

Supporting and empowering anyone affected by military-connected bereavement.

Our Vision, Evidence Base and Theory of Change

April 2026



ABOUT THIS DOCUMENT

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This document sets out Scotty's new vision for supporting anyone affected by military-connected bereavement, who we are, what we believe, why this vision is needed, and how we plan to deliver it.

It is designed to be read in full by those who want a complete picture: our trustees, funders, partners, and the families we serve.

The document is structured in three main parts. It opens with our Origin Story and Vision; where we've come from and what we are here to do. It then sets out the evidence base that shapes everything we do, drawing on independent research, academic study, and fifteen plus years of direct experience working alongside bereaved military families. Finally, it presents our Theory of Change: the plan that translates that evidence into our four Family Programmes, using our Lifetime Community Model, and a clear picture of what success looks like.

Everything in this document is grounded in one simple truth: that military-connected bereavement can create serious, long-lasting needs that are not being adequately met and that Scotty's, alongside our partners, is here to change that.

OUR ORIGIN STORY

On the 10th July 2009, I had the knock on the door every Army wife dreads. My husband, Corporal Lee Scott, had been killed on active duty in Afghanistan. In that moment, our world fell apart

Our daughter Brooke was just seven months old. Our son Kai was five.

The hardest thing I have ever done was sitting Kai down on his bed and telling him that his daddy wasn't coming home. There's no right way to say those words. I remember watching his little face, knowing I couldn't fix it or take his pain away. That moment has never left me.

I struggled to find any support that felt right for the children. We were living in a military garrison, surrounded by welcome home banners for other soldiers as they returned. For a long time, it felt like Lee was just still away, which made everything even harder.

About nine months after Lee died, my family took us away on holiday. I remember sitting by the pool, watching Kai laughing and playing with his cousins. It was the first time I'd seen that carefree smile in months. I realised how powerful those moments were and how much children needed them.

That's where Scotty's Little Soldiers began.

In the early days, it was about helping bereaved military children smile again. As the charity has developed, we've supported hundreds of families and have learned more about the impact of military-connected bereavement, brought specialists to the team, and tailored our support.

Over time, we've seen how grief ripples through whole families, and it can resurface at any stage of life.

There is no timeline for grief. There will always be moments - birthdays, milestones, ordinary days - when the absence feels heavy. We're not here to replace what's been lost. We're here to notice, to remember, and to walk alongside people for as long as they need us.



Everything we do comes from lived experience. From knowing how powerful it is when someone remembers your person, shows up for you, and reminds you that you're not alone.

I want to make Lee proud. He was happy, cheeky and full of love, and whenever people speak about him, they smile. I never want that to stop. I want his memory, and the memories of so many others, to live on through the lives of the people they loved.

That's why Scotty's began and it's what guides us as we continue our journey.

Nikka



OUR VISION

How we'll help shape a more positive future for the bereaved military community

Scotty's has spent more than fifteen years working alongside hundreds of bereaved military families, every day. In that time, we have learnt an enormous amount about the needs of the bereaved community, what works, what doesn't, where the gaps are, and much more.

We have lived experience at the heart of the charity and listen continuously to what families tell us about how we can improve our services.

This new vision is the result of that learning. It is not a completely new direction, it's a step change: in ambition, in reach, and in the depth of commitment we are making to the bereaved military community.

The vision has three main parts to it; our Mission – the overarching reason for the charity's existence, our Big Hairy Audacious Goal (BHAG) – a tangible long-term goal for us to aim for, and our Values & Behaviours – how we'll go about achieving the Mission.

OUR MISSION
Everyone affected by military-connected bereavement feels supported & empowered in their journey.

BIG HAIRY AUDACIOUS GOAL
To be empowering a community of 25k+ bereaved people by 2035.

OUR VALUES

 FAMILIES COME FIRST	 EVERYONE A SUPPORTER, EVERY SUPPORTER A VIP	 LOVE WHAT YOU DO	 REMEMBER EVERY DAY
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OUR BEHAVIOURS

 ACTIVELY COLLABORATE	 SHOW RESPECT	 SPEAK UP	 TAKE OWNERSHIP
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Our goal of empowering a community of 25,000+ bereaved people by 2035 is ambitious but still represents only a small number of all those affected by military-connected bereavement. It's a milestone on our overarching mission to support and empower everyone affected by military-connected bereavement.

Our Promises

Everyone affected by military-connected bereavement to have:

- Confidence and clarity in navigating their entitlements.
- The chance to build social connections.
- The very best mental health and wellbeing support.
- Outstanding development opportunities.

These four promises are the bridge between our vision and our Family Programmes. They describe, in plain terms, what every person affected by military-connected bereavement should be able to expect from Scotty's, regardless of when their bereavement happened, how long ago it was, or how they found us. The rest of this document sets out the evidence behind them, and the plan to deliver them.

UNDERSTANDING THE NEED

The evidence base that shapes everything Scotty's does

This section brings together everything we know about the need for Scotty's new vision: the population data, the independent research, the evidence from academic study, the findings of our own surveys, and the lessons we have learnt from fifteen plus years of working directly with bereaved military families every day. It is the foundation on which our four Family Programmes are built.

The evidence comes from many places, but it tells a single coherent story. Military-connected bereavement can create a specific, serious, and long-lasting set of needs. Whilst there are some great services available, currently those needs are not being adequately met, and the research points us clearly to what effective support looks like.

Part A: Our Community

Who needs support, and how large is the community?

The starting point for developing our new vision was to better understand the size and shape of the community we exist to serve. For many years, military-connected bereavement has been treated as a niche issue, but the numbers tell a much different story.

Who is the bereaved military community?

For Scotty's, the military-connected bereaved community is broader than it is often assumed to be and includes:

- The immediate family bereaved by the death of a serving member of the Armed Forces: spouses and partners, children, parents, siblings.
- The family and loved ones of veterans who die after leaving service: whether shortly after discharge or many years later, including those who die by suicide long after their service ends.
- Serving or former serving personnel who are themselves bereaved: a soldier who loses a spouse, a veteran whose child dies.
- The wider network of those affected: extended family, close friends, and colleagues whose lives are shaped by a military-connected loss.

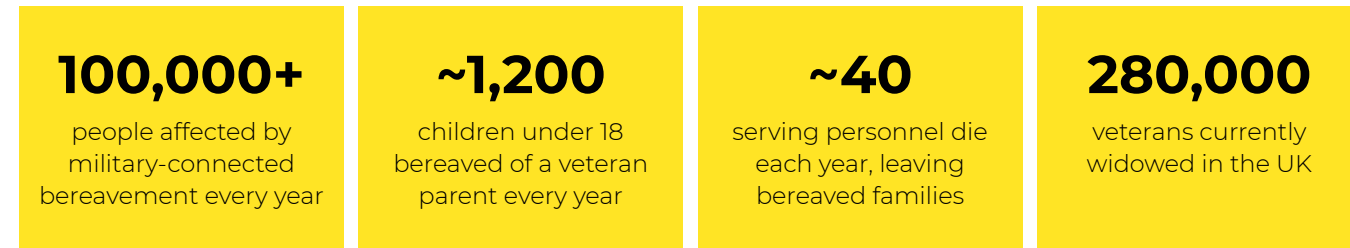
As researcher N. Park observed in work exploring military family life, "when one person joins, the whole family serves" (Park, 2011: 65). When bereavement comes in whatever form, the whole family needs support. That family, not just the member who served, has made significant sacrifices for our country and we owe it to them to help when needed.

The specific challenges of military bereavement; the loss of the military community and identity, geographical displacement, complex entitlements, the particular weight of service-related suicide or traumatic deaths, do not only affect those bereaved while a family member was actively serving. They run through the whole community.

The scale: 100,000 people every year

In 2026, RAND Europe published the first comprehensive estimate of the size of the bereaved Armed Forces community, commissioned by the Royal British Legion. Using Census data, Ministry of Defence statistics, and Bayesian forecasting models, their research provides the most authoritative picture to date of the scale of military-connected bereavement in the UK.

The headline finding is striking: **over 100,000 people in the Armed Forces community are bereaved every year.** The vast majority of these are spouses or partners bereaved of a veteran, or veterans bereaved of their spouse or partner. In 2025, RAND estimated approximately 53,100 partners were newly bereaved of a veteran and 44,600 veterans were newly bereaved of a partner. Alongside these, approximately 1,200 children under 18 were bereaved of a veteran parent, around 30 partners and a similar number of children were bereaved of a serving person, and around 40 serving personnel were bereaved of their partner (Galley & Slapakova, 2026b).

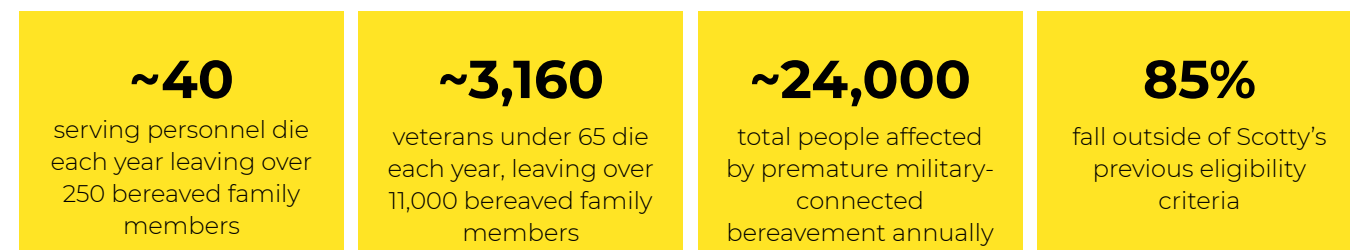


Source: RAND Europe / Royal British Legion (Galley & Slapakova, 2026b)

Premature and unexpected death: the community most likely to need support

RAND's figures encompass bereavement at all ages, including the natural deaths of elderly veterans. While every bereavement matters, the evidence is clear that premature and unexpected death, bereavement that arrives before the expected end of a natural lifespan, is most likely to create the acute, complex, and long-lasting needs that require specialist support.

