is becoming a sustained, embedded part of care delivery, focused on continuously improving the quality of care for residents.

The above changes reflect ongoing efforts by VFF-engaged homes to incorporate small but meaningful changes into the way they engage with residents and operate day-to-day to enhance the quality of care, and support them to bring their full identity into their lives in the care home. These changes have led to many positive outcomes, such as feelings of recognition and more considered care for those with dementia, and have had a particularly large impact on both how veterans/partners are connecting with others in their care home (including other veterans), and how homes are connecting with external partners.

3.1.1.4. Impact 4 - Enhanced connections and engagement for veterans, partners and homes

Logic model anticipated outcomes evaluated:

- Increased readiness and interest in participation among veterans/partners and their families
- Increased involvement and engagement with community activities by non-veteran residents
- Increased empowerment and involvement of veterans/partners and families in community activities (both veteran / partner-specific and general)
- Greater participation and engagement in veteran community events (both within and outside the home) by both staff and residents
- Increased experience of inclusion from veterans/partners and their families
- Increased experience of inclusion from non-veterans and their families
- Improved access to, and uptake of, additional resources and support through partnerships
- Increased veteran / partner and family wellbeing and satisfaction through improved collaboration
- Increased sharing of learnings with other VFF homes

The most notable impacts of the VFF have been on the social connectedness of veteran residents, and their participation and engagement with other residents and with activities, both within and outside the care home.

55%[56] of proxy survey respondents agree or strongly agree that veterans/partners have more social connections due to implementation of the VFF. This is more pronounced for veterans, with 66% of these residents experiencing having more social connections.

- This was the highest rated question from the proxy survey and the only one where 'neither agree nor disagree' was not the highest category of response, with 'agree' the highest at 35%[57].

29%[58] of proxy survey respondents agree or strongly agree that veterans/partners are less socially isolated due to implementation of the VFF. This is more pronounced for veterans, with 32% of veteran residents being less socially isolated.

This increase in social connectedness and decrease in social isolation is likely connected to the evidenced increases in the number of activities they are engaging with, and the degree to which they are engaging with them.

[56] *28/51. Source: proxy survey*

[57] *18/51. Source proxy measure*

[58] *15/51. Source: proxy measure*

47%[59] of veterans/partners (55% of veterans) participate in more activities due to implementation of the VFF, and 39%[60] (45% of veterans) are more engaged in activities when they do participate due to implementation of the VFF.

Internal engagement

The majority of veterans/partners we spoke to in qualitative interviews had good friendships and relationships in their home, some of which had been strengthened through discovery of common military backgrounds with fellow residents. In our conversations, veteran residents expressed their appreciation for opportunities to connect with others who share similar backgrounds and experiences. One veteran resident, when discussing his veteran friends in the home shared:

> *'Yes, we have a gentleman's table, and we all know each other's stories and I make an effort to always ask about their backgrounds.'*
>
> *- Veteran Resident*

Through interviews and surveys, staff have also identified that veterans/partners have become more open and willing to share their military experiences with staff and other residents as a result of the VFF. They reported that veterans have become '*more happy to reminisce about their service*', that they '*enjoy chatting about their lives and experiences in the military*' and are *'more chatty and engaged when discussing with other residents regarding his time in the service*'.

Veterans, residents and staff reported that military history can serve as a conversation starter giving residents a shared topic of conversation, which has improved social engagement. This has particularly benefited veterans/partners who may struggle with communication or isolation.

> *'It's getting easier to make friends here. I'm beginning to move onto the table sometimes.'*
>
> *- Veteran Resident*

It is also clear from interviews with staff that they have put significant effort into thinking about how to include residents who don't have a connection to the UK Armed Forces in their planning, allowing VFF to serve as a catalyst for resident-wide engagement.

> *'I was honoured to be asked to place the wreath on Remembrance Day in town.'*
>
> *- Resident (non-veteran)*

Family members of veterans have reported feeling increasingly engaged in care home activities that celebrate their loved one's military identities. In some examples, this has led to an improved relationship between the care home and families. Family members have also been integral for staff to learn more about a veteran's history, where information that could be accessed from the veteran themselves was limited. Family members report feeling proud of the acknowledgement

[59] *24/51. Source: proxy survey*

[60] *20/51. Source: proxy survey*

loved ones receive, and reassured in the knowledge that their loved ones are receiving more tailored care. One daughter of a veteran resident noted how she was already noticing positive changes since her father's care home had begun the process only a month prior, sharing that she felt staff were demonstrating more openness and awareness. Further, she shared that this framework would give her father the recognition he deserved for what he sacrificed during his time in the service.

External engagement

The development of relationships between homes and external veteran/UK Armed Forces organisations is central to the implementation of the VFF.

95%[61] of homes that are either implementing or have successfully implemented the VFF are currently engaged with veteran/UK Armed Forces organisations.

- A high proportion of the above homes (93%[62]) also report that their relationship with these organisations is either "good" or "very good"
- In interviews, many managers stated that prior to engagement with the VFF they had no connection with external organisations. In homes where connection did exist prior to the VFF, all managers reported they had been strengthened, with one reporting on these relationships that:

> *'They've gone from good to outstanding.'*
>
> *- Manager*

- Of the two homes that didn't report being engaged with external organisations one was from an urban setting, and one from a rural setting, suggesting that there may be no relationship apparent between ruralness and engagement with these organisations, as might have been an expected impact of potentially different geographical distances from such organisations.
- These positive findings contrast with survey data from homes which are not engaged with the VFF, with none of these homes reporting being engaged with any veteran / Armed Forces organisations.

Interviews show that all homes have found that pursuing VFF standards has supported and encouraged them to improve their relationships with external Armed Forces organisations, often helping them grow both the depth of and number of connections. VFF- engaged care homes are now more actively involved in organising or participating in events with external partners such as Remembrance services, community visits, or having other veterans visit their homes for talks and visits.

[61] *40/42. Source: Manager survey*
[62] *37/40. Source: Manager survey*

'The community has been amazing because we've linked up... we've got veterans coming in, we've got the local army camp coming in.'

- Manager

Veterans' breakfasts, and memorial outings were two examples that veteran residents often reported being excited to take part in. Veterans described these events as giving them a chance to connect with others who share similar experiences, helping to foster a sense of community and belonging and forming supportive social circles that help reduce loneliness and foster camaraderie.

'He always comes back in a good mood [from the veterans breakfast]'

- Resident (partner of veteran)

As evidenced above, the VFF has offered a framework and catalyst for increased engagement for residents within the home, as well as encouraging and improving relationships between veteran residents and care homes, and external organisations. Further to this, the VFF has also supported increased engagement from staff, discussed in the next section.

Network Analysis Mapping: Evolving relationships around veteran residents

The following network map illustrates the shift in relationships surrounding veteran residents before and after the implementation of the Veteran Friendly Framework (VFF). At the centre of the map are veteran residents/partners, supported by an inner circle of care home staff, managers, and families. Surrounding them are key external stakeholders such as Armed Forces charities, community groups, local authorities, and NHS services.

Before VFF, connections with external partners were often limited, informal, or non-existent, shown by dashed lines. Many homes had no clear point of contact with veteran organisations or health services, and veteran status was not consistently recognised or shared across settings.

After VFF, care homes reported a notable strengthening of external relationships. Bolder lines on the map indicate active, sustained collaborations such as those with local veteran charities, cadet groups, and healthcare providers. The introduction of VFF Champions and dedicated activities helped catalyse these changes, with care homes proactively engaging new partners and creating new opportunities for residents.

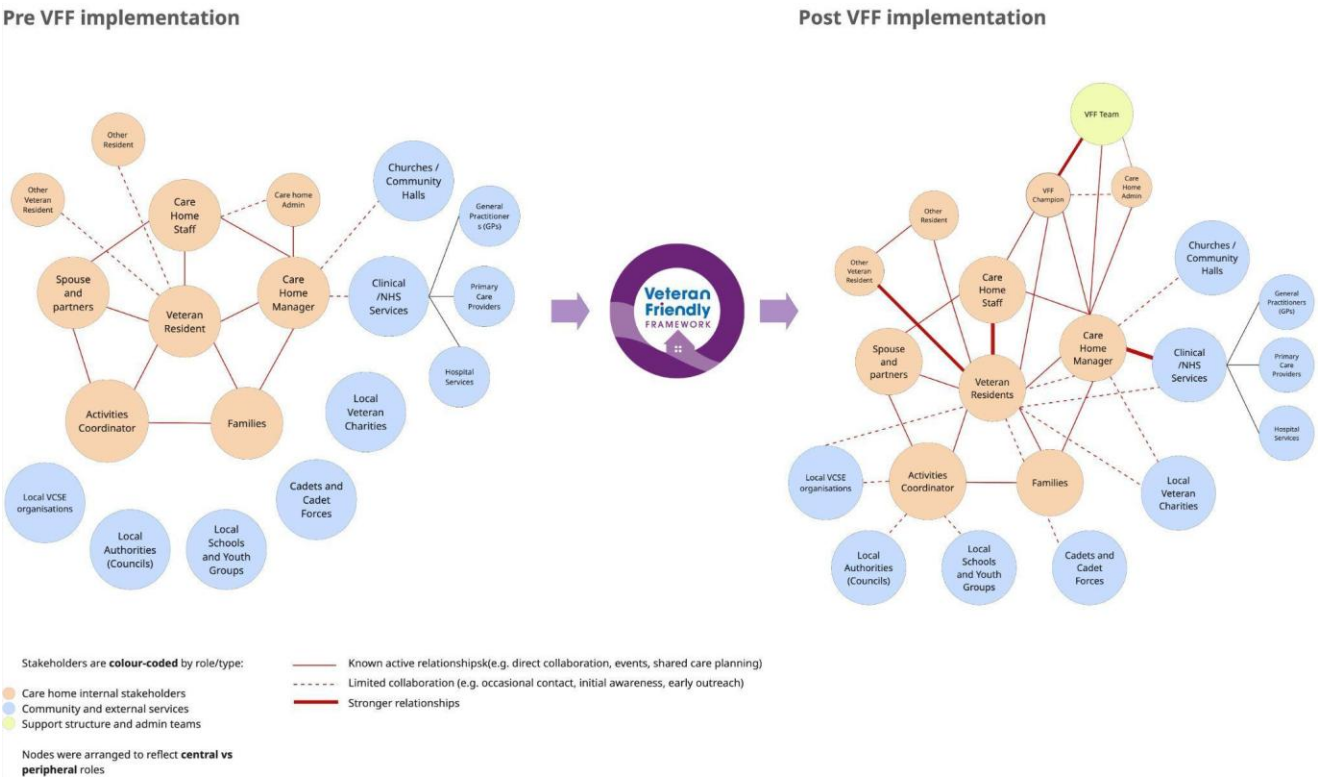
Examples of enhanced engagement include:

- Health services: *'We now include veteran status in hospital passports, so their story goes with them wherever they're treated.'*
- Local authorities: *'We used to struggle finding the right contacts—now we've got a named person helping us connect veterans to the right services.'*

- Spouses and partners: *'It's helped families feel part of something—and proud to see their loved one's service recognised.'*
- Community engagement: *'We didn't have a veteran hub locally, so we started one at the church hall—it's become a real community space.'*
- Resident relationships: *"It's brought veterans and non-veterans together. People who'd barely spoken now bond over shared memories from the war era—even if they weren't in the services themselves."*
- Team-wide participation: *"Our kitchen staff, carers, admin team—everyone plays a part now. It's not just an activity thing, it's in the way we all work."*
- Staff confidence and culture shift: *"We wouldn't have thought to ask about someone's service history before. Now it's second nature—and it changes how we respond to behaviours."*

Overall, the network map reflects a cultural shift from isolated awareness of veteran identity to integrated care and collaboration. It demonstrates that, through VFF, care homes are not only better at recognising and supporting veterans but also actively reshaping the ecosystem of support around them.

Figure 4. Network analysis map



3.1.1.5 - Impact 5: Professional and team development

Logic model anticipated outcomes evaluated:

- Improved staff morale
- Increased staff satisfaction and willingness to engage with unique veteran need

Beyond contributing to better quality care and outcomes for veterans/partners themselves, developing knowledge about veteran residents holds the potential to improve staff engagement, and increase morale by adding further purpose and context to the work they do. This theme was identified and explored qualitatively through interviews with managers and staff.

Managers described the VFF as an empowering resource that has demonstrated a positive impact on the overall culture within their care homes. The VFF appears to prompt deeper reflection, and staff members report that implementing the VFF has encouraged communication, idea sharing, and collective problem-solving within their teams. One staff member references a "shared purpose", suggesting a growing sense of mission-driven work where team members are driven by a shared aim.

> *'It was putting it into action that brought it to life'*
>
> *- VFF Champion, wellbeing practitioner*

For many staff members, the training sessions and facilitated discussions they had access to during the implementation of the VFF have served as an entry point for deeper learning and professional growth. During qualitative interviews, staff members reported that the VFF-specific training not only increased their confidence in supporting veterans, but served a double purpose as a form of enrichment and professional development. They also experience improved work satisfaction from increased connection to residents. As a VFF Champion and manager shared:

> *"I find it so fulfilling and found it so amazing even just to ask them these questions, and then get to see photos and hear their families talk about their service"*
>
> *- VFF Champion*

> *'I think they [staff] feel a lot more, what's the word, fulfilled? That just by doing like the training and things like that... you just feel more fulfilled. And [you have] things that you can speak to that resident about.'*
>
> *- Manager*

Qualitatively, this sense of pride and achievement among staff came through strongly, and was reported by staff across different care home settings. Through interviews it emerged that, alongside the potential for increased connection with residents, the achievement that

accompanies being able to offer more informed care drives willingness to engage with VFF across staff.

