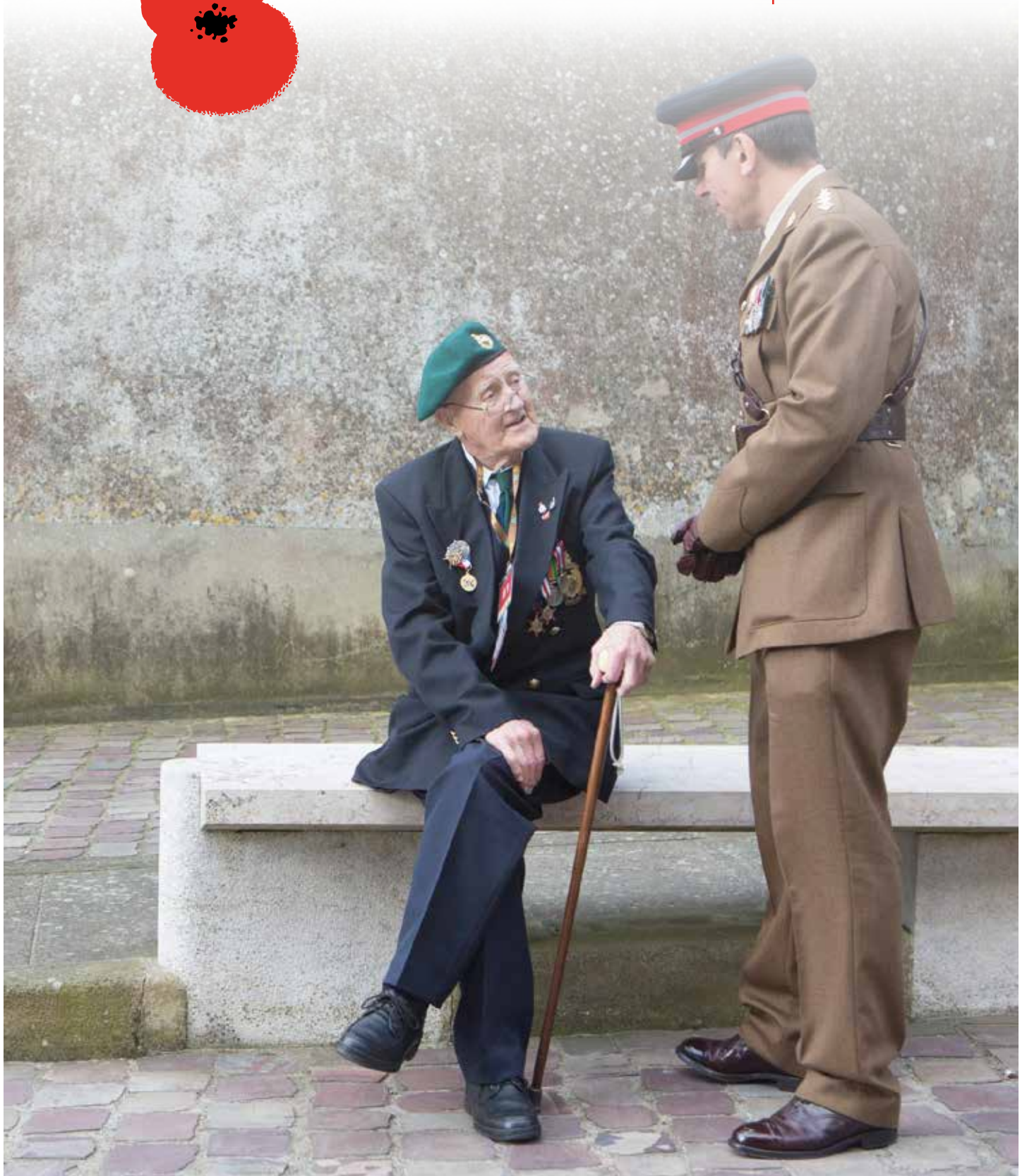


THE ROYAL BRITISH  
**LEGION**

**A UK HOUSEHOLD SURVEY OF THE  
EX-SERVICE COMMUNITY**

**2014**



**FiMT**  
forces in mind trust  
SUCCESSFUL SUSTAINABLE TRANSITION



Awarding funds from  
**The National Lottery**



Compass Partnership



## Compass Partnership

### About Forces in Mind Trust

The Forces in Mind Trust was founded in 2012, through an endowment of £35 million from the Big Lottery Fund, to promote the successful transition of Armed Forces personnel, and their families, into civilian life.

By using our funds wisely, we work to gain an understanding of an issue through commissioning evidence generation and then exploiting the output to effect real change. We work widely across the whole voluntary and statutory sectors, ultimately delivering more efficient and more effective support to the community of ex-Service personnel and their families.

The Forces in Mind Trust also awards grants to innovative pilot programmes, along with an independent evaluation, that provide direct support to ex-Service personnel and their families.

Full details of the grants we have awarded, our published research, and our application process can be found on our web site [www.fim-trust.org](http://www.fim-trust.org).

### About Compass Partnership

Compass Partnership is a management and research consultancy specialising in the governance and management of independent non-profit-seeking organisations. Founded in 1982, we have worked with over 800 not-for-profit clients and have built up a body of knowledge on management and governance in this field and a tried and tested range of approaches to consultancy and research.

Jacinta Ashworth, Mike Hudson and Sally Malam are joint authors of this report, with additional contributions by Nick Donovan, Harriet Deane and Dan Martin from The Royal British Legion.

#### **Our details:**

Greenbanks  
New Road  
Bourne End  
Buckinghamshire, SL8 5BZ  
Tel: + 44 (0)1628 478561  
email: [info@compassnet.co.uk](mailto:info@compassnet.co.uk)  
[www.compasspartnership.co.uk](http://www.compasspartnership.co.uk)

## About The Royal British Legion

The Royal British Legion was created as a unifying force for the military charity sector at the end of WWI, and still remains one of the UK's largest membership organisations. We are the largest welfare provider in the Armed Forces charity sector, providing financial, social and emotional support, information, advice, advocacy and comradeship to hundreds of thousands of Service personnel, veterans and their dependants every year. In 2013, we provided services and grants to over 200,000 Service personnel, veterans and dependants – more than ever before – and spent £10k per hour on welfare support.

The Legion offers services to assist Service personnel (including Reservists), veterans and their dependants with claiming disability benefits, managing their finances, accessing military compensation, adapting their homes, and finding jobs through our online training and employment resource, Civvy Street. We offer support for carers, including seaside respite breaks; run six care homes, provide dementia care and offer immediate needs grants and other forms of help for those in crisis. In conjunction with the MOD and other Service charities, we pledged £50m over ten years to the development and operation of Personnel Recovery Centres and the Battle Back Centre (Lilleshall), as part of the Defence Recovery Capability programme, and we fund pioneering research into the devastating impact of blast injuries.

The Legion works with politicians across the political spectrum to improve the lives of the Armed Forces community. We have been campaigning to further the cause of serving personnel, ex-Service men and women and their families since 1921. The Legion also plays a leading role in holding the Government to account on its Armed Forces Covenant commitments. We have produced two best practice guides to Community Covenants – voluntary statements of mutual support between civilian and Armed Forces communities – and have been instrumental in encouraging every local authority in England and Wales to sign a Community Covenant.