Scotty's own analysis, which draws on the Census 2021, ONS mortality data, MOD statistics and FAMCAS data, focuses specifically on this population. It estimates that **approximately 24,000 UK individuals are affected by premature military-connected bereavement each year.** This figure centres on serving personnel deaths and veteran deaths under the age of 65, where death is unexpected relative to average lifespans, and where the impact on families is most severe.



These two sets of figures are not in conflict. RAND's research and Scotty's analysis use different methodologies and different age ranges, but arrive at compatible conclusions. RAND's report directly cites Scotty's 2024 published research as producing similar results for bereaved children, noting that variances reflect differences in data sources and methodologies (Galley & Slapakova, 2026b: 2). Together, they confirm the scale of a community that has until now been largely uncounted.

Where our own analysis extends the picture

RAND's research represents a major advance, but the authors acknowledge that data constraints limited their scope to partners and children under 18. Scotty's own analysis extends beyond RAND's in several important ways:

Age range: Our estimates include bereaved children and young people aged 0–25, not just under 18. RAND estimates approximately 1,200 children under 18 are bereaved of a veteran parent each year; Scotty's estimates approximately 2,730 when the age range is extended to include young adults up to 25, who often still live at home and remain profoundly affected by a parent's death.

Bereaved siblings and parents: RAND was unable to estimate the number of siblings or parents bereaved of a serving person or veteran. Scotty's analysis estimates that approximately 2,200 siblings and 4,000 parents are bereaved of a veteran under 65 each year, and a further 67 siblings and 190 parents are bereaved of a serving person.

Children bereaved of a non-service parent: Scotty's analysis also estimates the number of children within military families who are bereaved of the non-serving parent, approximately 2,000 children of veterans and 278 children of serving personnel each year. RAND notes they were unable to produce this estimate but that the number is likely similar to the number bereaved of a serving parent.

Focus on premature death: Scotty's figures deliberately concentrate on deaths under 65, where bereavement is premature and the need for specialist support is most acute. This provides a clearer picture of the population most likely to require Scotty's services.

The cumulative picture: a far larger community

The annual figures, whether RAND's 100,000+ or Scotty's 24,000 focused on premature death, represent only the flow of newly bereaved individuals each year. But bereavement is not an acute event with a defined end. It is a lifelong experience, and the cumulative population of people who are already bereaved and could benefit from support is far larger than any single year's figure.

RAND's research quantifies this for the veteran community. They estimate that in 2025, **approximately 280,000 veterans in Great Britain are currently widowed.** The number of partners bereaved of a veteran within the last ten years runs to approximately 400,000–500,000. These are people who are already bereaved, many for years or decades, and who may still be carrying unresolved grief, un-accessed entitlements, and deep isolation.

When we apply the same cumulative logic to the wider bereaved military community, including the families and categories that RAND could not estimate, the picture grows larger still:

Timeframe	Est Population	What this means
Last 5 years	~96,000 - 120,000	Acute need; practical crises often still ongoing
Last 10 years	~156,000 - 240,000	Grief, isolation & identity loss persist
Total living bereaved community	500,000 - 720,000+	Includes older cohorts; need varies by stage of life

The evidence confirms that need does not simply fade with time. In our Bereaved Military Community (BMC) Insights survey in 2026, the median time since experiencing a bereavement among respondents who were not already supported by Scotty's was 17 years. Families bereaved decades ago are still seeking connection, still navigating unresolved entitlements, still carrying grief that had never been properly met.

“

It was only in October 2025 where I met another woman whose father was also killed in Bosnia. I felt like no one knew what I had been through until then — so 31 years. I never met anyone until then whose dad was killed in action. Military charities only seemed to help current serving families. It was like we were forgotten.

BMC Insights Survey 2026

RAND's research reinforces this point from a different angle. Their forecast projects that even as the veteran population declines from 1.83 million in 2025 to 1.06 million by 2045, the cumulative bereaved community will remain substantial. The number of widowed veterans, currently estimated at 280,000, will decrease but is projected to remain above 150,000 even in 2045. Bereaved partners of veterans will continue to number in the hundreds of thousands across any ten-year period (Galley & Slapakova, 2026b).

Looking ahead: the impact of a changing security environment

RAND's forecasts are based on the continuation of historical trends, including the very low rate of combat deaths since the withdrawal from Afghanistan in 2014. However, the report makes clear that a major future conflict would substantially change the picture. During Operations in Afghanistan and Iraq, over 600 service personnel were killed, with annual deaths exceeding 150 in 2009 and 2010. Future conflict at this level or higher would significantly increase the number of bereaved families, particularly among younger age groups, and would require a rapid scaling of bereavement support capacity.

RAND also notes that modern conflict could produce new patterns of bereavement: more female service personnel killed in combat (women have been permitted in combat roles only since 2018), the challenges of an accelerated information environment for notifying families, and the long-term health consequences of combat exposure affecting veterans' life expectancy for decades after service. These factors reinforce the importance of building the infrastructure to support the bereaved military community now, before a crisis demands it.

The community Scotty's exists to serve

This is the population Scotty's new vision is built to serve. Not just the 24,000 newly bereaved individuals each year, but the hundreds of thousands who already carry military-connected bereavement with them across a lifetime, and who have in many cases, until now, had nowhere that truly understood them to turn.

The independent RAND research, commissioned by the Royal British Legion and conducted by one of the world's leading policy research institutions, confirms what Scotty's own analysis has shown: that military-connected bereavement affects a community that is vast, largely uncounted, and in significant need of support. The bereaved are, as RAND's report puts it, a vital and valued part of the Armed Forces community, and often eligible for support, yet they have historically fallen outside usual definitions and outside the systems designed to help them.

Our goal of empowering a community of 25,000+ bereaved people by 2035 is ambitious, but in context it represents only a fraction of this total need. The ten-year cumulative population of those affected by premature military-connected bereavement alone is estimated at between 156,000 and 240,000, and the total living bereaved community runs to over half a million. Our target of 25,000 represents approximately 10–17% of that ten-year population.

Reaching 25,000 requires Scotty's to welcome approximately 2,500 new community members each year, alongside retaining the engaged community we have already built. This is achievable through a combination of proactive outreach, stronger referral partnerships, increased visibility, and the natural growth that comes from being present in a community where word of mouth remains the most trusted route to support. We will report on community size annually as part of our impact reporting, tracking not just numbers but the depth and quality of engagement across the four tiers of our Lifetime Community Model.

25,000 is not the finish line. It is a milestone on our overarching mission to support and empower everyone affected by military-connected bereavement

Part B: What the Research Tells Us

Five themes from the evidence, each pointing to a response

Academic research, independent reports, and our own insights and engagement data converge around five core themes. Each describes a specific challenge caused by military-connected bereavement and each points directly to one of Scotty's four programmes and our Lifetime Community Model.

The key sources drawn on throughout this section include:

- Alma Economics / Armed Forces Covenant Fund Trust, *Research into the needs of the bereaved Armed Forces community (2025)*: commissioned national study; 36 papers reviewed, focus groups with sector professionals, around 20 bereaved community interviews
- RAND Europe / Greenwich Hospital, *Meeting the needs of the Royal Navy and Royal Marines community (2026)*: independent analysis of the naval bereaved community
- UK Commission on Bereavement, *Bereavement is everyone's business (2022)*: national review of bereavement support
- Scotty's *Bereaved Military Community Insights Survey (2026)* (n=210): Scotty's own survey of the bereaved military community, 44% of whom were not previously connected to Scotty's
- Scotty's *New Vision Family Survey (2025)* (n=85): Scotty's own survey of existing families scoping the new vision
- Academic studies as cited: full references at the end of this section

THEME 1: Isolation and the collapse of community

Leads to
SMILES

Bereavement can be isolating. This is well established in general research but in the military community, the isolation caused by bereavement can be compounded by many unique factors.

What the academic research tells us

The UK Commission on Bereavement (2022) identified reducing isolation and building social connections as its number one recommendation for improving bereavement support in the UK. Isolation, it found, is often driven by other people's discomfort with death, leaving bereaved individuals feeling not only alone in their grief, but actively avoided.

For military families, this isolation can be more acute. Research by McGill et al. (2023) found that 40% of military widows feel lonely and socially isolated. Wilson et al. (2018) found that veterans themselves are at elevated risk of social isolation, meaning that families of veterans may carry an additional layer of vulnerability before bereavement even occurs.

For children, the research is equally clear. McLaughlin et al. (2019) found that childhood bereavement leads many children to feel they have lost connection with their peers, and that fear of further loss makes it harder to form new relationships.

Crucially, the same research identified strong social networks as the single most significant protective factor that can mediate the negative effects of childhood bereavement. The thing that most damages bereaved children is also the thing that most helps them.

