venturetrust

Positive Futures: Health and Wellbeing Impacts for veterans struggling with civilian life 2019-2022

Final Report

GAP

Filling the knowledge GAP

Acknowledgements: Venture Trust

Venture Trust would like to acknowledge the continued and vital support provided by our partners in the continued development and delivery of this service in support of ex-Service personnel across Scotland.

We would like to thank the Armed Forces Covenant, the Scottish Government, European Social Fund, FiMT and several trusts and foundations who have all contributed financially to our service delivery and development over a number of years particularly for individuals caught up in the community justice system.

Venture Trust would also like to thank a host of partner agencies who have generously shared their knowledge, insights and commitment to help reach those most in need of support, including but not limited to, the Veterans Scotland Secretariat and wider network; Cobseo; Combat Stress; the Scottish Prison Service; Poppy Scotland; Legion Scotland; SSAFA; Recovery Careers Service; Veterans First Point; DWP/Job Centre Plus; Change Grow Live; SAMH; Glasgow's Helping Heroes; Lothian Veterans Centre; Scottish Veterans Residences; SVCGA "Houses 4 Heroes" and other supported housing providers; Careers Transition Partnership/Future Horizons/RFEA – the Forces Employment Charity; Social Work Teams and CJ partners across Scotland; Access to Employment; SACRO; Families Outside and Move On. Apologies if we have inadvertently omitted anyone from this list.

To all ex-Service personnel that have engaged with us, attended our programmes, taken on mentor training, have engaged with our Participant Panel and have freely given their time to share with us their experiences as they have transitioned into the communities they are part of.

Acknowledgements: GAP Communications

GAP Communications would like to acknowledge the support and input received from:

Team Venture Trust

> Gordon Thomson, Simon White, Mike Strang, Andrew Russell, David Robertson, Tejesh Mistry and Neil Ratley.

> The Development Workers and the National Participant Centre Team.

The biggest 'Thank You' is to the Positive Futures participants without whose co-operation this evaluation would not be what it is. Thank you for telling me your life stories.

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Glossary of Terms & Abbreviations Used

The following acronyms, abbreviations and terms have been used throughout this paper.

ACE	Adverse Childhood Experience(s)	P0	Phase 0 – Positive Futures Programme
CBT	Cognitive Behavioural Therapy	PI	Phase 1 – Positive Futures Programme
CJ	Criminal Justice	PII	Phase 2 – Positive Futures Programme
CJSW	Criminal Justice Social Work	PIII	Phase 3 – Positive Futures Programme
ESL	Early Service Leaver (<4 years' service)	PTSD	Post-Traumatic Stress Disorder
GP	General Practitioner	RAF	Royal Air Force
LSV	Longer Serving Veteran	RN	Royal Navy
NHS	National Health Service	SSAFA	SSAFA – the Armed Forces Charity

Early Service Leavers: a veteran who left the armed forces after less than four years' service.

In the context of Positive Futures, an Early Service Leaver is not necessarily a young person. A person now aged 45 may have left the armed forces 20 years ago after service of less than 4 years – that person, regardless of their age, is still an Early Service Leaver.

Tour(s): term used to describe a tour of duty in a battle zone e.g., Iraq, Afghanistan, etc.

To distinguish between data from new individuals in the 2019 onwards evaluation and individuals who took part in the first evaluation (2015-2018) the following terms have been used.

Cohort 1: Individuals who participated in Positive Futures 2015-2018
Cohort 2: Individuals who participated in Positive Futures from 2019 onwards

The research took place over the period of Covid. The following terminology has been used to distinguish the three periods covered by this work:

Pre-Covid: The period up to, and including, March 2020
Covid: The period from April 2020 to February 2021
Post-Covid[1]: The period from March 2021 onwards

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[1] It is accepted that using the term post-Covid is not factually correct in that, at time of writing (March 2022), Covid has not gone away. It is, though, a handy 'short-cut' to contextualise activities in time and has been used in that context in this work.

1.0 Executive Summary

Overarching conclusion: the semi-individualised Positive Futures programme is successful in driving health and wellness impacts, particularly mental health and wellness impacts, in veterans who have struggled with the transition to a civilian life.

Improved, and sustained, mental wellbeing continues to be the main impact seen by participants. Regardless of Cohort or experience, the majority of participants (99.5%) reported improved or sustained mental wellbeing following taking part in Positive Futures.

Improved mental wellbeing drives all other health and wellbeing impacts.

"If your head's in a good place, the rest follows."

ESL, Army

Positive Futures is a programme which helps former military personnel struggling in civilian life.

For a minority of veterans, the change from the regimented environment of the armed forces where food, clothing and accommodation are provided to having to cope with the disorganised environment of civilian life is an immense struggle. It is these veterans Positive Futures targets.

The **Positive Futures Model** is a combination of cognitive behavioural approaches, holistic interventions, experiential learning, skilled facilitation, relationship building, coaching, mentoring and aftercare.

Positive Futures creates a therapeutic environment where those participants with mental health issues (frequently part of a complex presenting set) can identify behaviour triggers and develop, and practice, coping strategies. It is delivered through a phased programme (Phases 0 – III).

This work built on the 2018 Evaluation of Venture Trust's Positive Futures Programme[2] which helps former military personnel struggling in civilian life. That Evaluation highlighted Positive Futures as:

> **"A successful, cost-effective, high value for money programme, delivering positive outcomes for veterans who have struggled in civilian life thereby helping to achieve cross-cutting policy objectives."**

This work investigated and evaluate the **'particular catalysts for change'** in the Positive Futures Programme based on the Health and Wellness outcomes seen in the 2018 Evaluation. 2018 Evaluation participants (Cohort 1) had described themselves as being 'reset' as humans and this evaluation was to ascertain what drove this 're-setting of the person' and, to determine as far as was possible, the 'Factors for Reset' and their relative strengths.

In the relevant period, 141 veterans were referred to Positive Futures. Of these 141 veterans, 49 went on to successfully complete a wilderness journey. Participant numbers were depressed by Covid.

Service data was recorded for 107 individuals (76% of referrals): 96 (90.0%) served in the Army, 6 (6.0%) served in the Royal Navy and 5 (4.0%) served in the Royal Air Force.

At referral, every participant in Positive Futures has "presenting issues" – aspects of life where they face challenges. 96.2% of participants had 2 or more presenting issues. 40.0% of participants had 5 or more presenting issues. The average number of presenting issues was 5, with the highest number of presenting issues for a single individual being 8.

Key presenting issues at referral were Mental Health Issues (98.0.0%, 129 individuals) and Unemployment (76.5%, 101 individuals). **Mental Health Issues includes poor mental wellbeing as well as diagnosed and undiagnosed mental ill-health.** Against the 2018 Evaluation (where 73% of all referrals presented with Mental Health Issues), there was a significant uplift in the numbers presenting with Mental Health Issues.

It is thought three factors are at play in the increased number of referrals with mental health issues:
1. Less stigma about mental health issues caused by Service: wider publicity about veterans, and Serving personnel, who have spoken out about their mental health issues is contributing to breaking down barriers.
2. Better screening of individuals at Phase 0, and
3. The impacts of Covid-19 on mental health.

As with wider society, the Positive Futures model adapted to cope with Covid.

Venture Trust pivoted to digital delivery very swiftly when Covid struck and continued to offer services across its full spectrum of programmes. Unlike many other services, Venture Trust remained open throughout the lockdowns and continued to provide services to clients.

Due to the pivots made by Venture Trust, there are differences in participant experiences between those who had been on a wilderness journey before the pandemic struck and those who went after the pandemic. Like is not being compared with like across the evaluation. Circumstances leading to these different participant experiences were utterly beyond Venture Trust's control.

Lockdown challenged mental health across the entire UK population. For the Positive Futures participants, with their pre-existing mental health issues, lockdown was an even bigger challenge. Participants used their learning and the ongoing support from Venture Trust to help them cope.

Even with the impact of Covid, where participants reported them, health and wellbeing impacts are strong and are lasting.

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[2] The full report can be downloaded from http://www.venturetrust.org.uk/programmes/positive-futures-programme/

Table 1 (below) highlights the summary health and wellbeing impacts across both Cohorts.

Table 1: Health and Wellness Impacts ranked by frequency of reporting

1	Improved Mental Wellbeing
2	Slower to Rise/Less Impulsive
3 =	Better Anger Management
3 =	Using Personal Development Techniques
5 =	Increased Calmness
5 =	Reduced Self-Isolation

Through creating a semi-individualised open and supportive environment which facilitates change, Positive Futures delivered a broad range of health and wellbeing impacts for veterans who are struggling with civilian life. The wilderness journey remains the 'hook' which attracts veterans to the Programme.

The key drivers (Drivers for Change) for participant change seen in the 2018 Evaluation continued on in the extended Programme. They are:

- Semi-individualised, open and supportive environment created throughout the complete Positive Futures Programme and, in particular, during the wilderness journey
  o 'Resetting me as a person'
- Peer group support opportunities
- Formation of Friendships
- Learning, using and continuing to use personal development techniques
- Support, in particular:
  o the strong relationships developed between a participant and their Outreach Worker
  o appropriate and timely support from Field Team members on the Wilderness Journey
- The wilderness

Ten key factors, called 'Factors for Reset' were identified by participants as making up the Drivers for Change. The Factors (in rank order) are:

1	Time to Think
2	Peer Group Support
3	Easy to speak in the open
4	Open & Supportive Environment
5	Skill of 1-1 Worker*
6	Time away from other pressures
7	Learning through 'play' (Fun & Games)
8	The chance to open up over a long period
9	No demands made by my Outreach or 1-1 Worker
10	Someone interested in me for an extended period

These Factors help to drive the impacts seen in participants. Impacts are, for some participants, truly life changing. Impacts are very broad, ranging from small steps towards healthier living to complete lifestyle changes. Impacts recorded for both Cohorts include:

- Increased short-term and long-term Mental Wellbeing
- Reducing or stopping drug and alcohol consumption
  o Maintenance of abstention from drugs and alcohol
- Reducing or stopping medication (under medical supervision) for depression and other illnesses
  o Managing their own self-medicating better
- Starting to use prescription medication
- Cooking at home rather than eating take-away

- Eating more healthily and eating a wider variety of foods
- Increasing personal care levels
- Increasing fitness levels by taking more exercise whether through simply going out or using a local gym
- Re-starting sports or fitness activities

A range of 'Additional Impacts' were seen, some of which are 'opposite pairs'. Key Additional Impacts are:
- Telling services (GP's, JobCentre, Council, etc.) 'I have Served' or 'I am a veteran'
- Fewer visits to GP's and other health and wellbeing services
- Increased willingness to seek treatment
- Fewer emergency medical or mental health interventions
- Reduced social isolation
- Weight loss
- Weight gain
- Taking action on drug, alcohol and tobacco usage
- Acknowledging Adverse Childhood Experiences (ACEs)

Positive Futures is currently delivered only in Scotland and only to armed forces veterans. The 2018 Evaluation concluded the Programme was replicable not only to veterans but also to other groups of individuals with a shared common experience. Therefore, in theory, any individuals with a shared common experience which may create problems or issues for those experiencing it *may* be able to benefit from a similar programme.

Groups of individuals who might benefit could include:
- Domestic violence survivors
- Former prisoners
- Older individuals in the Criminal Justice system
- Drug and alcohol abusers who want to change their lifestyle
- Individuals who have experienced particular traumas
- Particular groups of workers in highly stressful workplaces: For example:
  - NHS workers (particularly those at the front line of the Covid-19 pandemic), the emergency services, serving members of the armed forces.

An opportunity to trial replication outside Scotland was taken. A Scottish-born veteran, who had joined up and served in Scotland but now lived in Wales, self-referred to Positive Futures; was accepted onto the course and successfully completed it.

Further replication trials are recommended.

2.0 Introduction and Background

This Final Report, concentrating on Health and Wellbeing impacts, builds on the 2018 Evaluation of Venture Trust's Positive Futures Programme[3] which helps former military personnel struggling in civilian life.

Reading the 2018 Evaluation, which strongly informs this Final Report, would be suggested: it can be downloaded from http://www.venturetrust.org.uk/programmes/positive-futures-programme/.

Health and Wellbeing outcomes were not reportable objectives in the initial evaluation. However, as the evaluation progressed, it became very clear participants had experienced strong health and wellbeing outcomes as a consequence of taking part in Positive Futures. In agreement with Venture Trust, some health and wellbeing outcomes were added to the initial evaluation – Appendix 1 reproduces the Health and Wellbeing Impacts section from the Final Report.

A second unexpected aspect emerging from the 2018 Evaluation was the number of participants who had experienced Adverse Childhood Experiences (ACEs). Again, this was not part of the 2015-2018 Evaluation's reportable objectives but, as the evaluation progressed, it became apparent that a significant number of participants had experienced ACEs[4]. As the work progressed, it emerged that ACEs were a strong marker for poor transition from military to civilian life.

ACEs are also regarded as strong markers for poor health outcomes so, in agreement with Venture Trust, commentary on ACE levels in participants was to be included in this evaluation.

Further funding was secured in 2018 for Venture Trust to extend the Positive Futures Programme from March 2019 until March 2021.

Within the funding, an extension to the 2018 evaluation was commissioned: this extension was to focus wholly on Health and Wellbeing impacts from participating in Positive Futures. It was to cover both those who took part in Positive Futures in the period 2015-2018 (Cohort 1) and those who have attended subsequently (Cohort 2).

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[3] The full report can be downloaded from http://www.venturetrust.org.uk/programmes/positive-futures-programme/
[4] This marker took some time to emerge: once emerged, ACEs were seen in 11.0% of interviewed wilderness journey completers.

The Programme ran to timetable until March 2020 when the UK abruptly went into lockdown due to Covid-19. All wilderness journeys were immediately stopped. In June 2020, when it was realised Covid-19 would have a much longer lasting effect than originally envisaged, and in agreement with the funder and the researcher, this work was extended to September 2021. That extension proved optimistic – in late 2020, when Scotland was facing a second national lockdown, the work was suspended indefinitely.

High levels of vaccination, better management of Covid-19 and the introduction of social distancing saw wilderness journeys resume in June 2021. Again, in agreement with the funder and the researcher, the work was further extended to March 2022.

Venture Trust accepted that fewer wilderness journeys would take place during this period, impacting on the research base.

2.1   Scope of the Evaluation

This evaluation is to investigate and evaluate the **'particular catalysts for change'** in the Positive Futures Programme based on the Health and Wellness outcomes seen in the 2018 Evaluation.

2018 Evaluation participants (Cohort 1) had described themselves as being 'reset' as humans and this evaluation was to ascertain what drove this 're-setting of the person' and, to determine as far as was possible, the 'Factors for Reset' and their relative strengths.

Throughout this evaluation data collection would continue from 2015-2018 participants which would be analysed alongside 2019-2021 participant data (Cohort 2).

The successful methodologies used in the 2015-2018 Evaluation would be repeated for this evaluation alongside health and wellness data not used in the 2018 Final Report.

Data in this Report comes from the following sources:
- Data gathered for the 2018 Evaluation but not used and subsequently enhanced
- Updated 2015-2018 participant health and wellbeing data
- 2019 onwards participant health and wellbeing data and
- Data from Venture Trust's own data management system.

2.2   Challenges to the Data Gathering

Over time, as expected, there was a drop off in contact with Cohort 1 participants.

Conversations with those who had been through Positive Futures successfully and maintained their success were often short and to the point, very much 'Yes, still doing OK. Nothing's changed'.

Those from Cohort 1 who had not made as much progress as they might have liked, did not want to be interviewed for this work. Interestingly, although they did not engage with the researcher to any great extent, some commented they were still using personal development tools up to six years after having finished their engagement with Positive Futures. (See bullet point below).

People had also changed contact details over the period (particularly phone numbers) so were unable to be contacted. A number had also moved on from veterans' accommodation making them challenging to locate. The change of contact details issue was exacerbated for those with chaotic lifestyles regardless of Cohort.

Challenges to the data gathering were:

- Covid-19 affected the data gathering both positively and negatively:
- Participants were more willing to speak during lockdown: they were stuck indoors and a new person to speak to was welcome.
- This was marked with Cohort 1 participants who did not want to engage further with the research[5] yet welcomed speaking to someone different during the 2020 lockdown. During these calls some information on their progress was obtained.
- After March 2020, all face-to-face interviews had to stop so all interviewing was through phone calls. Phone was used as it involved no cost to the participant nor did it eat into any data minutes. As noted later, many in the Positive Futures cohort are digitally disadvantaged. However, using the phone meant the person was not visible so body language could not be read. In turn, that meant all statements made to the researcher had to be taken at face value.
- There were substantial time gaps when the work was suspended which meant participants forgot who the researcher was, and trust had to be built again. Some participants dropped out of the research as a result of these gaps.
- Fewer numbers came through the Programme overall.
- The mixed delivery by Venture Trust during the pandemic meant a Cost Benefit Analysis focusing on Positive Futures could not be done.

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[5] After the call in which they expressed this view

3.0 What is Positive Futures?

Positive Futures is a programme which helps former military personnel struggling in civilian life.

For a minority of veterans, the change from the regimented environment of the armed forces where food, clothing and accommodation are provided to having to cope with the disorganised environment of civilian life is an immense struggle.

It is these veterans Positive Futures targets.

The struggle with civilian life may not start immediately on discharge from the armed forces: veterans participating in Positive Futures may have left the armed forces many years before referral.

3.1 Outcomes of the 2018 Evaluation

The 2018 Evaluation highlighted that Positive Futures is:

> **"A successful, cost-effective, high value for money programme, delivering positive outcomes for veterans who have struggled in civilian life thereby helping to achieve cross-cutting policy objectives."**

Positive Futures offers a holistic[6], person-centred service which seeks to help ex-Service personnel to develop, rediscover or re-deploy the confidence, motivation, sense of purpose and core personal skills (or 'life skills') they need to make positive changes in aspects of their lives which are causing them difficulties.

The 2018 Evaluation showed Positive Futures enables life changes in across, often inter-related, areas of a participant's life. Areas reported on included:
- Personal Attitude & Capability/Capacity (coping with life in general)
- Reducing (re-)offending
- Stability and Lifestyle

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[6] See Diagram "Holistic/person-centred Approach = wide ranging outcomes" in Appendix 1.

- Health and Wellbeing,
- Take Up of Other Services (veteran and non-veteran)
- Relationships (friends and family)
- Employment/Learning/Volunteering
- Accommodation and Living Arrangements
- Becoming a Civilian

The 2018 Evaluation noted **the value of addressing multiple and complex issues simultaneously**: meaning a range of health and social care policy objectives are achieved alongside objectives in policy areas covering law and justice, employability, community integration, housing/homelessness, and inequality and poverty.

Post publication, several stakeholders commented that the 2018 Evaluation and its underlying research highlighted the importance of 'social transition' in the move towards civilian life and its relationship to health and wellbeing, noting that it is often neglected in the transition process when compared to areas like, for example, employment and housing assistance.

Positive Futures won the 2018 Institute for Outdoor Learning *Supporting Health and Wellbeing Project* Award. The Award recognises schemes that are making a difference to individual and community quality of life.

This evaluation built on the 2015-2018 work.

3.2   The 'Standard' Pre-Covid Positive Futures Model

The **Positive Futures Model** is a combination of cognitive behavioural approaches, holistic interventions, experiential learning, skilled facilitation, relationship building, coaching, mentoring and aftercare.