**Chris Simpkins** DMA, Hon.DUUniv, FloD, DL  
Director General

## Foreword

**From Chris Simpkins, DMA, Hon.DUUniv, FloD, DL  
Director General of The Royal British Legion**

This report summarises the size, profile and needs of the ex-Service community in 2014, and provides forecasts on the future profile of this significant group. It is an update of similar research carried out in 2005, which remains a hugely influential piece of work and is still drawn upon regularly by a wide range of users, from academics and Service charity workers to local government officials. We hope and expect that this extended update will prove just as valuable.

The Royal British Legion emerged in 1921, as part of a growing recognition that the veterans of the First World War had returned with needs that were not being met by mainstream services. Unemployment, disability, disfigurement and mental illness (including trauma) had created major unmet welfare needs, which newly created and established Service charities stepped in to address.

It's a role we continue to undertake to this day. We are committed to ensuring that every member of the ex-Service community is able to live happily and independently, with a sustainable future. These survey findings will help us to direct our support – and help other organisations and agencies direct theirs – at those most in need of our help.

The extensive research that the Legion commissioned in 2005 fed into a strategic review of our welfare service delivery. The purpose of this work was to map the needs of the community in detail and to identify those in greatest need, so that the Legion, other Service charities and statutory providers could tailor their welfare provision accordingly.





Image credit: National Memorial Arboretum

It led to the biggest change programme in the Legion's history, designed to enable the charity to respond to the needs expressed by our beneficiaries.

Nine years on, we wanted to refresh this research, in order to update our understanding of the size and needs of the ex-Service community. This will inform the Legion's future strategic planning, welfare, marketing and campaigning work, as well as acting as a resource for anyone interested in the welfare needs of this group. Importantly, it also provides vital information on the key differences between the ex-Service community and the UK population as a whole.

Over the following pages, we lay out the key findings of the research that we have commissioned. We also use this opportunity to dispel some common myths propagated about the ex-Service community on a wide range of topics, from homelessness to mental health.

These are challenging times for those supporting veterans and their families. The withdrawal of British Armed Forces from Afghanistan brings an end to 13 continuous years of combat operations. The public's attention to the needs of the Armed Forces community will go into decline, but the needs of the community will not. At the same time, the Armed Forces are undergoing a dramatic reduction in size as a result of the 2010 Strategic Defence and Security Review, which has seen 33,000 personnel (19% of the total) leave the Services and navigate the transition to civilian life. These personnel and their families may require assistance as they join the larger community of veterans deserving of through-life support. The move towards a more geographically dispersed Service community is also expected to create challenges for local councils, which are increasingly taking on responsibility for supporting serving personnel and their families with their education, health, housing and social needs.

Against this background, three findings in particular have drawn the attention of The Royal British Legion: The first is the ageing composition of the veteran community. Nearly half – 46% – of this group are over the age of 75, compared with just one in ten of the general UK population. Clearly this is the result of the longest period of conscription in UK history, from 1939 to 1960, as a result of the Second World War and National Service.

The needs experienced by older veterans are largely the same as non-veterans of the same age, but it is their size relative to the overall veteran community which will concern any organisation – The Royal British Legion included – with a commitment to providing through-life care to veterans.

In addition, among working age veterans, rates of employment are lower, and rates of reported hearing loss higher, than in the general population. These findings are cause both for concern and further investigation.

The Royal British Legion is seeking to address both of these issues. We offer employability assistance through a variety of programmes, while actively campaigning on hearing loss.

More needs to be done to identify the root causes of employment problems in the working age ex-Service community, and to ensure that assistance is enhanced and continued. Having useful work is essential to feelings of worth and social inclusion.

Our recent research, *Lost Voices*, produced in collaboration with the Ear Institute at University College London, Action on Hearing Loss and the British Tinnitus Association, reveals findings from this survey that veterans under the age of 75 are three and a half times more likely to report problems with hearing than the general population of the same age. We are calling on Government to provide special treatment, in keeping with the principles of the Armed Forces Covenant, including improved access to less conspicuous hearing aids and financial compensation.

Encouraging results are revealed in this survey too. Many veterans are healthy, happy and gainfully employed. Older veterans are generally healthier than the general population and, while their income is relatively low, most do not feel that they are 'going without'. There are many veterans who look back with fondness and pride on their time in the Armed Forces and who believe that they are better for it. The research does not reveal that the ex-Service landscape is a bleak one, but it does reveal areas of concern, which need to be assessed and addressed.

**Chris Simpkins DMA, Hon.DUniv, FloD, DL**  
Director General

# MYTH BUSTING



There is a pervading myth that serving and ex-Service personnel are 'mad, bad and sad' i.e. that most suffer mental health problems, that many veterans end up in prison or sleeping rough on the streets, and that many are suicidal. 'Zombie' statistics, such as the claim that more Falklands veterans have committed suicide than died in action in 1982<sup>1</sup> or that veterans of Iraq and Afghanistan face a 'Tsunami' of mental health problems<sup>2</sup> have been comprehensively debunked, and yet persist in media headlines. These myths are pernicious because they may harm the employment prospects of military personnel when they seek work in the civilian world, and they may divert resources away from addressing genuine problems.



## Myth: veterans are more likely to take their own lives

For many years, a particular statistic was repeatedly wheeled out by journalists and other public commentators: that the number of Falklands veterans who had killed themselves since the war had exceeded the number who died in the campaign itself. Many doubted the authenticity of this statistic, but it was officially debunked in 2013. A Ministry of Defence analysis revealed that 95 suicides have been recorded among Falklands veterans. As of 1 May 2014, that figure had risen to 101. In contrast, 237 Service personnel died during the conflict.<sup>3</sup>

One problem with media reports on suicide is that they frequently overlook the importance of comparing suicide rates among veterans with those of the UK population as a whole. Unfortunately, within any occupational group, we are likely to find that some individuals have taken their own lives. The question we should be asking is: is there a link between that occupation and an increased risk of suicide?

Among the majority of veterans, the answer appears to be 'no'. Research by Manchester University found that suicide was less common amongst veterans than within the general population, except for one group: young early Service leavers.<sup>4</sup>

## Myth: most Service personnel and veterans suffer from mental health problems

Media reports on military mental health frequently report on an impending 'tidal wave' of mental illness due to emerge as a result of UK Forces' deployment to Iraq and Afghanistan.<sup>5</sup> Given the stigma associated with mental illness, this may have a significant impact on veterans' employment prospects.

In fact, rates of mental health problems amongst Service personnel and recent veterans appear to be broadly similar to the UK population as a whole.

Overall, rates of PTSD are around 4%, although some groups are at a greater risk (e.g. Reservists and combat troops). Around one in five suffer from depression, anxiety and other common disorders (also broadly comparable to the UK average). The only problem which appears significantly elevated among Service personnel and recent Service leavers – and linked to deployment in Iraq and Afghanistan – is heavy drinking.<sup>6</sup> Our survey also found that some age groups of the ex-Service community report higher levels of depression than the UK population. Nevertheless, the majority of Service personnel and veterans appear to enjoy good mental health.