Some staff members, especially those with personal connections to veterans, have additionally found the framework to be personally rewarding, allowing them to develop new skills and take on champion roles.

Staff satisfaction and buy-in is crucial to effectively delivering the focus and commitment required for care homes and residents to benefit from frameworks like VFF. In VFF- engaged homes, this commitment is encouraged not only by the framework's ability to offer staff new ways to connect with and support residents, but through offering an opportunity to develop their skills and knowledge in their work, a necessary ingredient for VFF to sustainably be integrated into as-usual care homes across the country.

3.1.1.6. Impact 6: Sustained change

Logic model anticipated outcomes evaluated:

- Increase in veteran focussed activities within care homes
- Roll out of VFF continues at proposed rate/increased rate

It stood out from our conversations with staff and managers, that the process of implementing the VFF in care homes has been a source of inspiration to think of additional events and activities, ways to engage staff or ways to honour their veterans' military experiences.

Examples of ideas that have been inspired through VFF include:

- **Expanding on the range of military events and activities offered**: One care home mentions having invited a local historian to talk about the history of the town during World War II. Other homes have made plans to increase the frequency of certain events due to popular demand and to introduce new formats such as a veteran widow group and a dementia support group. Other plans include organising more community outings, such as a visit to a RAF site. One care home shares their ambition to "become a hub" for veterans and a "resource to the wider community".

> *"We keep our eyes and ears open to see what might be available to the residents from the community."*
>
> *- VFF Champion*

- **Strengthening relationships with NHS services:** interviewees frequently highlight wanting to play a part in strengthening relationships with NHS services and encouraging them to better understand veteran needs. Staff members recognise the opportunity in sharing their knowledge with NHS services to ensure that veterans can receive the best possible care in the NHS when needed. Generally, the aim is to improve access to

veteran-friendly healthcare and foster a network that can provide comprehensive care to residents.

One manager shared that before joining the Veteran Friendly Framework (VFF), they'd never thought to include veteran status in hospital passports which are short summaries sent with residents to hospitals or external appointments. But through the VFF, they realised how important it is for health professionals to understand a resident's military background. Now, they make sure this information is included so that veterans' needs are recognised wherever they go. *"It's about making sure their story goes with them,"* the manager explained, highlighting how VFF helped change everyday practice in a lasting way.

> *"Right now, it's mainly within the home, but I hope we can work more closely with NHS services to get better support for our residents."*
>
> - *Manager / staff*

- **Interactive learning for staff members:** some staff members have spoken about their ambition to develop an interactive, self-paced training alongside the VFF training resources. Additional ideas include creating a visual display and "mini museum" helping staff to learn about military culture.

The process of implementing the VFF has given care homes a vision for growth and inspired them to expand care activities, events and their care model to ensure ongoing veteran support.

Cultural shift and increased awareness of veteran needs

Evidence suggests that the VFF has initiated a cultural shift in many care homes, particularly in how staff understand and respond to veteran needs, how behaviours are interpreted and how relationships are built and strengthened. This mindset shift and greater understanding is likely to support the long-term sustainability of the VFF as the approach becomes integrated into day-to-day care practices:

> *'Now we understand that veteran residents may have specific needs that require a different approach.'*
>
> - *Manager*

> *'We wouldn't have known to ask about military backgrounds before - now it's changed how we see behaviours.'*
>
> - *Manager*

Intrinsic motivation due to tangible outcomes

Staff expressed growing pride and confidence in delivering person centred/veteran-aware care, and many spoke about the meaningful impact this had on their job satisfaction. They described

how the emotional reward of seeing residents feel understood has motivated them to continue learning and advocating for better veteran/partner care. Managers echo this and note an appetite for ongoing learning within their teams.

> *'It's been an adjustment, but when you see a resident light up… that makes it worth it.'*
>
> *- Manager*

> *'Staff feel a greater sense of purpose as they better understand residents' pasts.'*
>
> *- Manager*

Beyond that, the VFF was described in some homes as having provided a shared purpose for the team, aligning staff efforts toward a unified vision for the care home's progress and reputation. Staff found it helpful to understand the bigger picture including the VFF's contribution to enhancing quality of care and to the home's reputation for excellence.

This intrinsic motivation among staff is a strong enabler for sustaining the VFF over time, particularly when turnover occurs.

Veteran-focused activities becoming part of care home routine

Veteran recognition is becoming woven into the fabric of many homes, with themed events, remembrance activities, and engagement with military charities and organisations now considered part of regular programming.

The greatest level of momentum and enthusiasm had been established in care homes where the team made a conscious effort to embed the VFF standards as part of everyday practice and routines within the care home. In the longer term, teams reflected that incorporating the VFF within everyday practice made it easier to sustain.

> *'We now plan activities around this largely.'*
>
> *- Manager*

This shift suggests that veteran-focused practices are no longer viewed as "add-ons" or temporary activities, but are being normalised into the rhythm of home life.

> *'I'd recommend the veterans' Framework for all care homes, emphasising its benefits and the support provided.'*
>
> *- Manager*

3.2. Value for money of the VFF

3.2.1. Direct investment in the VFF

From the inception of the VFF in November 2022 to the end of March 2025, the total investment made in the VFF through funding partners has been £261,370 (excluding the cost of this evaluation). Investment in the VFF is primarily related to the costs of the team running the programme (delivering direct support to care homes and VFF promotional and dissemination activities), along with smaller costs related to the initial set up period and direct costs for marketing, the VFF website and travel. The 'average per-care home' investment discussed in this section is a division of the total investment by the number of care homes who are either implementing, or have implemented, the VFF.

As the total investment relates to core costs rather than per-home activity costs the 'average per-care home' investment has fallen during the period of this evaluation as the number of homes has increased: this can be seen in the drop in the average per-care home investment from December 2024 (£1,440.56) to March 2025 (£1,098.19), a 24% decrease.

A useful comparison for these costs, are those of the Gold Standards Framework[63] for end of life care which costs £1,095 - £2, 190[64] for the associated training per organisation and a further cost for accreditation of £995[65]. Whilst these are costs incurred by care homes, rather than the costs of running the programme, they do provide an indicative comparison of total system cost of delivering such a programme. Additionally, it is not uncommon for approaches such as the VFF to have running costs in the thousands of pounds per organisation supported. 'Quality marks' in other sectors, run by not-for-profit organisations, often charge upwards of a thousand pounds for organisations to proceed through their accreditations. See for example: Quality Mark info sheet; The Financial Education Quality Mark - Young Enterprise & Young Money; How much does the QPM cost? - QPM | National Development Team for Inclusion; and NNECL Quality Mark FAQ's | National Network for the Education of Care Leavers.

3.2.2. Value for money

In total, 238 homes were participating in the VFF as of March 2025, meaning an average per-care home support investment of £1,098.19. The average number of veterans living within a participating care home is 3.8, so we can assume an approximate per-veteran investment of £289. Since the average number of veterans per care home was calculated (December 2024) the VFF team have noted that the average number of veterans per home has been increasing and

[63] https://www.goldstandardsframework.org.uk/

[64] https://goldstandardsframework.org.uk/care-homes-training-programme

[65] https://goldstandardsframework.org.uk/cd-content/uploads/files/St%20B%20Regional%20Training%20Centre%20Flyer%20-%202022.pdf

they suspect an average number of closer to 5 (with some newer homes having up to 12 veterans). The approximate per-veteran investment is therefore now likely lower than at the time of calculation.

It is also important to note that the benefits of the VFF reach beyond veterans/partners and also include other members of the Armed Forces Community who might be working in the care home. If these additional benefits were taken into account, the per-person investment would decrease.

The average per-care home support investment of £1,098.19 generates the following average quantifiable benefits):

- **A 140%[66] increase in the recording of veteran status**
- **66%[67] of veterans experience an increase in social connections**
- **55%[68] of veterans participate in more activities**
- **45%[69] of veterans are more engaged in activities when they do participate**
- **37%[70] of veterans have an increased sense of wellbeing**
- **32%[71] of veterans feel less isolated**
- **32%[72] of veterans are satisfied with the care they receive**
- **55%[73] of care staff feel able to provide better care for veterans**

Data were sought with resident consent to explore the relationship between VFF participation and veteran residents' wider interactions with health and care services, however the majority of in-depth subsample care homes were unable to provide this data, consequently the link between VFF participation and health and care service interactions cannot be assessed.

To our knowledge there is no prior research examining the Value for Money of veteran/partner interventions in care home settings. Whilst it is difficult to compare these Value for Money findings to previous care home research more generally, it should be noted that the existing evidence base for care home interventions to address social isolation and loneliness[74], depression[75] and unplanned hospital admissions[76] is weak, demonstrating little to no clinically significant impact of targeted interventions.

[66] *Based on data from 41 veterans*
[67] *25/38. Source- proxy survey*
[68] *21/38. Source - proxy survey*
[69] *17/38. Source - proxy survey*
[70] *14/38. Source - proxy survey*
[71] *12/38. Source - proxy survey*
[72] *12/38. Source - proxy survey*
[73] *24/45. Source - staff survey*
[74] Autschbach, D., Hagedorn, A. & Halek, M. Addressing loneliness and social isolation through the involvement of primary and secondary informal caregivers in nursing homes: a scoping review. BMC Geriatr 24, 552 (2024). https://doi.org/10.1186/s12877-024-05156-1
[75] Underwood M, Lamb SE, Eldridge S, Sheehan B, Slowther A, Spencer A, Thorogood M, Atherton N, Bremner SA, Devine A, Diaz-Ordaz K, Ellard DR, Potter R, Spanjers K, Taylor SJ. Exercise for depression in care home residents: a randomised controlled trial with cost-effectiveness analysis (OPERA). Health Technol Assess. 2013 May;17(18):1-281. doi: 10.3310/hta17180. PMID: 23632142; PMCID: PMC4781498.
[76] Chambers D, Cantrell A, Preston L, Marincowitz C, Wright L, Conroy S, Gordon AL. Reducing unplanned hospital admissions from care homes: a systematic review. Health Soc Care Deliv Res 2023;11(18). https://doi.org/10.3310/KLPW6338

3.2.3. Investment by participating care homes

Care home managers were asked whether there had been a financial investment needed to support the implementation of VFF.

- **8 (21%) respondents indicated that there *had* been investment and provided a numerical sum. £628 was the average spend, with a wide range in spend from £25-£2000.**
- **12 (32%) respondents indicated there had been no additional investment required**
- **1 (3%) said spend was 'negligible'**
- **1 (3%) gave no cost but indicated investment was used to cover trips and days out**
- **16 (42%) said they felt unable to answer at present, or indicated the question was not applicable.**

This was also explored in interviews and surveys with managers within the in-depth subsample (27 of the 42 asked provided a numerical estimate), who indicated that they had spent an average of around 64 hours supporting VFF implementation, and that costs associated with events and activities were not significantly different to what they would expect to invest in resident activities generally.

A further question to the above, asking whether there had been unexpected costs associated with VFF implementation revealed that 91% (39) of these same respondents felt there had been no such costs.

When asked about the value derived from VFF participation in terms of outcomes observed, compared to the investment required, 38 managers of our 42 person sub-sample provided an answer: 61% (23) of care home managers were either 'satisfied' (11; 29%) or 'very satisfied' (12; 32%). The remaining 39% (15) of managers were 'neither satisfied nor dissatisfied', with no managers expressing dissatisfaction.

3.3 Process evaluation

3.3.1 Evaluation of relationship between care home characteristics and progress through VFF process

This section details the number of homes currently in each phase of the VFF process and evaluates the relationship between care home characteristics (number of beds, residential/nursing, and CQC rating) and engagement with the VFF and progress through the process. This is to establish if these characteristics impact upon care home engagement with the VFF and their progress towards achievement of the VFF standards, which could help inform strategy for scaling of the programme, as well as the tailored support some homes may need to engage successfully.

Care homes' first engagement with the VFF occurs either through an approach from the VFF Team directly (particularly where they are non-independent) or through proactivity on the part of the care home, where their management may be interested in pursuing the VFF.

In the current sample, the majority of homes have been engaged through active outreach of the VFF team and only a small group of homes has proactively reached out with a request to implement the VFF. This means there might be an unintentional bias in the sample, perhaps reflecting homes that were targeted as they were seen as well-placed to engage. Conversely, the sample of homes that have taken up the VFF may bias towards those that already had sufficient resources, or leadership support to implement a new way of working, rather than a fully representative mix of all types of care homes.

3.3.1.1. Overall engagement

As of September 2024 (also detailed in Table 1) there were:

- 77 homes in the pre-engagement phase
- 80 homes in the process of implementing the VFF standards (implementation phase)
- 66 homes which have implemented the VFF standards (implemented phase)

3.3.1.2. Number of beds

Across all homes the average number of beds was 56, and this was also the average for homes within each phase. The variable 'number of beds' was therefore very similar between phases which suggests that the number of beds has little impact on engagement with, or progress through, the VFF.

Table 6. Number of beds by level of engagement

	Average
All homes	56
Pre-engagement	54
Implementing/ working towards VFF standards	56
Implemented/ achieved	56

It is worth noting that the average beds (56) sits well above the UK average of 40 beds[77] which may indicate either that larger homes have been more successfully targeted by the VFF teams, or that these larger homes have greater willingness or capacity to engage .

3.3.1.3. Residential or nursing

Homes are classified as either 'residential' or 'nursing' as per their CQC 'type of service' registration. Residential care homes provide personal care and support with daily tasks, while nursing homes provide this support plus 24/7 qualified nursing care. Nursing homes therefore offer medical care to residents with more complex needs.