Positive Futures creates a therapeutic environment where those participants with mental health issues (frequently part of a complex presenting set) can identify behaviour triggers and develop, and practice, coping strategies. It is delivered through a phased programme (0 – III). Each Phase and its content are:
- Phase 0 – Referral: assessment of need and suitability to participate at the time of referral[7]
- Phase I - Community-based outreach support (one-to-one support to cover needs assessment [baseline monitoring], set initial goals, work towards initial barrier removal, lifestyle stabilisation, preparation for the wilderness journey, engagement with other services.)
- Phase II – initially five-day[8], now seven-day, wilderness set journey (giving the cohort group time and space away; wilderness problem solving challenges; development and review sessions; one to one support; group activities; communal living; healthy eating and menu planning)
    - Self-reflection and goal setting
    - Experiential learning
    - Cognitive Behavioural Approaches including:
        - Choice theory
        - Reality therapy
        - Pro-social modelling and Coaching techniques
    - Functioning in groups rather than team building
- Phase III – Building on the Wilderness Journey
    - Professional and peer mentoring
    - Training and Employability opportunities
    - Volunteering

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[7] Individuals needed to meet the specified criteria for Positive Futures or Venture Trust's general conditions of acceptance to take part. See 2018 Evaluation: Section 7.2.7 Exclusions and Exits from the Programme (Page 54) http://www.venturetrust.org.uk/programmes/positive-futures-programme/

[8] Further funding was received in 2018 to extend the wilderness journey to seven days.
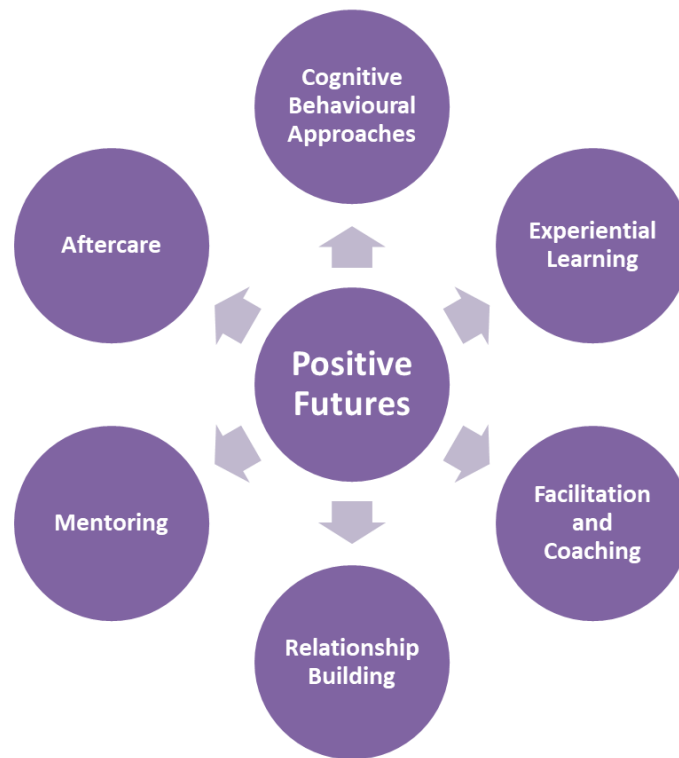
3.3 The Positive Futures Model as affected by Covid-19

The impact of the Covid-19 outbreak (Spring 2020) on the Positive Futures model was significant.

Following UK and Scottish Government Guidelines, on 23rd March 2020 when the UK went into lockdown, all face-to-face meetings with participants (regardless of Phase) and all wilderness journeys were suspended or cancelled.

As a result of lockdown, Venture Trust immediately suspended the April and July 2020 Positive Futures wilderness journeys. The October 2020 wilderness journey was held as a 'possible' depending on whether or not lockdown restrictions had been fully lifted by that point. An autumn resurgence of Covid-19 in the Scottish population meant restrictions were not lifted so the October wilderness journey did not take place.

A second Scottish national lockdown took place from December 2020 to March 2021.

Increased vaccination levels meant Venture Trust finally resumed wilderness journeys in June 2021, and the first Positive Futures wilderness journey took place in the same month. However, due to the ongoing pandemic, the format of the wilderness journey changed. A second one took place in August 2021 with a third planned for March 2022 – this last journey would be too late for any participant outcomes to be included.

As with wider society, the Positive Futures model adapted to cope with Covid throughout the period covered by this evaluation. A chronological reporting of the adaptations, and their impact on this evaluation follows.

March 2020 onwards: Covid Model Adaptation 1

Recognising their wider client base[9] may (due to pre-existing mental health issues) struggle badly with lockdown, an innovative smart technology participant support model (Be Well, Be Connected, Be Ready) was rapidly developed and implemented (by mid-April 2020) across ALL client groups from ALL Venture Trust programmes.

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[9] In addition to Positive Futures, Venture Trust runs a number of criminal justice, employability and personal development programmes.

Every person supported by Venture Trust regardless of programme, was allocated a dedicated worker. This person was:

"A trusted professional, with expertise in personal development and coaching. They are there to listen, provide support and connect into specialist advice in our 3 Digital Hubs – for active living, improved wellbeing and employability."[10]

Three 'hubs' were put in place, as follows (text from Venture Trust):

Active Living Hub
Offer people personal development to maintain positive relationships, activities to build routine and stay healthy. This will include advice for keeping active and healthy eating.

Wellbeing Hub
Offer people counselling support, advice from trained professionals for developing resilience and self-care and how to look after mental health. Signpost people to local and national support and additional services and resources e.g., financial help, getting shopping, medication or topping up utility meters.

Employability Hub
Offer people core skills development, self-awareness, barrier removal and goal setting with employability support aimed at those looking for further training and progression to employment. Supporting people to be more ready for work or to volunteer in their community.

Each hub connected in to the wider Be Well, Be Connected, Be Ready model as shown below (diagram from Venture Trust):
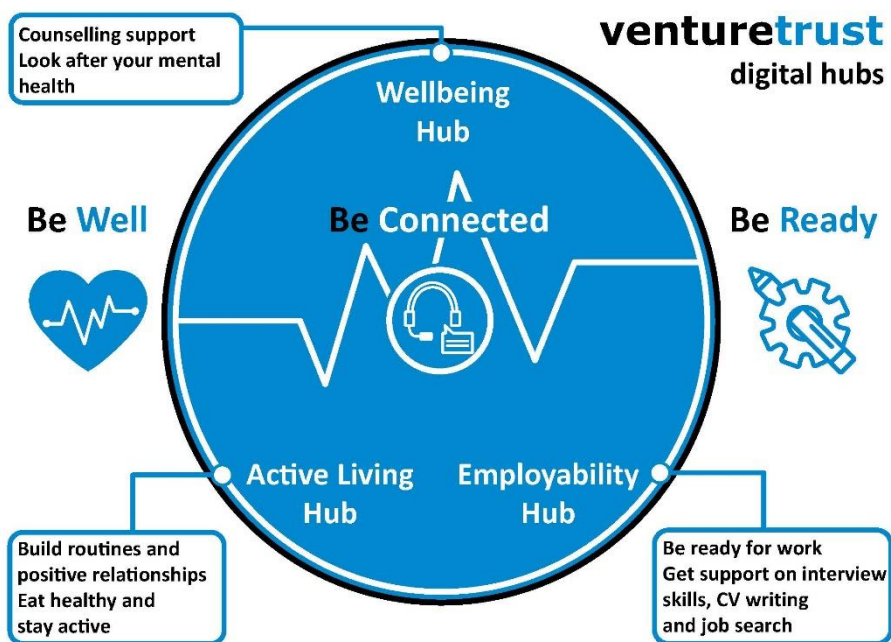
This first adaptation of the model was well received by Positive Futures participants: their comments can be read at *Section 6.2.1: Covid-19 and the Research Cohorts.*

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[10] Venture Trust website www.venturetrust.org.uk

Positive Futures referrals were still taken during the early part of this period simply because people expected Covid to be controlled at a far faster rate, so life would get back to normal 'soon'. Once it was realised life would not be back to normal any time 'soon', Venture Trust stopped taking referrals.

Referrals had, in fact, dropped away significantly: veterans, community and other non-statutory organisations who might have referred participants to Venture Trust had had, under lockdown, to suspend their services.

Extension of the Evaluation 1: June 2020

In June 2020, when it was realised Covid controls would last far longer than initially expected, a decision was made to extend the Evaluation for the first time. With no wilderness journeys taking place, no new data from participants would be available over the lockdown period. If the wilderness journeys resumed in January 2021, the first planned Positive Futures wilderness journey was in March 2021 – the same month the final report was due to be delivered. This gap, effectively 9 months, in the generation of raw data meant, if the original reporting schedule had been adhered to, the final data set would be smaller than either the researcher or Venture Trust were happy with.

In agreement with the funder, a six-month extension to the Evaluation to September 2021 was put in place.

Summer 2020: Covid Model Adaptation 2

As Covid restrictions eased and people could start to meet outdoors in small groups, a second adaptation to the model took place to give a blended model. The blended model was a mix of online and sessional (half or one day) outdoor delivery, adapted for each local authority's travel and meeting guidelines.

The model adhered to the underlying Venture Trust Three Phase Model but remained cross-programme so any one particular activity could have, for example, a mixture of Living Wild[11], Next Steps, Inspiring Young and Positive Futures programme participants taking part. The cross-programme element was driven by having enough participants and Venture Trust workers in a location so that sessions could be run, and travel minimised.

The diagram (from Venture Trust) shows how this model worked.

Personal development delivered online and outdoors in communities

Get online — Digital access, 1 to 1 support, Group work — Achieving goals — Group work, Outdoor activities, Building skills — Head outdoors

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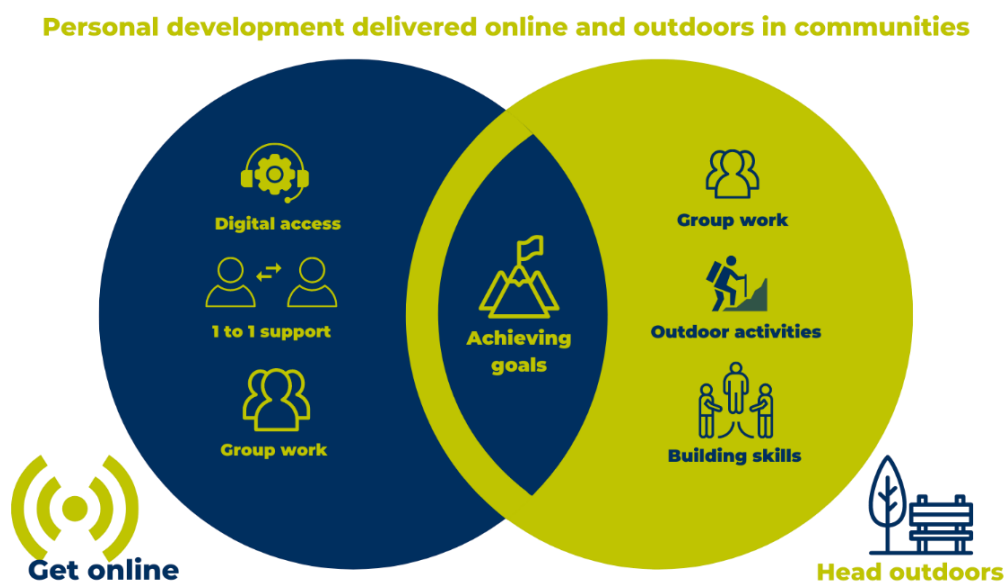
[11] **Living Wild:** For men and women across Scotland on Community Payback and other criminal justice orders who want to move away from offending. Our criminal justice programmes support individuals to address behaviour leading to offending and help with rehabilitation.
Next Steps: A programme for women across Scotland involved in the criminal justice system, experiencing homelessness, drug or alcohol misuse and social isolation which may impact on their mental health, employment and relationships.
Inspiring Young Futures: an outdoor learning programme for young people aged 16-25 in Scotland struggling with youth unemployment, involvement in offending, anti-social behaviour, history of substance misuse and homelessness.

Venture Trust noted:

> 'We've focused on designing delivery for small groups of participants within their local authority restrictions – so minimising travel, transmission risks, adhering to best practice and the Scottish Government's current guidance in these areas whilst retaining our unique approach to training and engagement.'

This adaptation of the programmes focused on personal development through using a combination of digital group work, one-to-ones and local activity days.

In Venture Trust's own words:

> 'The nature of a responsive programme designed to meet the unique needs of the participants, their access to digital technology, the nature of urban, semi-rural and rural delivery, alongside potential changes in local restrictions, means that individual programmes may vary but will all include key sessions on:
>   1. Building effective relationships
>   2. Problem solving
>   3. Choosing effective behaviours
>   4. Goal Setting and
>   5. Action Planning.
>
> Each Phase 2 element will include at least three outdoor based activities alongside digital or "real-world" development, planning and review sessions.'

Referrals: a decision was also taken to accept no further referrals to Positive Futures for the time being. This was to ensure that, when wilderness journeys **did** resume, there was not a long trail of participants having to wait very extended periods for their own wilderness journey to take place.

Extension of the Evaluation 2: Autumn 2020

Following on from Venture Trust's second model adaptation, it became clear the return of wilderness journeys was still some time away. With no data, a second extension of the Evaluation was proposed and agreed. This extension was until March 2022.

Winter 2020: Reverting back to Covid Model 1

A second national lockdown from December 2020 to March 2021 was imposed. While not as harsh as the first lockdown, any meetings outside immediate family and support bubbles were very strongly discouraged. To conform with Scottish Government guidelines, Venture Trust swapped back to a phone/digital support service. Again, this service ran across the full spectrum of Venture Trust programmes.

Restrictions eased faster than expected and, with proper precautions in place, wilderness journeys restarted in July 2021 after a gap of 15 months.

To align with the Covid guidelines in place at that time, fewer participants took part in a journey and all social distancing measures were followed. Other than CJSW referrals[12], the wilderness journey participants were those already in Phase 1 when lockdown 1 started.

Throughout both lockdown periods, data gathering for this work continued by phone and by video calling. The former, with the researcher calling participants, was preferred: it was known many participants had limited data and calling packages on their devices.

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[12] CJSW referrals are referred on an 'Order' from the court which has to be completed within a certain timeframe so individuals coming into Positive Futures on an Order during the lockdown periods could, to a certain extent, 'queue jump' to an earlier Wilderness Journey when compared to referrals from other sources.

3.4   2019-2021 Participant Programme Experience

As a consequence of Covid restrictions, Programme participants during the period 2019-2021 received a different Positive Futures experience depending on **when** they came into the Programme. The following table shows who came in when and the experience they received.

Table 2: Wilderness Journey Participant Numbers & Positive Futures Experience

Journey Date	Participants	Positive Future Model Experienced	Commentary
March 2019	5	Standard Model Then to Covid Model 1 after April 2020	Moved to digital delivery for Phase III for those remaining in the Programme after April 2020.
July 2019	7	Standard Model Then to Covid Model 1 after April 2020	Moved to digital delivery for Phase III for those remaining in the Programme after April 2020.
October 2019	13	Standard Model Then to Covid Model 1 after April 2020	Moved to digital delivery for Phase III after April 2020.
February 2021	11	Covid Model: Adaptations 1 & 2. Initial digital delivery of Phases 0 and Phase I. Moved back to semi-standard model with a Covid safe wilderness journey	For these participants, Phase I was extremely extended. A participant may have been in Phase I since Autumn 2019, having expected to go on their wilderness journey in February or March 2020. The Phase I period may have been up to 18 months long, depending on their initial referral date to Venture Trust. A significant amount of personal development work would have taken place in the extended digitally delivered Phase I meaning that when their wilderness journey took place, participants were building on already learnt tools and techniques. For these participants, the wilderness journey was using the outdoors to embed personal development knowledge in a distraction free environment.
June 2021	8	Covid Model: Adaptations 1 & 2. Initial digital delivery of Phases 0 and Phase I. Moved back to semi-standard model with a Covid safe wilderness journey	Again, for these wilderness journey participants, Phase I was extremely extended with a mixture of digital and face to face delivery. Face to face delivery may also have been in mixed programme groups. Participants would have been referred into Positive Futures slight later than those who took part in the February 2021 wilderness journey. Again, due to the extended Phase I, the wilderness journey built on already learnt tools and techniques.
August 2021	5	Covid Safe 'Adapted' Standard Model	Unless referred on a CJSW Order, these participants were either new referrals whose personal circumstances warranted swifter access to a wilderness journey or part of the 'long tail' of pre-pandemic referrals.
Total Participants	49		

Once society started to move back to a new normality, Venture Trust experienced participants who simply did not want to go on a wilderness journey at the time it was offered to them. Reasons for refusing to take up a place included:

- Underlying but controlled health conditions where the participant did not want to take a risk
- Fear of being in a close proximity group with strangers and catching Covid from a group member.

These differences in participant experience add an extra layer of complexity to the evaluation. It means, to a greater or lesser extent, this current evaluation is comparing 'apples and pears' in terms of participant experience. Circumstances leading to the different participant experiences were utterly beyond Venture Trust's control.

Four wilderness journeys were lost to Covid: this has reduced the research pool down leaving the overall research with relatively small numbers from which to draw conclusions.

4.0 The Research Cohort and Key Presenting Issues

4.1   Research Cohort

The research cohort is all veterans taking part in Positive Futures from 2015 onwards.

For research purposes, all participants have been divided into 2 Cohorts according to when they took part in the Programme. This is an artificial division created by the researcher to make reporting simpler.

Cohort 1: 2015 to 2018

For the 2015-2018 period, 200 veterans were referred to Positive Futures. Veterans were either referred (87.0%, 174 individuals) by another organisation or self-referred (13.0%, 26 individuals) to Positive Futures[13]. Participants came from all branches of the armed forces with the majority (65.5%) from the Army.

Due to the increase to 7 days and the lower number of veterans than expected coming through in 2015-2018[14], fewer wilderness journeys were planned for 2019-2020. Venture Trust's experience showed having more veterans on a course could give more beneficial outcomes for participants, through creating wider peer support opportunities: running fewer courses where each course had more participants should, therefore, lead to better outcomes.

In July 2019, Venture Trust received funding (from the Armed Forces Covenant Fund) to employ two Community Links Workers whose specific remit was to build links with those organisations who could refer veterans into Positive Futures. The Community Links Workers were based in Edinburgh (covering the east and the Scottish Borders) and in Glasgow (covering the west). The effect of the two Workers was to, firstly, increase the rate of referrals to Venture Trust and, secondly, to ensure those who were referred were more likely to benefit from Positive Futures.

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[13] A full breakdown of their characteristics can be read in Section 7.2 of the 2016-2018 Evaluation; downloadable from
http://www.venturetrust.org.uk/programmes/positive-futures-programme/
[14] Commentary on the number of veterans in Scotland can be read in Section 3.2.2 of the 2016-2018 Evaluation; downloadable from
http://www.venturetrust.org.uk/programmes/positive-futures-programme/

Cohort 2: 2019 Onwards

In the relevant period, 141 veterans were referred to Positive Futures. Of these 141 veterans, 63 were assessed as being suitable to undertake a wilderness journey and 49 went on to successfully complete their wilderness journey.

The 19 veterans who were offered a wilderness journey but did not complete the journey, dropped out for a number of reasons. These included:
- Incurring an injury/an old injury flaring up or sickness whilst on the journey (5 veterans)
- Their mental health not being the right place to undertake the journey at that particular time (4 veterans)
- Transferred to another Venture Trust programme (1 veteran)
- Family or caring issues (2 veterans)
- Re-assessed as no longer suitable to attend (2 veterans)
- No show on the day or disengagement with Venture Trust (5 veterans)

During the study period, 53 referred individuals were either not accepted onto the Programme or exited before any data could be gathered. Reasons for non-acceptance included:
- Age: those over 64 are not accepted onto Positive Futures
- Medical or physical conditions which made the Programme inappropriate,
- Inappropriate behaviours, and
- Addiction to street drugs or alcohol at a level which made a referral unsuitable at that point in time.

Early exits included individuals going into training or work and those who simply disengaged from Positive Futures. Removing these exits otherwise exited or reduces the main study group to 81 individuals. It should be remembered a number of individuals were referred in the timeframe of this study and who are currently continuing in the Programme.

It is relevant to note that late in 2018, Venture Trust introduced a new referral and assessment phase. This phase, Phase 0, screened out referred individuals who were not yet fully ready to engage with Positive Futures at the time of referral.

By introducing this Phase, the 'referral to attendance' rate for Positive Futures' wilderness journeys has reduced overall to 37.5% of all those referred. However, the outcome of Phase 0 has been a far smaller number of better prepared and more willing to engage individuals undertaking wilderness journeys. For comparison, the 2015-2018 Programme 'referral to attendance' rate for the wilderness journey was 48.5%.

It is also relevant to note the extended gap between referral and wilderness journey for late 2019/early 2020 referrals saw some participants exit from/disengage with Positive Futures before attending a wilderness journey. It was thought this gap would have depressed the 'referral to attendance' rate. However, when initially measured for an Interim Report in March 2020, the 'referral to attendance' rate was 32.1%. On examination, the increase in the 'referral to attendance' rate to 37.5% is more a function of small numbers in the data set rather than an actual increase.

Of the 49 Cohort 2 individuals who undertook a wilderness journey, 21 (43.0%) engaged with the research.

Service Data: Service data for Cohort 2 showed Service data was recorded for 107 (76.0%) of individuals.

Reasons for Service data not being recorded were:
- An individual was referred and found ineligible so was exited swiftly or
- The data was not recorded by the referrer when referring to Venture Trust.

Of the 107 individuals:
- 96 (90.0%) served in the Army
- 6 (6.0%) served in the Royal Navy
- 5 (4.0%) served in the RAF

In the 2015-2018 Evaluation, participants were categorised as:

> Early Service Leaver[15] (ESL) or Longer Serving Veteran (LSV)
>
> Non-Criminal Justice (Non-CJ) or Criminal Justice (CJ)

These categorisations have been carried over in the continuing evaluation.

Of the Cohort 2 individuals:

> 36 (27.0%) were categorised as ESL
>
> 6 (4.0%) may have been ESLs: their length of service was given as 4 years and they may or may not be Early Service Leavers
>
> 56 (41.5%) were Longer Serving Veterans

No length of Service data was recorded for the remaining 48 referrals: in all cases, those referred had been exited from the Programme shortly after referral.

Of the cohort 53 (37.6%) individuals were or had been in the Criminal Justice System.