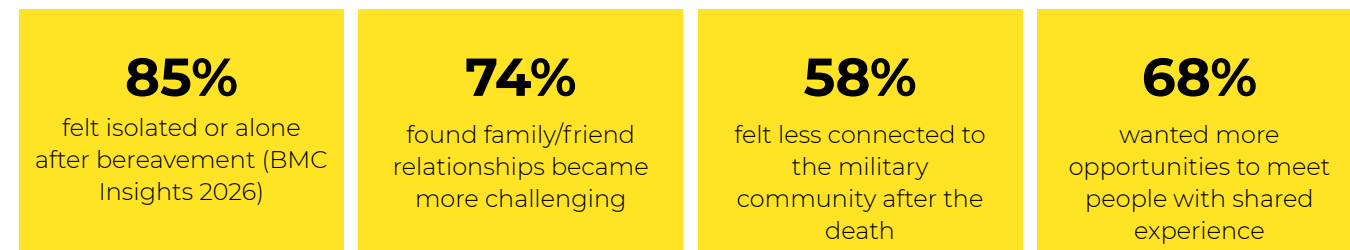
Holmes et al. (2013) found that military culture can actually help children make sense of their loss, and that military-specific support, where it exists, is particularly beneficial. Service children share an experience of military life, of postings and separation, of the particular vocabulary of service, that civilian bereavement services do not speak. Alma Economics (2025) confirmed this: bereaved families described military-specific support as providing not just help, but the rare opportunity to find a military community at precisely the moment they had lost theirs.

What the independent research confirms

Alma Economics (2025) described the loss of military community as one of the defining features of military bereavement, especially when the deceased was serving at the time of death. Families described leaving their home and the wider military community as "additional layers of vulnerability that are put on families at their most broken time". But veteran families face this too: many describe having already lost much of that community when their loved one left service, only to find themselves cut adrift again at bereavement, with no community left to return to.

RAND Europe (2026) found that reluctance to seek help from military charities is widespread, many former serving personnel assume support is 'for others more in need', and do not identify with available services. This makes the community harder to reach, and makes proactive, peer-led connection all the more important.

What Scotty's own evidence shows



Only 12% of respondents found making new friends easy after bereavement. The BMC Insights Survey found that 73% of respondents said friends and family were important protective factors in their grief, but 74% also said those same relationships had become more challenging. The community needs what it has lost: people who understand, without explanation required.

“ Socialising for me was very difficult — he was my life and soul. When we moved away from our accommodation six weeks after his death, we lost all friends and then his family turned their back on us. Ten years on I have friends, but none are close and none know of my ongoing struggles. BMC Insights Survey 2026

What this means
Isolation is not a side effect of bereavement; it is one of its primary harms. And it is not short-lived. The military community is particularly vulnerable because bereavement strips away the military identity and network that often held everything together. The evidence points to peer connection, community, and shared experience as both the need and the solution. This is the foundation of the SMILES Programme.

Sources: UK Commission on Bereavement (2022); McGill et al. (2023); Wilson et al. (2018); McLaughlin et al. (2019); Holmes et al. (2013); Godier-McBard et al. (2021); Alma Economics / AFCFT (2025); RAND Europe (2026); Scotty's BMC Insights Survey 2026.

THEME 2: Mental health: the scale of need and the gaps in provision

Leads to **SUPPORT**

The mental health impact of bereavement is serious and well-documented in the general population. In the military context, it can be more severe and compounded by the specific characteristics of how service personnel may die, the stigma that surrounds help-seeking in military culture, and the inadequacy of existing provision.

What the academic research tells us

Parkes (1998) established that after a major loss, up to a third of those most directly affected suffer detrimental effects on their physical or mental health. Around a quarter of widows and widowers experience clinical depression and anxiety in the first year of bereavement. Beyond depression, bereavement can trigger anxiety states, panic syndromes, and post-traumatic stress disorder, often overlapping.

For military families, the risks are elevated further. A US study (Cozza et al., 2020) found that bereavement was associated with a **two to fivefold increase in depression and PTSD** compared to non-bereaved military spouses. Alma Economics' own fieldwork found participants describing diagnoses of complex PTSD resulting from their bereavement experience. Serfioti et al. (2022) found that traumatic bereavement, including sudden or violent death, or death by suicide, is particularly associated with profound feelings of guilt, shame and anger that require specialist therapeutic approaches to address.

For children, the evidence is sobering. Studies estimate that **10-25% of children develop mental health problems after the death of a parent** (Aguirre et al., 2024). Childhood bereavement is associated with acute grief reactions including fear, anxiety, regression in developmental milestones, insomnia, and psychosomatic symptoms. Perhaps most striking: research by Guldin et al. (2015) found that children bereaved by parental suicide have an 82% higher risk of attempting suicide compared to children who lost a parent in an accident, and Logeswaran et al. (2024) found that reaching the age at which their parent died by suicide represents a particular period of vulnerability, sometimes decades later.

The mental health of the surviving parent matters enormously too. Harrington and Harrison (1999) found that children whose surviving parent is not depressed and is accessible are significantly less likely to have psychiatric symptoms, making support for bereaved adults a direct investment in the wellbeing of bereaved children. McKenzie et al. (2023) found that adjustment disorder, one of the most commonly diagnosed conditions in personnel presenting to mental health services, is associated with an increased risk of suicidal ideation.

What the independent research confirms

RAND Europe (2026) found that 25% of bereaved individuals within the naval community show symptoms of complicated grief requiring professional support, consistent with the broader literature. Alma Economics (2025) identified mental health provision as a priority area across the whole bereaved Armed Forces community, noting that the uniqueness of military bereavement, compounding losses, higher likelihood of traumatic death, bureaucratic burden, and stigma, makes the need particularly acute.

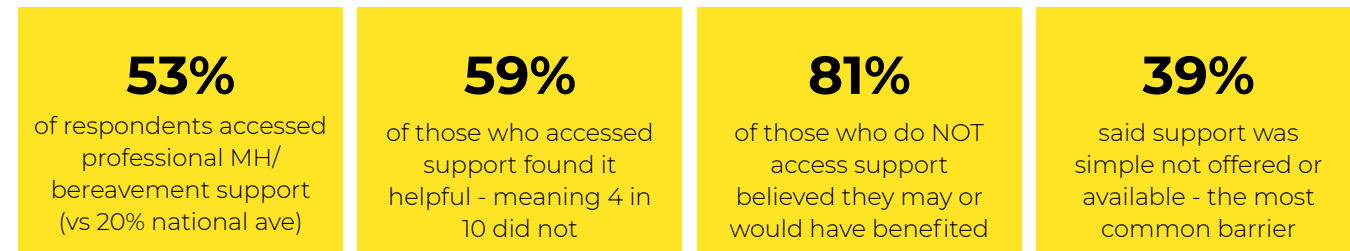
Alma Economics also found that access to professional mental health support is severely inadequate: long waiting lists, high costs of private care, insufficient sessions, and, critically, provision that is often not military-specific.

The challenge is compounded by the fact that statutory mental health services are not designed with the military community in mind. NHS provision, including specialist children's services such as CAMHS, offers no military-specific pathway and no recognition of the particular characteristics of

military bereavement. Waiting times for these services are themselves a barrier: in Scotty's experience, a bereaved young person referred to CAMHS will typically wait twelve months or more before receiving support, by which point acute need may have escalated significantly or the window in which early intervention is most effective may have closed. For bereaved military families, the wait is not simply an inconvenience, it is a period during which a child's mental health can deteriorate without any professional support in place.

Bereaved families described needing support from people who understood the words being spoken and the gravity of those words. Generic bereavement counselling, however well-intentioned, can fail this community.

What Scotty's own evidence shows



A further 8% said they did not seek help because they believed others needed it more, a form of self-de-prioritisation deeply embedded in military culture, and one that proactive, outreach-based support must be designed to overcome.

“ *Military death is not dealt with well. It is treated as grief but for myself there was some PTSD and this was much overlooked. Huge lack of support. My husband died in Afghanistan.*
BMC Insights Survey 2026

“ *Being bereaved by suicide is a very complex kind of grief and I felt so alone at first. After time has gone on there is lack of support from services and more help is needed — the grief journey is so up and down and lasts forever.*
BMC Insights Survey 2026

“ *It is difficult to accept wellbeing support in the early weeks/months after a loss. Support should be available months and years later when the bereaved is ready to receive it.*
BMC Insights Survey 2026

What this means
Significant mental health need exists across the bereaved military community, in adults and children, immediately after bereavement and years later. Current provision is inadequate: not enough of it, not military-specific, not long-term enough, and not accessible to those who need it most. The evidence is unambiguous that professional support, delivered by people who understand military bereavement, over a sustained period, makes a difference. **This is the foundation of the SUPPORT Programme.**

Sources: Parkes (1998); Cozza et al. (2020); Serfioti et al. (2022); Aguirre et al. (2024); Guldin et al. (2015); Logeswaran et al. (2024); Harrington and Harrison (1999); McKenzie et al. (2023); McLaughlin et al. (2019); Holmes et al. (2013); RAND Europe (2026); Alma Economics / AFCFT (2025); Scotty's BMC Insights Survey 2026.

THEME 3: Entitlements, administration, and the navigation maze

Leads to **START**

Bereavement creates a bureaucratic crisis at the exact moment a family has the least capacity to deal with one. This is true for all bereaved families. For military families, it is compounded by the unique complexity of military entitlements, the involvement of multiple statutory bodies, and, in many cases, the absence of anyone to help navigate it all.

What the academic research tells us

Fadeeva et al. (2022) found that bereaved military families consistently struggle to navigate their entitlements and access available services, and that significant progress remains to be made in ensuring families can access financial information, administrative support, and psychological referrals. Military bereavement creates a specific set of administrative demands, applying for military pensions and compensation, managing housing transitions, dealing with inquests, probate, and multiple statutory bodies, on top of the standard demands of bereavement administration.