Across all homes, there is a greater proportion of residential homes (120; 54%) than nursing homes (103; 46%) engaged with VFF. As seen below this holds true for pre-engagement and implementing homes. However, among those homes that have successfully implemented the VFF there is a greater proportion of nursing homes (43; 65%) than residential (23; 35%).

This may suggest that nursing homes find implementation of the VFF to be easier than residential homes or progress more quickly through the process, perhaps as a result of higher staff-resident ratios or processes that are already more tailored to account for complexity, although this would merit further exploration.

Table 7. Type of care homes by engagement level

	Nursing homes* (Nursing/dual)	Residential homes	Total
All homes	103 (46%)	120 (54%)	223
Pre-engagement	28 (36%)	49 (64%)	77
Implementing/ working towards VFF standards	32 (40%)	48 (60%)	80
Implemented/ achieved	43 (65%)	23 (35%)	66

**As per the data we were provided by the VFF team, homes offering solely residential care are named as such, while those offering any form of nursing care- either nursing homes or dual homes- are classed under "nursing homes".*

[77] https://www.carehome.co.uk/advice/care-home-trends-2022-saw-numbers-of-uk-care-homes-decline#:~:text=18%25%20in%202016.-,Trend%20towards%20bigger%20care%20homes,fee%20increases%20down%20for%20residents.%E2%80%9D

3.3.1.4. CQC rating

As shown in Table 8, the majority of the 223 VFF-engaged homes, 68% (153), held a CQC rating of 'Good'. Homes rated 'requires improvement' are notably more prevalent in the pre-engagement phase (24; 31%) than the other phases which holds with findings in this section around greater variance among the pre-engagement group. The highest proportion of 'outstanding' ratings is within the implemented phase.

Our interpretation is that 'outstanding' homes may already have stronger existing collaborations between teams as well as functional processes, making it easier to implement additional quality improvement work, while homes with a 'requires improvement' CQC rating may experience greater difficulty or take longer in progressing to implementing the VFF standards. However, the experience of the VFF Team shows that the latter are especially dedicated due to the positive impact that achieving the VFF standards may have on future quality inspections.

Table 8. CQC ratings by home engagement. Whole numbers (proportion)

	Outstanding	Good	Requires improvement	Not inspected yet	Total
All homes	15 (7%)	153 (68%)	42 (19%)	13 (6%)	223
Pre-engagement	5 (6%)	46 (60%)	24 (31%)	2 (3%)	77
Implementing/ working towards VFF standards	2 (2%)	61 (76%)	11 (14%)	6 (8%)	80
Implemented/ achieved	8 (12%)	46 (70%)	7 (11%)	5 (7%)	66

The table displays the whole number and proportion of VFF-engaged homes at each CQC rating. For example, at the implementing level, 5 care homes (which is 6% of all implementing homes) has a rating of "outstanding".

3.3.2. Evaluation of relationship between care home characteristics and manager ratings of the experience of implementation

This section details the analysis of 3 implementation questions asked of and responded to by 42 care home managers via survey:

1. **How would you rate the support provided by the VFF Team during the implementation process?**

   (Very poor, poor, neutral, good, very good)

2. **How would you rate the process of implementing the Veteran Friendly Framework (VFF) standards in your care home?**

   (Very difficult, difficult, neither easy nor difficult, easy, very easy)

3. **How would you rate your experience of working towards achieving the VFF standards overall?**

   (Very negative, negative, neutral, positive, very positive)

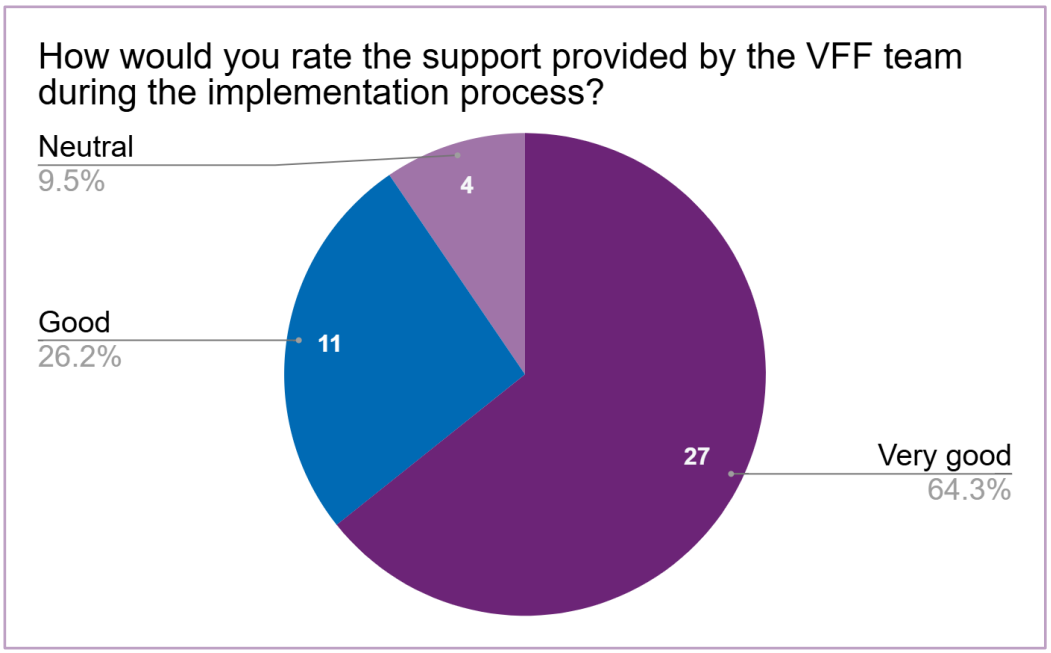
These responses are analysed against the following care home characteristics: residential or nursing, independent or non-independent, rural or urban, CQC rating, and large or small. For our analysis, we grouped homes by the dichotomy small/large referring to their number of beds relative to our sample: small homes were classed as those with up to the total average number of beds across the sample, 56, while any with 57 or more are classed as large.

The overall breakdown of responses are presented for each question, along with a discussion of the relationship between care home characteristics and responses (tables providing a full breakdown of responses by care home characteristic can be found in Appendix 7). Relevant insights from qualitative data collection will also be discussed in this section.

Question 1. How would you rate the support provided by the VFF team during the implementation process?

Broadly, managers highly rated the support they received from the VFF team. The majority selected the highest response of "very good", followed by "good" and no managers chose the most negative option of "very poor". This pattern can also be observed across all categories of care home characteristics, with the exception of CQC rating.

Figure 5. Breakdown of overall responses to question 1



Within the CQC category “requires improvement”, only two responses were recorded, which is too small a sample to interpret the data and make assumptions that would represent homes in this category.

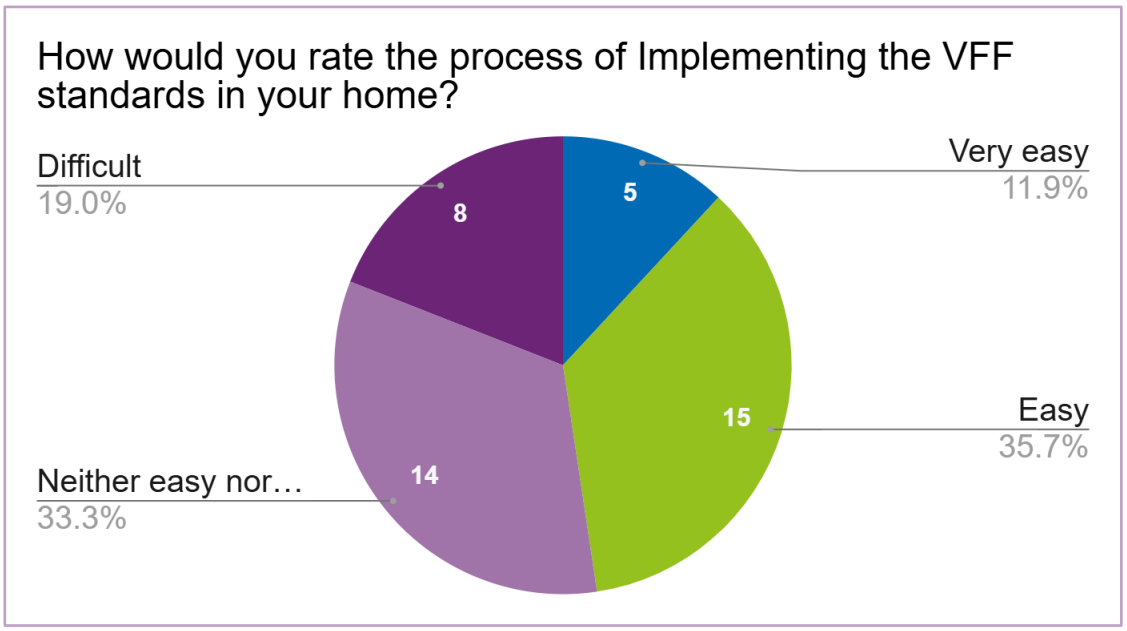
The overall positive response to this question aligns with qualitative insights gained through interviews with care home staff and managers in the in-depth subsample, many of whom named the VFF Team as one of the most valuable and helpful resources they have access to while pursuing the VFF standards. They praised the timeliness of responses, and shared that knowing the VFF Team was available to support them brought them peace of mind with one care home manager sharing "knowing there is a team there that can get us a response to our questions is really helpful."

Question 2. How would you rate the process of implementing the Veteran Friendly Framework (VFF) standards in your care home?

Responses to this question demonstrate greater variation than the previous question but with an overall indication of the VFF standards being easy to implement rather than difficult. The most common response was that the VFF standards were “easy” to implement (15; 36%), followed by “neither easy nor difficult” (14; 33%), then “very easy” (5; 12%). It is important to note that 19% (8) of total respondees reported finding the standards “difficult” to implement.

Homes with the following characteristics on average (when combining ‘easy’ and ‘very easy’ responses) found implementation to be easier than their counterparts: nursing homes (rather than residential), independent homes (rather than non-independent homes), large homes (rather than small), and those in an urban setting (rather than rural). Those homes that hold a CQC rating of “outstanding” also had the highest proportion (2; 50%) of responses of “very easy” given.

Figure 6. Breakdown of overall responses to question 2



Larger homes indicate an easier experience with implementation with 56% (14) responses across the very easy and easy categories, as opposed to only 35% (6) of small homes which may be a result of greater capacity and resources available to larger homes.

Those homes located in urban settings had a higher proportion of respondents (16; 54%) than rural homes, (4; 33%) responding that implementation was 'easy' and 'very easy'. However, when just the "very easy" option is examined as a standalone, a higher proportion of rural homes (3; 25%) than urban homes selected this option. As the sample of urban homes is larger than that of rural homes by a significant amount, this may represent outliers for the rural settings, and should be interpreted with caution. Based on our qualitative findings, it is likely that urban homes broadly had an easier time implementing the VFF due to their closer proximity to other forms of support, including Armed Forces organisations.

There is an interesting nuance comparing responses from independent homes compared to non-independent homes. Independent homes have a greater proportion of positive responses of "easy" or "very easy" (5; 71%) compared to non-independent homes (15; 43%). However, only homes which are non-independent actually selected the option of "very easy" (5;14%). Taken together this means that though, broadly, independent homes found implementation easier than non-independent homes, that the individual homes that reported the easiest time ("very easy") were non-indendent, which may reflect the variety and impact of buy-in and support reported qualitatively across these homes.

Qualitative findings indicate that where the wider organisation a care home belongs to sees the value of the VFF, care homes receive strong top-down support and encouragement around implementation. This is contrasted with instances where the wider organisation needs to be convinced of the VFFs value, where their lack of buy-in can act as a barrier for their homes which are interested in engaging in the VFF. This may explain why, despite being less broadly positive than independent homes, certain non-independent homes found implementation to be "very easy".

Whilst nearly 20% (8) of the homes experienced the process of implementing VFF as "difficult", the overall experience of the VFF remains positive. Homes also confirm that the challenges they experience are unrelated to the support received by the VFF team.

This is consistent with answers managers provided in the free text section that asked about the "main challenges" they faced. Top themes were process-related challenges (8; 25%), collaboration and support with colleagues and health services (8; 25%), and challenges around time management (7; 22%).

> *"[The VFF process] was sufficiently robust and meant you had to believe in what you were doing"*
>
> *- Manager of care home that has achieved VFF status*

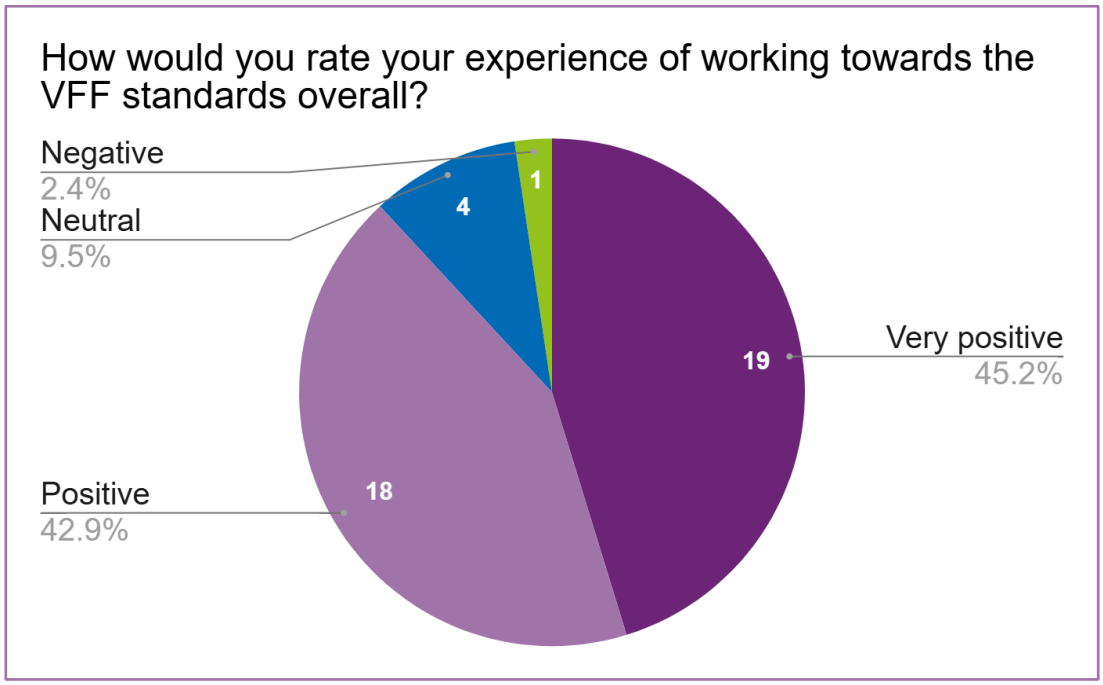
This quote reflects on the way this manager felt the level of challenge was proportional to the level of investment homes should be demonstrating to their veteran residents.