Cohort 1: 2015-2018

Data from the 2015-2018 cohort continued to be gathered. 25 individuals were interviewed over the period.

4.2   Presenting Issues

At referral, every participant in Positive Futures has "presenting issues" – aspects of life where they face challenges.

With the introduction of Phase 0, a number of potential participants were either excluded or chose to go no further at a very early stage of referral. However, as part of funding reporting, their data is still recorded against the Programme and their presenting issues noted. Also in Phase 0, the full spectrum of presenting issues seen in participants who progress further may not be apparent so 'None' or just one presenting issue is noted. 11 referrals fell into this category.

Of these 11 referrals, 9 had no presenting issues recorded.

> It should be noted, though, that 6 of these referrals came from a group of older and less able veterans (aged 60-83) who had heard a Venture Trust presentation and who subsequently made applications to the Programme. While their enthusiasm was commendable, none were fit enough nor young enough to take part. However, at 4% of the overall numbers referred, their data does slew the wider presenting issues data so, in agreement with Venture Trust, they have been excluded from the wider presenting issues data.

> The remaining 3 referrals with no presenting issues recorded either did not meet the criteria for the Programme (2, both in full-time work) or never engaged.

Of the two individuals with 1 presenting issue, one did not meet the criteria for the Programme being in full-time work; the other never engaged.

As with the 2015-2018 Evaluation, the number of participants with 2 or more presenting issues was high at 96.2%.

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[15] Early Service Leavers: Prior to the Ashcroft report of 2014*, length of Service in the military determined the level of support an individual received on leaving the military. Those who Served 4 years or under received no support whatsoever; those who Served over 4 years received a package of support commensurate with the length of their service and their rank at leaving. Those with Service of 4 years or under are known as Early Service Leavers (ESL). Changes to transition support have been made as an outcome of Ashcroft and now all those leaving the military are offered support regardless of length of Service. *Lord Ashcroft: The Veterans' Transition Review, 2014
An ESL is not necessarily a young person. A person now aged forty-five may have left the military twenty years ago after Service of less than four years – that person, regardless of their age, is still an ESL.

Participants with 5 or more presenting issues numbered 40.0% of all participants.

The average number of presenting issues was 5, with the highest number of presenting issues for a single individual being 8.

Key presenting issues at referral were Mental Health Issues (98.0%, 129 individuals) and Unemployment (76.5%, 101 individuals).

Mental Health Issues includes poor mental wellbeing as well as diagnosed and undiagnosed mental ill-health. When compared to the 2015-2018 Evaluation (where 73% of all referrals presented with Mental Health Issues), there is a significant uplift in the numbers presenting with Mental Health Issues.

It is thought three factors are at play in the increased number of referrals with mental health issues:
1. Less stigma about mental health issues caused by Service – wider publicity about veterans, and Serving personnel, who have spoken out about their mental health issues is contributing to breaking down barriers.
2. Better screening of individuals at Phase 0, and
3. The impacts of Covid-19 on mental health.

Addiction (substances: 32.6%, 43 individuals, alcohol: 56.0%, 74 individuals[16]) and long-term illnesses (18.0%, 24 individuals) were other key health and wellbeing presenting issues.

Few Adverse Childhood Experiences (11.4%, 15 individuals) were reported at referral. After trust was built in the Venture Trust team and the researcher, evidence of much higher levels of ACEs emerged across the cohort[17].

There was 100% correlation between unemployment and mental health and 100% between involvement in the Criminal Justice system and mental health. 43.0% of all Cohort 1 referrals were in the Criminal Justice system. For Cohort 2. The comparable figure is 40.0%.

While not part of this research, it is suggested - with the employment of the Community Links Workers, information about Positive Futures reached more of those veterans who fall into the 'hard to reach' category. This is given weight by the increased number of referred individuals who had mental health issues when compared to the 2015-2018 Evaluation data. Number referred with each issue are given in the table below.

Table 3: Cohort 2 numbers presenting with each issue

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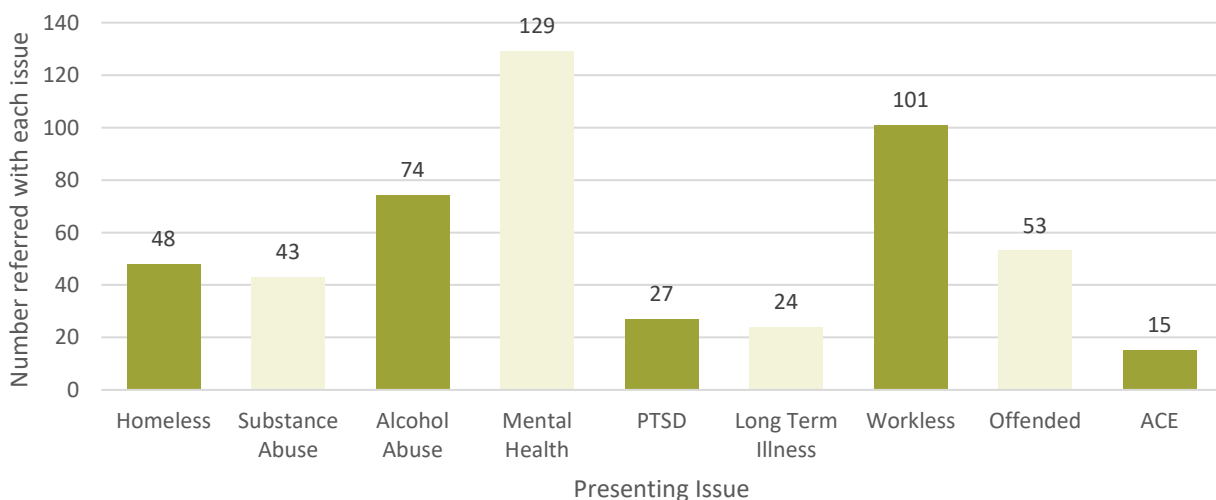
[16] Some individuals presented with both substance and alcohol addiction issues
[17] ACEs are not often noted at referral. ACEs only emerged after trust has been built whether with the interviewer or the Outreach Worker..

5.0 The 2015-2018 Evaluation: Setting Out a Strong Foundation

The 2015-2018 Positive Futures Evaluation identified the following broad health and wellbeing impacts:

- Improved Mental Wellbeing
- Reduced risk-taking behaviours
- Increased Calmness, Better Anger Management, Slower to Rise/Less Impulsive
- Reduced Self-Isolation
- Taking More Exercise, Lost Weight, more active lifestyle (Improve Fitness through Sport Participation)
- Reduced Anxiety, Reduced Paranoia and adoption of Personal Development Techniques to manage feelings
- Eating More Healthily/Cooking for Self
- Reduced Alcohol
- Increased Personal Care and basic hygiene
- Stopped or reduced Drugs/Rehabilitation
- Stopped or reduced Alcohol
- Stopped Smoking

The strength of these outcomes across the whole participant is illustrated in the chart below.

Table 4: Percentage of all Cohort 1 participating individuals (2015-2018) who reported each impact

Impact	Percentage
Improved Mental Wellbeing	98%
Slower to Rise/Less Impulsive	75%
Better Anger Management	62%
Reduced Self-Isolation	60%
Increased Calmness	60%
Taking More Exercise	55%
Using Personal Development Techniques	49%
Reduced Anxiety	34%
Reduced Paranoia	31%
Eating More Healthily	17%
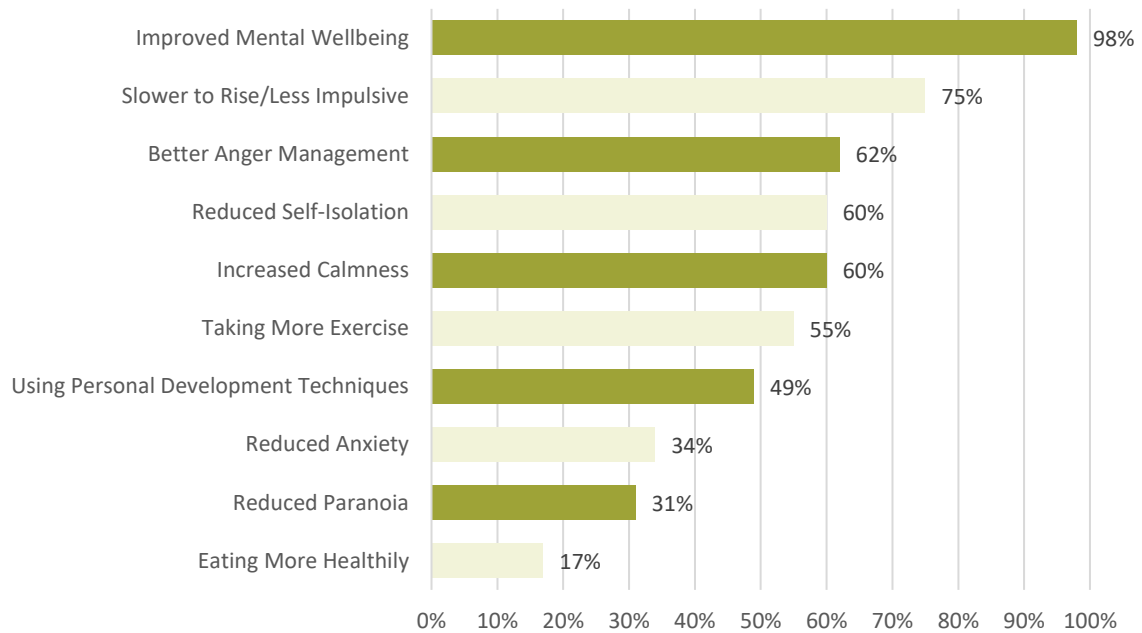
Note: each 2015-2018 wilderness journey participant achieved at least four positive impacts and/or destinations from their participation in Positive Futures. Some achieved many more.

The 2015-2018 Evaluation also noted that 'social returns' and future savings to the tax payer (preventative agenda) of supporting struggling veterans to make wide-ranging health, wellbeing, stability and related life changes were shown in Positive Futures research and evaluation to be hugely significant.

6.0 The Current Evaluation: Building on the Health and Wellbeing Outcomes – 2018 Onwards

6.1   The Overall Findings

Even with the impact of Covid on the Programme, where participants reported them, health and wellbeing impacts are strong and are lasting.

Table 5 (below) highlights the summary health and wellbeing impacts across both Cohorts.

Improved and sustained mental wellbeing continues to be the main impact seen by participants. 99.5% of ALL participants regardless of Cohort reported improved or sustained mental wellbeing.

Improved mental wellbeing drives all other health and wellbeing impacts.

"If your head's in a good place, the rest follows."

ESL, Army

Table 5: Summary Health and Wellbeing Impacts Across both Cohorts 2019-2022

Health and Wellbeing	COHORT 2 (Participated 2019-2022)								COHORT 1 (Participated 2015-2018)					
	Phase I		Phase II (Note 1)		Phase III		RANK	½ Years Post WJ		2019		2020 (Note 2)		2021	
	No. (n=21)	%	No. (n=21)	%	No. (n=21)	%		No. (n=11)	%	No. (n=25)	%	No. (n=25)	%	No. (n=25	%
Improved Mental Wellbeing	3	14.3	3	14.3	21	100.0	1	8	73.0	18	73.0	21	84.0	12	48.0
Slower to Rise/Less Impulsive	0	0.0	0	0.0	15	71.4	2	6	54.5	9	36.0	10	40.0	6	24.3
Better Anger Management	0	0.0	0	0.0	14	67.0	3=	6	54.5	9	36.0	10	40.0	6	24.3
Using Personal Development Techniques	5	24.0	8	38.0	14	67.0	3=	9	82.0	16	64.0	24	96.0	12	48.0
Increased Calmness	0	0.0	0	0.0	13	62.0	5=	4	36.5	3	12.0	0	0.0	3	12.0
Reduced Self-Isolation (Note 3)	0	0.0	0	0.0	13	62.0	5=	7	64.0	12	48.0	14	56.0	5	20.0
Taking More Exercise	8	38.0	0	0.0	12	57.0	7	5	45.5	3	12.0	3	12.0	1	4.0
Reduced Anxiety	3	14.3	7	33.0	10	47.6	8	2	18.0	3	12.0	0	0.0	2	8.0
Reduced Paranoia	3	14.3	7	33.0	8	38.0	9	2	18.0	3	12.0	0	0.0	2	8.0
Eating More Healthily/ Cooking for Self	0	0.0	0	0.0	5	24.0	10	3	27.0	0	0.0	0	0.0	0	0.0
Reduced Alcohol	3	14.3	0	0.0	3	14.3	11	1	9.0	1	4.0	1	4.0	1	4.0
Increased Personal Care	0	0.0	0	0.0	2	9.5	12=	0	0.0	0	0.0	0	0.0	0	0.0
Lost Weight	0	0.0	0	0.0	2	9.5	12=	1	9.0	2	8.0	0	0.0	0	0.0
Stopped Drugs/Rehabilitation	0	0.0	0	0.0	1	4.8	13=	0	0.0	1	4.0	1	4.0	1	4.0
Stopped Alcohol	0	0.0	0	0.0	1	4.8	13=	0	0.0	1	4.0	1	4.0	1	4.0
Improve Fitness through Sport Participation	0	0.0	0	0.0	1	4.8	13=	1	9.0	2	8.0	1	4.0	0	0.0
Reduced Drug-taking	3	14.3	0	0.0	1	4.8	13=	1	9.0	0	0.0	0	0.0	0	0.0
Stopped Smoking	0	0.0	0	0.0	0	0.0	14	0	0.0	0	0.0	0	0.0	0	0.0

Notes to the Table:

1. Rank order is based on Cohort 2, Phase III outcomes
2. The larger Cohort 1 2020 interview numbers were driven by lockdown isolation: participants welcomed speaking to someone different during lockdown and were more prepared to engage with the researcher
3. Reduced self-isolation includes the formation of small friendship and mutual support groups

Breaking out the Cohort 2 data, the following strength of impact was reported.

Table 6: Percentage of all participating Cohort 2 individuals (2019-2021) who reported each impact

Impact	Percentage
Improved Mental Wellbeing	100%
Slower to Rise/Less Impulsive	71%
Better Anger Management	67%
Reduced Self-Isolation	62%
Increased Calmness	62%
Taking More Exercise	57%
Using Personal Development Techniques	67%
Reduced Anxiety	48%
Reduced Paranoia	38%
Eating More Healthily	24%
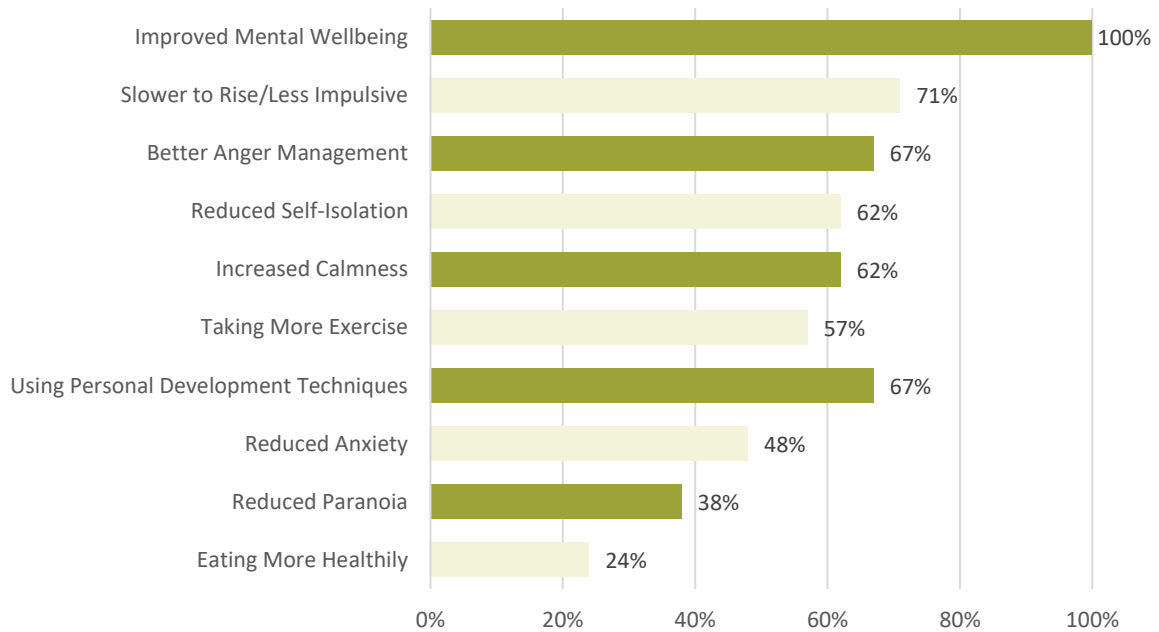
In Cohort 2, impacts are reported at the same levels as seen in Cohort 1 over the full time of that evaluation.

Combining the data above with data from those in Cohort 1 and who were interviewed as part of this work, creates the following chart:

Table 7: Cohort 1 and Cohort 2 Combined Impacts (2015-2022)

Impact	Percentage
Improved Mental Wellbeing	99.0%
Slower to Rise/Less Impulsive	73.0%
Better Anger Management	65.5%
Reduced Self-Isolation	61.0%
Increased Calmness	61.0%
Taking More Exercise	57.0%
Using Personal Development Techniques	58.0%
Reduced Anxiety	41.0%
Reduced Paranoia	34.5%
Eating More Healthily	20.5%
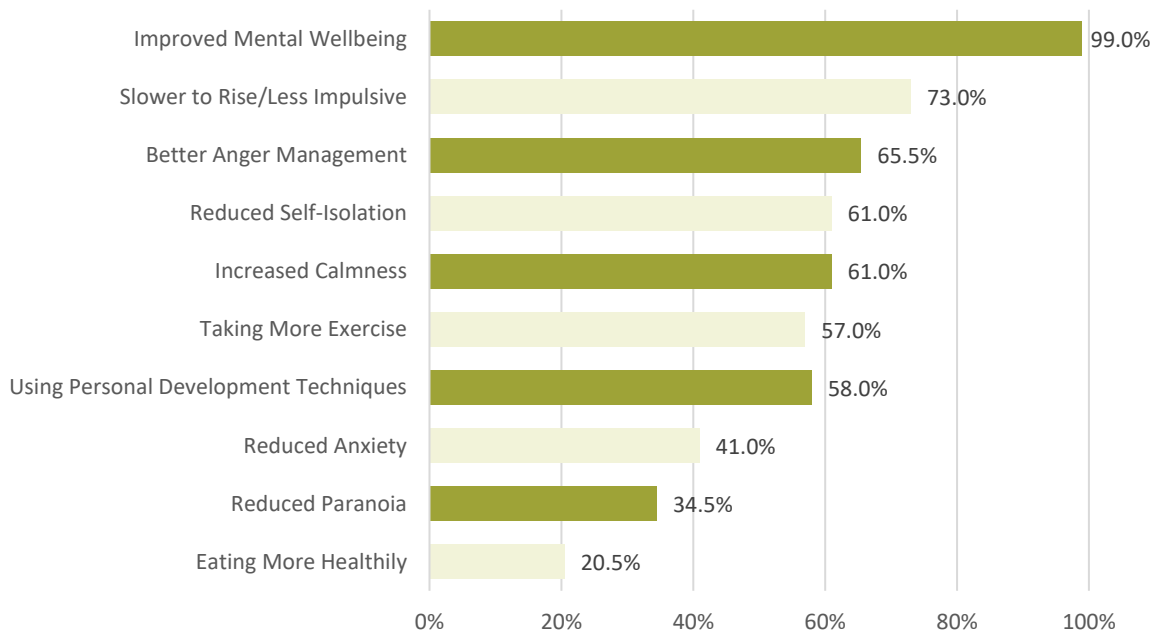
The one very marked difference between Cohorts 1 and 2, is that Cohort 2 seemed, on the surface, to use Personal Development Techniques much more. Cohort 2 reported 67.0% of the Cohort used such techniques as opposed to 49%

of Cohort 1. The smaller numbers in Cohort 2 and the changed experience of participants during Covid are thought to underlie the difference between the two groups.

Cohort 2 participants who experienced a very long Phase 1, and who learnt personal development techniques in Phase 1, reported using these techniques, and the level of support from Venture Trust, had helped them maintain mental robustness during lockdown.

As with those in Cohort 1, Cohort 2 participants reported their improved mental wellbeing was the stimulus to make movements leading to change in other parts of their lives. Again, further reinforcing the data from Evaluation 1, participants used the analogy of a spiral of virtue where improved mental wellbeing coupled with increased motivation and increased self-confidence to create an environment in which change was possible.

"It (the wilderness journey) put me in a place where I was prepared to tackle anything. I can go forward now. I felt my spirits lift and that gave me the confidence I needed. I didn't need to be scared of life anymore."

LSV, Army

"The work with Venture Trust strengthened my mental health. It empowered me, gave me confidence I could do things and I'm going to build on that to do other stuff."