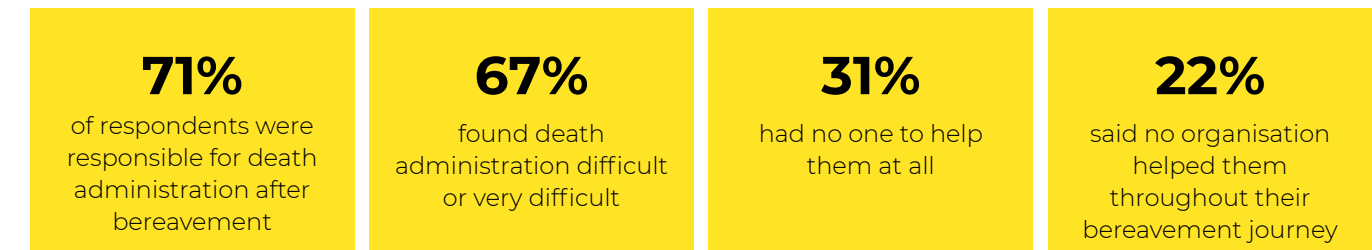
The UK Commission on Bereavement (2022) found that **not knowing that services exist was the most commonly cited reason for inadequate support** following a bereavement. The Commission called urgently for bereavement training that is 'culturally informed and contextually tailored' and warned that accessing services through people who do not understand grief can itself be traumatising. Making dozens of phone calls, retelling your story to an endless sequence of people who are unable to help, navigating opaque eligibility criteria while grief reduces cognitive capacity, this is the reality for too many bereaved military families.

What the independent research confirms

Alma Economics (2025) found that navigating entitlements is one of the most pressing and consistently reported challenges across the bereaved Armed Forces community. Visiting Officers, the military's primary support mechanism for bereaved families, were described as highly variable in quality: some excellent, some sharing incorrect guidance, many missing crucial information. Critically, VO support is only available when the deceased was serving at the time of death. Veteran families often have no equivalent.

Alma Economics highlighted the complexity of entitlement systems as a significant challenge for bereaved military families. The report emphasised the need for clearer, more accessible guidance and better coordination between organisations to help families access the support available to them.

What Scotty's own evidence shows



The Bereaved Military Community (BMC) Insights Survey also revealed how persistently the need continues: respondents described pension questions arising years later as children came of age, entitlements missed in the fog of early grief emerging only when someone thought to ask, housing and financial complexity rumbling on for a decade or more. The Visiting Officer's two-year window of support does not come close to meeting this need.

“ After death they bombard you with so much information you forget or just do not process it until months later when you have questions.
BMC Insights Survey 2026

“ I wasn't dealing with any admin. As I was five, my mum had to deal with everything. She also was one of the few who lost her widows army pension when she remarried. My mum will however get reinstated if she gets divorced or my stepdad dies. She did receive compensation from MOD after I found out information late last year.
BMC Insights Survey 2026

What this means
Bereaved military families face a complex, adversarial, and deeply confusing entitlements landscape at the exact moment they are least equipped to navigate it. The support that exists is inconsistent, time-limited, and often unavailable to veteran families. The need for a knowledgeable, compassionate, specialist navigator who stays alongside a family for as long as they need is not just desirable, it is urgent. **This is the foundation of the START Programme.**

Sources: Fadeeva et al. (2022); UK Commission on Bereavement (2022); Alma Economics / AFCFT (2025); Scotty's BMC Insights Survey 2026; Scotty's 2.0 Family Survey (2026).

THEME 4: Education, employment, and the long-term development toll Leads to **STRIDES**

The consequences of bereavement do not stay within the boundaries of grief. They reach into every aspect of a bereaved person's life, their work, their children's education, their long-term economic prospects. For military families, these consequences are often compounded by employment disruptions that often predate bereavement, and a service culture that has not historically made it easy to seek help.

What the academic research tells us

Parsons (2011) conducted a long-term analysis of the 1970 British Cohort Study and found that childhood bereavement is associated with **lower aspirations at age 16, lower rates of employment for males by age 30, and lower rates of employment and qualifications for women by age 30**. The effects of losing a parent in childhood are measurable decades later, in the economic and educational outcomes of people who were children at the time of the loss.

McLaughlin et al. (2019) found clear evidence that school is a critical but underutilised site for bereavement support: teachers frequently do not feel adequately trained to meet the needs of bereaved children, and as a result, little is done. Bereaved children are the least likely of all groups to participate in extracurricular activities, despite the fact that those activities are documented as an important support system, providing trusted adults and safe spaces where sensitive topics can be raised. The Social Mobility Commission (2019) has highlighted the long-term role extracurricular activities play in social mobility, making their absence from bereaved children's lives doubly harmful.

For those bereaved by suicide, the employment impact is particularly acute. Pitman et al. (2018) found that suicide bereavement has profound effects on occupational functioning: concentration, motivation, confidence, inter-personal dynamics, and time pressures are all affected. The research recommends training for schools, colleges, universities, and employers, and more supportive workplace policies, as a matter of priority.

The employment situation of military families is already complex before bereavement. MOD's Living in Our Shoes report (2020) documented the significant career disruption experienced by military spouses and partners as a direct consequence of service life. Caddick et al. (2018) found that employed military spouses earn up to 20% less than civilian counterparts, and Army spouses are the most likely to be unemployed. Veterans themselves can experience elevated workplace stress and mental health challenges that affect employment continuity (Williamson, 2019). Bereavement falls on top of all of this.

What Scotty's own evidence shows



The survey also found that employment disruption often did not resolve quickly. Respondents described leaving careers because of unsupportive workplaces, being unable to work due to caring responsibilities for grieving children, and years later trying to re-enter the workforce without qualifications, confidence, or recent experience. The interplay of grief, childcare, financial pressure, and career disruption creates a tangle that no single short-term intervention can address.

“ With serious damage to my memory and ability to process, my job as a secondary school physics teacher became exceptionally difficult despite being well organised. I ended up ill, off work and then left my job never to return to employment. This was partly due to the need to support my kids in other ways, then of course having to move as well.
BMC Insights Survey 2026

“ Upon advice I applied for my husband's resettlement course but they gave a deadline to complete it within two years — that was impossible as I had just given birth with four young children under eight. Fast forward a decade, children are older and I've decided to return to work. I feel like I am playing catch up.
BMC Insights Survey 2026

What this means
The developmental and economic consequences of military-connected bereavement are measurable, long-lasting, and serious, for children and adults alike. They are compounded by the already-disrupted employment and education trajectories of military families. Support cannot stop at grief: it must actively help bereaved families rebuild their futures. **This is the foundation of the STRIDES Programme.**

Sources: Parsons (2011); McLaughlin et al. (2019); Pitman et al. (2018); Social Mobility Commission (2019); MOD, Living in Our Shoes (2020); Caddick et al. (2018); Williamson (2019); Scotty's BMC Insights Survey 2026.

THEME 5: What works: the evidence on effective support Leads to **The Lifetime Community Model**

The evidence does not only tell us what is wrong, it also tells us what works. This theme draws together research findings on the characteristics of effective bereavement support and shows how

they have shaped the design of Scotty's new vision as a whole.

Long-term, holistic, family-focused support

Holmes et al. (2013) found that the most effective community support services and resources are those that emphasise family-focused care and resilience, and that providing practical and emotional support both immediately and over time produces the best outcomes. This is consistent across the literature: bereavement support that is time-limited, single-issue, or focused on one family member to the exclusion of others, consistently underperforms.

Alma Economics (2025) found that the needs of bereaved military families evolve over time. Support may be required at different stages following bereavement, particularly as children grow and families encounter new life transitions. This highlights the importance of accessible support that families can return to when needs emerge.

Grief is non-linear, it does not follow a predictable trajectory towards resolution, and bereaved families will require support at multiple, unpredictable points across a life course. Support must therefore be structured for long-term access, not short-term discharge.

RAND Europe (2026) specifically highlighted the inadequacy of time-limited support for the military community, and the importance of organisations that can stay alongside families. This directly validates Scotty's lifetime community model. This finding is reinforced by RAND's subsequent research for the Royal British Legion (Galley & Slapakova, 2026b), which found that the cumulative bereaved community remains substantial over decades, with approximately 280,000 widowed veterans and hundreds of thousands of bereaved partners at any given time, underscoring the need for support models that endure across a lifetime rather than operating within fixed programme windows.

Military-specific provision matters

Multiple sources confirm that military-specific support is a significant factor in effectiveness. Holmes et al. (2013) found that military culture actively helps children make sense of their loss. Alma Economics (2025) found that bereaved families described military-specific organisations as providing not just services but a community of people who shared their vocabulary and understood their experience, something civilian bereavement providers, however skilled, cannot replicate.

The UK Commission on Bereavement (2022) called for bereavement training that is 'culturally informed and contextually tailored'. In the military context, this means understanding the specific culture of service, the entitlements system, the weight of service-related suicide, and the particular losses (identity, community, home) that military bereavement creates.

Peer connection is foundational

Across the literature, peer connection is identified as one of the most powerful elements of effective bereavement support. McLaughlin et al. (2019) found that strong social networks are the single most significant protective factor for bereaved children. Alma Economics (2025) found that peer networks are widely beneficial for bereaved families, but that existing peer models often carry barriers: hierarchies of rank, narrow eligibility criteria, and assumptions about who the community includes. The appetite for peer connection is clearly present, Scotty's own BMC Insights Survey found 68% of respondents wanted more opportunities to meet people with shared experience. The challenge is not creating demand but removing barriers to accessing it.

Proactive outreach, not passive provision

RAND Europe (2026) documented a well-established reluctance within military culture to seek help, particularly from charitable organisations, which many former serving personnel associate with levels of need they do not feel they qualify for. Alma Economics (2025) confirmed the same finding: bereaved families often do not know what support exists and are unlikely to proactively seek it out.