Nursing homes also had a higher proportion of responses across the options “very easy” and ‘easy’ (13;59%), as compared to residential homes (7;35%). Though this may be related to differences in how care is delivered to residents, the qualitative insights gathered do not speak to this directly and thus no clear link can be made based on data collected.

Question 3. How would you rate your experience of working towards achieving the VFF standards overall?

When responses from all homes are combined, it is clear that overarchingly, homes had a positive experience of working towards the VFF, with 88% of homes (37) responding with one of the two most positive answers of “very positive” (19; 45%) or “positive" (18; 43%). One home indicated they had a negative experience and no homes selected the response “very negative”.

Figure 7. Breakdown of overall responses to question 3



There is very little difference between the categories of care home characteristics in response to this question, however homes with the following characteristics on average (when combining ‘good’ and ‘very good’ responses) had a more positive experience of working towards the VFF standards: nursing homes (rather than residential), independent homes (rather than those part of an organisation), small (rather than large), and rural (rather than urban).

While keeping in mind that the sample size is small, homes rated “outstanding” by the CQC reported a more positive experience with the VFF, including easier implementation and stronger perceived support. This may reflect their already strong staff dynamics or processes that made adopting the framework smoother. However, due to the sample size, nuances between CQC rating groups should be interpreted with caution.

As explained in question 2, smaller sample sizes mean these groups are more vulnerable to data that is less representative of the wider population, or more varied than their larger counterparts. Given that sample size difference could feasibly account for the small few percentages of difference between the experiences of the named groups, it appears that there is no notable difference in overall experience of pursuing the VFF standards across characteristic categories.

This finding indicates that, despite a variety of challenges faced and range of experience around ease of implementation, care homes have found the process to be positive overall.

This can be supported by our qualitative findings. Across a variety of different homes, we received the same answer to the question “was the VFF worth it”, which was unanimously “yes”. Staff and managers offered various reasons for this:

> *“The VFF has broadened life for everyone [at the home]”*
>
> *- Staff*

> *“At first, I wasn’t sure, but now I see how much it’s changed how we care for residents. It’s not just a checklist; it’s changed our whole approach."*
>
> *- Manager*

3.3.3 Evaluation of care home implementation

Through qualitative interviews with care home staff (managers, care and administrative staff, and VFF Champions) we explored their experience of implementing the VFF standards and the barriers and facilitators to this implementation.

3.3.3.1. Reasons for VFF adoption

The routes through which homes have encountered the VFF include:

- the team responsible for care home placements in their local authority
- head office
- word of mouth

During interviews, care home managers, champions and staff members shared the main reasons, which led their care homes to engage with the VFF. These reasons include:

- **Improvement in veteran recognition and veteran specific support**: Managers and staff have found that the VFF offered a structured and comprehensive approach to ensure veterans received the recognition and support they deserved. They found that veterans’ specific needs are often overlooked in traditional care settings and, therefore, expressed a desire to create an environment where the backgrounds, experiences, and challenges of veterans/partners were fully understood and addressed. Managers and staff have found

that adoption of the VFF has led to creating a more considerate environment for veterans' and partners' needs.

> *'That's really interesting, because, like, say, I've been managing for 20 years, and I think veterans going into care homes, it could be forgotten about. It's not something that, it's not a regular question that gets asked'*
>
> *- Manager*

Further, managers and staff expressed a clear desire to continually learn and adapt to the evolving needs of person-centred care more generally to ensure continuous improvement of care provision for all their residents. Some care homes found that the Framework fostered greater staff engagement as they felt part of a larger mission that went beyond the routine provision of care.

- **Personal connection to the military**: It stood out that staff members with personal experiences or personal connections to the military, felt a stronger personal commitment to improving the care provided to veterans/partners. The fact that the military experiences resonated very strongly with some care home managers and staff members, led to being a strong motivator in deciding to implement the VFF at their care home.

> *'We found out about the VFF and the LGBTQ Framework at the same time. … I've got quite a few staff in those communities, so I desperately wanted to do both, but the organisation thought both would be too much for us … So I asked my staff what they thought were more beneficial to the residents. … And the staff wanted to do the Veteran Friendly Framework, because my Champions are connected in some way to military'*
>
> *- Manager*

> *'It was the head office, all the homes got an email saying please look into this. And it was the VFF. And [staff member] was like, yeah, we're gonna do it. We're gonna do it. We've got veterans who work here, so let's do this.'*
>
> *- Manager*

- **Desire to develop a specialism**: For some care homes, the reason for wanting to adopt the VFF was in relation to developing a specialism and seeking to distinguish themselves by focusing on veterans/partners. This is a commercial incentive to these homes, allowing them to enhance the home's appeal and care offerings.

We don't really have much of a specialism as such. I mean, some homes are like, they have, like learning disability or kind of like dementia specialisms and things where we don't really have that. Here we're just a residential and I thought, well, being a veteran friendly home, I think that would actually sound more special.'

- Manager

- **Marketing and community engagement opportunities**: Particularly for care homes that are located in areas with a significant military presence, the VFF was perceived as a valuable marketing tool and was felt to improve the home's reputation and visibility within the community. Some care homes recognised the VFF as having a straightforward and easy application process, making it an attractive option for care homes looking to enhance their services without unnecessary complexity.

These reasons highlight the compelling motivations for adopting the VFF, driven by the goal of improving veteran care, personal connections to the military, the desire to develop a specialism and finally, recognising marketing and engagement opportunities.

'It is means an opportunity to upskill my team, and also shows our investment in veterans which supports our reputation as a home"

- Manager

VFF certificate at the front door of the care home reception.

Tommy statue outside a care home as part of VFF journey.

A cooking club for residents run by the activities coordinator.

3.3.3.2. Methods to support staff engagement

The successful implementation of the VFF has relied heavily on the care homes' ability to meaningfully engage their staff with the principles and practices of person/veteran-centred care. From the early stages of onboarding through to everyday care, staff engagement strategies have played a vital role in embedding the Framework across participating homes.

Homes approached this in diverse ways, adapting to their local contexts and team dynamics. While experiences varied, a number of common methods and reflections emerged, offering valuable lessons for future roll-out.

Online training resources

Digital learning played a central role in the VFF implementation. Most staff found the e-learning content informative and "eye-opening," with several managers describing it as a helpful starting point. For many homes, the flexibility of online modules allowed staff to complete the training at their own pace and revisit materials as needed. This was particularly appreciated in settings where time pressures or staffing challenges made formal and in-person sessions less viable.

Staff consistently reported that the VFF training videos helped them with the learning, especially for those without a direct connection to military life. The emotional impact of the stories shared in the videos made the material more memorable and encouraged deeper understanding. The VFF website was also mentioned by some staff members who had access to it and referred to it as a helpful tool for their personal research and learning.

However, a few homes—especially those with limited digital infrastructure—faced difficulties in accessing these modules. Some staff lacked email accounts or sufficient IT confidence, and there was a clear call for more interactive formats that could better engage a wider range of learners. One manager noted that a more visual, hands-on version of the training might better suit newer or international staff who may not be as familiar with the UK Armed Forces context.

Peer learning and team conversations

In homes where team meetings included standing VFF discussion items, staff reported feeling more involved in the implementation process. These moments allowed managers and Champions to reinforce key messages, celebrate progress, and respond to any concerns. Informal conversations - particularly those between staff and VFF Champions - also played a crucial role in embedding the principles behind the Framework.

One home described the impact of a Champion who was also part of the domestic team, noting how their perspective helped make the Framework more relatable and inclusive for everyone.

Many homes used the online training resources to initiate reflective group discussions. These sessions were often delivered as part of team meetings or planned viewings, followed by open conversation. In some homes, this led to staff sharing personal experiences or asking thoughtful questions, building a culture where the needs of veterans/partners were more openly explored. Where this approach was adopted, it helped bridge the gap between formal training and daily care practices.

Visual tools

Several care homes used notice boards, displays, and memory walls to create visible reminders of the home's veteran-friendly ethos. These ranged from photos and service memorabilia to

posters highlighting military events or commemorations. For some residents, these visual cues acted as important markers of identity and belonging. For staff, they served as subtle prompts to remain mindful of a resident's background and potential triggers.

Case studies and practical examples

The use of real-world case studies further grounded the learning. These helped staff visualise how the VFF principles could be applied to specific residents or situations. Case studies were particularly effective in highlighting the unique psychological and social impacts of military service, which might otherwise be misunderstood or overlooked. They also served to deepen team conversations around how to provide more individualised care.

One manager commented that these practical stories "made it real" for staff and helped them better understand behaviours that may otherwise have been misread.

Engagement with local veteran organisations

Several homes found engagement with local Armed Forces groups to be an invaluable supplement to the formal training by providing both contextual knowledge and emotional resonance. Staff noted that having a community connection - whether through veteran coffee mornings, guest speakers, or intergenerational events - helped "bring the training to life."

Where these connections existed, staff often spoke with greater confidence about their ability to support veteran residents meaningfully.

3.3.3.3. Activities

As a result of implementing the VFF, care homes have introduced a range of activities that recognise and support veterans/partners in meaningful ways. These efforts are shaped by a flexible, person-centred approach, with staff taking steps to identify veterans/partners on arrival and learn about their service history and experiences. From everyday practices within the home to wider community engagement, these actions have helped ensure that veterans/partners feel seen, understood, and connected to their identities.

Inside the care home

Most homes used a mix of low-cost, high-impact methods to reflect military experiences and foster a sense of community. These include:

- **Offering spaces for conversation**
    - ***Reminiscence sessions:*** Many homes are holding reminiscence group sessions to create space for veterans/partners to share their memories and experiences of the Armed Forces, often using prompts like wartime photographs, music, documentaries, and memorabilia. They not only stimulate personal reflection but also group dialogue, including non-veteran residents. Staff report that reminiscence sessions resulted in improved understanding of residents' backgrounds and behaviours.

- ***Veteran cafés and informal meetups:*** Several homes have set up dedicated café spaces to create relaxed environments for residents to connect over tea and coffee. These informal spaces are seen as important for residents who may not feel comfortable sharing their experiences in more formal settings.

- **Incorporating visual cues**
  - Interviewees highlight the importance of incorporating visual cues, such as poppy stickers, military memorabilia and displays. Care homes found visual cues to reinforce identity and belonging, enhance staff and visitor awareness, simplify communication and implementation within the care home and support emotional wellbeing - particularly for individuals with cognitive challenges. Familiar symbols and images can help bring positive memories, reduce anxiety, and encourage participation in meaningful activities, fostering a greater sense of comfort and connection.

  - ***Personalised door stickers:*** Door stickers featuring military symbols (e.g. ships, badges, aircrafts) help to easily recognise veterans/partners within the care home and can serve as conversation starters. Some residents expressed a sense of pride when being recognised as a veteran.

  - ***Veteran displays and memory boards:*** Many homes created communal displays featuring stories, photos, medals, and narratives of veteran residents. Similarly, these were natural conversation starters opening up dialogue.

> *'These displays serve as conversation starters for staff, residents, and visitors. It became a gathering point. Even residents who didn't serve would stop by and share their memories of that time.' Manager*

- **Offering social and creative activities with military themes**
  - ***Crafts and creative***: Care homes find activities such as poppy-making, knitting military-themed items, or crafting decorations to offer creative outlets that reinforce pride, memory, and community. Some homes donated their hand-made crafts to veteran charities, further reinforcing a sense of contribution.

  - ***Gardening projects:*** Involving residents in poppy planting or maintaining remembrance gardens was reported as both symbolic and therapeutic.

  - ***Themed activities:*** Care homes have reported success with holding themed gatherings such as 'Thurlaston Thursdays' dedicated to story-sharing around military themes.

- **Holding or participating in military events**
  - ***Recognition and commemoration events:*** Care homes reported hosting internal ceremonies, poppy day events, and Remembrance gatherings to honour veterans. Some decided to invite ex-service members from outside the home to cook themed meals or lead sessions.

- ***Military demonstrations and visits:*** A few homes hosted small-scale military shows or visits such as equipment demos, which were found to resonate with veterans as well as the wider resident community.

- **Staff training and education**

  As part of the implementation process, staff members engaged in training sessions with the aim to deepen their knowledge around military culture. These learning activities were often incorporated into day-to-day routines and made more engaging through the use of visual materials and direct conversations with veteran residents.

A noticeboard prominently displaying the care home's VFF status, alongside key information for residents, staff, and visitors. The board includes details about what the VFF means, upcoming veteran-related events, and how families can get involved—acting as a central point for awareness and pride in the home's commitment to veteran care.

A poppy sticker is placed on the door of a couple's room, indicating that one of the residents is a veteran.