LSV, Army

"I had years of being angry at everyone: friends, family, work, people trying to help. They'd told me I had PTSD from my Service, but I didn't want to hear that because it was 'everyone else's fault' and if I acknowledged it, I'd have no one to be angry at. I told [Development Worker] about the fireworks in my head and he said that it sounded to him like I *did* have PTSD, and what was I going to do about it. That was the point everything fell into place for me, and I started to put the wee angry ex-squaddie aside.

Later that day I told everyone I thought I had PTSD and I needed to get it diagnosed. They were all very accepting and helped me make plans to go forward.

It was a like bright light illuminating my life. I'd spent so long in the darkness, and this was a new day, and it was a bright sunny day. That day changed my life."

ESL, Army

The individual quoted above has now sought, and is being treated, for his PTSD.

The particular drivers accelerating these changes are examined in more detail in Section 7. It is the unique mix of creating an environment for participants where therapeutic interventions, in the form of personal development techniques, can be learnt. Techniques which may help participants to better manage their mental health.

All participants, regardless of Cohort, reported their mental wellbeing was affected to a greater or lesser extent by Covid and the national lockdowns.

What was very striking is the number of Cohort 1 participants (24, 96.0%) who reported that, when their mental wellbeing was affected by Covid in 2020, they went back to the personal development techniques they had learnt during their wilderness journey and used them again.

"It (lockdown) was doing my head in. I'd got the telly on in the background one day and they were talking about exercises to make your mental health more robust. I remembered 'I've done them!' and went and found my wee book and started again. That helped."

LSV, Army

> "When it looked likely we'd go into lockdown, I panicked. I really didn't know how I would be able to cope. I'd been so socially isolated before (Positive Futures) and I'd made great strides since. My worker suggested I went back to what I'd learnt to see if I could take something useful from it, and I did. I made a 'really safe-space' in my safe-space and went there when I struggled."
>
> *LSV, Army*

Other Cohort 1 and Cohort 2 participants reported using 'Plan, Do, Review' to give structure to their personal circumstances during Covid restrictions.

Across both Cohorts, in lockdown and out of lockdown, the use of the images from the wilderness journey was a popular 'mind calmer', helping the person put themselves back in a safe space and on a better time.

> "I got one of the pictures printed off and framed. If I get a bit stressed, I put myself back in the picture and I'm instantly calmer."
>
> *ESL, Army, Non-CJ*

The images did not need to be physical to be calming: mental images were also recalled with, again, the participant putting themself back 'into the picture'.

Other participants had an object collected from, or associated with, their wilderness journey and used that object to refocus their mind.

> "I've still got my 'Thinking Stone': I collected it on a beach when I was away, and it still grounds me back to that time and that place. I compare where I was then to where I am now and it's a new life."
>
> *LSV, Army, CJ*

Cohort 1 Participants who had struggled with their mental wellbeing in the period since completing their involvement with Venture Trust but outside of the lockdown period had managed to right themselves. These participants noted they did not 'go as far down' and came back faster than they had in the past.

Cohort 2 participants expressed a similar view.

Management of emotions, particularly anger, seems to be being maintained in the wider group. Again, as in the first evaluation, being 'Slower to Rise/Less Impulsive' and 'Better Anger Management' continued to rank very highly as health and wellbeing impacts.

> "I used to boil over with anger. Anger at everyone. And I'd lash out and get into trouble. I'm no perfect now but I'm calmer."
>
> *ESL, Army*

A significant percentage of participants have had interactions with the NHS and the justice system as a result of an inability to manage their emotions appropriately, often while under the influence of street drugs or alcohol. Learning to manage anger through being slower to rise contributes to a reduction in the usage of NHS and justice services which is, in turn, both an individual and a societal benefit.

Reduction in Social Isolation continued to be a strong impact. Regardless of Cohort, participants continued to create, and be part of, small mutual support and friendship groups which formed on the wilderness journey. These groups were vital in lockdown, helping maintain some level of normal social interaction.

As with Evaluation 1, considerable impacts were made by some participants in the area of drug and alcohol use. Again, the number of participants making significant changes to their lifestyles were small: however, the impacts seen were

large. Participants had to reduce their consumption, or to be in a position to abstain, from drugs and alcohol to attend the wilderness journey.

> "I felt I had no future, that I'd failed. I'd become overwhelmed so I'd go out and get hammered simply because of how awful my life was. I was binge drinking and getting off my face. I had to stop drinking to go on the course and I did it."
>
> *LSV, Army, CJ*

When comparing the experiences of pre-Covid and post-Covid wilderness journey attendees, the latter group (who did Phase I during lockdowns) reported a far greater challenge in motivating themselves to take personal responsibility to reduce or stop alcohol or street drug consumption. This challenge of motivation was exacerbated by the closure of many local drug and alcohol services who would, pre-Covid, have worked in partnership with the participant's Outreach Worker to support the participant.

A number of Additional Impacts were noted, and which are covered in more detail in Section 6.3.

Table 8: Health and Wellbeing Impacts Over Time

Time Frame	Impact
Immediate	Improved mental wellbeing – participant is 'in a better' place
	Taking time to think before acting (contemplation) resulting in less impulsive behaviour
	Reduction in anger
	Reduction in anxiety and paranoia
	Increased calmness
	Reduction in self-isolation through the creation of small friendship groups
	Reducing stopping the use of street drugs or alcohol to attend a wilderness journey
Medium Term	Improved mental wellbeing is maintained, helping to drive other positive behaviours
	- Use of personal development techniques to maintain mental wellbeing
	Embedding behaviours which reduce impulsive behaviours: thinking before acting
	Reduction in anxiety and paranoia
	Creation of a feeling of 'belonging' in civilian society through the creation and maintenance of small friendship and mutual support groups
	Moving into work or volunteering
	Further steps towards reducing drug and alcohol use
Longer Term	Mental wellbeing continues to be maintained – even through a global pandemic
	- Use of personal development techniques to maintain mental wellbeing
	Moving into, or maintaining, work and/or volunteering
	Alcohol abstinence
	Drug abstinence

Positive Futures facilitates health and wellness changes through enabling individuals to improve their mental wellbeing and, through that improvement, to make health, wellbeing and lifestyle movements along a positive pathway towards becoming a fully integrated member of civilian society.

> "I went as worthless. I can now see value in me as a person."
>
> *LSV, Army*

6.2 External Factors and their Impact on the Research Cohort

6.2.1 Covid-19 and the Research Cohorts

Covid-19 struck the UK in early March 2020. By end March 2020, the UK was in lockdown with all but essential travel outside the home[18] forbidden. Social distancing (staying 2m away from the next nearest person) was also imposed. Non-essential retail, the hospitality industry, offices and non-essential manufacturing plants were closed. Life, in essence, ground to a halt.

Covid derailed Positive Futures too and, as a consequence, this evaluation. To a greater or lesser extent, this current evaluation is comparing 'apples and pears': there are differences in experiences between those who had been on a wilderness journey before the pandemic struck and those who went after the pandemic. Like is not being compared with like and all subsequent impact reporting in this section has to be read with that understanding in place.

Circumstances leading to these different participant experiences were utterly beyond Venture Trust's control.

It is useful to briefly recap who received what Positive Futures model and when:

Table 9: Brief Recap of Positive Futures Models

Wilderness Journey Date	Positive Future Model Experienced
March – October 2019	Standard Model Then to Covid Model 1 after April 2020
February 2020	Covid Model: Adaptations 1 & 2. Initial digital delivery of Phases 0 and Phase I. Moved back to semi-standard model with a Covid safe wilderness journey
June 2021	Covid Model: Adaptations 1 & 2. Initial digital delivery of Phases 0 and Phase I. Moved back to semi-standard model with a Covid safe wilderness journey
August 2021	Covid Safe 'Adapted' Standard Model

6.2.1.1 A Swift and Effective Pivot to Online Services

Venture Trust pivoted very swiftly when Covid struck and continued to offer services across its full spectrum of programmes.

As well as programme support, Venture Trust offered support with engaging with digital technology and a range of development courses like photography and creative writing which provided social interaction during the worst of the lockdowns. Online social 'gatherings' were also facilitated.

Venture Trust also offered support and facilitated access to funding for those participants who were digitally challenged and/or digitally excluded in terms of both access to devices and of being able to afford data packages to use those devices.

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[18] The instruction was 'Stay at Home' – people were only allowed to leave their homes for essential shopping, work (where permitted), dog walking and daily exercise.

A key difference to other support charities and services, including veterans' charities and services, was that Venture Trust remained open throughout the worst of the pandemic and kept providing services to those who had been referred to, and accepted on, its programmes.

Many charities and services simply shut their doors and, in the words of one veteran, "simply abandoned us". As many veterans suffer from social isolation, this abandonment felt to some like a betrayal.

> "They're a veterans' charity. They're supposed to help us. They KNOW veterans suffer from social isolation and what did they do? Shut the . . . . . doors and let us stew."
>
> *ESL, Army*

All participants (100%) interviewed greatly appreciated the steps Venture Trust took to continue to offer services.

One participant described the support given as "Not being forgotten".

Another noted "There are people I can reach out to for help."

"Not being forgotten" was important to the participants. Some who had chaotic lifestyles or who were already socially isolated found the restrictions of Covid very challenging.

Both Cohorts commented on how swiftly Venture Trust moved to support individuals.

Participants said:

> "They came out the blocks early and were there for me. When everything shut down, I was really worried I'd lose the ground I'd gained by being with Venture Trust. It wasn't the same, but I didn't go backwards. Looking back now, I'm quietly proud of how I coped."
>
> *ESL, Army*

> "The wilderness journey helped me reset my mental health and I was terrified I'd lose it with lockdown. They (VT) call me every week and that's helping me a lot. No one else (other agencies or services) is calling."
>
> *LSV, Army*

Participants very much liked and appreciated the mixture of keep in touch, leaning opportunities and social interactions facilitated by Venture Trust.

From lockdown 1, one participant reflected the views of many when he said:

> "I really like the current situation where the Venture Trust team are still keeping in touch with everybody for a group chat or a catch up and I can also have my individual one-to-one chat. This happens on a Thursday afternoon, and I make time for it because it's important to me."
>
> *ESL, Army*

Another, looking forward to when normality returned to life, said:

> "I'm a bit sorry that follow-up (to his Wilderness Journey) has been a bit diminished (due to Covid-19) but what is there is helping me look forward to when it all ends."
>
> *ESL, Army*

A third commented:

"I'm really enjoying the ongoing support I'm getting. Currently with Covid19, that's a weekly phone call and that's perfect, absolutely spot-on."

LSV, Army

6.2.1.2 The Impacts of Covid

For all research cohorts, there were impacts – both positive and negative – to the national lockdowns.

Mental Health Impacts

Lockdown challenged mental health across the entire UK population. For the Positive Futures participants, where the vast majority had pre-existing mental health issues, lockdown was an even bigger challenge.

All participants (100%) regardless of Cohort reported their mental health had been impacted by the Covid lockdowns.

As with the wider population, individuals' mental health suffered over the first lockdown. Increased anxiety levels, depression and increased social isolation were reported.

Those who had been on a wilderness journey before Covid struck felt they were able to better cope with the restrictions of lockdown. All those interviewed felt they had learnt personal development tools and techniques which helped them cope better through helping them to maintain some level of positive mental health. All commented that their mental health fluctuated on a day-to-day basis, and they were not sure how they would be each day.

"I used them (personal development techniques) to help me cope. I'd've been on the internet all day; looking at the news all the time but now I just go 'nah, I canna be bothered' and only look at it once or twice a day – which is better for me."

LSV, Army

A regular comment from Cohort 1 participants was that the person had panicked at first but had then remembered and re-visited tools and techniques developed on their wilderness journey. Pictures and notebooks from their journey helped to reinforce memory and learning as did the small friendship groups formed on those journeys. Participants used these friendship groups for mutual support and for social interactions.

Cohort 2 participants who had been on a wilderness journey, and whose learning was more recent, made the same comments as the Cohort 1 participants.

Cohort 2 participants, who had *not* been on a wilderness journey and who experienced a very extended Phase 1, learnt personal development tools through the digital support programmes Venture Trust put in place. When their wilderness journeys took place, the emphasis was more on further embedding and practising tools and techniques, than learning tools and techniques.

One participant, who has alcohol issues, described the first lockdown as beneficial for him:

"The pubs and bars weren't open so I **couldn't** go for a drink. Them being shut for so long has helped me to bring my drinking under control. I think it's the longest time ever, I've not been in a pub."

ESL, Army, CJ

The three, or more, person mutual support and friendship groups developed on the wilderness journey proved invaluable over lockdown. Participants kept in touch over social media and acted as mutual support to each other.

> "I could tell by [name]'s response to my post that he was a bit down. So, I'd start the banter and everyone else would pile in. Jokes, funny pictures, stories would come along, and you'd see [name] start to respond. Then you knew he'd be OK."
>
> *ESL, Army, CJ*

> "We all kept in touch through Facebook. They understood what I was going through, and I understood what they were going though. Someone was out there for me, and I was there for them."
>
> *LSV, Army*

Fitness and diet benefits were seen in some participants in the first lockdown.

> "One of the guys on my wilderness journey was a chef and he showed me how to do stuff. Having a bit of banter on Facebook, he said 'try YouTube' so I taught myself to cook using YouTube videos. I'm eating much better now."
>
> *LSV, Army, CJ*

> "Only being allowed out an hour day meant I actually went out and walked. I felt I had to use that hour. I'd liked the walking when I was away (wilderness journey) as it gave me time to think."
>
> *LSV, Army, CJ*

6.2.2   The Withdrawal of UK Troops from Afghanistan

In August 2021, and much more swiftly than expected, Afghanistan came back under Taliban control. The final tranches of US, UK and other European forces had departed earlier in 2021, leaving a Western backed government in place. This government collapsed almost overnight leading to emergency measures to evacuate UK citizens and Afghans who had worked with the UK armed forces or NGOs.

A Positive Futures wilderness journey took place while the emergency evacuations were taking place. Concern was expressed for the participating veterans, particularly those who had Served in Afghanistan, and how this situation would affect them. The Field Team was conscious of world events and the sensitivities for the participant group.

Post journey, it was noted that:
- The news had affected participants, particularly those who had Served in Afghanistan. It had brought back memories of Service in the region, of lost or badly injured colleagues and of the personal effect on their own lives.
- For all participants, there had been a general feeling of 'Was it worth it?' and 'Was our sacrifice in vain?' – general answers to those questions were 'No' and 'Yes'.

A field team observation noted the news may have helped the participants be more open in talking about their experiences: participants were very emotional (angry, resigned and sad) about the news and they wanted to express their feelings. The setting up of safe spaces and the mutual understanding of experiences facilitated this open dialogue.

The wider research group (Cohorts 1 & 2) were also affected. Participants reported:
- Feeling angry and/or sad about the withdrawal of UK troops
- A 'knock-on effect' on participants' mental wellbeing as they recalled their own experiences and remembered fallen and injured comrades
- For some, periods of depression and low mood were experienced – however, these had been transient. The small friendship and mutual support groups were used to safely explore experiences.

> "Black humour. The deepest blackest humour. We'd start by thinking of fallen comrades and then segue into horrific stories. Then into funny stories. Often involving the same people."
>
> *LSV, Army*

- Across many different forms of words, the sentiments/questions posed on the wilderness journey of 'Was it worth it?' and 'Was our sacrifice in vain?' were expressed by participants who had served in Afghanistan. Again, the general opinions were 'No' and 'Yes'.

> "We knew it would happen one day. To be so quick and such a bloody shambles was hard to take."
>
> *LSV, Army*

6.3   Additional Impacts

In addition to the health and wellbeing impacts outlined in the 2018 Evaluation, which concentrated on the mental health impacts seen in participants[19], a number of other impacts were recorded as that Evaluation went on.

These impacts have continued in the current evaluation.

As with the 2018 Evaluation, these impacts are very broad, ranging from small steps towards healthier living to complete lifestyle changes.

Some of the impacts are 'opposite pairs': best illustrated by the example of some participants reducing their prescription medications while others, who had resisted taking prescription medications, starting to take them.

For narrative clarity, this section has been structured as follows:
> Summary table showing the range of Additional Impacts
> Narrative on each Additional Impact observed. Where relevant, the narrative is by 'opposite pair'.

Table 10: Summary Table showing the Additional Impact Seen

Impact Seen	Personal Impact(s) Why it Matters	Number (N=21)	P'age (%)	Opposite Pair?
Telling services (GP's, JobCentre, Council, etc.) 'I have Served' or 'I am a veteran'	Access to specialist veterans' services Faster access to mental health services, in particular specialist veterans' mental health services Potentially faster access to housing if homeless Triggers other non-health support	9	43.0%	N
Fewer visits to GP's Fewer visits to other health and wellbeing services	Person feels healthier & doesn't need GP or other organisations' support Managing own mental & physical health better Reduced social isolation Using other techniques to cope	9	43.0%	Y
Increased willingness to seek treatment	Undiagnosed mental health issues affecting lives Acknowledgement that something is 'wrong' Acknowledgement of undiagnosed PTSD Acknowledgement of ACE's: motivation to address those issues Resetting views of masculinity: 'seeking treatment is what strong people do and I want to be a strong person'	7	33.0%	Y

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[19] In rank order 1. Improved Mental Wellbeing, 2. Reduction in Anxiety, 3. Reduced Self-Isolation, 4= Slower to Rise/Less Impulsive, 4= Better Anger Management, 5. Reduced Paranoia. See 2018 Evaluation: Page 70 http://www.venturetrust.org.uk/programmes/positive-futures-programme/

Impact Seen	Personal Impact(s) Why it Matters	Number (N=21)	P'age (%)	Opposite Pair?
Fewer emergency medical or mental health interventions	Reducing street drug or alcohol use leads to fewer interventions Mental health in a better place so don't need interventions Fewer interactions with the justice system	3	14.0%	N
Reduction in the use of prescription medicine	Particularly associated with drug & alcohol use Participant had to be 'clean' to do a wilderness journey Reduction in the need for mental health medication as alternative methods of coping are used	5	24.0%	Y
Using prescription medicine	Veterans can be resistant to using prescription medicine (the 'Hard Man'/tough it out' mask) Benefits of prescribed medication: better mental health, better sleep, less pain	6	26.0%	Y
Reduced social isolation	No longer facing the world alone Someone there for me Someone there for me who understands my Service I have friends. I belong in society Better mental health & wellbeing Informal support network & information exchange I am becoming a civilian	21	100.0%	N
Increased levels of fitness	A fitter person is a healthier person Reduces social isolation: interacting with others Weight loss	11	52.0%	N
Weight loss	Wanting to go on the wilderness journey motivated weight loss Being overweight contributes to health conditions Participant feels 'better' so can be motivated to do more Reduction in eating highly processed food or take-aways	8	38.0%	Y
Weight gain	Reducing drug use can help regain weight to healthy levels	1	4.7%	Y
Drugs, Alcohol and Smoking	Reducing usage to be able to attend Venture Trust Reducing usage to be able to attend the wilderness journey Impacts on health service usage following reduction and or abstinence Impacts on justice service usage following reduction and or abstinence	5	24.0%	N
Acknowledging Adverse Childhood Experiences (ACEs)	Recognising the impact of ACEs on current behaviour patterns Motivation and preparedness to address these issues Accessing & opening up to services dealing with ACEs	18	86.0%	N

6.3.1   Telling Services 'I have Served' or 'I am a veteran'

A small but significant health and wellbeing benefit is veterans telling services that they have Served.

Many of those in Positive Futures do not view themselves as 'veterans': in their view, veterans were those who been in combat or had been injured in Service or who had had long careers in the military. Those who did not see themselves as 'veterans' were invariably ESL and Army, with the majority being in the criminal justice system.

The participants' views meant they did not tell services they had been in the military: advising services that you are ex-military, or a 'veteran' can trigger access to veteran specific and other services.

As a result of Positive Futures, individuals were much more open about telling services they had been in the military.

"[Name] said he'd been chucked out of the Army, and he didn't think he could use veterans' services because of the way he had left – but he could, and he was a druggie and an alky. I'd done my time, had a proper discharge and didn't use drugs and I wasn't using veterans' services because I didn't think they were for people like me.

When I heard that wee [. . . . .] telling us about everything he could access because he was a veteran, I realised there were services out there to help me and it was me who needed to change. I came home and started telling people like my GP and my support worker that I'd been in the Army."

LSV, Army, Non-CJ

"I'd never told my GP I'd been in the Army. I was telling him about going away (wilderness journey) and he interrupted me and said, 'you're a veteran then?' I said 'well, I was in the Army for 3 years. He explained, because I'd been in the Army, he could refer me to other services and referred me to Veterans' First Point – and they saw me in six weeks."

ESL, CJ, Army

The individual quoted above had been waiting for an initial NHS psychiatric appointment for several months at the point of telling his GP he'd been in the Army. He now tells services that he has Served.