Both reports, and the UK Commission on Bereavement (2022), point to the need for proactive outreach rather than passive provision. Waiting for bereaved families to find their way to a service will miss the majority. The community needs to be found, connected, and engaged, through trusted peer networks, through partnerships with statutory bodies, and through visible, consistent presence.

“

I think it's a shame that those directly affected have to contact places to ask for the help. It would be good if there was an automatic trigger where charities were notified of a military death and made contact with the bereaved to offer help. Lots of people shy away from asking for help and I think that's to their detriment.
BMC Insights Survey 2026

What this means

The evidence on what works is consistent and clear. Effective support is long-term, holistic, family-focused, military-specific, peer-connected, and proactive. No single intervention and no time-limited programme can deliver all of this. It requires an organisation that is present across the life course, trusted across the community, and designed to be found rather than simply to exist. This is what Scotty's new vision is built to be.

Sources: Holmes et al. (2013); Alma Economics / AFCFT (2025); RAND Europe (2026); RAND Europe / RBL (Galley & Slapakova, 2026b); UK Commission on Bereavement (2022); McLaughlin et al. (2019); Scotty's BMC Insights Survey 2026.

Part C: What Scotty's Has Learnt

Twelve lessons from over fifteen years of working alongside bereaved military families

The research tells us what bereaved military families need. Scotty's fifteen plus years of direct experience tells us what that looks like in practice, the specific and sometimes surprising, but always human things that make the difference between support that works and support that falls short.

These lessons did not come from academic papers. They came from families. From the parent who called about a pension question but really just needed to talk to someone. From the teenager who told us that knowing a birthday card was coming every year had made growing up with loss feel less alone. From the family who found us through a friend, fifteen years after bereavement, still carrying unresolved questions that no one had ever helped them answer. These twelve lessons shape our new vision in practice.

Lesson

1

The value of social connectedness

When Scotty's began running events and respite breaks for bereaved military families, we did not fully understand how central these would become. What we saw over fifteen years was that the relationships families formed with each other - the friendships built on shared experience, in spaces where no one needed to explain themselves - were often more transformative than any formal intervention. We designed SMILES as a programme, but what it delivers is something more fundamental: a community of belonging for people who have lost theirs.

Lesson

2

The need for professional support & intervention

The evidence says 10–25% of bereaved people need professional therapeutic support and for some that will mean lower-level bereavement support but for others it will require a higher level of intervention. Generic grief support that does not understand military culture, service-related trauma, or the particular weight of suicide bereavement can potentially cause harm. We have seen families disengage from support that felt alien to their experience. Scotty's SUPPORT Programme is built on the principle that therapeutic support must be militarily competent, not just professionally qualified.

Lesson

3

The value of holistic advocacy & casework

One of the most important practical lessons we have learned is that the presenting issue is rarely the whole picture. A parent calls about their child's school place but underneath that is grief, isolation, and financial strain they have not yet found words for. A widow calls about a pension entitlement, but what she really needs is for someone to stay on the phone, to listen, to help her find her feet again. Our caseworkers have learnt to hear what is not being said and our model is designed to allow the time and relationship for that to emerge.

There are so many potential services who can help, that families often don't know where to start and the cognitive impact of grief can be incapacitating. Telling and re-telling your story can be traumatising and speaking to someone on the end of a call who doesn't understand bereavement can be frustrating. Families need a single point of contact, with bereavement experts on the end of the line who will help them navigate the maze of entitlements and support.

Lesson

4

The need for accessibility by design

We have learnt that designing a service for the 'average' bereaved family excludes a significant proportion of the families who need it most. Families with SEND children face barriers at events designed for neurotypical participation. Families from ethnic minority communities do not see themselves reflected in our materials. Bereaved fathers feel the service is not for them. Each time we have identified an accessibility gap and addressed it, we have reached people who would otherwise have remained unsupported. Inclusion is not a compliance exercise; it is the only way to truly serve the whole community.

Lesson

5

The importance of the voices of experience

Scotty's was founded & led by lived experience of military bereavement, and that has never changed. The Scotty Council, our lived experience advisory panel, has shaped programme decisions in ways that no amount of professional expertise alone could have predicted. Our programmes are informed by academic evidence and lived experience in equal measure. Lived experience leadership is not a value statement, it is how we avoid getting things wrong.

Lesson

6

Not being afraid to be different

Scotty's has never been afraid to be different from the crowd. We have learnt from both the non-profit and the for-profit sectors, nationally and internationally. We embrace technology and new ideas to improve our programmes and increase access to our services. Innovation isn't a buzz word we use; it's just part of our culture. If you keep doing the same thing, you can't expect a different result.

Lesson

7

The necessity of true collaboration

No single charity can meet every need. We have learnt that the families we serve are best served when the organisations around them work in genuine partnership, sharing knowledge, making active referrals rather than passive signposting, and understanding each other's remit well enough to know when a family needs someone else.

Behind our most successful projects has usually been a dedicated funding partner, backing our understanding of the need and our design of solutions to meet it.

Research institutes collaborate to help us build a better evidence base to better understand the evolving needs of our community.

The stronger our network of partners grows, the more effectively we can make real change with our families. We put families first, not the organisation first.

Lesson

8

The value of the little things

The families we support have taught us that small things often matter more than we might think. Every year we send our members a card or a gift on days that might be tough; birthdays, anniversaries, Remembrance, and Christmas. We didn't realise how important those little things were, and we used to think they were less impactful than our other activities. But then our young people told us that just knowing we were there and thinking of them as they grew up, was all they needed to feel safer and stronger.

The little things can have a big impact and sometimes these small touch points help maintain a connection which makes it easier for families to reach out during more difficult times.

Lesson

9

The need for system change alongside practical solutions

Over time we have adopted a holistic approach to creating impact. For example, our STRIDES Programme seeks to improve educational and employment outcomes for bereaved military families. We have educational grants that create immediate impact for individuals, we develop teacher training that can create impact for more children but in the medium-term, and we seek to improve national policy to create change for all in the long-term.

We recognised that some of the things making life hardest for bereaved military families were systemic such as unfair pension policies, inconsistent VO training, employer practices that failed bereaved workers. Seeking to change those systems is now part of how we work. But we have also learnt that families cannot wait for systems to change. The immediate and the long-term must run in parallel, because the family in front of us today cannot afford to wait for the policy reform that might help the family of 2035.

Lesson**10****The value of continuous engagement**

One of Scotty's greatest strengths is the ongoing engagement of the families we support. Evidence suggests that a holistic, long-term approach is most effective in bereavement support, recognising that needs evolve over time and that grief does not follow a single predictable path.

By maintaining regular touchpoints and offering a broad range of support, Scotty's has built a highly engaged community. This not only helps reduce isolation and strengthens members' sense of belonging but also delivers tangible benefits for the charity. We are able to draw on the experiences and perspectives of hundreds of bereaved military families to inform research and shape our programmes.

Strong engagement also makes services more accessible. Families who are already connected to Scotty's are more likely to see and respond to communications about events and opportunities, leading to high levels of participation. We have also seen increased uptake of bereavement support following lighter-touch engagement, as it is easier to reach out when a relationship of trust already exists.

Lesson**11****The need for increased inclusion**

Perhaps the most important lesson of all. Our previous criteria, focused on bereaved military children, was based on where we started, not on the full shape of the need. As we listened more carefully, as the evidence accumulated, and as families themselves told us, we understood that the spouses, the parents, the siblings, the adult children, the veterans' families, the friends, all of them were experiencing the same challenges often with nowhere to turn. Scotty's new vision is the direct response to this lesson. Inclusion is not expansion for its own sake. It is the fulfilment of a responsibility we have always felt but were not yet in a position to meet.

Lesson**12****The power of brand as identity and belonging**

One of the things we have learnt is that brand matters, not as a marketing exercise, but as a practical tool for the community we serve. A strong, consistent, recognisable brand does two things that are essential to our mission. First, it makes us findable. Families who do not know what support exists cannot seek it out. A brand that is visible, trusted, and present in the right places (online, in military networks, through statutory referral pathways) is part of how we reach the families who need us most. Second, it gives the community something to belong to. For people who have lost their military identity and community at the worst possible moment, being part of something recognisable and named matters. Brand is not separate from community; it is part of what makes community feel real.

Academic and Research References

Aguirre L., A. Jaramillo, T. Victoria, A. Carvajal, *Mental health consequences of parental death and its prevalence in children: A systematic literature review.* 2024.
 Alma Economics / Armed Forces Covenant Fund Trust, *Research into the needs of the bereaved Armed Forces community.* January 2025. Available: covenantfund.org.uk
 Caddick N., L. Godier, A. Sanchez-Vasquez, C. Ivory, M. Fossey, *Evaluation of the Ministry of Defence Spouse Employment Support Trial.* 2018.
 Cozza S.J. et al., *The effects of combat deployment on military children and families.* 2020.
 Fadeeva A., E. Mann, G. McGill, G. Wilson-Menzfeld, M. Moreland, A. Melling, M. Kiernan, *Bereaved UK military families: A mixed methods study on the provision of practical and emotional support.* 2022.
 Finnegan A., R. Randles, *Prevalence of common mental health disorders in military veterans: using primary healthcare data.* 2021.