## Myth: many veterans are in prison

Many news headlines have been devoted to misleading statistics on veterans in prison. The real picture is far more complex. Service personnel and veterans appear to be less likely than the general population to have a criminal conviction. Statistics on veterans in prison vary, but the most reliable ones have found that ex-Service personnel make up between 3.5% and 7% of the prison population in England and Wales. This is broadly similar to the percentage of veterans in the UK population as a whole.<sup>7</sup>

## Myth: many veterans sleep rough

Worrying statistics emerged in the 1990s, indicating that around 20% of the London homeless population was ex-Service. In contrast, a 2008 study estimated that the proportion of London's rough sleeping population who had served in the Armed Forces was 6%.<sup>8</sup> A more recent estimate is that 127 individuals who slept rough in London at least once in 2013/14 had ever served in the UK military – 3% of the total.<sup>9</sup> A 2007 National Audit Office survey of those undergoing the resettlement programme found that just less than 5% of respondents, mainly young and of junior rank, reported that they had been homeless at some point in the past two years. This survey didn't specify the type of homelessness experienced, so may include those staying with friends temporarily, as well as those sleeping rough.<sup>10</sup>

<sup>1</sup> 237 UK Service personnel died during the campaign to recapture the Falklands. As of 2014, 101 veterans have committed suicide, fewer than would have been expected when compared to the general population. See Ministry of Defence, *A study of deaths among UK Armed Forces personnel deployed to the 1982 Falklands Campaign: 1982 to 2012*, 1 May 2014 and Holmes et al., *Suicide among Falkland war veterans*, British Medical Journal 2013.

<sup>2</sup> As discussed by MacManus et al. *The mental health of the UK Armed Forces in the 21st century: resilience in the face of adversity* Journal of the Royal Army Medical Corps, 2014

<sup>3</sup> Holmes et al. *Suicide among Falkland war veterans*, British Medical Journal 2013

<sup>4</sup> Kapur et al. *Suicide after Leaving the UK Armed Forces – A Cohort Study*. PLoS Med 6(3)2009

<sup>5</sup> For example: [www.dailymail.co.uk/news/article-2568869/One-five-veterans-served-Iraq-Afghanistan-turned-drink-block-horrors-war.html](http://www.dailymail.co.uk/news/article-2568869/One-five-veterans-served-Iraq-Afghanistan-turned-drink-block-horrors-war.html)

<sup>6</sup> King's Centre for Military Health Research

<sup>7</sup> The Royal British Legion (2014) *Review of veterans within the criminal justice system: Submission from The Royal British Legion*

<sup>8</sup> Johnsen et al., *The experiences of Homeless Ex-Service Personnel in London*, Centre for Housing Policy, University of York, 2008

<sup>9</sup> St Mungo's Broadway, CHAIN Annual Report, *From Street to Home*, 2012/13

<sup>10</sup> National Audit Office, *Leaving the Services*, 2007

# KEY FINDINGS

---

This section draws out the report's most pertinent findings for The Royal British Legion.



## The UK's ex-Service population is elderly and declining in size.

The UK's ex-Service community is largely elderly: almost half are over 75 and 64% are over the age of 65. This reflects the large numbers of men and women who served during the Second World War, or who undertook post-War National Service.

In total, Compass Partnership estimates that there are between 6.1 million and 6.2 million members of the ex-Service community living in the UK. Of these, around 2.8 million are veterans, 2.1 million are dependent adults (including spouses and widows) and 1 million are dependent children. The remaining 190,000-290,000 represents the estimated size of the 'hidden' ex-Service community e.g. those residing in communal establishments such as care homes.

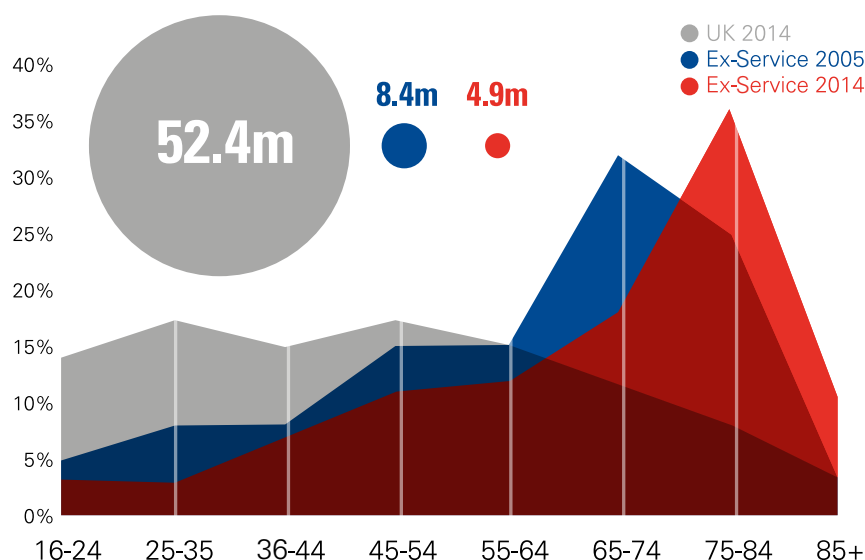
This represents a large reduction in the size of the community since their last estimate of 10.5 million in 2005. The figure below illustrates how the profile of the adult ex-Service community (i.e. excluding dependent children) has changed since 2005, and how it compares with the UK general population. Actuarial consultants from Punter Southall have estimated that the size of the ex-Service community will reduce further to 5.45m in 2020, 4.7m in 2025 and 3.94m in 2030 (*Appendix 5a*).

Punter Southall additionally estimates that there are 469,773 members of the serving community (Service personnel and their dependants).

This breaks down to 198,810 Service personnel (including Reservists), 101,393 dependent adults and 169,570 dependent children (*Appendix 5b*). Around 11% of Service personnel are currently stationed overseas, some with their families, which may amount to around 43,000 members of the serving community.

In total, we therefore estimate that there are currently between 6.5 and 6.7 million members of the Armed Forces community living in the UK.

## AN AGEING AND DECLINING ADULT EX-SERVICE POPULATION



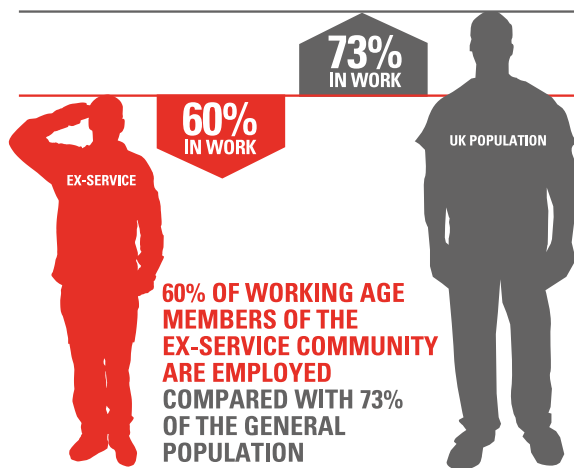
**46% OF THE EX-SERVICE COMMUNITY ARE NOW AGED 75+**

-> **COMPARED WITH 28% IN 2005**

-> **COMPARED WITH 10% OF THE GENERAL POPULATION**

The key differences between the working age ex-Service community and the general population are that they are more likely to be out of work, to have unpaid caring responsibilities, to report health conditions that limit their daily activity – particularly difficulty hearing and musculoskeletal problems – and they are more likely to report being depressed.