The majority of those who were 'reluctant veterans' said they were now more willing to be open with services and say they had been in the military. This openness allows health and wellbeing services to signpost to veteran specific services or to have a better understanding of individual need.

There is also evidence some services are adopting language which does not alienate those who have Served but who do not regard themselves as veterans. Both the following examples come from organisations which support veterans and have a significant number of former Service personnel on their staffs.

Example 1, from April 2019, perfectly demonstrates the type of language which can be off-putting to those who do not regard themselves as veterans.[20]
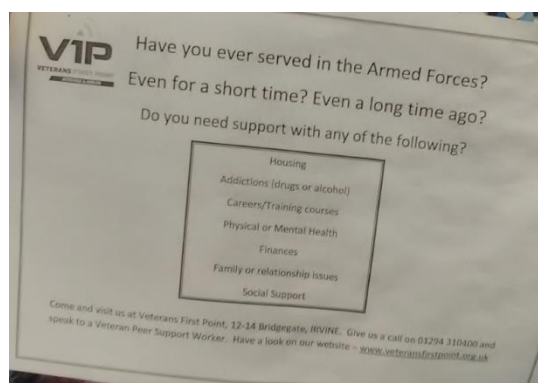
Example 2, from February 2020, shows a markedly different, and much more inclusive, approach which is more likely, based on Positive Futures participants' responses, to encourage those who have Served to make services aware of their Service[21]. This wording should help to encourage those who have short Service or may have left Service under a cloud, to come forward.

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[20] Crosshouse Hospital, Ayrshire & Arran Health Board, April 2019
[21] Loudoun Medical Centre, Newmilns, Ayrshire, February 2020

6.3.2   Fewer Visits to GPs

Note: the term 'appointments' in this context includes both pre-Covid & post-Covid in-person appointments and digital appointments experienced during Covid.

An outcome in both evaluations is participants, who are regular users of their local GP practice, report that since attending Positive Futures they are not attending or contacting their GP practice as much.

> "My doctors rang up one day out of the blue. I was a bit taken aback and asked why they were calling. They said they hadn't seen me at the surgery, and they wanted to know that I was OK. Told them I was fine, and I'd be in touch when I needed an appointment. Thinking about the call later, I worked out I hadn't needed to go since I came back from my wilderness journey – and that had been 8 weeks before. That made me realise just how often I had been in there (the GP surgery). I hadn't been in since – I hadn't needed to and that made me feel good."
>
> *LSV, Army, Non-CJ*

> "The doctors have been really pleased with how I've progressed. I don't need to go (to the surgery) as often now – once every 10 weeks instead of every 6 weeks."
>
> *LSV, Army, CJ*

Although numbers are small, there is continuing evidence that attending Positive Futures reduces visits to the GP. Participants regarded themselves as 'healthier' and 'in a better place', which meant they did not need to use their GP as much.

Some participants, who were very socially isolated, noted that an appointment at the GP could be the only time they got out of the house. They did not necessarily need to visit their GP for medical reasons – their wellbeing benefit came from human interaction with the GP and others in the surgery.

As Positive Futures reduces social isolation (through the formation of small friendship and mutual support groups), these very socially isolated individuals no longer needed to visit their GP. In practical terms, reducing the number of 'social' as opposed to 'health' appointments at a GP surgery frees up appointment spaces for those who may have more need.

6.3.3   Fewer Visits to Other Health and Wellbeing Services

Tying in with fewer visits to the GP, evidence continues to emerge that, post-Positive Futures, veterans are not using other health and wellbeing services as much.

Referrers from services which were, or included, health and wellbeing in their service delivery, noted that Positive Futures put people on a path where they no longer needed some or all aspects of a service i.e., dependency was reduced. This was regarded as significant benefit.

The impacts seen across this area clearly demonstrate Positive Future's value in helping individuals to reduce interactions with health services and, by association, justice services. Strong impacts in reducing emergency, inappropriate or unnecessary interactions were seen.

Of course, not all interactions with health services are emergency, inappropriate or unnecessary interactions. Some Positive Futures' participants were invigorated to engage with health services in a necessary step to address their own issues, usually mental health issues.

6.3.4 Increased Willingness to Seek Treatment

The opposite pair to reduced medical service usage is the willingness, post-Positive Futures, of some participants to actively seek out treatment.

A number of Positive Futures participants had long-standing, often undiagnosed mental health issues. The strongest impact of Positive Futures – the Recognition of Shared Problems – coupled with the open and supportive environment created on the wilderness journey encouraged participants to seek help for their mental health issues.

Mental health issues could be linked to Service in the military, in particular, undiagnosed PTSD. Other regularly occurring mental health issues were linked to ACEs (again, potentially undiagnosed PTSD) or to addiction. Few participants presented with just one mental health issue: most presented with complex presenting sets across several mental health issues.

> "It took me a long time to acknowledge there was something wrong with me and it wasn't everyone else. After hearing the lads' experiences (on the wilderness journey), I finally went and saw someone. I've been diagnosed with PTSD and am now receiving treatment."
>
> *LSV, Army, Non-CJ*

> "I didn't Serve for long but, in retrospect, my Service was at a time when demands on the Army were high. My breakdown came many years later and I didn't associate it with my Service."
>
> *ESL, Army, Non-CJ*

> "I realised that I wasn't the only one with the problems. We all had them. Some worse than others."
>
> *LSV, Royal Navy, CJ*

This realisation, coupled with a re-setting of views on masculinity and asking for help without feeling that masculinity had been diminished, continues to be a driver for individuals to actively seek help for their mental health issues.

Issues around toxic masculinity (The 'Hard Man' mask coupled with a self-view of 'I'm ex-military, I should be able to tough this out') can lead to some participants being very hard on themselves where their mental health is concerned.

> "She (the participant's one-to-one worker) challenged me and said, 'Why are you calling them episodes? Episodes is medical, episodes is something people with epilepsy have. You're having a wobble, not an episode.'
>
> And I rocked back at that. Never, ever thought about it that way before. We talked around different words, and I decided to call them 'moments' instead: calling them 'moments' makes them feel much lighter and smaller. It's like TV: an 'episode' is a one-hour long programme. A moment is just a moment and its very short. Having a 'moment' means I can cope better as it doesn't seem as serious as having an 'episode'. Now I say, 'I'm just having a moment'."
>
> *ESL, Army, CJ*

Undiagnosed PTSD continued to be seen with participants realising, from others on the wilderness journey, that seeking treatment meant showing 'strength' rather than 'weakness'.

Treatment for other long-standing physical health issues, mainly dentistry, was also sought post Positive Futures.

> "I'm terrified of the dentist, of needles and syringes – I could'na be a drug addict! The course gave me confidence to start to get my teeth fixed. Just before lockdown, I had a load of teeth out and they couldn't be replaced as the dentist was shut. That's the downside, the good side is I'm on a baby food diet of fruit smoothies, soups & yoghurt, and I'm so

much healthier. I'm hyperactive and was drinking cans of juice[22] and them energy drinks and got really hyper then crashed. My new diet means I'm not doing that and I'm feeling so much better. Not the way I'd've wanted to find out mind."

LSV, RN

Participants also reported:
- Increased willingness to admit they had a problem to friends and family
- Increased willing to seek out services which could help with their mental health issues
- More frankness with their GPs about the extent of their symptoms. Many had reduced or 'masked' the severity of their symptoms when speaking to medical professionals
  - Where relevant, more frankness about the use of street drugs and alcohol as coping mechanisms
- Increased willingness to be referred on or signposted to services which could help
  - Attending and using services to which they had been referred to
- Increased willingness to inform services that they had Served in the military
- Increased willingness to look at non-medical interventions or 'treatments' to help their mental health. Techniques and interventions named by participants included:
  - Mindfulness
  - Yoga
  - Relaxation
  - Breathing Exercises
  - Walking Therapy
  - Lucid Dreaming
  - Meditation
  - Holistic Eating

As in the 2015-2018 Evaluation, a small sub-set of impacts under this heading was the willingness of some participants to start to address long-standing mental health issues in relation to their Adverse Childhood Experiences (ACEs).

These individuals had recognised their childhood experiences were still affecting their lives as adults and were now motivated to start addressing those issues. Section 6.3.12 covers ACEs in more detail.

Spotting Undiagnosed Issues

Positive Futures participants' Service experience included experience in the medical branches of the military. As participants opened up, this experience could be beneficial.

On one wilderness journey, this experience helped one individual through spotting an undiagnosed condition.

Veterans, as a group, tend to have trouble sleeping: they sleep lightly and wake frequently. On a late 2019 wilderness journey, one participant (A) bucked this trend: being described as "snoring like a steam train" and "You could hear him right across the campsite" (*Fellow participants).*

Whilst in bunkhouse accommodation, a fellow participant (B) who had some medical experience, spotted that the snorer had undiagnosed sleep apnoea. As participant B did not sleep well, an informal action plan was put in place by the participants themselves for participant B and other light sleepers to observe participant A sleeping and keep a log of their observations.

This was duly done, and the log given to participant A for him to take to his GP as soon as he returned from the wilderness journey.

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[22] Scottish vernacular for carbonated soft drinks like cola, lemonade and orangeade.

It is understood participant A is now receiving treatment for his sleep apnoea.

6.3.5   Fewer Emergency Medical or Mental Health Interventions

For participants with complicated presenting sets which included drug and/or alcohol addiction, chaotic lifestyles, and mental health issues, emergency medical or mental health interventions were, and continue to be, a semi-regular occurrence. Typical interventions included:

- Attendance at A&E following alcohol or drug overdoses
- Attendance at A&E following physical damage as a result of poor behaviours while under the influence of drugs or alcohol
- Attendance at A&E following physical damage due to poor behaviours driven by mental health issues
- Being 'Sectioned'

Reducing the incidence and frequency of these interventions is a positive impact from Positive Futures especially with those for whom regular emergency interventions were a fact of life.

"When I drank, I'd pick a fight with my own shadow because I felt I had to be a 'hard man'. I'd boxed in the Services and knew how to hit people, but I was a young man then and could roll with the punches. I'm not now and it was me getting hurt. The polis would take me to the hospital to be patched up and then off to the cells.

Before the course I stopped drinking. On the course, I learned to take the 'hard man' mask off and find the real me. The real me hasn't been back to A&E or the cells since."

ESL, Army, CJ

"It's been nearly two years now and counting since I needed to be taken to hospital because of the drugs. Before I was in there so often, they could've given me a loyalty card."

ESL, Army, CJ

"I still drink but I don't drink as much or as often. I've learnt to manage it better. I'm not falling about in the street and needing to be taken off to the hospital. That's a big change for me. I'd be in there every 8 weeks or so for a couple of nights. I haven't been since the course and that was last year."

LSV, Army, Non-CJ

"They sectioned me because I'd tried to kill myself. I'd bottled everything in, and it seemed the only way out. Working with [Development Trainer] on the course helped me and I've learnt how to cope with the black bits."

LSV, Army, Non-CJ

While not entirely a health and wellbeing outcome, fewer emergency medical or mental health interventions drive fewer interactions with the justice system. According to participants, the typical interventions outlined above invariably involved some aspects of the justice system – most often the police. By reducing these interventions, as well as improving health and wellbeing outcomes, justice outcomes are also improved.

Participants spoke of being:

"Dragged kicking and screaming into [name] hospital by the polis, in handcuffs, absolutely out of my face on drugs and drink and wanting to fight the world."

"Spotted by the police staggering about in the street covered blood where I'd fallen over. They'd take me to A&E. I'd get patched up, sobered up and then go and do it all over again."

The cost of such interventions is high: every alcohol related hospital admission cost NHS Scotland £7,350 plus police and justice costs of £2,298[23] - £9,648 in total.

6.3.6   Reduction in use of Prescription Medication

As with many of the health and wellbeing impacts of Positive Futures, it took time for this impact to emerge at a level to be reportable in the 2015-2018 Evaluation.

In this work, reduction in medication usage continued to be seen across all Phases of Positive Futures.

Again, in Phase I, a number of participants had to stabilise their lives to attend the wilderness journey and, as part of that stabilisation process, some were able to reduce their prescription drugs – usually those prescription drugs associated with alcohol and drug abuse.

"I wanted to do it so much. I knew it would be good for me. It took me three goes to get there though. My head wasn't in the right place for the first opportunity due to the drink, and I wouldn't stop drinking for my second chance even though I was on (prescription) drugs for the drink. I got offered a third chance along with a 'don't blow it this time or you won't be referred again' conversation. Then I met someone who'd done the course and he said it had helped him lots. Talking to him made me really want to go so I cut down on the drink."

LSV, Army, CJ

From the 2018 Evaluation:

"Fiona arranged for Callum to attend another wilderness journey giving him a focus to stop his drug use. As he worked towards being drug free, Callum's prescription medication was reduced which he regarded as a positive step."

Regular comments from participants were:

"I recognise when I'm slipping back into the dark much better since going away (wilderness journey). Being able to see when I'm going means I can take action. I take medication then and it stops the dark in its tracks, so I don't need more medication."

ESL, Army

"I'm managing my moods better and I don't need as much medication to help me back into a stable place."

ESL, Army, CJ

"I'm working with my doctor to self-manage my own medication better. I'm not taking such high doses nor as often as I did before. It helps me feel more in control of my own life."

LSV, Army

"We (GP and participant) did a full review of my medication and what each drug did and whether I needed it anymore. I'm using what I learnt (in Positive Futures) which is helping me to cope better so I don't feel I need as much medication."

ESL, Army, CJ

6.3.7   Using Prescription Medication

In both the 2015-2018 Evaluation and this extension, a resistance to taking prescription medication continued to be seen in some participants.

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[23] For cost sources, See 2018 Evaluation: Appendix 1.2 Data Sources and Calculations for Cost-Effectiveness Measurement (Page 142) http://www.venturetrust.org.uk/programmes/positive-futures-programme/

For these participants, the reluctance to use prescription medicine continues to be driven by an outdated view of masculinity (the 'hard man/ tough it out' mask) coupled with a reluctance to ask for help. Doctors would prescribe medication; however, the participants' self-views meant they did not take the medication which, in turn, meant their symptoms were not managed as well as they could be.

In the open and supportive environment of the wilderness journey, participants spoke frankly of their own health, particularly mental health issues[24], and the benefits they gained from prescribed medication. This peer group endorsement led others to change their own attitudes and behaviours, leading to an acceptance that prescribed medication could be helpful and that masculinity was not diminished by taking medication.

> "I realised (from others on the wilderness journey) taking drugs^ had helped them a lot and it made my view look pretty stupid. When I came back, I started to take them (sleeping tablets) and they're helping."
>
> *ESL, Army, CJ*

^ prescribed medication

6.3.8   Reduced Social Isolation

Reducing social isolation is a driver for better health and wellbeing, especially mental health and wellbeing.

Impacts which reduced social isolation emerged early in Positive Futures and have been maintained right throughout the whole evaluation period. Mechanisms to help reduce social isolation start in Phase I and continue through all Phases.

The formation of small positive friendship and mutual support groups (usually three veterans) was an unexpected impact of Positive Futures. Friendship groups formed on each wilderness journey and, post-journey, group members have kept in touch. Social media is the main everyday contact route, and group members have also met up in real life. These friendships have lasted and deepened over the study period.

All participants, who were part of a social group, valued these groups immensely during lockdown:

> "We'd have a bit of banter and I'd cheer up."
>
> *ESL, Army, CJ*

> "They seemed to know when someone needed a wee boost."
>
> *ESL, Army, CJ*

> "They knew. We'd all shared the same experiences round the campfire and in the Army. I couldn't have got through (lockdown) without them. They didn't have to say or do anything: knowing they were there helped. I didn't have that before (Positive Futures)."
>
> *ESL, Army*

> "They kept me sane. It was the in-jokes like sending each other pictures of our bins on the street as we'd joked about our bins going out more often than we did."
>
> *LSV, Army, CJ*

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[24] PTSD, depression, anxiety, paranoia and their physical side effects including insomnia.

All participants interviewed (from both Cohorts) noted that they had kept in touch with others from their wilderness journey.

> "They understand. They've been through it. You can have a bit of banter with them, and they know where you are coming from."
>
> *ESL, Army, CJ*

> "My alcoholism made it difficult for me to make friends. I made friends there (wilderness journey) and it's helped me a lot."
>
> *ESL, Army, CJ*

> "It'll be over five years now since we did the course. We're in touch every week, letting each other know what we're up to and what's going on. They know if I'm a wee bit down and give me a bit of support and I do the same if they're a wee bit down. It's made a difference knowing someone's there who's been what I've been through and understands."
>
> *ESL, Army, CJ*

Impacts from these friendship groups include:
- "Someone out there for me when I need them" – a profound impact for those experiencing social isolation.
  - **It is difficult to overstate how important these small friendship groups became during lockdowns. For some participants, the groups were described as 'truly life-saving'.**
- Forming, in some cases, deep and lasting friendships
- A feeling of "belonging in society"
- Better mental health and wellbeing through knowing "someone is out there for me"
- "Someone positive who helps me avoid negative friends" – particularly important for those trying to reduce the impacts of destructive behaviours around drugs and alcohol
- Creation of an informal peer-to-peer mutual support network helping to develop independence and resilience
- Creation of an informal information exchange on services (veteran and non-veteran) and their effectiveness
- Starting to re-connect with own family through creating a "friendship family"

The Positive Futures model generates opportunities for reducing social isolation through:
- Working with the client at a mutually convenient location – to encourage them to leave their home
- Group work with other Venture Trust clients (not necessarily Positive Futures participants) pre-wilderness journey
- Encouraging groups to form naturally on the wilderness journey
- Encouraging, and supporting, participants to volunteer: a safe mechanism for the individual to reduce their social isolation and re-integrate into a civilian community

Reduced Social Isolation and Dogs

While on the wilderness journey, participants had heard those with dogs speaking about how a dog:

> a) got them out of the house,
> b) provided companionship,
> c) provided fitness benefits through walking the dog and
> d) reduced their social isolation.

A number of participants interviewed as part of the 2015-2018 Evaluation expressed an interest in acquiring or acquired dogs post-Positive Futures, and this interest has continued into the extended evaluation. 20 participants overall have acquired dogs or become involved in volunteering with dogs.

"Everyone talks to you when you have a dog. They don't know my name, but they know the dog's name and if they don't see me and the dog, or should that be the dog and me, at the usual time, they'll always stop and ask if everything's OK."

LSV, Royal Navy, Non-CJ

"[Name] said he walked a neighbour's dog while they were at work. It gave him a purpose to get up and go out instead of sitting indoors all day. And I thought I like the sound of that. I can't have a dog where I live so I do volunteer dog walking instead. It gets me out most days and helps someone else too. At first, I found it really strange when people said 'hello' to me because they never did when I walked alone. There's a sort of magic when you walk a dog: people notice you."

LSV, Army, Non-CJ

"I actually felt sorry for the poor thing. He's only got wee legs and I don't think he'd ever been walked as much in his life. Everyone borrowed him to help them get out more."
LSV, Army, commenting on borrowing a neighbour's dog in Lockdown

6.3.9 Increased Levels of Fitness

In the 2015-2018 Evaluation, increased levels of fitness emerged early as a health and wellbeing impact with impacts seen from Phase I.

These impacts have continued into the extended evaluation for Cohort 2 participants. Maintenance of fitness has continued in some Cohort 1 participants.

The prospect of a 5- or 7-day wilderness journey and outdoor activities prompted the majority of both Cohort 1 and Cohort 2 participants to do something, however small, about increasing their fitness. Typically, participants would:
- Try to lose weight
- Go out for walks, gradually building up distance and choosing routes that included hills
- Practice carrying a Bergen[25] while they walked
- Load that Bergen with weight, increasingly to loads similar to those they carried in the Services
- Go to the gym to work on overall fitness

Pre-Covid, both Cohort 1 and Cohort 2 Phase 3 participants reported taking up the fitness increasing activities as a result of being on Positive Futures. Activities named included:
- Starting to use the gym or go swimming on a regular basis
- Becoming part of a sports team, most often a football team, and playing regularly
- Re-discovering sports that the participant had enjoyed, and sometimes competed in at a high level, when younger. Sports named included kayaking, martial arts and athletics
- Taking part in physical challenges to raise money for veterans' and other services: challenges included swimming, walking the West Highland Way, cycling challenges and abseiling
- Building more exercise into daily life by walking rather than taking a bus or driving

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[25] Army terminology for a rucksack

- Introducing family members to the outdoors by going camping, fishing and walking
- Volunteering with organisations whose work requires a degree of fitness; for example, archaeological digs, Army cadets, Scouts and/or Boys' Brigade and gardening
- As noted above, acquiring a dog which needs to be walked daily

Peer pressure, whether actual or imagined, from younger men can prevent older, less fit men using fitness services.

> "I use the gym at [veterans' service]. I like it there because we're all older guys together, no one's super fit, no one's doing the 'look at me' thing' and *everyone's* body wobbles there. No one points fingers if you are a wee bit fat."
>
> *ESL, Army*

Up until Covid, these activities were being maintained. Covid, though, brought these activities to a very abrupt halt.