Aguirre L., A. Jaramillo, T. Victoria, A. Carvajal, *Mental health consequences of parental death and its prevalence in children: A systematic literature review.* 2024.
 Alma Economics / Armed Forces Covenant Fund Trust, *Research into the needs of the bereaved Armed Forces community.* January 2025. Available: covenantfund.org.uk
 Caddick N., L. Godier, A. Sanchez-Vasquez, C. Ivory, M. Fossey, *Evaluation of the Ministry of Defence Spouse Employment Support Trial.* 2018.
 Cozza S.J. et al., *The effects of combat deployment on military children and families.* 2020.
 Fadeeva A., E. Mann, G. McGill, G. Wilson-Menzfeld, M. Moreland, A. Melling, M. Kiernan, *Bereaved UK military families: A mixed methods study on the provision of practical and emotional support.* 2022.
 Finnegan A., R. Randles, *Prevalence of common mental health disorders in military veterans: using primary healthcare data.* 2021.
 Fauth B., M. Thompson, A. Penny, *Associations between childhood bereavement and children's background, experiences and outcomes.* 2009.
 Godier-McBard L., A. Wood, M. Fossey, *The Impact of Service Life on the Military Child: The Overlooked Casualties of Conflict.* Naval Children's Charity. 2021.
 Galley C., L. Slapakova, *Estimating the current and future size of the UK bereaved Armed Forces community.* RAND Corporation, RR-A4506-2. Commissioned by the Royal British Legion. 2026.
 Galley C., L. Slapakova, *Forecasting the size and demographics of the UK Armed Forces community.* RAND Corporation, RR-A4506-1. 2026.
 Guldin M., J. Li, H. Pederson et al., *Incidence of Suicide Among Persons Who Had a Parent Who Died During Their Childhood: A Population-Based Cohort Study.* 2015.
 Harrington R., L. Harrison, *Unproven assumptions about the impact of bereavement on children.* 1999.
 Holmes A., P. Rauch, S. Cozza, *When a parent is injured or killed in combat.* 2013.
 Logeswaran Y., K. McDonald, J. Cerel et al., *Risk of self-harm and suicide on reaching the age at which a parent died by suicide or other causes.* 2024.

OUR THEORY OF CHANGE

How we'll turn the evidence into action, and action into lasting change

The independent research, the community, and our 15+ years of experience working with bereaved families have provided us with a very detailed understanding of the need, and a clear picture of how to meet that need moving forwards. This next section is a road map for how that picture will look.

Part A: The Problem We Are Solving

A large community, with serious needs, that is not being adequately served.

Every year, over 100,000 people in the UK are bereaved by military-connected death. Of these, approximately 24,000 are affected by premature and unexpected loss, the death of someone under 65, where the impact on families is most severe. Across a lifetime, this adds up to a community of hundreds of thousands: spouses, children, parents, siblings, loved ones and colleagues, each carrying a loss that is shaped by the specific culture, identity, and sacrifice of service life.

The evidence is clear that this is not simply grief in the conventional sense. Military-connected bereavement creates a specific and compounding set of needs: the sudden collapse of community and identity at the most vulnerable moment; elevated risks of mental health crisis, including PTSD and complicated grief; a labyrinthine entitlements system that must be navigated while capacity is at its lowest; and long-term damage to educational and economic prospects that can follow families for decades.

These needs are serious, they are long-lasting, and whilst there are great examples of help, they are not being adequately met. Support is too often time-limited, not specific to the military, hard to find, and harder to access. Large parts of this community have until now fallen entirely outside the systems designed to help them. Many have waited years, sometimes decades, before finding anyone who truly understood what they had been through.

From that evidence, five clear challenges emerge: isolation and the collapse of community; mental health needs that outstrip current provision; the navigation of a complex entitlements system; the long-term toll on education and employment; and the absence anywhere of truly long-term, military-specific, holistic support. Together, they define the problem, but they also shape everything that follows in this Theory of Change.

Part B: Who Are We Here For

Anyone affected by military-connected bereavement

Those affected by military-connected bereavement have long been seen as a niche group. A small, well-served community with needs already met.

The evidence tells a very different story. Approximately 100,000 people are newly bereaved by military-connected death every year, and the cumulative community of those carrying that loss across a lifetime runs to hundreds of thousands. Many of them have never been reached by any service that truly understood them.

Scotty's new vision is built around a simple but significant commitment: to be there for anyone affected by military-connected bereavement. That means a broader community than Scotty's has previously served, and a longer relationship than the sector has traditionally offered.

Bereaved by:	Who we support:
<ul style="list-style-type: none">• Death of a serving person (any cause)• Death of a veteran• Death of a military spouse or partner• Death of another immediate military family member	<ul style="list-style-type: none">• Children & young people• Surviving parents, partners, siblings, and adult children• Veterans & serving personnel who are bereaved• Extended military family and community

Our support covers any connection to the British Armed Forces, tri-service, and including both regular and reserves.

This is not expansion for its own sake. Every person in the table above shares something in common: a loss shaped by the specific culture, sacrifice, and identity of military life, and a need for support that understands that. At Scotty's, we are here for all of them, not just at the moment of bereavement, but across a lifetime, for as long as they need us.

We also know that we are not the only organisation that cares about this community, and we do not intend to work as though we are. Across the bereaved military sector there are outstanding organisations, Widows' Associations, regimental charities, and others, who know their communities deeply and serve them well.

Where those organisations exist and thrive, Scotty's role is to complement, not compete. There are cohorts where specialist provision is strong; there are others where the gaps are significant and the need is largely unmet. We will direct our greatest effort towards those gaps, while working alongside established organisations to ensure that families are connected to everything available to them, not just what Scotty's can offer directly.

We believe that a rising tide lifts all boats: as Scotty's reaches further into the bereaved military community, we expect to be referring families towards partner organisations too, strengthening the wider network rather than drawing families away from it.

Part C: Our Lifetime Community Model

The model that binds our programmes together

The four programmes that follow this section each address a specific, evidenced need. But the way we deliver them matters as much as what it delivers. The Lifetime Community Model is the philosophy that underpins everything. It's not a set of services to be accessed in a crisis and exited when the crisis passes, but a community that bereaved military families belong to for life, whether they need us actively or not.

Most bereavement support is designed to respond. A family is in crisis; a service activates; the crisis passes; the service ends. For many forms of need, this is appropriate. But military-connected bereavement is not a crisis that passes. It is a lifelong experience of loss, adaptation, and identity

reconstruction, punctuated by moments of acute need that arrive unpredictably across decades. A model built around episodic crisis response will miss most of what this community needs, most of the time.

Scotty's model is different: relational rather than transactional, long-term rather than episodic, and proactive rather than waiting to be found. The community we serve did not choose their bereavement. They should not have to repeatedly seek out, requalify for, and reintroduce themselves to support. Scotty's holds the relationship and the door is always open.

Meeting families we they are

Within that lifetime relationship, different families at different points in their journey need different levels of support. Our model operates across four tiers, describing the intensity of support available at any given time.

Brand as a foundation for community

Underpinning all of this is the importance of a strong, consistent brand. For bereaved military families, a recognisable brand serves two practical purposes: it makes Scotty's findable at the moment a family needs support, and it gives the community something tangible to belong to. In a world where bereaved families may not know what support exists, or may not feel that support is for them, a trusted and visible brand is part of how we reach people and part of what makes the community feel real.

Scotty's Little Soldiers remains the brand for our children and young people's programmes, a name that carries fifteen years of recognition and trust among the families who have grown up with it. Across everything else, we are Scotty's: a single overarching brand broad enough to speak to the whole bereaved military community, and strong enough to be found by those who need us.

Part D: The Four Family Programmes

Four programmes for a holistic approach

Each of our four promises made to the community are delivered by a Family Programme; START, SMILES, SUPPORT, & STRIDES.

These are not independent silos. A family's needs rarely fit neatly into a single Programme, and the most effective support is holistic. A START caseworker who notices a family's mental health is deteriorating makes a warm referral to SUPPORT. A SMILES event surfaces an entitlements question that becomes a START case. A STRIDES employment conversation reveals isolation that SMILES can address.

START Navigate	Confidence & clarity in navigating their entitlements
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Bereavement creates a bureaucratic crisis at the exact moment a family has the least capacity to deal with one. Military-connected bereavement makes it harder still: the entitlements system is complex, the organisations involved are multiple and often confusing, and the stakes (housing, income, pension) are high. Families who do not know what they are entitled to, or who cannot navigate the system to claim it, lose out permanently. START exists to make sure that does not happen.

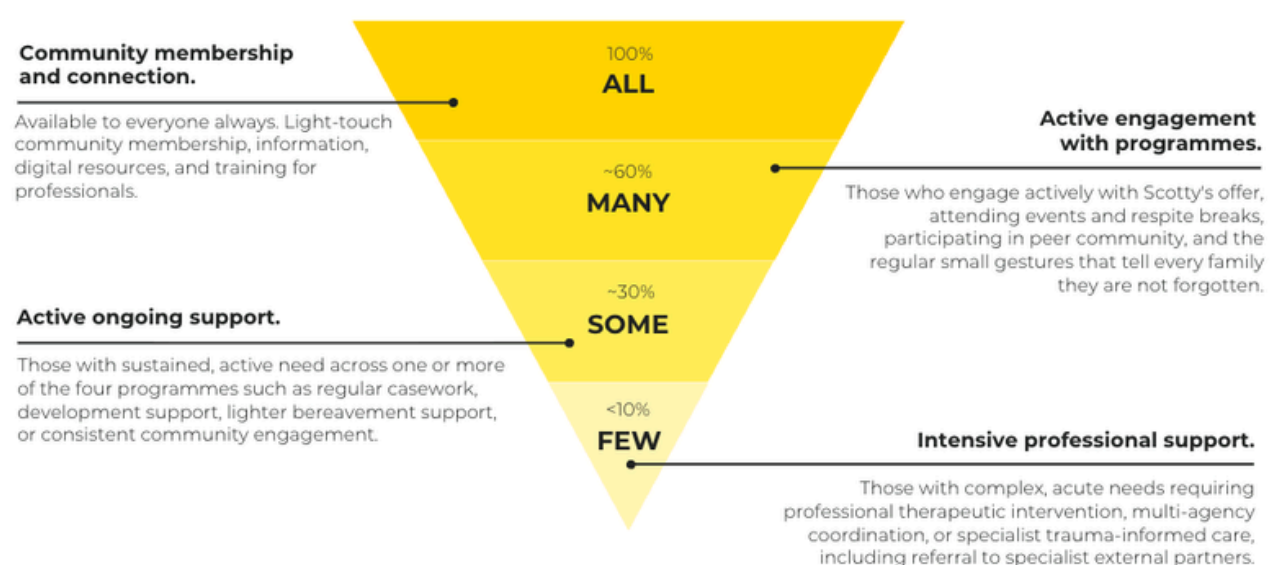
What START does

START is Scotty's single point of contact for navigating the full landscape of entitlements, services, and support available to bereaved military families. It is not a signposting service, it is an active, expert, relationship-based navigation service, serviced by people who understand both bereavement and the military community, and who stay with a family for as long as they need.