## EMPLOYMENT



Younger members of the ex-Service community differ significantly from the UK general population in three main ways:

### One:

Those of working age (between 16 and 64) are less likely to be employed than the general population aged 16-64 (60% vs 72%), more likely to be unemployed (8% vs 5%) and more likely to be economically inactive (32% vs 22%). Altogether, around 700,000 members of the working age ex-Service community are not in work, consisting of:

- Around 120,000 veterans and 20,000 dependants who are unemployed
- Around 130,000 veterans and 110,000 dependants who are not looking for work, and
- Around 160,000 veterans and 160,000 dependants who are retired or in education.

### Two:

Veterans aged 16-64 are more likely than the general population of the same age to report a long-term illness that limits their activities (24% vs 13%). This includes:

- Depression – 10% vs 6%<sup>11</sup>
- Back problems – 14% vs 7%
- Problems with legs and feet – 15% vs 7%
- Problems with arms – 9% vs 5%
- Heart problems – 12% vs 7%
- Diabetes – 6% vs 3%
- Difficulty hearing – 6% vs 2%, and
- Difficulty seeing – 5% vs 1%

### Three:

One in four working age members of the ex-Service community have unpaid caring responsibilities (23%), which is considerably higher than the rate found in the general population (12%).

## WORKING AGE VETERANS ARE MORE LIKELY THAN THE GENERAL POPULATION TO REPORT SUFFERING FROM...

DEPRESSION



HEARING OR SIGHT LOSS



MUSCULO-SKELETAL PROBLEMS



<sup>11</sup> The proportion of respondents who selected 'depression' from a list of possible long-term health conditions, which is not a validated screening tool for depression.





**Veterans under the age of 75 are around three and a half times more likely than the general population to report hearing problems (7% vs 2%) – equivalent to around 110,000 veterans of this age, and rising to 310,000 veterans across all age groups.**



## Many of the problems faced by the increasingly elderly ex-Service population are similar to those faced by the UK's elderly as a whole: isolation, physical health problems and difficulties with mobility and care. Widowed members of this community and those aged 75 or over face particular problems.

Perhaps unsurprisingly, given the age profile of the ex-Service community, many of the most common difficulties experienced are those faced by many elderly people more generally: problems getting around, and feeling exhausted and socially isolated.

Around 630,000 members of the ex-Service community of all ages are likely to be experiencing problems getting around outside the home. Large numbers (around 720,000) experience problems with self-care, including exhaustion and pain, bladder control and difficulty looking after themselves. All of these problems peak for those aged 75 or over. Depression affects around 480,000 members of the ex-Service community, around 370,000 report feeling lonely, and around 350,000 are recently bereaved.

Physical health problems, such as musculoskeletal, cardiovascular, respiratory and sensory problems, are more common among the elderly than those of working age, leading to problems with mobility and care. However, those aged 65 or over are less likely to report ill health than the UK population of the same age, suggesting they enjoy slightly better health than the average UK pensioner.

Other problems reported by the elderly centre around income and financial problems, although these are much less likely to be reported by older people than by those of working age. While the ex-Service community as a whole reports a household income of £21,000 after tax, those aged 65 or over report an average post tax income of £15,900. This represents an above inflation increase from 2005, but is below the national average for this age group. When asked whether they had turned the heating off to save money even though it was too cold, 14% of those aged 65 or over had done this – equivalent to around 440,000 people. Around 310,000 people of pension age are 'going without' through lack of money – for example, they are unable to replace their cooker if it breaks, cannot keep their home in a good state of repair or cannot keep their home free of damp. It is striking, however, that even more (around 420,000) are 'going without' through health problems and lack of support.

## THE OVER 75s REPORT...



**LONELINESS  
& ISOLATION**



**MOBILITY  
PROBLEMS**



**SELF-CARE  
DIFFICULTIES**



**16-34 year olds, particularly veterans and those who live alone, report a number of issues around debt, employment and transition, and a significant proportion have caring responsibilities.**

**16 TO 34**  
YEAR OLDS  
REPORT...

**FIRED**  
EMPLOYMENT PROBLEMS

**CARING RESPONSIBILITIES**

**PAYDAY LOANS**



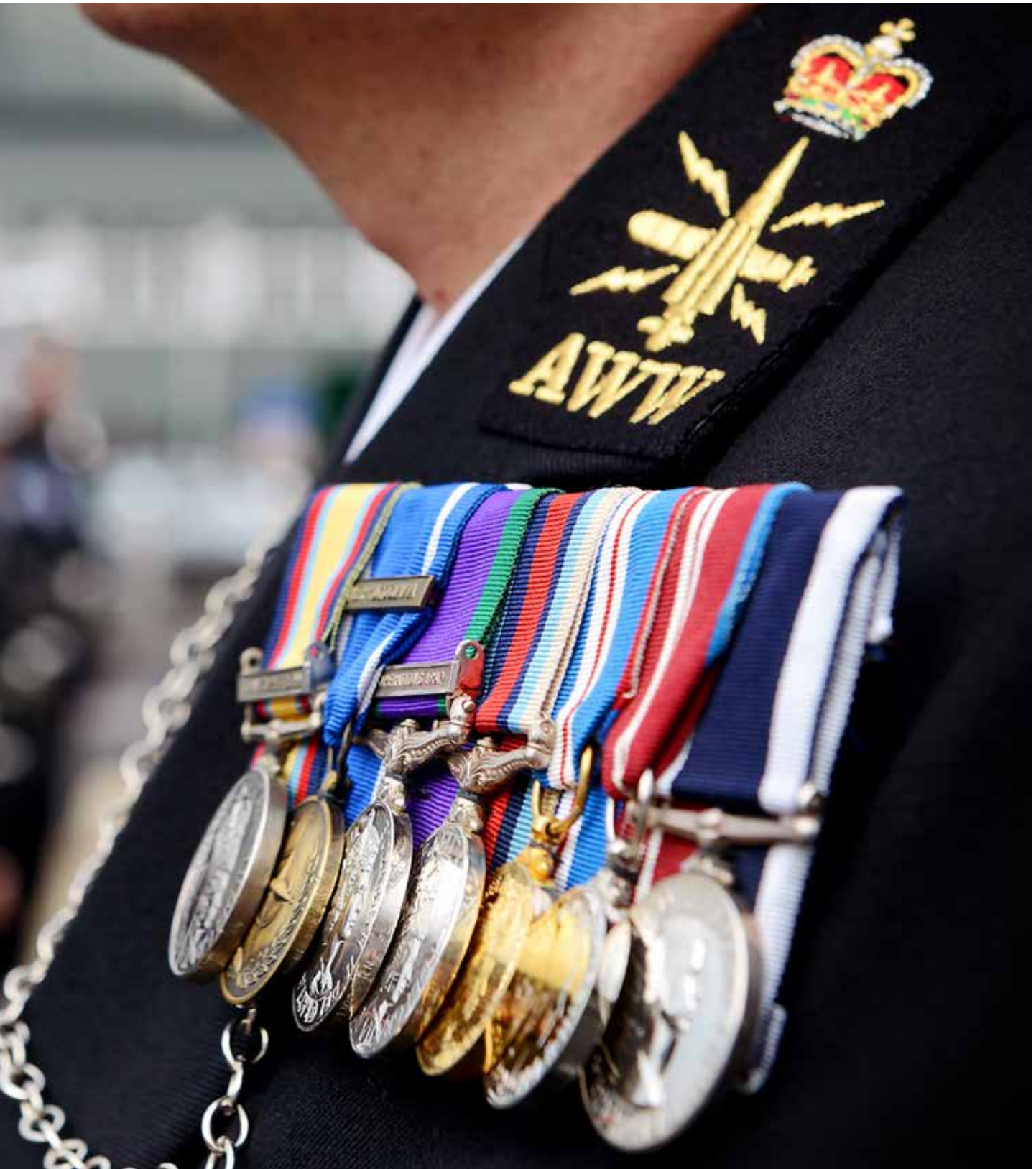
The younger age group make up only 6% of the ex-Service community, but their problems differ subtly from other members of the Armed Forces community. They are also more likely to have experienced difficulties – such as school expulsion or having parents with drug or alcohol problems – before entering the military. Three quarters of 16-24 year olds and half of 25-34 year olds report six or more adverse experiences (*Chapter 2*).