Motivated participants looked for alternative ways of maintaining their fitness during lockdown.

> "I'd all these weights in the house for years and never really used them. I used You Tube to work out a wee routine and used that to do my best."
>
> *ESL, Army*

> "I did Joe Wickes in the morning with the kids."
>
> *LSV, Army*

In Lockdown 1, only being allowed out of the home for an hour a day for exercise prompted a significant percentage of participants to actually go out. Participants would not have necessarily gone out to exercise in more normal times but wanted to get out of their homes so went out and exercised.

> "That hour a day. I used that hour to get out and walk. It kept me sane and helped my fitness."
>
> *LSV, Army*

Other participants' fitness declined during the period.

Some resumed activities after Lockdown, others did not: this makes it extremely challenging to gauge overall increases in fitness over both Cohorts. Over the piece, a majority of participants reported increased fitness and working to try to maintain that fitness, even during lockdown.

6.3.10 Diet and Weight Management

On the wilderness journey, participants either cook for themselves choosing ingredients from a range of foodstuffs supplied by Venture Trust or cook communal meals. Meal preparation is regarded by participants as a highlight of the day and there is much interest in what others are cooking and eating.

During meal preparation, discussions on food and cooking leading to an informal transference of skills and ideas take place: participants take this learning back into their home environment. A number of participants had been chefs in the military or afterwards and they helped/advised those whose cooking skills were more limited.

Surprisingly, lockdown proved beneficial for some in managing their weight. Participants:
- Learnt to cook or improved their skills
- When there were shortages in the shops, tried new foods which they found they liked and continued to eat

- Did not put themselves in situations where they would have eaten poorly. For example, having a take-away on the way home from the pub or adding a filled roll to a coffee when in a café.
- Took more exercise. Participants made the most of the prescribed time for exercise and actually went out and exercised.
- Found their diets inadvertently changing as ingrained habits had to change.

"I canna resist the local bakery's pies. I'd get one or two a day before lockdown. During lockdown I noticed I was losing weight and I couldn't work out why as my diet hadn't changed. The penny dropped when I realised, I wasn't eating two Scotch pies a day. The bakery weren't making as many and they'd almost always sold out by the time I got there."

ESL, Army

The participant had spoken of his change of habit to a friend, who calculated the participant had removed about 750 calories a day from his diet.

6.3.10.1   Healthier Eating

Both Cohort 1 and Cohort 2 participants who lived in accommodation where they could readily cook for themselves[26] reported changing their eating habits as a result of attending Positive Futures.

Changes in eating habits included:
- Widening the variety of foodstuffs they ate as a result of trying new foods on the wilderness journey
- Being more adventurous in how they prepared food – trying new techniques and recipes
- Reducing the amount of pre-prepared food (for example pizzas, pies and ready meals) they purchased
- Reducing the number of take-aways purchased and eaten
- Eating more healthily

"I watched [Development Trainer] make roast potatoes and thought 'I could do that'. And I have."

ESL, Army, Non-CJ

"I did a vindaloo. From scratch. Ground the chillies and garlic and all . . . . And I'm getting known for my spaghetti bolognese."

LSV, Army

"I was eating take-aways all the time which cost me a fortune. I've started cooking for myself and I'm getting better at it *and* saving a lot of money."

LSV, RAF, CJ

"When you live on your own and have a limited budget, you don't try stuff in case you don't like it. I tried chorizo on the wilderness journey and really liked it. If it's reduced to clear, I'll buy it now."

ESL, Army, CJ

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[26] Own home or tenancy or in the family home

6.3.10.2　Weight Loss in Heavier Participants

Heavier participants (overweight and obese) in both Cohort 1 and Cohort 2 reported Positive Futures had a been a catalyst to their starting to lose weight and maintain their weight loss.

Weight loss could start from Phase I: once a wilderness journey date had been set, some heavier participants worked to lose weight before their journey, often as part of increasing their overall fitness.

> "I knew I'd struggle [on the wilderness journey] because of my weight, so I took steps to watch what I was eating and try to get a bit fitter. I lost 5.0kg before I went, and I think it made a difference. I did struggle but not as much as I thought I would."
>
> *ESL, Army, CJ*

Struggling on the wilderness journey, whether actual or perceived, was a driver for some to make changes in Phase III.

> "Puffing my way up that hill was an eye-opener. I used to run, actually run, up hills like that with a full Bergen. It [wilderness journey] made me think I needed to lose some weight. It's hard though."
>
> *LSV, Army*

> "I do best if I set myself a goal. I'm going to lose weight. I've a pair of Levi's in my wardrobe for years and my goal is to get those jeans back on. I can just about get them to my knees but no further so there's a way to go yet."
>
> *LSV, Army*

6.3.10.3　Weight Gain to Healthy Weight

> "My mum says I don't look like a junkie anymore."
>
> *ESL, Army, CJ*

For some participants, weight gain to a healthy weight was an unexpected impact of Positive Futures.

Those who were underweight were those with addiction issues, particularly to heroin, cocaine and similar substances. By helping participants to reduce or stop their drug use, weight gain to a healthy weight followed.

All participants who reported this benefit were Army ESLs and in the criminal justice system.

6.3.11　Drugs, Alcohol and Smoking

The 2015-2018 Evaluation outline examination of health and wellbeing impacts for Cohort 1 stated:

"No examination of Health and Wellbeing impacts would be complete without commentary on drug and alcohol use. Although numbers making significant changes to their lifestyle were small, the impacts of coming off drugs and/or abstaining from alcohol were profound.

Impacts started to be seen in Phase I. Potential participants had to reduce drinking/drug consumption to go on the wilderness journey. Working with their Outreach Worker, participant's self-confidence and motivation (desire to go on the wilderness journey) were increased which led to those participants starting to take personal responsibility and reduce/stop consumption."

Commentary from Cohort 1 participants included:

> "My meetings with [Outreach Worker] were the catalyst to me getting away from drugs. I needed to be off drugs to go and as time went on, it (taking drugs) seemed such a pointless thing to do so I stopped."
>
> *ESL, Army, CJ*

Post-2015-2018 Evaluation data for Cohort 1 shows those participants who stopped or reduced drug and alcohol consumption are, on the whole, maintaining their abstinence and/or reduction.

For Cohort 2, as with Cohort 1, the impacts start in Phase I with participants needing to reduce their drink/drug consumption to attend a wilderness journey. Again, in Phase III, reduced drug and alcohol consumption is seen. It should be noted though that, for some later participants, it is too early to say whether these effects will last.

With the suspension of some support services and the lockdowns during Covid, individuals who have been trying to cut their consumption came under extra pressure.

Consultation with Drug & Alcohol Workers noted, overall, street drug supply was not massively impacted by lockdowns, although prices did go up and increased levels of adulteration were seen.

Alcohol supply was not interrupted to any great extent which meant some participants (4) who had been making progress with alcohol abstinence to go on their planned wilderness journey lapsed in their progress.

> "Life was pretty shit and there didn't seem to be any point in not having a drink."
>
> *ESL, Army*

Very limited data on stopping or reducing smoking emerged for Cohort 2. Five participants noted they had reduced their smoking on their wilderness journey; feeling no need to smoke out in the open air, and that reduction had carried on after they returned. Of these participants, three were pre-Covid wilderness journeys, two post-Covid. Three individuals had tried to reduce nicotine consumption by swapping to vaping.

Those who were pre-Covid noted they had increased their smoking & vaping levels during lockdown. Post-Covid attendees were trying to maintain good habits.

Participants in Cohort 1 who stopped smoking did not respond to attempts to contact for the extended evaluation.

'Stop Me' & Other Avoidance Strategies

An interesting finding from Cohort 2 was a number of those with alcohol issues (7 participants, 33.0%) opened up to family, friends and others about their issue post wilderness journey.

Working with their friends and family, avoidance strategies were put in place to help the participant avoid alcohol. Strategies put in place included:

- Going out before 10.00am[27]
- Asking people not to buy alcohol for the person: both in, and out, of licensed premises
- Asking people not to facilitate the use of alcohol:

> "I've asked people, if they see me going into a bar, to say 'Do you really want to do this, [Name]?' They're not telling me not to, they're asking me whether I want to and that makes me stop and think."
>
> *ESL, Army, CJ*

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[27] In Scotland, alcohol can only be purchased between the hours of 10.00am and 10.00pm.

6.3.12 Acknowledging Adverse Childhood Experiences (ACEs)

ACEs are known to have lifelong impacts on health and wellbeing. Learnt behaviour from adverse childhood experiences can be carried throughout an individual's life, affecting both their own health and those of any family that individual may have.

Emerging from the 2015-2018 Evaluation was data showing multiple ACEs in a number of participants. 22 individuals (11.0% of participants overall) had had one or more ACEs. Information on ACEs was slow to emerge: trust needs to be built before people will open up and it was thought the overall level of ACEs was much higher in the original Positive Futures cohort. In this cohort (Cohort 1), ACEs were, in many cases, the underlying driver for an individual to join the armed forces and their presence was a strong marker for a poor transition.

In this work, this marker was to be examined further.

Of those interviewed in Cohort 2, **18 participants (86.0%)** had experienced one or more of the recognised ACEs[28], which are:

- Domestic violence
- Parental abandonment through separation or divorce
- A parent with a mental health condition
- Being the victim of abuse (physical, sexual and/or emotional)
- Being the victim of neglect (physical and emotional)
- A member of the household being in prison
- Growing up in a household in which there are adults experiencing alcohol and drug use problems.

Extrapolating from this data, based on a 48% interview rate, with those who have been on a wilderness journey, 50% of the overall Positive Futures cohort *may* have experienced ACEs.

For all participants in Cohort 2 with this marker, joining the military (particularly the Army) was a means of finding a 'way out' and a 'safe haven' from their chaotic and dysfunctional family life.

"My dad would've killed me. When he was drunk, he used me as the family punchbag, and the beatings got worse and worse as I got older. The day I turned 16, I signed up and left home. Nothing the Army could do to me was as bad as being at home."

LSV, Army

"I was sexually abused by my mother's partner. The Army gave me a home."

ESL, Army, CJ

"I was a forces child. RAF. My dad was due for a posting just after I turned 16. They moved and left me behind because they'd have to pay extra for me to be housed. They left me in Germany to find my way home (to the UK) and to find a home. The Army was an easy choice."

LSV, Army

The Army was 'chosen' by participants for the following reasons:
- It was possible to join at 16: the age at which individuals with this marker could leave home or, in some cases, were forced out of their homes
- Entrance requirements were low: participants had experienced disrupted education and the Army was, and remains, one of the few major employers who takes individuals with few or no qualifications

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[28] From NHS Health Scotland: http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces

- Easier to access: by its nature, the Army has a bigger presence in built up areas than other branches of the armed forces do so it was easier for an individual to access a recruiting point.
- It provided accommodation, food and clothing
- It provided structure: participants could live in chaotic and dysfunctional homes and the Army provided a structured lifestyle
- It provided a 'family': the fundamental building block of any armed service is a small group working together for a common good. This creates very strong ties of comradeship and friendship similar to those seen in a functional family

Participants with this marker, and who joined the armed services at a young age, have no reference points for 'normal family life' and so struggle when they lose their military 'family'.

> "My family was the Army. My mum took drugs and us kids had to fend for ourselves. The Army gave me structure, stability, a home and a family when I needed one. When I got married, I had no idea what normal family life should look like, and I messed it up."
>
> *ESL, Army*

A question posed by a participant with multiple ACEs and who took learnt behaviour from his own early family life into his marriage (which subsequently failed due to his actions) gives food for thought:

> "Unless you partner with someone who has had a 'normal' family life, and learn through that, how do you learn to be a family? I did what my dad did (domestic violence) because I didn't know any different. I thought that's what families did."
>
> *ESL, Army*

If you have no reference points for normal family life, the question 'How do you learn to be a family?' is not easily answered. There may be a role for services in teaching those with ACEs, not just veterans, what a strong and stable family life looks like, but that discussion is not part of this evaluation.

6.3.13 Health and Wellbeing Impacts – The Family

In both this, and the 2015-2018 Evaluation, 'family' was taken in the broadest possible sense and includes those who are regarded as 'family' by the participant. Interviews with family members were not part of this: however, questions on their 'relationship with their family' were asked of all Cohort 2 members.

It should be noted that some participants are estranged from their family so care is needed in approaching this issue.

As with Cohort 1, some Cohort 2 participants (4, 9.0%) have chosen to make tentative steps towards re-engaging with their family. Others are building a 'new' family from those they have met on the wilderness journey.

For Cohort 1 members, indirect health and wellbeing impacts are being sustained in the family setting.

7.0 Drivers of Health and Wellbeing Impacts

As noted in Section 2, *"Health and Wellbeing outcomes were not reportable objectives in the initial evaluation. However, as the evaluation progressed, it became very clear that participants had experienced strong health and wellbeing outcomes as a consequence of taking part in Positive Futures."*

The underlying drivers of the health and wellbeing impacts were, therefore, the overall drivers for change across the wider Programme. Commentary on these drivers came from participants in both Cohorts 1 and 2 and, in the 2015-2018 Evaluation, individuals who had referred participants into Positive Futures.

The key drivers for participant change seen in the 2015-2018 Evaluation continued in the extended Programme. They are:
- Semi-individualised, open and supportive environment created throughout the complete Positive Futures Programme and, in particular, during the wilderness journey
  - o   'Resetting me as a person'
- Peer group support opportunities
- Formation of friendships
- Learning, using and continuing to use personal development techniques
- Support, in particular
  - o   The strong relationships developed between a participant and their Outreach Worker
  - o   Appropriate and timely support from Field Team members on the Wilderness Journey
- The wilderness

7.1   Drivers for Change: Participants

Looking in more depth at each Driver for Change.

Driver 1: Semi-individualised, open and supportive environment. All participants continue to report the semi-individualised, open and supportive environment created throughout the complete Positive Futures Programme and, in particular, during the wilderness journey as a key driver for change within themselves.

Resetting me as a person. A variation of the phrase 're-setting me as a person' was used by **every participant** interviewed to describe their outcomes from Positive Futures. Participants could not easily describe which **precise** element of Positive Futures had triggered their own personal reset: they all knew they had been 're-set' in some way.

One participant, who had spent time as a band roadie, came up with the perfect analogy for the re-setting process.

"It's like a mixing desk. You know: the kit with all the sliders used to balance sound. Before it (Positive Futures), all you did was make a noise. Your feeds were all over the place. It (Positive Futures) helps to balance you, so you make a better noise, less jangly, smoother, calmer. Your sliders will be in one combination of positions as that's right for you and someone else's sliders will be in different places. The labels will be different too."

LSV, Army

'Labels' in the participant's analogy were the mix of Positive Futures elements which combined together to reset each particular participant and would be different for each person. This particular participant's labels were being in the outdoors with time for reflection, peer group support, the formation of friendships and being in a supportive environment where everyone present understood the nature of Service[29].

This analogy was given further strength by another participant who described their experience with the phrase "a switch was flicked the right way".

Driver 2: Peer group support opportunities where participants opened up about their own personal circumstances and experiences, including their health issues, is particularly valued. This recognition of shared problems continues to be cited by all participants as a key driver for change.

"Talking in the tepee at night was eye-opening for me. Compared with other guys' experiences, I'd led a sheltered life. It certainly put my problems into perspective."

LSV, Army, Non-CJ

"I'd never talked about feelings before. It was strange at first, but it helped me talk about things I'd bottled up for years."

LSV, Army, CJ

"[Name] said he'd seen people about his mental health, and it had helped him. He said opening up and asking for help was the hardest thing he'd ever done – and this guy had been in Gulf 1, Gulf 2 and Stan![30] I thought 'respect' to him for opening up and telling a group of strangers about it. If he could ask (for help), so could I."

ESL, Army, CJ

Driver 3: Formation of friendships is also highly valued. For a number of reasons, veterans can be very socially isolated, and the wilderness journey presented opportunities for the formation of friendships. Informal, participant driven Facebook, WhatsApp and other social media groups continued to be set up to allow participants to interact post wilderness journey.

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[29] Following interview with this participant, a 'slider' tool was developed used with subsequent interviewees to gauge the strength of each participant's personal 'labels'.
[30] Afghanistan

"I don't have much of a family and my alcoholism saw me lose friends. On the course (wilderness journey) we jelled together, and I felt part of a family. An instant family. The others were giving my help and support. We were all together and I felt that this is what a family should be like."

ESL, Army, Significant ACEs

Driver 4: Learning personal development techniques was valued by participants to help them overcome negative and destructive behaviours and/or boost their resilience.

"I finally found a sense of self-worth and found a nice person underneath the 'hard man' image I'd projected for so long. I'd never thought I was worth anything, but I could be. I could be me. And new me could do things. I could say 'Well done you' to myself and mean it."

ESL, Army, Significant ACEs

"I didn't realise we were doing it (personal development work) because it was such a good laugh. But I took in what I was learning as we went along and I'm using it when I get a bit down or a bit angry."

ESL, Army, CJ

"One of my old negative friends had OD'ed and I was asked to carry the coffin. Deep down, I didn't really want to: their company was the 'old me'. The me before Positive Futures when I was off my face with drink and dugs. The new me didn't want to go back to their negativity, their drinking and their drug taking. I did it though.

I used the stuff I learnt (on the wilderness journey) and it was challenging but . . . OK. What I hadn't expected was the way I felt. I looked at their lifestyles and how bad they looked and thought 'I'm not that person anymore. I'm better than that.' In a strange way it was motivating (to stay off drink and drugs)."

ESL, Army, CJ

'Having Fun' and 'Playing Games' also emerged as a marker for reset. However, 'having fun' and 'playing games' was, in fact, often group personal development exercises. Participants enjoyed the experience and, at the same time, took learning from their experience.

"My attitude to the stupid games started out at 'I'm not doing that' to reluctantly joining in to ending up in fits of laughter. Laughter's the best place possible to get your issues addressed."

LSV, Army

"It (personal development) opened me up and did me great favours."

ESL, Army

Driver 5: Support from Team VT: support from Venture Trust starts at the referral phase.

"I talked to the guy and really felt he was on the same wavelength as me. That, even though he was a civilian, he understood veterans and their issues. It made me think the wider organisation would understand."

LSV, Army

The strong relationships developed between a participant and their Outreach Worker also contributed. Participants spoke of 'not wanting to let their Outreach Worker down' and, if they did slide, then feeling ashamed or guilty.

"She believed in me. I felt I'd let her down and I'd let me down. That was a new feeling for me. I hadn't cared enough before but now I did."

ESL, Army, CJ

The experiences of being with the Field Team on the wilderness journey was very highly valued. The creation of a safe space in which participants could talk, in their own time and at their own pace, was commented on by all participants. As the commentary to the Drivers to Reset Table notes, participants can, in time-limited meetings, feel pressurised and may not be ready to talk – they keep 'the mask' on. On the wilderness journey, the lack of pressure and the ready availability of the Development Workers make opening up much easier.

One participant's insight is telling:

> "How often do we actually sit down and have someone listen to us, properly listen, when we are talking? Their attention wholly focused on you. Almost never. I sat and talked to [Development Worker] and I just let everything go because I felt really safe, and the sky was the limit. We sat there and she listened to me, listened properly, and I said things I'd never said to other people before. It's something about someone listening to you. I was shocked at what I said but being in the open air gave me the freedom to speak out. It felt really good."
>
> *ESL, Army, CJ*

> "The VT guys (the Field Team & Outreach Workers) get into your psyche in ways you can never imagine and its good for you. It was for me."
>
> *ESL, Army*

Driver 6: Wilderness is the key ingredient in Positive Futures: the wilderness journey sets the Programme apart from others and is a crucial tool in working towards 're-setting' the person. Every participant reported that this element was part of their own 're-setting' process.

Being in the open air gave a sense of freedom to talk and that the sky truly was the only limit.

The restorative power of nature is well documented, and participants spoke warmly of their time in the wilderness as an opportunity to think deeply and create an environment for change in themselves.

> "It was magical. Snow everywhere and all I could hear was me. Sounds silly now but I felt the trees spoke to me and 'said get off your arse and sort yourself out'. They surrounded me and were keeping me safe, and I needed to return that by keeping myself safe . . . and try to stop being an arse."
>
> *ESL, Army, CJ*

> "I sat there by the loch and thought about where and who I was and what I wanted to be. I could let my mind roam and explore things I'd tucked away as "too difficult". Out there, I felt I could tackle them."
>
> *LSV, Army, CJ*

> "The best bit? . . . The time outdoors to sit and think."
>
> *ESL, Army, CJ*

> "My mindset started to change from 'I don't want to' to 'I do want to' and 'I can'."
>
> *LSV, Army*

The key driver for change: The Scottish wilderness

7.2   Drivers for Change: Measuring the Factors for Reset

The strengths of the factors making up each of the 6 Drivers for Change in the participants were measured in this evaluation.