- A single point of contact for anyone bereaved within the military community to start their journey.
- Does not require them to repeat their story every time they need help
- Expert guidance, or referrals to the right experts, on military pensions, compensation, housing entitlements, financial support, and benefits
- Active casework: making calls on behalf of families when their cognitive capacity is reduced by grief; supporting them to make calls themselves when empowerment is what is needed
- Navigation across the full landscape of military and civilian charitable, statutory, and voluntary support, with warm referrals, not just signposting
- Advocacy where families face unfair treatment, incorrect guidance, or systemic barriers
- Accessible by phone and online; available at any point in the bereavement journey, not just the immediate aftermath

THE BEREAVEMENT SUPPORT PYRAMID

Scotty's Lifetime Community Model is not a set of services to be accessed in crisis and exited when the crisis passes. It is a community that bereaved military families belong to for life. Within that lifetime relationship, different families at different points in their journey need different levels of support. Movement between tiers is not linear — a family may step between levels as needs change, and the door is always open.



Movement between tiers is not linear. A family may begin at MANY (engaging with events and community) and move to SOME, or FEW, as a challenge emerges. A family at the FEW tier during an acute period may step back to MANY as they stabilise and remain connected at the ALL level for years. The pyramid describes intensity of support, not a journey towards discharge.

This model also shapes how Scotty's directs its capacity. The ALL and MANY tiers are sustained by community infrastructure (digital platforms, events, the regular cards and gifts) that can reach large numbers efficiently. The SOME and FEW tiers require skilled individual attention from caseworkers, counsellors, and advocates whose time must be directed where the need is greatest. Universal light-touch connection does not crowd out the intensive support that a significant minority genuinely needs. Both exist, within the same community, at the same time.

One of the most important insights from fifteen years of Scotty's casework is that families often call about one thing when they really need help with something else. A parent asking about a school place is often also dealing with unresolved financial entitlements, grief that has never been properly supported, and isolation they have not yet named. START caseworkers are trained to hear what is not being said and to open doors to the rest of Scotty's offer.

The wider role: system change alongside individual support

START also has a systemic dimension. Scotty's position, as the organisation that hears the casework of thousands of bereaved military families, gives it unique insight into where systems are failing, where policies are unfair, and where statutory guidance is inadequate. This intelligence feeds into Scotty's advocacy and policy influencing work: seeking improvements to VO training standards, to pension access for non-traditional families, to housing transition timelines, and to the information available to bereaved families at the point of death and in the years that follow.

Immediate outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> Family understands their entitlements and what they can access Death administration completed without harmful delays or missed claims Immediate crisis (housing, income, probate) stabilised Family knows Scotty's is there and feels safe to return 	<ul style="list-style-type: none"> Entitlements fully accessed over time, including those that emerge later Family no longer spending cognitive and emotional energy on avoidable bureaucratic stress Confidence and agency in navigating systems rebuilt Referrals to SUPPORT, SMILES, STRIDES & external partners made where appropriate 	<ul style="list-style-type: none"> No bereaved military family loses out on entitlements they were owed Systemic improvements to military bereavement administration through Scotty's advocacy Scotty's recognised as the expert navigator for bereaved military families nationally

How we know its working
<ul style="list-style-type: none"> Structured feedback from families at close of each case, and at 6-month follow-up Standardised casework outcome tracking: entitlements accessed, referrals made, advocacy outcomes Self-reported confidence and agency scores (baseline and post-support) Policy engagement metrics: submissions made, meetings held, policy changes achieved Community feedback on the quality and accessibility of START support

SMILES Social **The chance to build social connections**

Isolation is one of the primary challenges caused by military-connected bereavement and one of the least visible. A bereaved family can appear to be managing. They may be going through the motions of daily life, maintaining appearances, keeping it together for the children. But inside, they may be profoundly alone: cut off from the military community that defined their world, finding it hard to connect with civilian friends who cannot understand, quietly falling apart in private. SMILES exists to find those families and bring them back into community.

What SMILES does

SMILES creates the opportunities for connection that bereaved military families need: spaces where no one needs to explain themselves, where shared experience is the common language, and where it is possible to remember how to laugh without feeling guilty for it. It also provides opportunities for families to reconnect with each other as a family unit.

- Events (festivals, regional, online) that bring the community together around shared experience and shared identity
- Respite breaks that allow families to step out of their day-to-day, rebuild the family unit, and experience joy again in a supported setting
- Peer connection facilitated through community platforms, groups, and networks, without the barriers of rank hierarchy, association membership, or narrow eligibility criteria
- Care packages at significant moments (birthdays, anniversaries, Remembrance, Christmas) that tell every family, at the times it matters most, that they are held in mind
- A digital community that is available out of hours and includes peer-to-peer support

Care packages deserve particular attention here, because they are easy to underestimate. In Scotty's fifteen plus years, families have repeatedly told us that knowing a card was coming, that someone outside their immediate circle remembered the anniversary, the birthday, the hard day, made a measurable difference to how they felt about getting through it. For many families at the ALL tier, for years at a stretch, activities like these are the thread that keeps the connection alive until the moment comes when more is needed.

More than 'nice to do'

SMILES is designed for families as a whole, not just for individuals within them. The research is clear that the wellbeing of bereaved children is significantly shaped by the wellbeing of the surviving parent, and that family cohesion is one of the most powerful protective factors in bereaved children's outcomes.

Events and activities that support the surviving parent to find community, confidence, and connection are therefore also investments in the outcomes of their children.

Immediate outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> Family attends an event or respite break and experiences genuine connection 	<ul style="list-style-type: none"> Lasting friendships formed within the community 	<ul style="list-style-type: none"> The bereaved military community is no longer isolated — it is connected

- Family feels seen and understood by people who share their experience
- Family knows that Scotty's remembers them on significant days
- Immediate reduction in feelings of isolation

- Family's social world rebuilt around a new shared identity
- Surviving parents better able to cope, with positive impact on children
- Regular engagement with community sustains wellbeing between harder moments

- Military-connected bereavement associated with belonging, not just loss
- A community that supports itself, as well as being supported by Scotty's

How we know its working

- Pre- and post-event surveys measuring social connectedness, isolation, and mood
- Standardised tools (ONS4 wellbeing measure) at baseline and post-activity
- Tracking of peer relationships formed and sustained within the community
- Opt-in rates, engagement rates, and retention within the community over time
- Qualitative feedback on the significance of cards, gifts, and small gestures — the evidence that the thread is holding

SUPPORT Wellbeing

The very best mental health and wellbeing support

Up to a third of bereaved people will experience serious impacts on their mental health. In the military community, that proportion can be higher, elevated by the nature of military deaths, the culture around help-seeking, and the compound losses that accompany bereavement. When professional support is needed, it must be there: accessible, free, military-specific, and available for as long as it is needed. SUPPORT is Scotty's commitment that it will be.

What SUPPORT does

The SUPPORT Programme provides professional, military-aware mental health and bereavement support to adults and children within the Scotty's community. It largely operates across the SOME and FEW tiers of the pyramid, for those who need more than community connection, and up to and including those whose needs are intensive, complex, and require specialist therapeutic intervention.

- Individual bereavement support and counselling for adults: delivered by practitioners with genuine understanding of military culture, service-related trauma, and the specific dimensions of military loss
- Individual bereavement support and counselling for children and young people: tailored to age and developmental stage, trauma-informed, and designed for bereaved military children specifically
- Group support where appropriate: for those who benefit from facilitated shared experience rather than, or in addition to, individual work
- Group workshops and drop-in sessions with themes most relevant to the community

- Support available at any point in the bereavement journey: not just in the acute phase immediately after loss, but months or years later when a family is finally ready to ask
- Active warm referral to specialist external partners for needs that exceed Scotty's direct provision (e.g. PTSD specialists, complex trauma services, suicide bereavement specialists and local in-person services) with Scotty's maintaining the relationship throughout
- Support that is free to access, with no waiting list barriers where possible, and no arbitrary limit on the number of sessions
- Digital resources and guidance and public webinars on topics driven by the trends we see and what our community is asking for

The evidence on timing is important here. Lead times for statutory services can run into months, sometimes even years. Our Bereaved Military Community Insights Survey found that many families were unable to engage with support at the point it was first offered and need easy access to support years later. There is no clock running.