This age group is more likely than the UK general population (of the same age) to have a caring responsibility. There are also indications that a substantial proportion is grieving the loss of a friend or relative, with almost one in five reporting that they would find bereavement support useful.

Finance and employment also appear to pose problems for this group. One in four is in arrears. One in 20 has taken out a payday loan, which is equivalent to around 20,000 people. Over half of working veterans aged 16-34 say that they make little or no use of their skills and experience in their current job, which is higher than the UK population.

Moving slightly beyond this age group to 16-44 year olds, one in ten reports difficulty integrating into society, rising to 16% of those discharged from the military in the past five years. Almost one in four (23%) of this age group reports an employment difficulty, such as fear of unemployment or being forced to take a job for which they are underpaid or overqualified. This amounts to around 140,000 individuals.





## Working-age households report a number of distinct difficulties, particularly related to illness and disability, isolation, employment and material deprivation. Some of these issues seem to have a particular impact on ex-Service families.

As outlined above, employment rates for working age veterans and dependants are significantly lower than those found in the UK working age population. This may be linked to poor health within the ex-Service community, as working age households are over twice as likely as the UK population to be receiving sickness or disability benefits, and working age adults are more likely than the general population to report having a limiting illness. Of veterans aged 25-44 with a long-term illness, over half attribute it to their Service.

The 'middle-aged' ex-Service community appears particularly vulnerable to a range of problems. Out of all age groups, along with 85-94 year olds, those aged 35-44 are most likely to report some sort of difficulty. Two in ten are in arrears – over 60,000 people in this age group – and half have cut back on their fuel use to save money (about 160,000 people). Problems with depression peak at 35-64, at 14%, and exhaustion and pain peaks at 45-54 (13%). Those aged 35-64 are more likely to report a range of long-term health problems compared with UK adults of the same age, particularly musculoskeletal and sensory problems, and depression. Problems with isolation and relationships peak at age 35-54.

Some problems appear to peak amongst families (including lone parents). Almost one in five of those with dependent children report employment difficulties (*Chapter 5*) and half report material deprivation of some kind (*Chapter 4*). One in four of all dependent spouses has a caring responsibility (excluding caring for their own children) and 45% of those with children said that they would like help from a Legion service, including welfare (43%), practical advice (24%) and employment (16%).



# 35 TO 54

## YEAR OLDS REPORT...



FUEL POVERTY



LONG TERM ILLNESS

# FIRED

EMPLOYMENT PROBLEMS



DEPRESSION





---

## Research methods

The research was carried out by Compass Partnership using the same approach as that used in 2005 to enable the examination of trends over time.

A module of questions was placed on a nationally representative Omnibus Survey of UK adults. All interviews were conducted face-to-face in respondents' own homes during January/February 2014.

A series of screening questions were asked to identify members of the Armed Forces community. In total, 20,700 UK adults were screened and, of those, 2,203 were eligible. Serving personnel and their dependants were removed for reporting purposes, leaving a final survey sample of 2,121 in the ex-Service community (veterans and their adult dependants). This provides a reliable platform on which to base future planning and decision-making.

A wealth of data was collected about these respondents, and the rest of this report highlights the key emerging findings from the vast research dataset.

In addition to the survey, Compass Partnership also completed a small piece of desk research to estimate the size of the additional 'hidden populations' living in communal establishments, such as hospital, prison and temporary accommodation.

*Appendix 2* provides a glossary of key terms. *Appendix 3* gives further details of the research methods, and *Appendix 4* gives the population projections, with associated margins of error around survey estimates.

## Funding

This project was funded by The Royal British Legion and Forces in Mind Trust. The Royal British Legion is grateful to the Forces in Mind Trust, who provided additional funding to enable the sample size to be doubled.

---



Image credit: MOD



# CONTENTS

<b>1. What size is the ex-Service community and what does it look like?</b>	<b>2</b>	<b>5. What are the work and training needs of the ex-Service community?</b>	<b>62</b>
1.1 Size and age of the ex-Service community in residential households	4	5.1 Working status	64
1.2 What is the likely size of the 'hidden' ex-Service community?	8	5.2 Experience and qualifications	66
1.3 Who makes up the ex-Service community?	10	5.3 Work related skills	68
1.4 Key characteristics and comparisons with the UK population	14	5.4 Employment and training difficulties	69
<b>2. What are the main health and welfare needs reported by the ex-Service community?</b>	<b>16</b>	<b>Appendices</b>	<b>70</b>
2.1 Reported health and wellbeing difficulties	18	Appendix 1: Acknowledgements	71
2.2 Community integration and social isolation	25	Appendix 2: Provides a glossary of key terms	71
2.3 Caring responsibilities	26	Appendix 3: Gives further details of the research methods, including limitations	71
2.4 Need for support	28	Appendix 4a: Projections of the size of the ex-Service community	74
2.5 Where members of the ex-Service community seek help	30	Appendix 4b: Gives the population projections with associated margins of error around survey estimates	77
2.6 What future demand for Service charities could look like	32	Appendix 5a: Punter Southall estimate of the size of the current serving community	78
<b>3. How healthy is the ex-Service community?</b>	<b>34</b>	Appendix 5b: Punter Southall estimates of the future size of the ex-Service community	82
3.1 Health difficulties	36	Appendix 6: Supporting data tables	83
3.2 Health conditions	36		
3.3 Military Service and Health	46		
3.4 Health attitudes and behaviours	47		
3.5 Living independently	49		
<b>4. What are the financial and housing needs of the ex-Service community?</b>	<b>50</b>		
4.1 Financial difficulties experienced by the ex-Service community	53		
4.2 Income and benefits	54		
4.3 Debt	56		
4.4 Working age deprivation	58		
4.5 Pensioner deprivation	59		
4.6 Housing	60		

1.

---

WHAT SIZE IS THE  
EX-SERVICE  
COMMUNITY  
AND WHAT DOES  
IT LOOK LIKE?