The Armed Forces Covenant on behalf of the care home, formally pledging their commitment to supporting veterans.

Birthday celebration for veteran resident attended by local cadets

Veteran gathering at care home

Outside the care home

Examples of implementation activities outside of the immediate care home community varied depending on location, staffing resources and accessibility. The activities identified include:

- **Attending local community events:** Many care homes support residents to attend local Remembrance events, charity fundraisers, community celebrations, breakfast clubs or community cafés. These experiences are found to help veterans/partners to re-establish links with wider civilian and service communities. Transport limitations are mentioned as a challenge to organising these on a more regular basis.
- **Collaboration with veteran organisations and charities:** Some homes have introduced awareness days, talks or fundraising events in collaboration with veteran organisations and charities. Homes found that just one strong local connection often led to wider networks of support over time.

As part of the evaluation, 18 VFF application forms were reviewed and themed and three common ways were identified in which homes had improved care for veterans/partners:

- Identifying and recording veteran status during admission or in care plans,
- Training staff to better understand veterans' experiences and needs, and
- Organising military-themed events and displays to recognise and celebrate veterans/partners.

These activities reflect the six wider themes we saw throughout the evaluation: a strong commitment to veterans, better staff awareness, more personalised care, visible recognition, stronger links with veteran organisations, and better community engagement. These themes came through clearly in both the interviews and application forms.

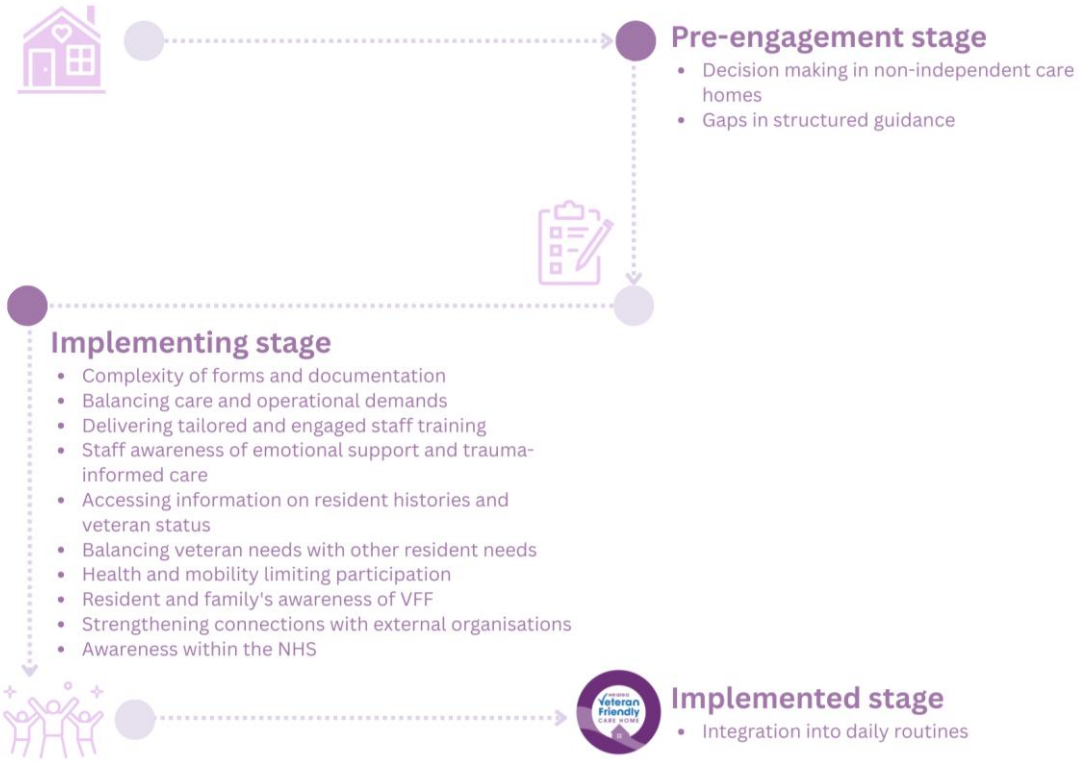
3.3.3.4. Barriers and facilitators

3.3.3.4.1. Barriers to implementation

This chapter highlights the multifaceted challenges which care home managers and staff members have shared in relation to implementing the VFF at their homes. Ongoing efforts are essential in responding to known and emerging challenges to ensure the Framework's success and sustainability.

Despite experiencing challenges, staff members and managers reported feeling generally positive about the implementation of the VFF in their homes and have often found ways to address and resolve problems. Mitigation strategies are also shared below.

Figure 8: Barriers to implementation reported by implementation stage of VFF



Decision making in non-independent homes

In group provider homes, hierarchical decision-making processes slowed the implementation of the VFF. Staff felt less empowered to make local adjustments, limiting their flexibility in meeting veterans'/partners' needs. Streamlining decision-making processes and empowering frontline staff could enhance responsiveness.

Need for additional resources and structured guidance

As discussed in previous sections, most homes indicated that their overall experience of implementation was positive, even when they faced challenges. One such challenge that was mentioned by multiple homes was around additional resources that would have made navigating VFF easier as the home began its journey of implementation. Though homes knew they could reach out to the VFF team, and generally felt supported by them, they noted that the inclusion of additional resources in what they received, such as a glossary of Armed Forces abbreviations, or brief historical overviews, that could be referred back to quickly and easily would have been useful for themselves and their fellow staff. This was something that homes without military experience among staff noted would have been especially useful for them, as more support was needed to understand the cultural, emotional, and psychological backgrounds of those with military histories.

Similarly, many noted that they found that more “structured guidance”, such as an ordered list of initial steps to take, would have helped simplify the process in the beginning where teams are understandably adjusting to a learning curve.

Complexity of forms and documentation

The administrative burden of evidencing compliance with VFF standards was highlighted as a challenge. Many staff and managers found the documentation process overly complex and time-intensive, diverting resources away from core care responsibilities.

Staff also often struggled to obtain necessary materials like leaflets and resources to effectively communicate the Framework to external networks, including families and community groups.

Simplifying forms and creating online submission options were identified as potential solutions to reduce frustration and enhance efficiency.

> *'The form was challenging—some sections didn’t make sense, and we had to go back and forth multiple times.'*
>
> *- Manager*

Balancing care and operational demands

Time constraints and staffing issues were consistently mentioned as factors that impeded the implementation of the VFF, particularly during busy periods, or when multiple events and initiatives occurred around the same time.

Where a home was already undergoing changes, such as construction activities or adopting a new digital system, some staff felt the impact of competing priorities and limitations on their time available to engage with the implementation of the VFF.

> *'We have recently gone into digital care planning and digital medication administration. Okay, great. So to be very honest, when this idea of the veterans Framework came across to me, I was very negative…It's another piece of work that actually, there's not going to be enough hours in the day.'*
>
> *- Manager*

Staff have noted that the combined pressure of operational tasks, other change priorities and VFF implementation tasks can cause some temporary, increased stress especially where the implementation is driven primarily by a few key individuals in the organisation. Early-stage involvement of multiple team members in planning and delivery of the VFF could help mitigate these barriers.

Delivering tailored and engaging staff training

In line with Standard 5 of the VFF, staff training and awareness forms part of the application stage during which staff receive a resource pack and are expected to complete their training activities.

While some members have praised the online training resources, others have found the training resources too dense and have expressed a preference for more interactive and engaging training sessions that featured more in-depth information on veteran-specific history, psychological impacts, navigating trauma and PTSD and practical case studies. Suggestions from staff and management highlight the need for a more flexible approach, such as self-led components supplemented by virtual sessions, to accommodate their schedules and enhance accessibility.

It is important to note that the scope of training and delivery is tied to the programme's limited funding and resources and would require allocation of additional funding and resources for these recommendations to be realised.

Additionally, cultural and language barriers, unfamiliarity with the military culture, combined with the large size of care home teams and high staff turnover, further complicates efforts to ensure all staff are adequately informed and trained. It is also noted that not all team members display personal interest or investment in veteran-focused care.

> *'Many staff members didn't even know what the term 'veteran' meant, which required additional explanations.'*
>
> *- Manager*

Practical challenges included the lack of basic digital infrastructure, where staff members are having to share devices or email accounts. In several instances, VFF Champions had to use personal emails to complete required paperwork, adding an extra layer of difficulty to an already time-sensitive process.

In some homes only a few staff members were deeply involved in the VFF initiative, leading to an uneven spread of information across the team and creating gaps in knowledge among the team members.

In response to these challenges, managers have considered making VFF training mandatory during the onboarding process for all new care staff and introducing tailored training modules on cultural awareness and military history to bridge these gaps and improve staff engagement. Additionally, it was noted that homes experiencing higher staff turnover might require additional and focused support from the VFF team to ensure continuity of delivery. It is important to note that this kind focussed support would have additional resource and funding implications for the programme which is discussed in more detail in Recommendations.

It was also noted that there were differences in the extent to which staff had been engaged in the achievement of VFF standards beyond those in management or dedicated Champion roles. Within the survey of staff in all participating VFF homes, 29 of 45 of respondents (64%) said that they had not received any training or education in the needs of the UK Armed Forces community, which indicates that the knowledge from the training materials provided to VFF champions is not

being fully disseminated to other members of staff. Whilst homes are at different stages of adoption, this may be an area where sharing practice and ideas from homes who have more fully embedded VFF into their ways of working as a team may be of benefit.

Staff awareness of emotional support and trauma-informed care

Staff expressed uncertainty about how and when to discuss emotionally sensitive topics, such as their military experiences, with residents without causing distress and unintentionally evoking painful memories, which can be emotionally challenging for both the resident and staff members. Many veterans/partners preferred initiating interactions themselves, making it important for staff to strike a balance between encouragement and respect for personal boundaries.

Combined with the difficulty of accessing detailed information about residents history, staff can find it challenging to provide personalised, trauma-informed care.

In addition to the above, some individuals with a history in the armed forces, did not identify as a veteran and did not wish to be treated differently, highlighting, again, the need for a sensitive approach to integrating veteran-focused care into broader activities.

This uncertainty leads to missed opportunities for veteran residents to share their stories in a supportive environment.

> *'We're not always sure when it's okay to ask about their past—it's a delicate balance.'*
>
> *- Manager*

While the majority of residents and their families have expressed feeling very comfortable in their homes and satisfied, delighted with the care they are receiving, two family members of a veteran resident raised concerns that staff were following a standardised approach, which does not fully cater to their loved one's unique experiences and preferences. They highlighted the importance of tailored and trauma-informed care with an understanding of PTSD triggers, personal space and sensory sensitivities. Whilst this concern was only raised by two family members it does suggest that the programme might benefit from providing information regarding trauma-informed approaches in care. Where possible and welcomed by residents and their families, staff might want to co-design a personalised approach taking into account a resident's unique experiences, preferences, habits and routines.

Finally, it has been recognised that not all individuals who have served in the Armed Forces, identify as a veteran. Some have expressed that they do not wish to engage with the Armed Forces community or any events related to it. This can be related to significant trauma and loss associated with their military experience or a view that being a veteran is not part of their identity.

'Being in the army is behind me— I don't need to join any veteran groups.'

- *Resident who does not wish to identify with veteran status*

'I wish they would stop calling me a veteran. I am not a veteran.'

- *Resident who does not wish to identify with veteran status*

This variation in identification with veteran status also seems to be reflected through findings from the proxy survey completed by staff about individual residents (veterans/partners). Staff either agreed or strongly agreed that 41% (21) of veterans/partners wanted to be engaged with the armed forces community outside the home. Accessing Information on resident histories and veteran status.

Limited access to detailed histories and background information about veterans/partners and their time in service can make it difficult for staff to identify veterans/partners and to fully understand their unique needs, preferences, and triggers. This is a particular issue where veteran residents do not have the capacity to recall their own service history. Some staff members highlighted examples where even families were unaware of their loved one's service. It was also noted that referrals from the Local Authority are also often lacking information on veteran status.

External organisations, when provided a service number, have been able to support with tracking down information (and even medals), especially where a veteran resident may not have family nearby, or who are easily contactable.

Balancing veteran needs with other resident needs

Managers and staff expressed concerns about ensuring veteran-specific activities did not detract from the care of non-veteran residents. They also noted concerns about fairness and the potential for creating feelings of exclusion where not all residents have access to similar opportunities and activities.

'We want to do more for veterans, but it's important that all residents feel equally valued.'

- *Staff Member*

Whilst the VFF is designed for the benefit of veterans/partners, it has been reported by staff and managers as a process of quality improvement with potential significant benefits for all residents. Staff members suggested including this statement as a core part of the messaging around VFF to help address concerns around balancing veteran needs with other resident needs.

Health and mobility limiting participation

A significant part of providing veteran-friendly care is to provide residents with the opportunities to attend events within the home and their local community. Feedback on organising and participating in these events was broadly very positive, but some logistical and health challenges

were recalled by staff and residents. For residents with limited mobility or those living on higher floors, participation in group events can be challenging. and they sometimes feel unable to participate as a result.

'I don't do any activities. Really bad legs so I'm stuck here really - because of these.'

- Veteran Resident

A partner of a veteran suggested consideration of more creative solutions to engage individuals with specific health challenges and offer activities like film screenings. It may be of benefit to explore the opportunity to design events and activities directly with residents and families, so that individual needs can be taken into account.

Resident and family awareness of the VFF

Although the residents interviewed often recognised elements of their care which could be traced back to the VFF standards, they generally did not recognise the changes they had experienced as being part of a structured framework. Some reported having seen posters about the VFF, but often did not understand the full aim of it, or that the changes they were seeing are the result of a coordinated programme.

'I've seen the poster - but I don't know what it means.'