10 key factors, called 'Factors for Reset' were identified by participants. The Factors and their overarching Driver or Drivers for Change (in rank order) are:

Table 11: Factors for Reset and their Drivers for Change

No.	Factor for Reset	Driver(s) for Change
1	Time to Think	Driver 1: Semi-individualised, Open & Supportive Environment Driver 4: Learning Personal Development Techniques Driver 6: Wilderness
2	Peer Group Support	Driver 1: Semi-individualised, Open & Supportive Environment Driver 2: Peer Group Support Driver 3: Formation of Friendships
3	Easy to speak in the open	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT Driver 6: Wilderness
4	Open & Supportive Environment	Driver 1: Semi-individualised, Open & Supportive Environment Driver 2: Peer Group Support Driver 4: Learning Personal Development Techniques Driver 5: Direct Support from Team VT
5	Skill of 1-1 Worker*	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT
6	Time away from other pressures	Driver 6: Wilderness
7	Learning through 'play' (Fun & Games)	Driver 1: Semi-individualised, Open & Supportive Environment Driver 4: Learning Personal Development Techniques
8	The chance to open up over a long period	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT Driver 6: Wilderness
9	No demands made by my Outreach or 1-1 Worker	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT
10	Someone interested in me for an extended period	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT

*The Development Trainer allocated to the participant on the wilderness journey is commonly referred to as their 1-1 Worker to distinguish that person from the participant's Outreach Worker (ORW)

The Factors for Reset were named using participants' own words.

The table below shows the strength of each Factor across both cohorts. However, it should be noted the 2016-2019 Cohort were not asked specifically to rank the Factors for Reset (strengths emerged during interviews and were logged post-interview), whereas the 2019-2022 Cohort were.

Table 12: Factors for Reset in Rank Order

	Factors for Reset: Rank Order	Phase (N. 1)	Number of Respondents Reporting	Percentage Respondents	Rank Order 16-18	Number of Respondents Reporting	Percentage Respondents	Rank Order 19-22	Overall Rank
			2016-2018 Data	2016-2018 Data		2019-2022 Data	2019-2022 Data		
1	Time to Think	WJ	47	100.00	1=	23	100.00	1=	1=
2	Peer Group Support	WJ	47	100.00	1=	23	100.00	1=	1=
3	Easy to speak in the open ('The Sky's the Limit'/ 'Nature doesn't judge')	WJ	47	100.00	1=	23	100.00	1=	1=
4	Open & Supportive Environment (Made it easy to talk)	WJ	40	85.00	5	23	100.00	1=	4
5	Skill of 1-1 Worker	WJ	42	89.40	4	18	78.30	5	5
6	Time Away from other pressures	WJ	34	72.30	6	17	74.00	6	6
7	Learning through 'play' (Fun & Games)	WJ	28	42.60	7=	11	47.80	7	7
8	The chance to open up over a long period (No 'Tell me NOW' pressure as in the time limits of a meeting (See narrative below table))	Mainly WJ	18	38.30	9	10	43.50	8	8
9	No demands made by ORW or 1-1 worker ("No tell us your problems/story" (See narrative below table))	All	20	42.60	7=	9	39.10	9=	9
10	Someone interested in me for an extended period of time (See narrative below table)	ORW & WJ	17	36.20	10	9	34.80	10	10

Note 1: The Phase which has had the most impact, in the participant's view, on this particular Factor for Reset. WJ = Wilderness Journey, ORW = Outreach Worker.

Factors 8, 9 & 10 are seen as slightly different concepts in participant's minds:

Factor 8: The chance to open up over a long period

Many participants had been through organisations/services where they are 'expected to tell'/'it is **demanded** they tell' their personal story (which can be harrowing) at the first, or a very early, meeting with that organisation/service.

Veterans can have difficulties with trust so to be 'forced' to tell their personal story at a first or early meeting can be challenging as trust has not yet been built in the organisation/service.

Veterans can also find it challenging, when pressured in a meeting/situation, to articulate the true underlying problem i.e., they keep 'the Mask' on.

Allowing veterans time to open up is beneficial for their overall wellbeing. In pressurised health environments, in particular, first point of contact medical services (for example, GP's), the inability for veterans to open up may be detrimental to their health.

Veterans with complex needs may simply concentrate on the immediate aspect of their health (for example, 'I am having trouble sleeping') which is an 'easy tell' to their GP, rather than coming forward with the underlying issue ('I am having trouble sleeping because every time I close my eyes, I have flashbacks about what I saw in Afghanistan and I wake up in an agitated state. I'm scared I might have PTSD.').

Factor 9: No demands made by their Outreach or 1-1 Worker (wilderness journey)

Again, this subtle Factor difference comes from veterans' meeting/support experiences with other organisations when contrasted with the Venture Trust approach.

In many other organisations, meeting/support takes place in a fixed time frame of 1 or 2 hours, usually in the working day (0900-1700). Veterans noted their need/willingness to talk didn't always coincide with the meeting/support time so they struggled to be open with that organisation/service, whereas on the wilderness journey, if they wanted to speak to someone at 2000hrs or early in the morning, they could.

The availability of 1-1 workers meant the veterans could talk when they were ready which helped them open up more and, through opening up, to be given support which could help them address their issues.

Factor 10: Someone interested in me for an extended period

This Factor is about building trust.

Veterans can find it hard to trust and the fact they are with both their Outreach Worker and their wilderness journey 1-1 Worker for a very extended period allows immense levels trust to be built.

Again and again, veterans referred back to the time limits seen in other services and how they were not necessarily ready to talk on their own terms.

A second very strong 'interpretation' of this factor by veterans is best summarised as:

> 'People/support groups see me as a problem/a number to be processed rather than an individual. Venture Trust treats me as an individual and is interested in me as an individual and will give me time as an individual'.

Talking about this aspect, one participant said, "How often do you ever sit down and really focus on someone? Really talk to them? Almost never."

A third aspect to this factor is Venture Trust's willingness to give people time to put themselves in the 'right place' to go. Some, even pre-Covid, were in Phase 1 for months:

> 'They never gave up on me. They saw something in me I couldn't see myself and helped me find a route to let it out'.

These comments show the strength and value of the semi-individualised approach used in Positive Futures.

7.3 Drivers for Change: Referrers

Referrers did not form part of the research group for this evaluation. For context and to give a rounded view of the Programme, it is useful to include the following summary[31] of why referrers think Positive Futures work.

Referrers believe Positive Futures works for veterans as it:
- Focuses heavily on the future and the positives in the person (not all programmes do this)
- Focuses on outcomes for the person, not numbers through the door i.e., not setting a person up for failure in order to get numbers through
- Helps with goal setting, which their clients then work towards at their own pace
- Helps to give pointers as to where to further direct clients to statutory and other services
- Is a good stepping stone for the referrer to help the client to use the motivation and confidence gained to go through to education, volunteering, training or employment
- Takes people into the outdoors and gets them moving; too many stay indoors all day, isolating themselves
- Showed veterans that they are not alone and that others have similar challenges
- Helps to reduce ongoing social isolation through small relationship/informal support groups forming naturally amongst course attendees

On the ingredients making up the Positive Futures model, referrers noted the following:
- Semi-individualisation is highly appreciated, is a driver for referrals and is regarded as being more effective in terms of outcomes

> "What works for one person may not work for another and it (the Venture Trust approach) is tailored to suit specific needs for specific challenges."
>
> *Referrer*

- Outreach, across all Phases, is very highly valued. The intense support given by the Outreach workers is regarded as 'how it should be'

> "The outreach is wonderful. No one else does this and it's so helpful for the client."
>
> *Referrer*

- Working at the client's pace and the flexibility to change clients from one wilderness journey to another if the client's progress is not as expected is seen as a positive approach
- Wilderness journey effects are marked: it is regarded as delivering sound impacts and measurable differences. The ingredients of Positive Futures complement those used elsewhere but, with the intense wilderness journey, the effect was more concentrated.

> "It's a solid week of practising. They learn techniques with us 2 hours a week. With Positive Futures they practice for a week which really embeds learning."
>
> *Referrer*

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[31] From a short paper for Venture Trust, January 2019

- Experiential Learning and Cognitive Behavioural Approaches[32]: the personal development content of Positive Futures is not a different entity or at odds with everyone else's offerings: it complements and reinforces what is learnt elsewhere:
  - Using Personal Development and Therapeutic Techniques: by placing personal development and therapeutic techniques alongside outdoor adventure, veterans' resistance to these techniques is minimised and learning is facilitated

> "It (the wilderness journey) is structured and mixes up things veterans like doing [outdoor adventure] with things they don't like doing [personal development work] in a way that makes them go along with it."
>
> *Referrer*

  - On the Wilderness Journey, Coaching and Facilitation are used within the cognitive behavioural approaches which underlie the personal development work. These techniques are used in formal one-to-one support sessions and more informal support offered by field team members
  - Time in the Wilderness/Open Air for Self-Reflection, Goal Setting and Action Planning: the key ingredient in Positive Futures is time in the wilderness (a restorative environment) for reflection and change in the individual. Giving space to think and reflect, and time away from poor influences are beneficial
  - Goal setting leading to an Action Plan is regarded as extremely helpful by referrers in giving pointers on where to further direct veterans to other services. The Action Plan comes from the participant. It is where they want to go and how they want to get there. Tools to help participants come from the personal development work.
  - Peer Group Support Opportunities: These are created across the entire wilderness journey. the peer group support opportunities and the friendships made on Positive Futures are an important impact
  - Functioning in groups rather than team building: Trained to be part of a big 'team' (the armed forces) working through a command-and-control structure, participants found the civilian way of working in groups challenged their perceptions and forced them into taking responsibility
- Phase III: is regarded as a highly focused, good stepping stone to use the motivation and confidence gained on the Wilderness Journey to go through to education, employment, volunteering or training.

Referrers noted that the prospect of 'outdoor adventure' in the Scottish wilderness makes Positive Futures attractive to those veterans who put up barriers to attending personal development programmes.

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[32] Including Choice Theory, Reality Therapy, Pro-social modelling & coaching techniques

8.0 Positive Futures – Replication with Other Groups

Positive Futures is currently delivered only in Scotland and only to armed forces veterans. The 2015-2018 Evaluation concluded the Programme was replicable across the UK and beyond for veterans providing a certain set of criteria were met[33].

That ability to replicated for veterans let to the question 'Can the Programme be replicated for other distinct societal groups?'.

Although not a measured metric in this work, for both the 2015-2018 Evaluation and in this work, the 'Recognition of Shared Problems' continued to be the most commonly reported impact overall.

The key element to the Programme working for veterans is the **shared common experience** of being in the armed forces and the problems/issues this Service has generated. On Positive Futures, veterans are with others whom they understand and who understand them: that shared common experience of life in the armed forces helps veterans to open up and, in turn, to benefit from the Programme.

Therefore, in theory, any group of individuals with a shared common experience which may create problems or issues for those experiencing it, *may* be able to benefit from a similar programme.

Groups of individuals who might benefit might include:
- Domestic violence survivors
- Former prisoners
- Older individuals in the Criminal Justice system[34]
- Drug and alcohol abusers who want to change their lifestyle
- Individuals who have experienced particular traumas

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33 Section 8.5, page 114 2018 Evaluation http://www.venturetrust.org.uk/programmes/positive-futures-programme/

34 The Positive Futures programme grew out of Venture Trust's programme, Living Wild, aimed at those in the Criminal Justice system. Living Wild has an upper cut off age of 40. What is striking with Positive Futures is the older age profile of the participants: the average age of participants is 43 across both this and the 2018 Evaluation. Upper age of participation was 64 and lowest 18. There may be scope to extend a similar programme to older individuals in the Criminal Justice system.

- Particular groups of workers in highly stressful workplaces: For example:
  - NHS workers (particularly those at the front line of the Covid-19 pandemic), the emergency services, serving members of the armed forces.

8.1   Piloting Replicability

During this evaluation an opportunity to trial some aspects of replication came up. A Scottish-born veteran, who had joined up and served in Scotland but now lived in Wales, self-referred to Positive Futures.

From their experiences with delivering remote support during Covid-19, Venture Trust felt they could successfully deliver Positive Futures. It was an opportunity to trial replication in a non-Scottish environment[35].

After discussion within Venture Trust, the veteran was accepted onto the Programme.

Phase I of the Programme was delivered successfully through digital platforms and phone. Phase II (the wilderness journey) took place in Scotland: this was facilitated by the veteran's ability to make a long journey which including two overnight stays in Glasgow. For some veterans this would be an immense and, possibly, insurmountable challenge.

The key outcomes from this trial are:
- It is possible to replicate Positive Futures with participants who are not based in Scotland.
  - The participant still benefits from the experiences of taking part in Positive Futures
  - The participant has to be willing to work over digital platforms and by phone. For some participants this may involve overcoming digital exclusion both in terms of devices and data packages
  - The wilderness journey remains the big 'hook' for veterans to attend Positive Futures: they are open to something which is outdoors and practical
- If, and this will be an immense challenge for some veterans, the participant is willing to travel to Scotland, the standard wilderness journey can be used.
  - 'Buddying-up' veterans to travel may help to overcome the challenges of travel for some veterans. Evidence from both evaluations shows, if 2 or 3 veterans who have met beforehand, are buddied-up to travel together there is a higher likelihood of all of them making the journey successfully.
  - While transport for the individual participants[36] may cost more, there are likely to be significant cost savings through using Venture Trust's existing Scottish infrastructure. Those savings may negate the costs of having to set up a parallel operation elsewhere in the UK.
  - Coming to Scotland is an attractive proposition: there is nowhere else in the UK quite like the Scottish Highlands.
- Collaborative multi-agency working with Welsh, English and Northern Irish veterans' agencies is both possible and desirable.
  - Agencies and services outside Scotland would welcome the addition of Positive Futures to the roster of tools available.

Funding a UK-wide programme might be an issue: however, there are UK-wide funds supporting those in need and those who are armed forces veterans. Indeed, Positive Futures was initially funded by UK-wide funders including The Big Lottery Fund and the Armed Forces Covenant, and the Forces in Mind Trust (FiMT).

The strong outcomes from the 2015-2018 Evaluation were well received by those working in, and funding, veterans support service so there is no reason to suppose a UK-wide programme could not be funded.

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[35] The 2015-2018 Evaluation, and subsequent commentary from non-Scottish readers, noted Scotland seemed to be 'more joined up' in terms of veterans' support services than other parts of the UK.

[36] For Scottish veterans, Venture Trust pays participants' travel expenses. In this case, the participant had applied for, and received, a grant from his regimental association to cover travel & accommodation costs.

9.0 Cost Benefit Analysis

When the brief for this evaluation was set in 2019, a Cost Benefit Analysis (CBA) of the Programme was to be included.

After discussion with Venture Trust, and with their agreement, the Cost Benefit Analysis has been dropped.

Due to the radical change in Venture Trust's, and society's, operation during the course of this evaluation – wholly driven by the Covid pandemic - it has not been possible to create a meaningful Cost Benefit Analysis on the limited data available.

Challenges posed by Covid have had the following impacts on the underlying data used to prepare a CBA:
- Much smaller numbers of participants coming through the Programme and completing a wilderness journey. The wilderness journey is the key driver to positive destinations and, if fewer people are coming through these journeys, there will be fewer positive health and wellness destinations to be recorded.
  - A significant tranche of participants experienced a very extended Phase I and chose to exit before a participation in a wilderness journey was possible and/or allowed. They had received benefit from their participation but were not prepared to remain in Positive Futures indefinitely in the hope that a wilderness journey would take place 'soon'. Assessing their positive destinations as a contribution to the CBA is almost impossible.
  - The lateness in the research process of those who completed their wilderness journey after society re-opened (June 2021) did not allow time for participants to make lasting positive destinations (health and wellness, moving into work, moving into training or education) which would contribute to the CBA.
- On positive destinations: shutdowns, some permanent, of charities and other groups who support positive destinations has led to there being fewer non-work positive destinations (e.g., education or volunteering

opportunities) available for a participant. These destinations help with health and wellness, in particular, reducing social isolation which, in turn, improves health.

- o Services working with those who have drug & alcohol issues were also shut down. It was known from Evaluation 1, that participants who move towards being drug and alcohol free show the largest cost-benefit.

- Moving into work was also severely impacted for a large part of this evaluation. Many organisations who might have employed Positive Futures' participants were either closed or not recruiting. Again, meaningful work is known to contribute to positive health and wellbeing.

- Covid meant Venture Trust offered a single universal support programme to its client base – regardless of which programme an individual was on, they experienced this universal support. It was, therefore, extremely challenging to break out gains which led to positive health and wellness destinations which were wholly attributable to Positive Future.

- o In the universal support programme, any one 'event' or opportunity had a mixture of participants from the Living Wild, Next Steps, Positive Futures and Inspiring Young Futures Programmes.

- At the height of the pandemic and well into 2021, Venture Trust, with permission from funders, was allowed to use its funding in a different manner to which the funding was originally awarded for. Again, this makes it extremely challenging to break out those costs which led to positive destinations, and which were wholly attributable to Positive Futures

Positive Futures is continuing into 2022 and onwards into 2023. It is recommended that a Cost Benefit Analysis takes place in March 2023.

The rationale is that, by then, there will be at least 18 months of, hopefully, uninterrupted participant and cost data available along with a broader range of positive destinations as society normalises.

10.0   Conclusions, including Recommendations

> "I was given a gift and it saved my life. It changed my mind set and it equipped me with the life skills I'd forgotten I had."
>
> *LSV, Army, CJ*

Overarching conclusion: the semi-individualised Positive Futures programme is successful in driving health and wellness impacts, particularly mental health and wellness impacts, in veterans who have struggled with transition to a civilian life.

Improved, and sustained, mental health and wellbeing continues to be the main impact seen by participants. Regardless of Cohort or experience, the majority of participants (99.5%) reported improved or sustained mental wellbeing following taking part in Positive Futures.

Table 13: Health and Wellness Impacts ranked by frequency of reporting

1	Improved Mental Wellbeing
2	Slower to Rise/Less Impulsive
3 =	Better Anger Management
3 =	Using Personal Development Techniques
5 =	Increased Calmness
5 =	Reduced Self-Isolation

Improved mental wellbeing drives all other health and wellbeing impacts in participants.

This evaluation was to examine the 'Factors for Reset' or Catalysts for Change within the Drivers for Change previously identified., with a special emphasis on Health and Wellness outcomes.

Ten Factors were identified by participants. The top 4 Factors, in rank order, which were cited by 85.0% of engaged participants post their involvement with Positive Futures are:

Table 14: Top 4 Catalysts for Change

No.	Factors for Reset	Driver(s) for Change
1	Time to Think	Driver 1: Semi-individualised, Open & Supportive Environment Driver 4: Learning Personal Development Techniques Driver 6: Wilderness
2	Peer Group Support	Driver 2: Peer Group Support Driver 3: Formation of Friendships
3	Easy to speak in the open	Driver 1: Semi-individualised, Open & Supportive Environment Driver 5: Direct Support from Team VT Driver 6: Wilderness
4	Open & Supportive Environment	Driver 1: Semi-individualised, Open & Supportive Environment Driver 2: Peer Group Support Driver 4: Learning Personal Development Techniques Driver 5: Direct Support from Team VT

These 'Factors for Reset' drove changes in behaviour in participants.

Through creating a semi-individualised open and supportive environment which facilitates change, Positive Futures delivered a broad range of health and wellbeing impacts for veterans who are struggling with civilian life. The wilderness journey remains the 'hook' which attracts veterans to the Programme.

Impacts are for some participants, truly life changing. Impacts recorded for both Cohorts include:
- Increased short-term and long-term Mental Wellbeing
- Reducing or stopping drug and alcohol consumption
  o Maintenance of abstention from drugs and alcohol
- Reducing or stopping medication (under medical supervision) for depression and other illnesses
  o Managing their own self-medicating better
- Starting to use prescription medication
- Cooking at home rather than eating take-aways
- Eating more healthily and eating a wider variety of foods
- Increasing personal care levels
- Increasing fitness levels by taking more exercise whether through simply going out or using a local gym
- Re-starting sports or fitness activities which they had stopped

For Cohort 1 participants, health and wellbeing impacts continued over time. Use of personal development techniques helped these participants cope with the Covid-19 pandemic and its effect on their lives.

Cohort 2 participants reported the same health and wellbeing impacts as those experienced by Cohort 1.

Covid did, though, adversely impact on all participants' mental health. This was only to be expected.

Where participants had been away on a wilderness journey pre-Covid, they used the personal development techniques they had learnt during the pandemic to help them cope with its effects on their lives. Those who went on wilderness journeys after the national lockdowns (from February 2021 onwards) used their journey to reinforce the techniques they had learnt digitally during the period Venture Trust services went online.