---



The last decade has seen increasing attention paid to the needs of the ex-Service community. In particular, the principles of the Armed Forces Covenant have been signed into law; namely, that the ex-Service community should suffer no disadvantage due to Service, and that the bereaved and injured are on occasion entitled to special consideration. Assessing progress against these principles is difficult without accurate data on the size, profile and needs of this community. For charities and statutory agencies, such as health bodies and local authorities, accurate data on the size and welfare needs of the ex-Service community will also help with the planning and provision of services.

This chapter reports the survey's findings on the approximate size of the ex-Service community, the sort of people who make up this community, and their distribution across the UK.\*

## Summary of key findings

- In 2014 the size of the UK ex-Service community living in private residential households is estimated to be 5,910,000 people, comprising:
  - 2,830,000 veterans
  - 2,090,000 adult dependants:
    - (ex-)spouses/(ex-)partners, widow(er)s and dependent 16-24 year olds
    - 990,000 dependent children (under 16).
- There are an estimated further 190,000 to 290,000 people living in communal establishments such as care homes, bringing the total ex-Service community to around 6.1 million to 6.2 million people: about 9.5% of the UK population.
- The ex-Service community has reduced in size by 42% in the last 9 years from 10.17m in 2005 to 5.91m in 2014.
- In 2014, 46% of the adult ex-Service community are aged 75+, compared with 28% in 2005. In contrast, only 10% of the UK population are aged 75+.
- Because there are so many aged 75+, members of the ex-Service community are more likely to live alone than adults in the general population.

\* Readers are referred to Appendices 3 and 4 for a full explanation of the research methods and population projections, including commentary on design limitations and statistical accuracy.

## 1.1 Size and age of the ex-Service community in residential households

The size of the UK ex-Service community – veterans, adult dependants and minor dependants living in private residential households – is estimated from this survey to be just under 6 million, at 5,913,000 people.<sup>12</sup>

This is equivalent to 9.2% of the total UK population of 64.51 million. The observed size of the ex-Service community living in residential households now, compared with nine years ago, as measured using the same research methods, has reduced by 42%, from 10.17m in 2005 to 5.91m in 2014 (*fig. 1a*).

	2005		2014	
	Survey estimate (millions)	% of UK population	Survey estimate (millions)	% of UK population
<b>TOTAL UK population millions</b>		<b>60.02m</b>		<b>64.51m</b>
Veterans	4.80m	8.0%	2.83m	4.4%
Dependent adults	3.63m	6.0%	2.09m	3.2%
Dependent children	1.74m	2.9%	0.99m	1.5%
Total ex-Service community	10.17m	16.9%	5.91m	9.2%

Figure 1a: Reduction in size of UK ex-Service community between 2005 and 2014.

Compared with the 2005 survey, a reduction in the size of the community is observed in all age bands, apart from those aged 85 or over, who have increased in absolute numbers (*fig. 1b*).

The absolute number of 75-84 year olds has decreased only slightly. The largest decline has been in the number of 65-74 year olds: this age bracket is now only a third of the size it was nine years ago. The main explanation for this decline is that the National Service cohort have moved into the next age band up, and some of them have died in the interim or moved into communal establishments.

### The future size of the Armed Forces community

Actuarial consultants Punter Southall used Compass Partnership's estimate of the current size of the ex-Service community, along with MOD and ONS data, to produce forecasts for the Legion on the future size of the ex-Service community.

In total, they estimate that the size of the ex-Service community will drop from 6.21m in 2014 to 5.45m in 2020, 4.7m in 2025 and 3.94m in 2030. By 2030, they predict that the ex-Service community will represent 6% of the UK population.

Further information, including a breakdown of their forecasts by gender, veteran/dependant and region, is provided in *Appendix 5a*.

The absolute number of 75-84 year olds has decreased only slightly. The largest decline has been in the number of 65-74 year olds: this age bracket is now only a third of the size it was nine years ago. The main explanation for this decline is that the National Service cohort have moved into the next age band up, and some of them have died in the interim or moved into communal establishments.

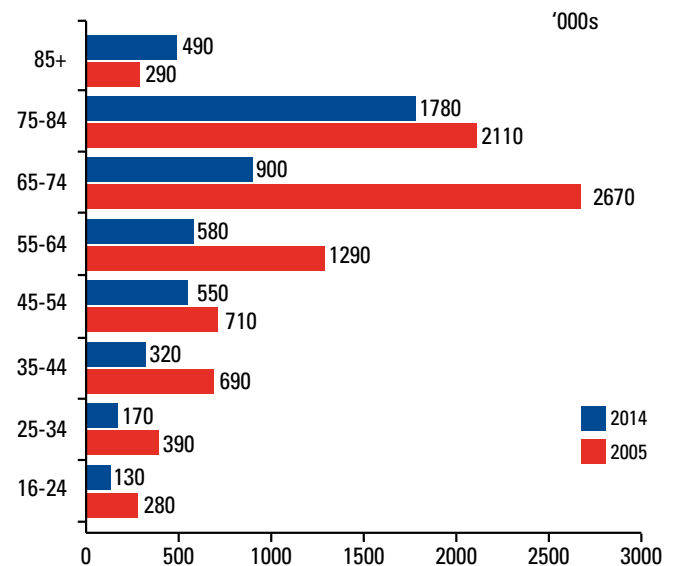


Figure 1b. Size of the adult ex-Service community by age-trend.

<sup>12</sup> From here onwards the precise figures quoted in this section are rounded to the nearest ten thousand.

By way of further context, in 2009 ONS used data from the 2007 Adult Psychiatric Morbidity Survey (APMS) to estimate the number of veterans (not including dependants) living in England.<sup>13</sup> They calculated the population of veterans in private households in England in 2007 to be 3,771,534 and projected that this would fall to 2,661,600 by 2017. Assuming a straight line decrease over that ten-year period would give an estimate of around 3 million veterans in England by 2014, implying a current UK population of veterans of around 3.6 million. This is slightly above the estimate from our latest research of 2.8 million veterans (*fig. 1a*).

The APMS is being conducted again at the time of writing, and when these results are released they will provide opportunity for another up-to-date estimate of the size of the ex-Service community for comparative purposes.

Among UK adults, 5.4% are veterans and 4.0% are adult dependants (spouses, partners, ex-spouses, ex-partners, widow(er)s, 16-24 year olds still dependent on an ex-Service parent), giving a total of 9.4% of UK adults in the ex-Service community (*fig. 1c*).

Projecting to the UK adult population of 52.41 million this equates to **2,835,000 veterans** and **2,086,000 adult dependants**, giving a total of **4,921,000 adults in the ex-Service community living in private residential households**.

The survey found that these adults had a further **992,000 minor dependants** aged 0-15 (living with them or elsewhere, and financially supported by them). This is equivalent to 8.2% of the 12.1 million children aged 0-15 in the UK.

	Survey estimate '000s	Adults 16+	Children 0-15	Total
UK population '000s		52,410	12,101	64,511
% of UK population		%	%	%
Veterans	2,835	5.4		4.4
Dependent adults	2,086	4.0		3.2
Dependent children	992		8.2	1.5
Total ex-Service community	5,913			9.2

Figure 1c. Estimates of the size of the UK ex-Service community in 2014.