I was offered help straight after my husband's death but it was too soon. I was still in shock. It was only years later I was ready.
BMC Insights Survey 2026

Supporting adults as an investment in children

SUPPORT explicitly serves bereaved adults as well as bereaved children, and the two are inseparable. The research is unambiguous: children whose surviving parent or carer is better supported have significantly better outcomes. A bereaved parent who is able to access effective mental health support is a more present, more stable, more accessible parent. Investing in the wellbeing of surviving adults is not separate from investing in bereaved children. It is one of the most direct ways of doing so.

Immediate outcomes

- Family able to access professional support without barriers of cost, waiting time, or eligibility
- Immediate reduction in acute distress where support is timely
- Family feels heard and understood by someone who knows the military world
- Children in acute distress receive appropriate, timely, specialist intervention

Medium-term outcomes

- Sustained improvement in adult mental health and wellbeing (measured by CORE-10, ONS4)
- Children's emotional and behavioural functioning improved (measured by SDQ, CBSQ)
- Surviving parents better able to support their children's grief
- PTSD, complicated grief, and trauma-related presentations appropriately treated

Long-term outcomes

- The bereaved military community has access to mental health support that is genuinely effective, not just available
- No family excluded from professional support by cost, geography, or lack of military understanding
- Measurable improvement in long-term mental health outcomes for the bereaved military community

How we know its working

- Standardised clinical outcome measures: CORE-10 (adults), SDQ and CBSQ (children), ONS4 (wellbeing) — at baseline and at intervals
- Pre- and post-support self-reported wellbeing and functioning
- Tracking of referral outcomes: warm referrals made, accepted, and completed
- Qualitative feedback on the quality and military-specificity of support received
- Longitudinal tracking of families at SOME and FEW tiers — are they stabilising, improving, and stepping to lower-intensity tiers over time?

STRIDES Develop

Outstanding development opportunities

Bereavement does not only cause grief, it disrupts futures. The evidence is unambiguous: military-connected bereavement has measurable long-term consequences for the educational outcomes of bereaved children, the employment trajectories of bereaved adults, and the financial security of families that were already navigating the employment disadvantages of military life. The STRIDES Programme is Scotty's commitment that bereaved military families will not be left behind and that bereavement will not define the ceiling on what is possible for them.

What STRIDES does

The STRIDES Programme addresses the developmental and economic consequences of bereavement across three interconnected areas: support for bereaved children and young people; support for bereaved adults rebuilding their working lives; and changing the environments (schools, colleges, workplaces) that bereaved families navigate every day.

- Educational grants for bereaved children and young people: removing financial barriers to participation in education, extracurricular activity, and the experiences that build confidence, aspiration, and social capital
- Development opportunities: mentoring, skills programmes, and connections to wider support that help bereaved young people build futures shaped by their potential, not by their loss
- Employment support for bereaved adults: guidance, referral to specialist partners, skills development, and confidence-building for adults returning to work after years of disruption
- Training for schools and employers in compassionate bereavement practice: equipping the organisations bereaved families interact with every day to respond well
- Policy influencing on employment and education practices affecting bereaved military families, working to change the systems that are currently failing them

The school and employer training dimension of STRIDES is important and often underappreciated. The BMC Insights Survey found that 17% of respondents found their employer or school actively unsupportive after bereavement. McLaughlin et al. (2019) found that teachers consistently report not feeling equipped to support bereaved children and in a survey of children and young people conducted by Scotty's in 2024, 77% had experienced lessons which directly related to their bereavement. The harm caused by an unsupportive school or a dismissive manager can be lasting. STRIDES works at the level of the system as well as the individual.

Immediate outcomes

- Financial barriers to education removed through grants
- Bereaved adult has a clear picture of the employment and skills support available to them
- School or employer has received training and commits to compassionate practice
- Young person feels supported in their educational setting

Medium-term outcomes

- Bereaved children participate in extracurricular and enrichment activity at rates comparable to non-bereaved peers
- Bereaved adults in or progressing towards employment
- Bereaved young people reaching educational milestones and raising their aspirations
- Workplaces and schools with measurably improved confidence in supporting bereaved staff and pupils

Long-term outcomes

- The long-term educational and employment consequences of military-connected bereavement are measurably reduced
- Bereaved military families financially secure and able to build futures
- Systemic improvements to how schools and employers treat bereaved military families
- Bereaved children and young people are no more likely to be NEET than their non-bereaved peers

How we know its working

- Educational outcome tracking for grant recipients — participation rates, attainment, progression
- Employment outcome tracking for adult support recipients — employment rate, confidence scores, skills development
- Pre- and post-training confidence measures for teachers and employers
- Geographical reach of training — number of schools, colleges, and employers reached
- Policy engagement metrics: submissions, meetings, policy changes related to bereavement in education and employment

Part E: What Success Looks Like

How we'll know if our work is having an impact

Each of the four Family Programmes has its own outcomes framework. But the whole is greater than the sum of its parts, and Scotty's overall ambition is for something more than four programmes working independently. The outcomes we are working towards, taken together, describe a different world for the bereaved military community: one in which bereavement does not define what is possible, isolation is not the default, and no family is left to navigate their grief, their entitlements, or their future alone.

For individuals	For families	For the community
<ul style="list-style-type: none"> • Reduced isolation and a genuine sense of belonging • Improved mental health and emotional wellbeing • Financial security and access to entitled support • Employment, education, and development outcomes rebuilt • Agency and confidence restored after bereavement • A community that endures, for as long as it is wanted 	<ul style="list-style-type: none"> • Family units that are supported together, not in silos • Children whose surviving parent or carer is better able to cope • Bereaved children who stay engaged in education and opportunity • Families who know their entitlements and are not left behind • Relationships that are strengthened rather than fractured by grief • A family identity that includes, rather than erases, their military past 	<ul style="list-style-type: none"> • A national home for the bereaved military community • Reduced fragmentation across the support landscape • Improved statutory provision through Scotty's advocacy • A growing evidence base that benefits the whole sector • A community that is visible, valued, and heard • The bereaved military community recognised as deserving specialist support

Part F: Our Logic Model

From evidence to impact - our programme logic at a glance

SCOTTY'S LOGIC MODEL

From evidence to impact — our programme logic at a glance

OUR MISSION
Everyone affected by military-connected bereavement feels supported & empowered in their journey.

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES	IMPACT
START Navigate Specialist caseworkers Referral network Policy relationships Digital platforms Evidence & data	Expert casework & entitlements guidance Warm referrals across military & civilian support Advocacy on behalf of families Digital resources & information Policy influencing	Families receiving casework Referrals made Entitlements accessed Policy submissions Digital resource usage	Entitlements understood Death admin completed Immediate crisis stabilised Family knows Scotty's & feels safe to return	Entitlements fully accessed over time Confidence & agency in navigating systems rebuilt Referrals to other programmes & partners made	No bereaved military family loses entitlements owed Systemic improvements through advocacy Scotty's recognised as the expert navigator nationally	Confidence & clarity in navigating their entitlements
SMILES Social Events & respite infrastructure Community platforms Volunteers Care packages Brand & comms	Events & respite breaks for families Care packages at significant moments Peer community platforms & groups Digital community Community magazines & communications	Events & respite breaks delivered Care packages sent Community members engaged Peer connections facilitated Digital community participation	Family experiences genuine connection Feels seen & understood by shared experience Knows Scotty's remembers them Immediate reduction in isolation	Lasting friendships formed Family's social world rebuilt Surviving parents better able to cope Regular engagement sustains wellbeing	Bereaved military community is connected, not isolated Bereavement associated with belonging, not just loss A community that supports itself	The chance to build social connections
SUPPORT Wellbeing Qualified counsellors (military-aware) Clinical supervision Specialist referral partners Digital resources Training programmes	Individual counselling for adults & children Group support sessions & workshops Specialist referrals for complex needs Digital resources & webinars Professional training programmes	Counselling sessions delivered Group sessions run Specialist referrals made Webinar attendees Professionals trained	Access to support without cost, wait or eligibility barriers Reduction in acute distress Children in crisis receive timely intervention	Sustained improvement in adult mental health (CORE-10, ONS4) Children's functioning improved (SDQ, CBSQ) PTSD & complicated grief appropriately treated	Access to mental health support that is genuinely effective No family excluded by cost, geography or lack of military understanding Measurable long-term improvement in community mental health	The very best mental health & wellbeing support
STRIDES Develop Educational grants fund Employment support partners Mentoring network School & employer trainers Policy relationships	Educational grants for CYP Mentoring & skills programmes Employment support for bereaved adults Training for schools & employers Policy influencing	Grants awarded Young people mentored Adults receiving employment support Schools & employers trained Policy submissions made	Financial barriers to education removed Adults have clear picture of support available Schools & employers trained Young person feels supported in education	Bereaved children participate in enrichment at comparable rates Adults progressing towards employment Young people reaching milestones & raising aspirations	Educational & employment consequences measurably reduced Bereaved CYP no more likely to be NEET than peers Systemic improvements to how schools & employers respond Families financially secure	Outstanding development opportunities

Visit our website for a full size version

This document began with a knock on a door in 2009. It ends with a plan to make sure that every family who receives that knock, or who carries the weight of a military-connected loss in any form, has somewhere to turn.

The evidence is clear. The need is vast. The community is real, even if it has until now been largely uncounted and underserved. Scotty's does not pretend to have all the answers, and we do not intend to work alone. But we are committed to being present, for as long as we are needed, for anyone affected by military-connected bereavement.

This is our Theory of Change. It is grounded in research, shaped by lived experience, and built to last. Everything that follows from here, every programme, every partnership, every conversation with a family who thought no one understood, will be measured against the promises we have made in these pages.

We owe it to Lee, and to everyone whose memory lives on through the people they loved.

www.scottys.org.uk

Registered Charity No. 1170528