Venture Trust's response to the initial and continuing lockdowns was superb and should be taken as an example of best practice. The organisation:

- Continued to operate where many other organisations shut down
- Kept in touch with clients where many other agencies or services did not
- Came out of the blocks early with its response and had a full client digital programme in place by April 2020
- Provided or accessed digital support – training, funding and access to devices – for those who were digitally disadvantaged
- Swiftly adapted their full range of programmes to phone and digital delivery through creating a combined Model 2 programme which could be delivered to all clients, not just Positive Futures participants
    - Swiftly modified that programme as Government (UK & Scottish) changed on social interaction
    - Continually adapted the programme as advice changed
- Supported clients right across all Phase of all their programmes
- Added in social and learning opportunities to keep clients engaged and interacting

Their support greatly helped participating individuals manage the worst health crisis in living memory.

> "They (VT) call me every week and that's helping me a lot. No one else (other agencies or services) is calling."
>
> *LSV, Army*

It is recommended Venture Trust fully document their Covid-19 response and use the learning as a basis for further digital delivery.

Digital delivery developed from Venture Trust's Covid support programme should be used to deliver to veterans in Scotland where there is no local support infrastructure.

With the development of digital delivery, replicating Positive Futures outside Scotland would be greatly simplified.

With digital delivery the Programme could be delivered by Venture Trust working collaboratively with other agencies local to the participating veteran. The wilderness journey remained the big 'hook'. It is accepted the sample size is not representative, was facilitated by the participant's willingness and ability to travel.

It would be recommended further pilots take place with veterans from other parts of the UK.

A licence model might be able to be developed from the Covid digital delivery. Recommended Venture Trust investigate this opportunity.

PTSD, both diagnosed and undiagnosed, is part of a complex set of participant mental health issues.

It would be recommended the underlying programme could be used for those experiencing PTSD from, or diagnosed with PTSD after, working in high-stress, high-pressure and dangerous working environments.

A particular recommendation would be a specific programme is developed for health service professionals who may be likely to develop PTSD following their experiences on the Covid 'front-line'.
Funding and partnership with Scottish Government, NHS Scotland, UK Government, local health boards and wider NHS bodies should be sought to develop this programme.

There may be a role for services in teaching those with ACEs, not just veterans, what a strong and stable family life looks like.

The Covid pivots would make any Cost Benefit Analysis meaningless. It is recommended that a Cost Benefit Analysis takes place after March 2023 when a better data set should be available.

Caveat to the Conclusions

It is important to stress the impact Covid-19 has had on participants and on this research. The Conclusions drawn and Recommendations made are tempered with the caveats below.

Covid meant the number of Cohort 2 participants was far fewer than expected. Four wilderness journeys were lost to Covid which, using the average number of participants (7.3), meant a reduction of about 30 people in the research group.

With fewer referrals and wilderness journeys, the underlying data set for Model 1 (Standard Model) Positive Futures is much smaller. These small numbers have made it challenging to assess the full impact of the Programme.

In 'normal' times, participant experience would have been constant. Due to Covid, this current evaluation is, to some extent, comparing 'apples and pears': there are differences in experiences between those who had been on a wilderness journey before the pandemic struck, those who may have only experienced digital support, and those who went after the pandemic.

Due to Venture Trusts' pivot to whole client programmes during Covid, it has been extremely challenging to break out the impacts of Positive Futures alone.

"Without that course I don't know where I'd be right now. It helped me with extra confidence, and I now feel I can work things through. I feel fully prepared now and I have to take my life in my own hands"

LSV, RN

JA Lloyd
March 2022

From Venture Trust's Response to the Veterans' Commissioner's "Veterans' Health & Wellbeing Report, December 2018". Author: Malcolm Jack, Head of Funding and Contracts, Venture Trust

venturetrust

Holistic/person-centred approach = wide ranging outcomes

Outcomes diagram with circular nodes:
- Reduced negative/harmful behaviours
- Reduction in use of alcohol & street drugs
- Increased self-confidence & self-motivation
- Happier / Reduced anxiety / Reduced anger
- Reduction in self-isolation
- Lifestyle changes – cooking, nutrition, outdoors/ Exercise
- Reconnection with family
- Increased engagement with / take up of other services
- Jobs, training, education, volunteering
- New tenancy/ stabilised accomm'n

Appendix 2: Extract covering Health & Wellbeing Impacts from the "Evaluation of the Positive Futures Programme 2016 – 2018"

The following text has been taken from Section 8.1 Impacts by Phase and Theme from the 2018 Evaluation. It details health and wellbeing impacts uncovered during the original research.

From Section 8.1.4 Impact: Health & Wellbeing[37]

Health and wellbeing impacts were not originally part of the evaluation metric. As the evaluation progressed, it became apparent that participating in Positive Futures may, depending on the participant, generate life-changing health and wellbeing impacts.

Health and Wellbeing	Phase I		Phase II		Phase III			1 Year Post WJ	
	No. (n=47)	P'age^	No. (n=47)	P'age^	No. (n=47)	P'age^		No. (n=13)	P'age^
Improved Mental Wellbeing	6	12.8%	6	12.8%	46	97.9%		13	100.0%
Slower to Rise/Less Impulsive	0	0.0%	0	0.0%	35	74.5%		7	53.8%
Better Anger Management	0	0.0%	0	0.0%	29	61.7%		7	53.8%
Increased Calmness	0	0.0%	0	0.0%	28	59.6%		4	30.8%
Reduced Self-Isolation	0	0.0%	0	0.0%	28	59.6%		12	92.3%
Taking More Exercise	12	25.5%	0	0.0%	26	55.3%		4	30.8%
Using Personal Development Techniques	0	0.0%%	0	0.0%	23	48.9%		13	100.0%
Reduced Anxiety	7	14.9%	11	23.4%	16	34.0%		3	23.1%
Reduced Paranoia	7	14.9%	11	23.4%	15	31.9%		3	23.1%
Eating More Healthily/ Cooking for Self	0	0.0%	0	0.0%	8	17.0%		0	0.0%
Reduced Alcohol	5	10.6%	0	0.0%	6	12.8%		1	7.7%
Increased Personal Care	0	0.0%	0	0.0%	5	10.6%		0	0.0%
Stopped Drugs/Rehabilitation	0	0.0%	0	0.0%	4	8.5%		2	15.4%
Lost Weight	0	0.0%	0	0.0%	4	8.5%		0	0.0%
Stopped Alcohol	0	0.0%	0	0.0%	3	6.4%		1	7.7%
Improve Fitness through Sport Participation	0	0.0%	0	0.0%	3	6.4%		1	7.7%
Stopped Smoking	0	0.0%	0	0.0%	2	4.3%		2	15.4%
Reduced Drugs	5	10.6%	0	0.0%	1	2.1%		0	0.0%

^ Percentage

Overall, right across Positive Futures, the second most reported impact was 'Improved Mental Wellbeing' reported by forty-six out of forty-seven interviewed participants.

Participants reported their improved mental wellbeing put them in a "sunnier place" where they were more prepared to make other movements in their lives. This impact, coupled with their increased self-confidence and increased motivation, were catalysts for change in participants. 'Improved Mental Wellbeing' was viewed by some participants as the third impact in a spiral of motivation and self-confidence – as confidence and motivation improved so did mental wellbeing which, in turn, drove further increases in confidence and motivation.

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[37] Pages 70-73, Evaluation of The Positive Futures Programme 2016-2016 for veterans struggling with civilian life, GAP Communications, 2018. http://www.venturetrust.org.uk/programmes/positive-futures-programme/

Positive Futures is a driver for mental wellbeing through facilitating an environment where therapeutic interventions can take place and where participants learn personal development techniques which may help to manage their mental wellbeing better.

> "I've turned a corner with my mental health since the course and I now want to get better rather than being half-hearted about it and giving up when it got difficult."
>
> *LSV, Army, CJ*

Managing anger, recognising personal triggers for anger and learning techniques to control impulses (stopping and thinking) are interlinked. The impact 'Slower to Rise/Less impulsive' is one of the fifteen most commonly seen impacts. In the Health and Wellbeing theme, it ranked second with 'Better Anger Management' third.

Some participants commented the armed forces trained them to instinctively react to challenges with a 'fight' mechanism and that this embedded training had led them into situations where they had become angry and behaved destructively. By not becoming angry, destructive behaviours were reduced.

When it came to managing their anger and the impulse to rise, participants took the personal development tools learnt on the Wilderness Journey and applied them to their own lives:

> "I've come close, very close (to reoffending). Then I remembered what I had been taught, and what I have now, and I take active decisions not to throw it all away. I used the techniques, calm myself down and step away from the situation."
>
> *ESL, Army, CJ*

> "I don't go as often; I don't go as high, and I calm down far faster."
>
> *LSV, Army, No CJ*

> "I worked with [name] and he showed me a 'Thinking Stone'. I was to find my own stone and then take it out and consider it when I was going to do something stupid. I found a beautiful pebble by the loch, and it reminds me of the course and to think properly . . . and positively."
>
> *LSV, Army, CJ*

By placing personal development and therapeutic techniques alongside outdoor adventure in Positive Futures, veterans' initial resistance to these techniques is minimised and learning is facilitated. Participants have transferred this learning to their home environments and are using it to reduce destructive behaviours.

Learning to manage anger has contributed to other impacts for participants and, where relevant, their families. Managing anger has contributed strongly to impacts in the 'No Re-offending' theme and to the 'Improved Family Atmosphere' and 'Understanding Civilians Better' impacts.

The 'Reduction in Social Isolation' impact in the Health and Wellbeing theme shares strong commonalities with the 'Forming a Friendship Group' in the Relationships theme. Forming a friendship group on the Wilderness Journey is a driver for reduction in social isolation in veterans. Positive Futures was the catalyst to enable these groups to form.

Social isolation was further reduced by participants volunteering – see Section 8.1.8.

No examination of Health and Wellbeing impacts would be complete without commentary on drug and alcohol use. Although numbers making significant changes to their lifestyle were small, the impacts of coming off drugs and/or abstaining from alcohol were profound. Impacts started to be seen in Phase I. Potential participants had to reduce drinking/drug consumption to go on the Wilderness Journey. Working with their Outreach Worker, participant's self-confidence and motivation (desire to go on the Wilderness Journey) were increased which led to those participants starting to take personal responsibility and reduce/stop consumption.

Wanting to attend the Wilderness Journey is a driver for change in those individuals who have challenges with street drugs and alcohol. Giving up drugs or alcohol for a short period to attend the Wilderness Journey has led, for some individuals, into rehabilitation followed by complete abstinence.

"I had to give up drinking to go. That was a challenge and I managed it. Quietly, I'm really proud of myself for doing so. I needed a goal, and I had one and I achieved it."

LSV, TA, Non-CJ

"I had to be stable on my meds and have my head in the right place. Man, it took some doing but I did it."

ESL, Army, CJ

"My meetings with [Outreach Worker] were the catalyst to me getting away from drugs. I needed to be off drugs to go and as time went on, it (taking drugs) seemed such a pointless thing to do so I stopped."

ESL, Army, CJ

Families experienced participants:

- Maintaining a positive outlook: "He's much sunnier since he went"
- Reduction in destructive behaviour especially around alcohol: having to give up drinking to go
- Being slower to anger so reducing tension in the household: calmer veteran, happier household
- Seeking help for long-standing, often undiagnosed, mental health issues

As with impacts under the PACC theme, impacts under the Health and Wellbeing theme were reported by referrers from Phase I onwards. Again, for some referrers, their client had had to take personal responsibility to reduce drug and alcohol use to attend the Wilderness Journey.

70% of all referrers and 75% of all Super and Extra-Super referrers reported four or more impacts for their client/client base. Every referrer noted their client had taken benefit from attending Positive Futures.

For all referrers, the largest Health and Wellbeing impacts observed in their clients, in rank order, were:

Rank	Impact
1	Improved Mental Wellbeing
2	Reduction in Anxiety
3	Reduced Self-Isolation
4 =	Slower to Rise/Less Impulsive
4 =	Better Anger Management
5	Reduced Paranoia

Referrers reported observing Health and Wellbeing impacts in their clients over the Immediate, Medium and Longer Term.

Immediate	Medium Term	Longer Term
• Improved mental health: client is 'in a better place' • Reduction in anger in the client • Reduction in anxiety • Take time to stop and think (contemplate) on what they are doing so less impulsive behaviour	• Client maintains improved mental health • Reduction in anxiety • Take time to stop and think (contemplate) on what they are doing so less impulsive behaviour • A feeling of belonging and a reduction in social isolation	• Mental wellbeing maintained • Moving into drug rehabilitation; to volunteering at an addiction centre and taking a part-time job • Alcohol abstinence • Drug abstinence

Immediate	Medium Term	Longer Term
• A feeling of belonging and a reduction in social isolation through friendship group creation • Reducing/stopping drugs/alcohol to attend a Wilderness Journey	through friendship group maintenance • Further reducing/stopping drug use • Further reducing/stopping alcohol use	

By facilitating health and wellbeing changes, Positive Futures has enabled individuals to improve their mental wellbeing and, through improving mental wellbeing, take other steps to move themselves along a positive pathway to a point where they are fully functioning members of civilian society.

Appendix 3: Methodologies Used for the 2018 Evaluation

This paper used data gathered for the 2018 Evaluation of Positive Futures, enhanced by additional intrviews and desk research. Methodologies used and the response rate across the major research groups were:

Research Group	Sample Size	Main Methodolgy	Response Rate
Participants - All Referrals	200	Survey	15.0%
Participants - Wilderness Journey Attendees	90	Interview	63.5%
Participants – Peer Mentoring Training Group	8	Focus Group/Interview	75.0%
Participants - Families	9	Interview	10.2%
Referrers – Prolific Referrers	8	Interview	75.0%
Referrers – All who Referred	92	Survey	47.0%
Venture Trust Staff - Outreach Workers	26	Survey	13.0%
Venture Trust Staff - Field Team	31	Survey	9.0%
Stakeholders and Influencers	See note	Survey	43 Responses

Note: the survey was publicly available, therefore no sample size can be quoted

Data was also gathered from Venture Trust's Management Information System, which holds comprehensive data on all participants.

Appendix 4: Scotland's House of Care Model

Taken from https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/house-of-care/house-of-care-model/#expanded

The House of Care is a powerful model of a house built around a care planning conversation between people and the healthcare professional.

The House of Care model represents a tangible and proven approach that allows healthcare to embrace Care and Support Planning and fulfil its responsibilities to support the self-management of people living with multiple long-term conditions.

This approach supports and enables people to articulate their own needs and to decide on their own priorities, through a process of joint decision making, goal setting and action planning.

This model is an important tool in thinking about healthcare systems and ensuring that these systems are responsive to the needs of people with long term conditions. It consists of

- The right-hand wall: Health and care professional team committed to shared decision making, partnership working and a 'what matters to you?' conversation
- The left-hand wall: Engaged, informed, empowered individuals and carers ready to engage in a 'what matters to you?' conversation
- The foundation: 'More than Medicine' Informal and formal sources of support and care sustained by the responsive allocation of resources
- The roof: Organisational processes, policies, systems and arrangements

All these are built around Care and Support Planning conversation, which is at the heart of the house. This conversation enables a person with long term conditions to engage with their healthcare professional in a person-centred manner, and to make use of resources in the community – 'more than medicine'. All this supported by a policy landscape and organisational systems that enable Care and Support Planning conversations to take place – the house needs all the components to stand strong.

Appendix 5: How Positive Futures parallels and supports Scotland's House of Care Model for Veterans

The House of Care is a powerful model of a house built around a care planning conversation between people and the healthcare professional.

The House of Care model represents a tangible and proven approach that allows healthcare to embrace Care and Support Planning and fulfil its responsibilities to support the self-management of people living with multiple long-term conditions. Appendix 4 gives a fuller description of each element.

This approach supports and enables people to articulate their own needs and to decide on their own priorities, through a process of joint decision making, goal setting and action planning.

This model is an important tool in thinking about healthcare systems and ensuring that these systems are responsive to the needs of people with long term conditions.

The Positive Futures model, and the wider Venture Trust model, strongly parallel and support the House of Care model:

Left Hand Wall
- Gives a mechanism to engage 'hard to reach' individuals from the veterans' cohort
  - May be a suitable mechanism to engage other 'hard to reach' cohorts
- Positive Futures appeals to those who will not engage with therapeutic or personal development services but who will engage in 'outdoor adventure'

"I can't get veterans who need help to go on 'therapy' courses. I can get them to go on an outdoors course. That's a win for me."

Referrer, Veterans' Organisation

- Creates opportunities for informal peer group referencing of, and exchange of information on, services veterans have found helpful.

- o Peer endorsement of services by other veterans is highly valued and acted upon
- Creates opportunities for informal exchange of information on what works for individuals in an open and supportive environment

> "[Name] talked about his dog and how the dog helped him to get out of the house. He said no one talked to him before – like he was invisible - but when he got the dog, people started to see him. They asked about his dog and now he chats to people every day. I thought 'that would be good for me' so I'm getting a dog.'"
>
> *LSV, RN, CJ*

- Creates more formal referrals to other services which are 'endorsed' by being recommended by Venture Trust

> "If they (Venture Trust) was (sic) recommending it, then in his mind it was OK"
>
> *Partner, LSV, Army*

- Creates engaged individuals who are willing to use services: receiving organisations note that Venture Trust refers motivated candidates to **suitable** services at the right point in their recovery journey, so no time is wasted when the client comes into the service. This aspect is seen as a great strength by receiving organisations.
- Empowers individuals to take more responsibility for their own lives and their own health, through
    - o Improved Mental Wellbeing
    - o Increased Motivation
    - o Building Self-Confidence/Self-belief
- Creates individuals who are prepared for, and ready to engage in, the 'What matters to you?' conversation

Right Hand Wall

The 'What Matters to You' Conversation

- Positive Future's assessment tools start/continue this conversation. For many individuals, this is the first time they have considered what actually does matter to them and how their health and wellbeing fits into that wider life plan
    - o Updating of the 'What Matters to You' conversation throughout the programme including:
        - Development of an Action Plan individual to the participant
        - Use of SMART[38] goals within that Action Plan
        - Revisiting of goals and Action Plan throughout the programme

Commitment to Partnership Working

- Positive Futures works with over 49 inward referring organisations, of which 41 are health and care organisations, including local authority social work teams
- Positive Futures has referred individuals on to 82 organisations, of which 56 are health and care organisations
- Local Outreach Workers build contacts with local health and care organisations and refer clients onto them
- Onwards referrals are 'brokered' not signposted: Outreach Workers accompany the client to a new service to broker an introduction so when the person attends on his or her own, they are not stepping into the 'unknown.'

> "Taking a client along helps them break down barriers to actually using the service. When they do go alone, there's a friendly face who they've already met and who knows what their issues are."
>
> *Positive Futures Outreach Worker*

- Participants who are referred by Venture Trust are using the services they are referred to:
    - o This brings new users into services including those in the 'hard to reach' categories
    - o Services' reach is broadened into new areas

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[38] SMART - Specific, Measurable, Achievable, Results-focused and Time bound

o Information on onward referral is shared with the original referrer widening that person's/organisation's knowledge

Dedicated Professionals

- Venture Trust's Outreach Workers and Development Trainers form a client centred professional team committed to partnership working with the participant and the participant's other support workers (medical, care, social care, housing and so on)
- Trained professionals who can take groups safely out into the wilderness AND create the therapeutic environment in which individual change can take place

More than Medicine

- Positive Futures uses tools, models and methods which are intended to be used by participants independently, rather than those that might induce a reliance on a particular facilitation style or service
- Use of the outdoors as a therapeutic environment/environment for change
- Builds networks of formal support and care both inside and outside of specific 'veterans' services
- Builds networks of formal support and care across health, welfare and wellbeing services
- Creation of small, informal friendship networks to provide mutual support
- Creation of mentoring opportunities
- Use of peer mentors to provide support and guidance

Central Circle

- Positive Futures gives individuals the confidence to hold the Care & Support Planning Conversation:

"The confidence I got from Positive Futures and what I learnt from the course and those around me was that I wasn't alone, and I didn't need to struggle alone. I'm now seeking help for an issue from my childhood which has eaten away at me for years."

LSV, Royal Navy, CJ

- Local Outreach Workers will support clients in dialogue with local health and care organisations so facilitating the 'Care & Support Planning Conversation' at an individual level
- Local Outreach Workers may take part in 'case conferences' with local health and care organisations so facilitating the 'Care & Support Planning Conversation' at a support services level

The Roof

- Positive Futures is underpinned by Venture Trust's solid organisational processes, systems and arrangements which have been extensively evaluated over a number of years
- All elements in Positive Futures have been validated through an extensive Literature Review and the 2018 Evaluation.

Appendix 6: References

Veterans' Health & Wellbeing in Scotland – Are We Getting it Right? Eric Fraser, Scottish Veterans' Commissioner, August 2017

Veterans' Health and Wellbeing in Scotland – A Distinctive Scottish Approach, Scottish Veterans, April 2018

Evaluation of the Positive Futures Programme 2016-2018. GAP Communications for Venture Trust, September 2018