- Family member

In interviews, family members of veteran residents also spoke of being keen to know more about what's happening as a result of achieving VFF status, and highlighted that they may welcome being invited to be involved in some of the VFF events. Veteran family members often bring a close connection to, and knowledge of, the military; this may also be an opportunity to expand the community of support needed to make VFF achievement a success in any care home.

In summary, residents and families experiences indicate that, though they generally perceive changes brought by the VFF as positive for the care of their loved one, that promotion is often limited to visual cues or information within care homes, and that there is relatively little proactive or direct communication made. Although it is likely unnecessary for residents and family members to have a detailed level of understanding about the VFF, greater proactive communication from the outset may yield opportunities for further co-design of what is delivered through the Framework, or further engagement of family members.

'We just got the latest [email] about the home having a refurb - but nothing about any of this.'

- Family member

Strengthening connections with external organisations

A commonly reported challenge was around establishing connections with external veteran organisations. Although the VFF team provides a list of relevant groups, several homes described receiving no responses to emails or phone calls, or discovering that the nearest organisations were too far away for residents with limited mobility.

In response, some homes took the initiative to develop their own local "veteran hubs" or invited families and friends to co-create displays and projects. While the VFF project team offers help with connecting homes to local organisations, managers often felt that they would have benefited from additional support in this area to help build and sustain momentum.

Awareness within the NHS and primary care organisations

Staff reported challenges in ensuring that veterans'/partners' unique healthcare needs were adequately communicated to NHS and primary care services. It was found that GPs were often unaware of a resident's veteran status until informed by the care home. Delays in referrals and lack of recognition from healthcare providers hindered access to veteran-focused services. Clearer communication channels and advocacy efforts could help address this issue.

An interview with the activities lead alongside the care home's therapy dog

"We found out that our GP practice wasn't even aware of this. We're now making sure they know so it can be included in hospital records."

- Manager

"People assume veterans are supported, but in practice, the recognition just isn't there yet."

- Manager

Integration into daily routines

Incorporating the VFF into the day-to-day operations of care homes is highlighted repeatedly as a challenge for care homes. The VFF often feels like an additional task to staff members rather than

an integral part of their existing responsibilities. This perception can limit staff buy-in and make it harder to ensure long-term sustainability.

Evaluation findings demonstrate that strong leadership is an important element to supporting the integration of the VFF into daily routines by strengthening the message around the VFF being an integral contributor to overall quality improvement.

Summary of barriers

While all of the barriers described in this section are experienced as challenges in the context of implementing the VFF, some barriers are generic to any change initiatives that might take place within care homes.

Each of the challenges could be more strongly associated with one of the three phases of implementation (pre-engagement, implementing and implemented stages). This is valuable information and enables the VFF project team to target support more deliberately towards those areas in the relevant stages of the implementation process.

In summary, at the pre-engagement stage, care homes tend to struggle with a lack of clarity around the application process and would benefit from a clearer "roadmap" detailing which steps to take in which order. Decision making in non-independent homes is also mentioned as a hurdle and teams benefit from having more clarity from their leadership teams as to which decisions can be delegated directly to the teams.

During the implementation phase, care homes typically encounter practical challenges such as balancing care and operational demands, completing the documentation required for the VFF as well as successfully accessing information on residents' history and veteran status. Alongside this sits the challenge of sufficiently engaging and motivating staff and offering training that equips staff with the right knowledge to support veterans/partners with their needs.

Further, care homes can find it challenging to raise awareness of the VFF both within their homes - with residents and families - as well as with external organisations. This includes both local veteran organisations as well as NHS organisations. Some activities have also brought up challenges regarding residents' health and mobility limitations.

Finally, a challenge that spans all phases is the integration of the new approach into daily routines and care homes are found to still struggle with this beyond successful implementation of the VFF.

Some staff reported minimal challenges due to the adequate support and guidance both from the VFF team and from within their organisation. Generally, staff members often reported that the implementation process became easier as they became more familiar with the process and gained experience and confidence.

As discussed in section 3.2, when managers were given the chance to complete a free text field of the survey to explain barriers they face, three main themes emerged of 1) time management (7; 22%), including finding sufficient time to collect data on residents backgrounds, run activities, and

gather evidence for submission, 2) collaboration and support, including internal collaboration and buy-in from colleagues as well as responsiveness from external health organisations (8; 25%), and 3) challenges around process (7; 25%) including challenges navigating early stages of engagement, linking VFF Champions to the wider community, and effectively sourcing information on veteran residents.

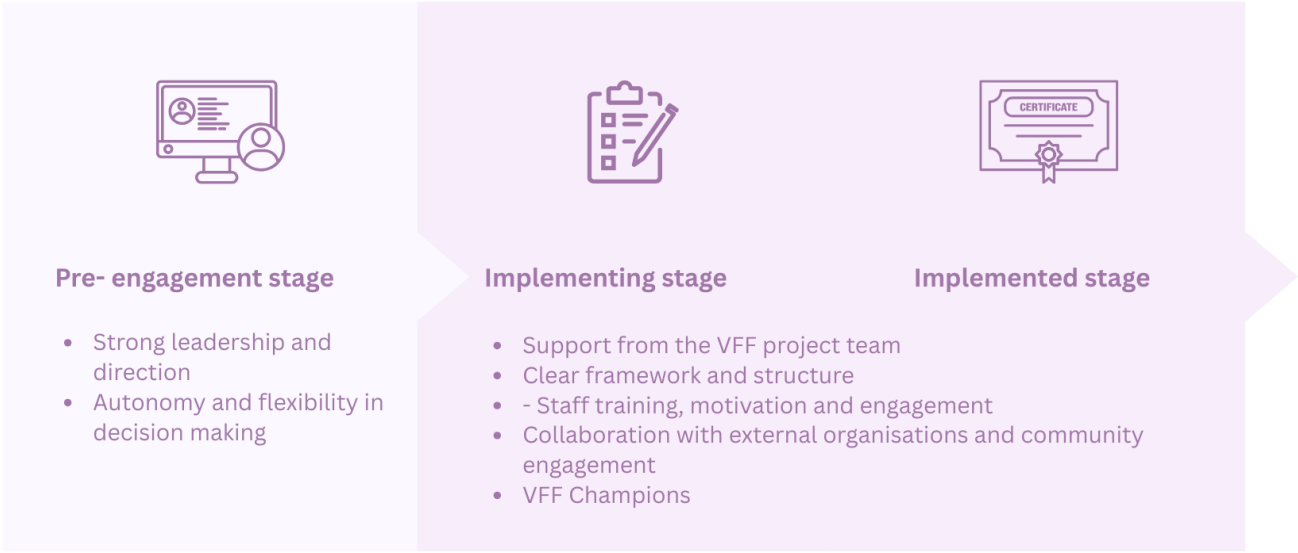
Both qualitative and quantitative data would suggest that despite the presence of these challenges, the perceived value and positive experiences are not sufficiently outweighed to shift the majority of home's experience to a negative one.

Interviews with residents and staff



3.3.3.3.2. Facilitators to implementation

Figure 9.Facilitators during each stage of VFF



Strong leadership and direction

The role of senior leadership in introducing the VFF project was mentioned as key to its success. While some staff were initially unsure about the process, endorsement from the leadership team helped drive engagement. Staff motivation was positively influenced where clear direction was provided by senior management. Where this was the case, the overall team dynamic was described as strong and supportive.

This has also been echoed by the VFF project team, who have found that care homes with an ongoing invested leadership team were experiencing less difficulties compared to those where the leadership team's support had decreased over time.

Where managers have a clear understanding of the value and purpose of the VFF, have managed to communicate this to their teams effectively and delegated decision making, the implementation process has been found to be more successful.

Autonomy and flexibility in decision making

Staff from single provider homes reported that their ability to make rapid, autonomous decisions was a key facilitator in the successful implementation of the VFF. Being able to respond flexibly, with few (if any) layers of approval, to the requirements of the VFF and their residents' needs provides a sense of empowerment to VFF Champions and other staff. This autonomy, permission and flexibility is a likely mechanism underlying independent homes rating implementation as easier than homes which are non-independent.

Support from the VFF Project Team

Support from the VFF project team has been mentioned as a success factor to support homes with the process of implementing the VFF.

The support from the VFF team was described as "clear and accessible" and staff appreciated having a main contact person to turn to for guidance. What stood out to staff members was the team's hands-on approach, prompt communication, and tailored support. There was a frequent mention of how having the VFF project team made the process easier and enabled staff to better serve residents, including assistance with reclaiming military badges, locating service numbers or researching residents' military histories.

Care home managers (from implementing and implemented homes. N=35) reported that the most helpful aspects of the VFF team's support were: regular communications and meetings (15; 43%), guidance and advice around submission provided through regular or frequent catch-ups (11; 31%), supportive and friendly approach (5; 14%), and resources and tools they provided (3; 9%).

Clear framework and structure

The benefits of having a clear framework for implementation of the VFF was frequently mentioned by staff members and managers. Staff felt that this structure made the process more manageable and helped them understand the steps needed for successful implementation. This framework helped ease any initial challenges and clarified the roles and tasks involved in the VFF process.

Many staff members highlighted that any initial challenges or unclarities were quickly overcome and their confidence increased once gaining knowledge about the implementation requirements.

Staff training, motivation and engagement

For many homes, the VFF felt particularly relevant due to the composition of their resident population, with several reporting that up to half of their residents had military backgrounds. This created a strong, intrinsic motivation to implement the Framework effectively.

> *'It was never about ticking a box. It's about doing right by the people who live here.'*
>
> *- Manager*

Informative and accessible training played a significant role in supporting staff with their learning and onboarding. It is important to note that staff have differing preferences for how the training should be delivered (online vs. in person), which concludes that the training should be tailored to the group's needs and take into account how information is best received.

Training materials such as the VFF website, videos and posters were mentioned as very valuable in building knowledge among staff members.

The success of VFF implementation has often hinged on the level of collaboration and motivation of care home teams. In care homes where staff, activity leads, and managers worked together and where change was embedded as part of routine practice, the Framework was incorporated more effectively.

Regular staff meetings and creating space for questions and discussions were also found to be helpful in supporting staff engagement. Staff felt that the process became easier over time as they gained more experience and confidence.

Staff members with personal experiences or connections to the Armed Forces (i.e. being a veteran themselves, or a partner to a veteran) often reported feeling a personal motivation to support the home in delivering veteran-friendly care and this personal investment was seen as a significant strength in the VFF implementation. These individuals were often able to leverage their knowledge and experience to make connections with veterans/partners and their families and support other staff members.

Staff members with personal ties to the Armed Forces were also often mentioned to be helpful to other staff members with limited previous knowledge about military culture and history.

> *'I didn't know much about the military or veterans' lives before, but hearing stories from my colleagues who've had family members in the forces has helped me connect better with our residents.'*
>
> *- Staff*

Finally, where staff understand the role the VFF can play in organisational improvement, such as towards an improved CQC rating or the development of a specialism for their home, it is noted to be easier to build staff motivation and subsequently ease the process of implementation.

Collaboration with external organisations and community engagement

Staff reported that relationships with external organisations have aided the process of implementing the VFF. External organisations include the military, police, local veteran charities and organisations as well as the local authority. These collaborations have enabled staff to build connections with the wider military and veteran community and have appreciated receiving guidance from external stakeholders.

Engagement with external organisations was also seen as essential for providing relevant and meaningful activities for residents.

VFF Champions

The role of the VFF Champions has been noted as a success factor in implementing the VFF in care homes. Nearly all VFF Champions have some form of (often direct) military connection and have expressed a sense of empowerment to lead on VFF-related activities, put forward suggestions and drive improvement.

'The passion and dedication of the Champions…made the implementation process smoother.'

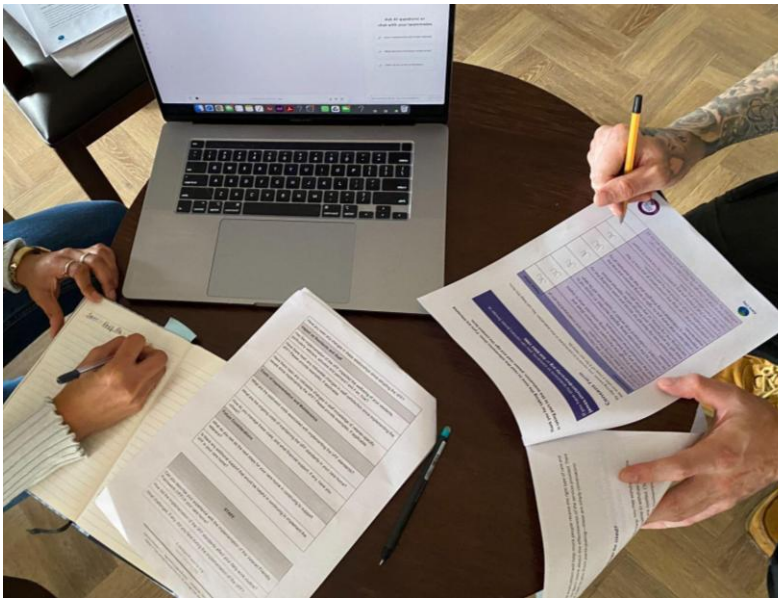
- Manager

Facilitators - conclusion

In summary, strong leadership, direction and autonomy in decision making are ideally addressed at the very beginning of the process to strengthen the vision for the care home team and to plan mitigation strategies in case of any hierarchical hurdles.

While implementing the Framework, care homes have found a clear structure to follow for the implementation and support from the VFF project team invaluable. Beyond that, engaging staff training and the support from the VFF Champions have contributed to a successful implementation. Finally, strengthening relationships with external organisations has been reported to aid the implementation process.