The UK ex-Service community of 4,920,000 adults and 990,000 children breaks down by nation as follows:

- 4,070,000 adults and 785,000 children in England
- 430,000 adults and 85,000 children in Scotland
- 310,000 adults and 75,000 children in Wales
- 110,000 adults and 45,000 children in Northern Ireland

### The size of the Armed Forces community

Punter Southall used MOD data to estimate the current size of the serving community, including families.

They estimate that there are 469,773 members of the serving community (Service personnel and their dependants). This breaks down to 198,810 Service personnel (including Reservists), 101,393 dependent adults and 169,570 dependent children (*Appendix 5b*). Around 11 per cent of Service personnel are currently stationed overseas, some with their families, which may amount to around 53,000 members of the serving community.

In total, we therefore estimate that the size of the Armed Forces community is between 6.5 and 6.7 million.

<sup>13</sup> Population Trends: Winter 2009, based on data from the 2007 Adult Psychiatric Morbidity survey



Image credit: Alison Baskerville

## Age

The average age of the adult ex-Service community is 67 years, compared with 47 years for the general adult population.

The ex-Service community is heavily skewed towards those over retirement age, with nearly two thirds (64%) being aged 65+. Relative to the general population, those aged 65+ are over-represented by a factor of three (*fig. 1d*).

There is a 'spike' in the profile at age 75-84 years: over a third of the ex-Service community are in this age band: four and a half times as many as in the general population. This age band includes post-war National Service veterans and their associated dependants.

One in ten members of the ex-Service community are aged 85+; five times as many as in the general population.

The age profiles of veterans and their adult dependants are broadly similar. A greater proportion of veterans are aged 35-64 and a smaller proportion are aged 65-74 than their dependants (*fig. 1e*). The average age of both veterans and their adult dependants is 67.

The adult ex-Service community is older than it was nine years ago, as the National Service cohort becomes increasingly elderly: 46% are now aged 75+ compared with 28% in 2005 (*fig. 1e*). The average age is 67 years now, compared with 63 in 2005.

The age distributions of veterans and of dependants reported in *fig. 1f* are similar to nine years ago – the main differences being:

- The percentage of dependants aged 65-74 exceeds the percentage of veterans in that age bracket by a greater margin now (+8 percentage points) than nine years ago (+4pp)
- The percentage of dependants aged 85 now exceeds the percentage of veterans in that age bracket (+1pp), whereas the reverse was true nine years ago (-2pp).



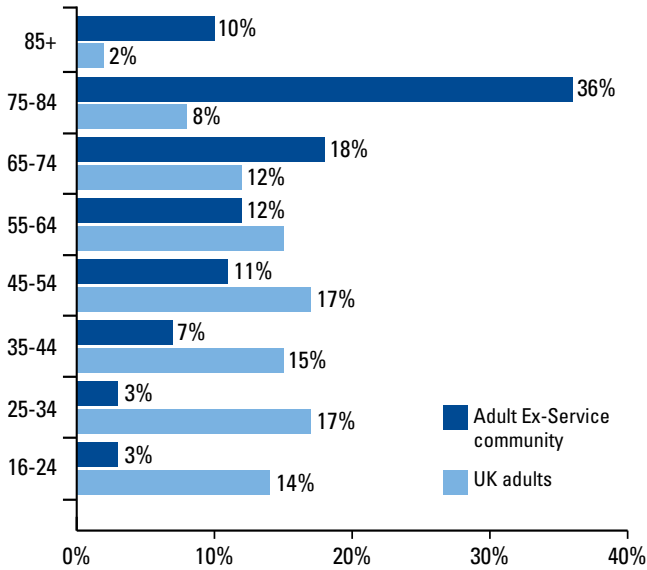


Figure 1d. Age profile of adult ex-Service community compared with UK adult population.

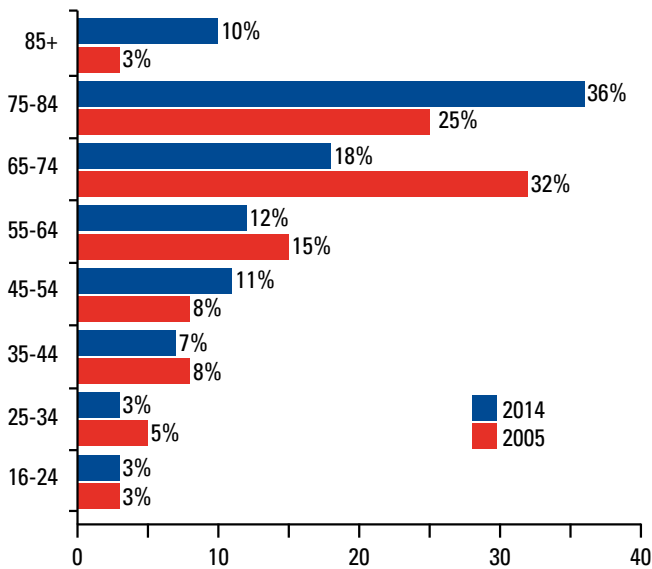


Figure 1e. Age profile of adult ex-Service community – trend.

	Adult ex-Service community		Veterans		Dependants	
	%	'000s	%	'000s	%	'000s
		<b>4,920</b>		<b>2,830</b>		<b>2,090</b>
<b>16-24</b>	2.7	130	1.3	40	4.6	100
<b>25-34</b>	3.4	170	3.4	100	3.5	70
<b>35-44</b>	6.5	320	7.8	220	4.9	100
<b>45-54</b>	11.2	550	12.7	360	9.2	190
<b>55-64</b>	11.8	580	13.7	390	9.2	190
<b>65-74</b>	18.2	900	15.0	420	22.5	470
<b>75-84</b>	36.2	1,780	37.0	1,050	35.2	740
<b>85+</b>	10.0	490	9.5	270	10.9	230
<b>Average</b>		67		67		67

Figure 1f. Age profile of adult ex-Service community.

The ageing profile of the ex-Service community is likely to have influenced the make-up of the community in other ways, such as ethnicity and geographical distribution. This is discussed in more detail in Section 1.4.

Just over 5% of the UK adult population are veterans, but this varies markedly by gender and age cohort, as *fig. 1g* shows. The penetration peaks amongst men aged 85-94, of whom 60% report being veterans. A quarter of all aged 75 or over are veterans.

	UK adults	Men	Women
<b>All ages</b>	<b>5.4%</b>	<b>9.9%</b>	<b>1.1%</b>
16-24	0.5%	0.9%	0.1%
25-34	1.1%	1.7%	0.4%
35-44	2.8%	4.4%	1.1%
45-54	4.2%	7.4%	1.1%
55-64	5.1%	8.3%	1.6%
65-74	6.8%	12.2%	1.9%
75-84	25.3%	56.3%	2.0%
85-94	23.7%	60.1%	4.1%

Figure 1g. Penetration of veterans, by age.

The reader is referred to *Appendix 4a* for the full calculations underlying estimates of the size of the ex-Service community.