Care home's display board celebrating monthly wins and proudly featuring the care home's VFF Champions, recognising their contributions to veteran care.



An interview with the VFF Champion, sharing reflections on the impact of the framework and their role in leading veteran-friendly practices.

Summary of facilitators and barriers and reflections from specialist homes

In sum, though there are notable, moderate challenges that are being faced across all care homes, the general experience of implementation is still largely positive across contexts. The strong facilitators of leadership, team motivation and belief in the VFF principles and potential impact are often well matched to these challenges, and mean home managers and staff still view the implementation positively.

During this evaluation the emerging barriers and facilitators were presented to a focus group of 8 RBL members of staff including 5 registered care home managers, the head of operations for

care homes, the support service manager and the care director for care homes. This focus group was to gain insights and recommendations as to the identified barriers and facilitators from homes which provide specialist support for veterans/partners only and have themselves been through the VFF process. The focus group participants recognised all the barriers and facilitators presented and shared the following reflections and recommendations:

- **Veteran-specific staff training**
    - Training is mostly delivered at induction using personal stories, historical context, and practical advice.
    - Newer/younger staff often lack awareness of military culture, especially recent conflicts.
    - Specialist homes recommend mentoring, story-based learning, and using real veteran input.
    - They encourage local training partnerships (e.g., hospices) and access to specialist homes for support.
- **Personalised care and identity**
    - Personal military experience shapes habits, identity, and how residents respond to care.
    - Some residents don't want to talk about or celebrate their service—this must be respected.
    - Family input is key to understanding deeper values, achievements, and honours.
    - Staff should be trained to explore affiliations and preferences gently and without assumption.
- **Cultural cues and visual identity**
    - Visual symbols (flags, memorabilia) reinforce belonging and are highly valued.
    - Not all residents want public celebrations—discretion and sensitivity are needed.
    - Homes must balance visual reminders with respect for residents who prefer privacy.
- **Community links and veteran networks**
    - Strong relationships with local bases, cadets, and charities enrich veteran care.
    - Veterans often prefer talking with ex-service personnel or community volunteers.
    - Activities like breakfast clubs and commemorative events support connection and wellbeing.
    - Non-specialist homes should be encouraged to build local networks through peer support.
- **Implementation challenges**
    - Strong leadership and motivated teams help embed change, especially where aligned with quality improvement.
    - Documentation and evidencing activities are time-consuming and sometimes unclear (in reference to the VFF application forms)
    - The re-application process was just as demanding as the initial application.
    - Non-specialist homes may feel discouraged by inconsistent feedback and administrative burden.

- Simplify processes, clarify expectations, and offer peer or in-person support to sustain engagement.

3.4. Case studies

Creating a veteran hub from scratch

At a small, independent care home in a rural area, the Veteran Friendly Framework (VFF) sparked a change that reached far beyond the home itself. During implementation, the manager quickly realised that while her team was committed, there were no local community links for veterans, *"Finding community links has been really hard for us… the closest one was 20 minutes from us which is too far."*

Instead of seeing this as a setback, she saw it as an invitation to act. Motivated by the VFF's emphasis on community engagement, she contacted the local council's veteran lead and took the initiative to create something new. *"So I set up our own veteran hub, in the community here – and it's going really well – I love hearing from residents after they have been."*

What started as a simple gathering has grown into a vibrant monthly event at the village church hall, welcoming veterans from across generations, recent service leavers, local community members, and care home residents alike.

For the home, this wasn't just an outreach activity and it was a meaningful extension of care. Residents, including those living with dementia or mobility issues, found new ways to connect and share in something that honoured their identity.

"It shouldn't feel like it's another tick-box," she reflected. *"The hub has become a source of pride and connection, something that felt missing before. It wouldn't have happened without the VFF."*

This case stands as a powerful example of how the VFF not only promotes better care but inspires new ways of thinking, turning barriers into lasting opportunities for community and belonging.

Extending care beyond the care home – a veteran resident's final tribute

At one care home, the activities coordinator spoke with quiet pride about how the VFF had transformed not just what they do, but how they do it. Since becoming involved with the Framework, he explained, the scope and depth of activities available to residents—veterans/partners and non-veterans alike—has grown meaningfully.

"It's given us the scope to do more and incorporate it into what we do regularly," he said. The Framework hadn't simply added a new set of tasks to the calendar. It has helped to weave recognition, reflection, and community into the home's daily rhythm. From veteran breakfast clubs to marking Remembrance events with dignity and warmth, the VFF had brought with it a renewed sense of purpose and pride.

Crucially, he noted the impact of external links to armed forces charities, community organisations, and veterans' groups which he described as both practically helpful and emotionally affirming. These connections had opened new doors: bringing in resources, offering funding, and allowing him to plan more ambitious, meaningful events that simply wouldn't have been possible before.

One moment that stood out for him came after the recent passing of a veteran resident. Thanks to the relationships built through the VFF, he was able to coordinate a full military funeral, including regimental representation and ceremonial honours. The entire event was funded by external organisations and none of the costs fell to the family or the care home.

"This is their home," he said. *"And the care doesn't stop when they die."*

In that moment, the Framework had done more than support improved care planning. It had enabled the home to honour a resident's life and service in the way they deserved, leaving a lasting impression on both staff and family alike.

"It's changed how I see people" – a VFF Champion's perspective

"I wasn't expecting it to be this impactful," said a VFF Champion reflecting on their experience. *"It's been really educational, really empowering. It's given me a much greater understanding of veteran needs and behaviours."*

The Champion shared how, before the VFF, they wouldn't have known to ask about a resident's military background. *"Now, I meet people inside and outside the home and I ask. It's shaped how I talk to residents. You start to see the person behind the behaviour."*

She described how one resident with dementia would become agitated during loud noises: *"Now, when the alarm goes off, I know which resident to go to."* Learning about his service history completely changed how staff supported him.

While she acknowledged it wasn't always easy, especially doing it alongside regular duties, she credited her team: *"The activities coordinator and other staff were really engaged when I had limited time. And the VFF team was always helpful when I had questions."*

The breakfast club became a standout success: *"We went from five to 24 people attending. It's brought people together in the home and from outside."*

Asked if it was worth it? *"Absolutely. It's made our care better. Residents feel recognised. We wouldn't have done any of this without the VFF, it's brought it all to the forefront."*

4. Recommendations

4.1. Continue Rollout of the Veteran Friendly Framework (VFF) Across the UK

This independent evaluation of the VFF provides evidence of its impact in enhancing care for veterans and their partners in care homes across England. Given the impact observed and its alignment with national care priorities, we strongly recommend the continued rollout of the VFF across England and expansion into the devolved UK nations.

Key Justifications for Continued and Expanded Implementation:

1. **Demonstrable Impact and Value for Money**
   The evidence suggests that the VFF has led to improvements in the wellbeing and experiences of veteran residents:
   - 140% increase in identification and recording of veteran status
   - 66% experienced an increase in social connections
   - 55% participated in more activities, with 45% being more engaged
   - 37% reported improved wellbeing, and 32% felt less isolated

These outcomes have been achieved at a cost-effective average investment of £1,098 per care home and £289 per veteran, indicating strong value for money in comparison with similar quality improvement frameworks.

2. **A Tangible Model of Person-Centred Care**
   The VFF exemplifies person-centred care by embedding veterans' identities, preferences, and lived experiences into daily routines and care planning. It goes beyond recognition to action, adapting communication, routines, and environments to better suit individual needs. Notably, this tailored approach has also yielded positive outcomes for non-veteran residents, enhancing the overall quality of care, engagement, and inclusion across all populations within VFF-participating homes.

3. **Systemic Cultural Change and Staff Empowerment**
   Staff and managers report increased professional fulfilment, teamwork, and care quality. The framework has initiated cultural shifts within care homes, transforming how behaviours are understood and care is delivered. It has offered care teams a renewed sense of purpose and shared mission, contributing to improved staff morale and retention.

4. **Care Homes as Community Hubs**
   The VFF supports a reimagining of care homes as vibrant community hubs through strengthened relationships with external veteran and community organisations. Care homes

have become centres for remembrance, shared histories, and civic engagement, connecting residents to broader societal structures and increasing their visibility and social participation. Many host events for veterans and the wider Armed Forces Community, connecting those who live in care homes, and others, and acting as a key part of local networks of support.

As VFF care homes increasingly position themselves as community hubs, there is the opportunity to align with the government's new VALOUR system, a national model designed to streamline access to veteran-specific services through connecting local, regional and national services, while harnessing the power of data to shape better services. Care homes can play a vital role by identifying veterans and other members of the Armed Forces Community, contributing data to the wider system, and facilitating referrals.

It will be important for local/regional VALOUR hubs and regional field officers to understand where local Veteran Friendly care homes are and facilitate connections to them, making the most of the support and networks they already offer. VALOUR could also offer an opportunity to further promote and raise awareness of the VFF among care homes not already participating.

This would all enable care homes to strengthen their role in a more integrated and collaborative support network, ensuring veterans, partners and their families benefit from coordinated, personalised care. This also enhances the ability of care homes to build relationships with external partners such as the NHS, local authorities, and Armed Forces charities, further embedding the Veteran Friendly Framework within a joined-up system of care.

5. **Scalability and Alignment with National Policies**

   The VFF is closely aligned with the Armed Forces Covenant, the Strategy for Our Veterans, and the wider health and social care agenda across all UK nations. Its proven adaptability and current success across 238 homes in England positions it well for broader national adoption. While the VFF aligns well with the UK's Armed Forces Covenant and broader veteran-related health and social care policies, successful adoption outside of England would require adaptation to different regulatory and care frameworks in Scotland and Wales. This would include tailored engagement with devolved governments and integration into local health and care strategies. The experience and infrastructure developed through the current programme can provide a scalable model, especially when paired with insights on implementation barriers and enablers identified in this evaluation. With appropriate support from devolved administrations and local veteran networks, the VFF could contribute to a more consistent approach to personalised veteran care across England, Scotland and Wales.

   The VFF could also potentially contribute to these impacts within Northern Ireland but would require careful adaptation to the unique contexts, risks and complexities of veteran identities in Northern Ireland. Consideration should be given to how successful elements of the VFF approach can be tailored to make an impact in the Northern Ireland context.

A new Veterans' Strategy is anticipated to be published in coming months. Our understanding is that this is likely to set out the ambition that veterans are celebrated, supported, and contribute to society. VFF supports these ambitions: increasing access to support for veterans and spouse/partners living in care homes; celebrating the contribution of the Armed Forces Community through activities and events such as remembrance and awareness-raising; and seeking to support veterans and the wider AFC to contribute to their communities and society, with care homes supporting the AFC as an employer and signing the AF Covenant.

When the new Veterans' Strategy is published, we recommend that the VFF consider more specifically how its delivery can contribute to the intended outcomes, alongside activity to support delivery of the AF Covenant Duty, and connections with delivery through VALOUR.

Funding and Sustainability

To capitalise on the success of the VFF and meet the growing demand from care homes and communities, it is essential to secure additional funding beyond the current commitment, which ends in December 2025. Continued investment is necessary to:

- Sustain the centralised VFF team and infrastructure
- Expand resource delivery
- Enable implementation across the devolved nations
- Support evaluation and continuous improvement

Without renewed and enhanced funding, there is a risk of losing momentum and undermining the progress made to date.

4.2 Raise awareness within the NHS and Primary Care organisations

Independently of one another, many care homes have raised the same challenge around a lack of awareness of veteran needs among NHS and primary care providers. Despite sharing residents' Armed Forces Community status with clinical services, in line with Standard 4 of the VFF, care home staff observe that veteran status often does not get included in the individual's health record at NHS services.

A key focus of the ongoing 'Independent commission into adult social care'[78] led by Baroness Louise Casey is the integration of social care with the NHS. The VFF represents a tangible example of how the integration between care homes and NHS services could be improved for the benefit of residents.

[78] https://www.gov.uk/government/publications/independent-commission-into-adult-social-care-terms-of-reference/independent-commission-into-adult-social-care-terms-of-reference

* We recommend that guidance and activities relating to Standard 4 are strengthened including building relationships with local NHS services and raising awareness about veteran-friendly care.

- **The VFF team might:**
  - Approach senior NHS stakeholders and lobby for the importance of including veteran status information in health records - kickstarting the process of encouraging organisational change from the top down
  - Provide care homes with an email template when reaching out to local NHS services introducing the VFF and outlining the importance of recording veteran status in their health records
  - Connect care homes with an NHS representative who is able to have peer-to-peer conversations with NHS colleagues about the importance of veteran-friendly care and strengthening local relationships
- **Care homes might:**
  - Nominate a staff member to be the "NHS lead" whose role is to lead on conversations with local NHS services and build relationships
  - Extend invitations to local NHS services
    - to participate in veteran events to strengthen relationships and involving NHS staff members in discussions around veteran friendly care
    - to co-develop new processes to ensure greater awareness of the needs of veterans among NHS services

4.3. Future proof the VFF

As the demographic profile of the UK veteran population evolves, future-proofing the Veteran Friendly Framework (VFF) is essential to ensure its continued relevance, inclusivity, and impact. While currently well-suited to a generation in which a large proportion of older men are veterans, the VFF must adapt to meet the needs of a shrinking and increasingly diverse veteran population, including more women, LGBT+ veterans, and those from post-conscription, all-volunteer forces who served in less publicly understood or supported conflicts. This demographic shift also underscores the growing importance of recognising and supporting veteran partners and spouses, who already outnumber veterans in some care home settings and whose roles and identities have evolved significantly.

We recommend that the VFF embed future-oriented design principles that explicitly anticipate these shifts, such as broadening its cultural relevance, ensuring diverse veteran voices inform

programme development, and developing flexible, modular approaches that allow care homes to respond to the changing nature of military identity and experience. Additionally, the VFF should continue to facilitate engagement with broader community support initiatives (e.g. PTSD services, Men's Sheds, veterans' cafés), positioning care homes as hubs for ongoing connection, identity, and peer support. In doing so, the VFF will remain not only veteran-relevant, but also a vehicle for improving the quality and inclusivity of care for all residents.

4.4. Promote the VFF as a means for specified bodies to discharge the Covenant Duty

Integrated Care Boards (ICBs) and Local Authorities are among the specified bodies subject to the Covenant Duty, which legally requires them to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in healthcare, education, and housing. Although social care is not currently within the formal scope of the Duty, the Royal British Legion is actively campaigning for its expansion to include social care. The Veteran Friendly Framework (VFF) offers a practical way for these organisations to align with the spirit of the Covenant now and be well prepared for future policy changes.

We recommend that ICBs and Local Authorities be encouraged to promote the adoption of the VFF within care homes within their geographies. This could include incorporating VFF implementation into commissioning frameworks/terms and conditions or local Armed Forces Covenant action plans, and recognising VFF participation as an indicator of quality for veteran-aware services. Doing so would support these bodies in evidencing their commitment to the Covenant principles.

The VFF builds on the success of the Veteran Aware accreditation for NHS Trusts and the Veteran Friendly Practice accreditation for GP practices in England, developed in collaboration with the NHS Veterans Covenant Healthcare Alliance (VCHA) and the Royal College of General Practitioners (RCGP). In Scotland and Wales, equivalent schemes are in place to support veteran identification and care in primary settings, such as the Scottish General Practice Armed Forces and Veterans Recognition Scheme and the NHS Wales Veteran-friendly GP scheme. Promoting the VFF in social care settings would ensure continuity of recognition and support for veterans and their families across the full health and care pathway, supporting a seamless and consistent experience for the Armed Forces community.

4.5. Ensure strong messaging from senior stakeholders

Implementation has been successful where managers and other senior leaders fully understand the purpose of implementing the VFF and are able to articulate clearly to their teams the value of the VFF as part of wider quality improvement. In homes where the senior leadership has not been involved in sharing this messaging, team motivation has been found to be lower.

* We recommend that senior stakeholders are encouraged to be involved heavily in the messaging about the VFF to their staff members, while giving autonomy to their teams in regards to the delivery and implementation.

Given additional capacity and resources within the team, the VFF team might:

- Support leaders to understand the full potential benefits and impact of the VFF in regards to wider quality improvement, i.e. improved CQC ratings or improved resident satisfaction. This is to ensure that the communication from the senior leadership team to their staff members is strong, robust and motivating.
- Support leaders to give autonomy to their teams when it comes to delivery and implementation of the VFF. Specifically for care home teams that are part of a larger care home group, this might be a workshop or conversation during which the hierarchy and expected approval processes are mapped and areas with greater autonomy are defined for teams, i.e. what sort of decisions can be made without seeking permission and where is additional sign off required.

4.6. Ensure dissemination of veteran specific knowledge across care home staff

When surveyed, about two thirds of staff highlighted that they had not received any additional training on the needs of the Armed Forces community (29; 64%). Those who had received training, often noted that the training content didn't feel engaging enough and expressed the wish for more interactive training. Whilst the VFF does not aim to provide training to all care staff the intention is for VFF champions to learn from the provided resources and disseminate this information to their colleagues.

* Based on these findings, we recommend a stronger focus on the dissemination of veteran specific knowledge within care homes.

- **Care homes might:**
  - Incorporate conversations about the VFF and information about the Armed Forces community into existing team processes, such as team meetings - ensuring that part of the learning is interactive and conversation-based
    - Mandate training as part of the induction process of new staff members - ensuring that all staff members receive the same level of training
    - Invite individuals with lived experience - such as members of a local veteran charity - into the care home to give a talk to the team and hold a collaborative learning forum - ensuring that learning is relevant, interactive and tangible for staff members
    - Investigate training already available locally (e.g. through local Covenant boards)
- **Given additional capacity and resources within the team, the VFF Team might:**
  - Consider reviewing the training content and supplement written information with short videos to bring the content to life, increase the ease of working through large amount of information, and make it more accessible for staff
  - Liaise with DHSC to discuss the potential for the inclusion of a social care module in the newly announced training programme for NHS staff about veterans and serving personnel[79]
  - Provide care homes with a clearer "roadmap" that outlines each step of the application process
  - Strengthen training content on:
    - trauma-informed approaches and potential needs that individuals may have who have experienced trauma or live with PTSD
    - history and military culture to improve inclusivity and understanding, specifically for staff with diverse backgrounds and little to no knowledge on the history of the wars taken place
  - Encourage care homes to make adaptations to the training resources as they see fit and share successful examples and recommendations from other localities
  - Collect care home characteristics and proactively target support to care homes are more likely to experience difficulty throughout the implementation process. According to evaluation findings these include: smaller homes, residential homes, non-independent homes, homes with a high staff turnover, homes located in rural settings, and homes with a lower CQC rating.
  - Collect basic baseline data from homes making initial contact, such as whether or not they currently record veteran status, their current level of interaction with external veteran organisations and the strength of these relationships. This information could both inform ongoing evaluation and support the targeting of support to those homes which are not achieving the benchmark progress identified in this evaluation.

[79] https://www.gov.uk/government/news/ve-day-boost-for-veterans-healthcare

4.7. Equip staff to implement the VFF alongside managing operational demands

Operational demands, time constraints, competing projects and shortage of staff are some of the most dominant challenges that have emerged from the evaluation.

While the role of VFF Champions has been invaluable to all teams, it is found to be too challenging for the implementation to be driven by only a small number of key individuals and that wider team involvement is crucial.

> * We recommend that the VFF implementation is seen as a team effort with clearly defined roles for all team members, while VFF Champions focus on overseeing the implementation.

- **Care homes might:**
  - Encourage VFF Champions to delegate tasks to the wider team and be in charge of overseeing implementation activities
  - Introduce the VFF implementation as a standing item on team meeting agendas, involving the entire team in frequent conversations
  - Communicate how the VFF aligns with existing priorities and how it can be integrated into existing workflows, policies and quality improvement activities.

4.8. Streamline the administrative process

Care homes highlighted that the process of completing the VFF application form and evidencing that VFF standards had been met was complex and challenging at times.

> * We recommend creating simplified application forms in combination with creating short and easily accessible resources that guide care homes through the application.

- **The VFF Team might:**
  - Update the existing application form and change to a simpler format

- Introduce an online portal with resources (such as short videos) clarifying the expected level of detail for each section of the application
- Connect each care home who is in the process of implementing the VFF with a care home who has already successfully implemented it to encourage peer support

Providing this level of additional support and resources would come with a need to provide additional team capacity within the VFF project team, so it should be considered whether the benefits merit the investment required.

4.9. Raise awareness about the VFF among care home residents and families

Families highlighted the importance of being involved in the care planning process to ensure that their loved ones receive respectful and individualised support.

The evaluation identified that residents and families don't always feel fully informed about the VFF, its aims and purpose or how to be involved.

> * **We recommend that communication about the VFF is shared with residents and families from an early stage, opening up opportunities for involvement in the design and delivery of activities.**

- **Care homes might:**
  - Use existing communication channels such as newsletters to inform about the VFF, the implementation progress and advertise any opportunities for involvement
  - Involve residents and families when creating visual display boards - ensuring that everyone feels informed about VFF and connected to the cause
  - Hold more frequent events inviting family members along

4.10. Ensure that individual needs inform a tailored approach to care

Evaluation findings emphasise the importance of personalised care approaches, taking into account the following cohorts whilst also recognising the hugely diverse needs and preferences which exist within them:

- veterans who identify as such,
- individuals who are hesitant to openly identify as veterans,

- individuals who do not identify as veterans,
- partners of veterans
- and non-veteran residents

Care homes are encouraged to provide high quality of care to all veteran and non-veteran residents while honouring their individual needs and preferences. Taking diverse - and sometimes contrasting - needs into account can make it difficult for care staff to identify the right level of engagement with residents, especially with individuals who do not wish to identify as a veteran or are hesitant to discuss their past experiences openly.

As an example, many veterans and family members expressed a desire for more frequent veteran-focused activities, while others expressed that they didn't want all activities to be veteran-related.

> * **We recommend that events and activities offered in care homes use a trauma-informed approach and are designed to feel inclusive to all residents while accounting for individual needs such as physical and cognitive abilities and personal preferences.**

- **The VFF team might:**
  - Create a resource listing activities and events held at different care homes that respond to different needs and share those with all care homes for inspiration
  - Expand training resources to include information beyond the first and second World War to raise awareness of veterans who served in the Armed Forces in the second half of the 20th century and are likely to bring different needs and interests
  - Link non-specialist care homes with specialist RBL and RSG homes, taking advantage of their offer to share their learning and expertise.

- **Care homes might:**
  - Hold co-design sessions for residents and their families to
    - identify personal preferences in relation to preferred routines, habits, personal space, clothing, level of connection with veteran identity, readiness to discuss past experiences (and more) and ensuring that this information is included in care plans
    - tailor events and activities to individual needs - ensuring that everyone feels able to engage to the extent that they wish to
    - strengthen communicating that whilst the VFF is primarily for the benefit of veterans/partners, it is non-exclusionary, and represents a process of quality improvement with potential significant benefits for other non-veteran residents through teams embedding greater personalisation of care

- Share contact details of veteran charities or veteran support services that enable individuals to seek support outside of the care home

4.11. Supporting homes to build an external network

Engagement with external veteran-focused organisations was seen as vital for the implementation process of the VFF. Data suggest that regular visits from veteran charities build trust and deepen understanding of veteran's needs.

The VFF team currently provides an extensive list of support organisations for homes to connect with, but evaluation data found that care homes still often struggle to make local connections.

> * **We recommend that each care home is directly introduced to one local veteran organisation.**

It was noted that one warm introduction is often enough to quickly snowball into making other local connections.

A more proactive approach, such as directly introducing each home to at least one local Armed Forces contact, could help build momentum.

4.12. Consider further focus on the experiences of resident spouses and partners

Whilst the impact of VFF implementation for veteran care home residents is clear, this is more nuanced for residents who are partners of veterans. Across the breadth of questions asked in the evaluation, perceived change for partners was consistently lower.

> * **We recommend that further engagement with spouse and partner residents is carried out to understand how VFF could make a greater difference to their experiences of drawing on care and update support to participating homes as appropriate.**

- **The VFF team might:**
  - Provide specific examples of how the VFF can support spouses and partners

    - Arrange additional engagement with spouse and partner residents to understand what aspects of the VFF, or tailoring of its application, might best meet their needs

- **Care homes might:**
    - Ensure that spouses and partners are considered with parity to veteran residents when planning implementation and associated activities
    - Ensure that as much emphasis in places on identification of spouse and partner residents

4.13. Adapt and develop ongoing evaluation methodology

If the VFF is going to scale, it is essential to strengthen and adapt the evaluation framework to ensure continued learning, accountability, and quality improvement. This evaluation has generated important insights and evidence of impact but also encountered key limitations that should be considered for future phases. These limitations are not unique to the evaluation of this programme but represent general challenges to evaluations and data collection of improvement programmes in the care home setting. Whilst these recommendations would be important to the continued roll-out of the VFF they would only be achievable with significant additional investment. These recommendations should also be considered by any programmes aiming to improve outcomes for care home staff and residents.

- **Expand and Diversify Resident Data Collection**
    - *Challenge:* Many veteran residents could not participate due to capacity constraints or disinterest, particularly those from the National Service generation who may not identify as veterans.
    - *Recommendation:* Introduce flexible and inclusive data collection methods such as storytelling, facilitated reminiscence sessions, or multimedia tools (e.g. video/audio) to gather insights from a broader range of residents. Expand the use of proxy indicators while ensuring they are triangulated with qualitative data from families and frontline staff.

- **Develop a Built-in Baseline Assessment Tool**
    - *Challenge:* Comparator data from non-engaged homes was limited and not statistically robust.
    - *Recommendation:* Embed a standardised pre-engagement self-audit tool for care homes starting the VFF. This should assess existing practices on veteran identification, staff training, community engagement, and personalised care. This baseline can then be used to measure change more systematically.

- **Enhance Longitudinal Data Collection**

    - *Challenge:* Short data collection windows limited the ability to assess long-term change and sustainability.
    - Recommendation: Establish a rolling evaluation model with longitudinal follow-ups at 6, 12, and 24 months post-implementation. This would capture sustained impact, cultural change, and ongoing adaptation,key to future-proofing the VFF.

- **Strengthen Health Service Use and Cost Effectiveness Measures**
    - *Challenge:* Attempts to collect health and social care utilisation data (e.g. GP visits, hospital admissions) were unsuccessful due to data access issues.
    - *Recommendation:* Secure data-sharing agreements and explore partnerships with ICSs and local NHS organisations to ethically and legally access relevant service use data, with appropriate consent. This would enable more robust analysis of cost-benefit and system-level value.

- **Increase Statistical Power Through Scaling and Sampling**
    - *Challenge:* Small sample sizes limited the ability to perform inferential statistics.
    - *Recommendation:* As the VFF scales, ensure evaluation budgets and methodologies accommodate large-scale, stratified sampling across regions, home types, and resident demographics. This will enable comparative and regression analysis to better understand what works, for whom, and under what conditions.

- **Embed Resident and Family Voice in Evaluation Design**
    - *Challenge:* Direct resident involvement was limited, particularly among those with lower capacity or communication barriers.
    - *Recommendation:* Co-design evaluation tools with residents, families, and care staff. Engage lived experience panels to shape meaningful, accessible outcome measures and ensure continuous feedback loops.