## 1.2 What is the likely size of the 'hidden' ex-Service community?

The estimates on the previous page exclude members of the ex-Service community who were beyond the scope of this survey because they are not living in private residential dwellings; rather, they are living in institutions and communal establishments.

These include:

- Residential homes or nursing homes
- Hospitals
- Prisons
- Rehabilitation centres
- Temporary accommodation such as hostels, and
- Armed Forces bases

The homeless sleeping rough are also excluded. A summary of research findings on homelessness amongst veterans can be found in *Chapter 4*.

In the 2011 Census, 1.13 million people in the UK were classified as living in 'communal establishments', which is 1.78% of the total population (see *Appendix 4b, fig. 4i* for full details).

**It is estimated that the inclusion of veterans and their dependants in these hidden populations could take the total of the whole UK ex-Service population from 5.9 million to between 6.1 and 6.2 million.**

This is equivalent to 9.5% to 9.6% of the total UK population. This is lower than the estimate of 10.5 million in 2005, which was equivalent to 18% of the UK population.

There is little up-to-date information available on the size of the ex-Service community within these hidden populations. Research on the prison population suggests that between 3.5% and 7% of adults in prison are ex-Service personnel.<sup>14</sup> Based on current prison populations, this would mean that around 3,000 to 6,000 members of the ex-Service community are in prison.

Given the age profile of the ex-Service community it is likely that there will be a significant number living in medical and care establishments. The 2011 Census found that seven in ten of those in medical and care establishments are aged 65 or over. Other research suggests that 95% of care home residents are 65 or over.<sup>15</sup> 2002 research suggested that up to 80% of people in residential care may (at that time) have been veterans or their dependants.<sup>16</sup>

However, new research would be needed to assess the true prevalence in 2014, as the absence of National Service experience among those currently aged under 75 means that this figure will have changed since 2002.

In the absence of further information, an estimate of the hidden population has been made using broadly the same approach as that used by ONS for estimating the number of veterans in England in 2009.<sup>17</sup> This involves multiplying the proportion of the UK adult population estimated to be in the ex-Service community by the number of UK adults living in communal establishments (see *Appendix 4b* for more detail). When age is taken into account, the estimated hidden population amounts to 186,000 additional people. This may still underestimate the hidden population, as it assumes that just under half of those aged 75+ in medical and care establishments are members of the ex-Service community. If the true proportion of those aged 75+ was as high as estimated twelve years ago for those aged 65+, at 80%, this would add a further 106,000 people to the estimated hidden population. This gives an estimate of a hidden community of up to 292,000 people.

Given the lack of definitive information, our best estimate is that the size of the hidden population is **between 190,000 and 290,000**.<sup>18</sup>

The rest of this report focuses on the profile and needs of the ex-Service community living in private residential households, excluding these hidden populations.



Image credit: MOD



<sup>14</sup> HM Inspectorate of Prisons (2014) *People in prison: Ex-Service personnel.*

<sup>15</sup> Age UK (2014) *Later Life in the United Kingdom*, citing data from 2012-13 Laing and Buisson *Care of Elderly People UK Market Survey.*

<sup>16</sup> COBSEO (2002) *Review of Ex-Service Accommodation.*

<sup>17</sup> *Population Trends: Winter 2009*, based on data from the 2007 *Adult Psychiatric Morbidity survey.*

<sup>18</sup> After rounding to the nearest 10,000.



### 1.3 Who makes up the ex-Service community?

The make-up of the ex-Service community has changed little since 2005. Veterans make up just under half of the total community, with their dependants accounting for just over half. Dependants comprise two thirds adults and one third children aged under 16 (*fig. 1h*).

	Survey estimate	Ex-Service community	Dependants
	'000s	%	%
<b>Total ex-Service community</b>	<b>5,913</b>	100	
Veterans	2,835	48	
All dependants of which:	3,078	52	100
Dependent adults of which:	2,086	35	68
Spouse/partner	1,080	18	35
Divorced/separated	183	3	6
Widow(er)	776	13	25
16-24 year old <sup>19</sup>	79	1	3
Dependent children 0-15	992	17	32

**Figure 1h. Composition of the UK ex-Service community in 2014.**  
Note: Where percentages sum to more than 100% this is due to multiple dependant statuses.



### Branch of Service

Nine in ten veterans have served in the Regular forces, with over half serving in the Army (*fig. 1i*).

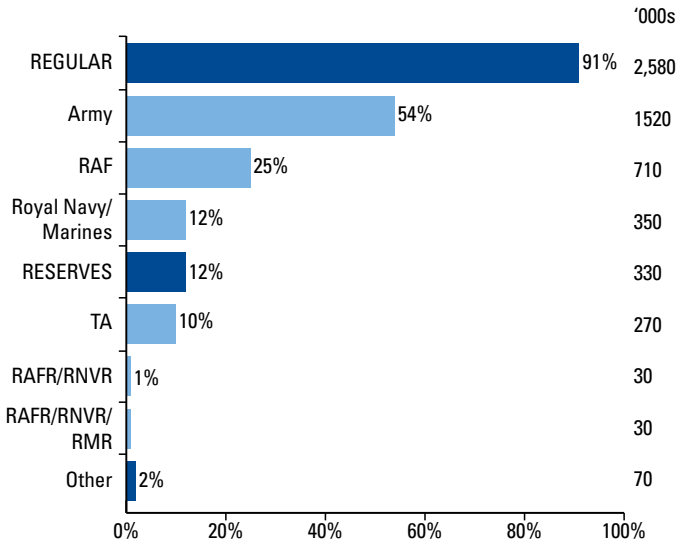


Figure 1i. Veterans' branch of military Service. Base: all veterans.

A quarter were in the Royal Air Force, and just over one in ten in the Royal Navy or Royal Marines. Only 12% were Reservists and most of these were in the Territorial Army/Army Reserves.

Compared with the average veteran: Naval veterans are more likely to be women (18%) and more likely to be aged under 65 (47%); Army veterans are most likely to be men (92%); RAF veterans are more likely to be aged 65 or over (72%) and in the ABC1 social grades (67%); those who served in the Reserves are more likely to be aged 35-64 (48%).

### Conscription

Amongst male veterans aged 70 or over, three quarters (77%) confirm that they had been conscripted or done 'National Service', equivalent to 1.1 million veterans – the majority of these are now post-war National Servicemen. Nearly a quarter said they had served without being conscripted (*fig. 1j*).

The majority of World War 2 veterans are now aged over 85, with only a residual in the 75-84 age bracket. Amongst male veterans aged 85-94, 41% said they served during World War 2 through conscription but 29% reported that they served through their own choice, rather than being conscripted (*fig. 1k*).

	Male Veterans aged 70+	Population projection
	%	'000s
Base: All male veterans aged 70+	100%	1,440
ANY CONSCRIPTION/ NATIONAL SERVICE:	77	1,110
World War 2	12	180
Post World War 2	67	960
ANY 'OWN CHOICE'/ NON-CONSCRIPTION :	22	320
World War 2	5	80
Post World War 2	17	240
ANY World War 2	17	250
ANY POST-WAR	82	1,180

Figure 1j. Conscription era veterans.

	Male Veterans aged:		
	70-74	75-84	85-94
	%	%	%
ANY CONSCRIPTION/ NATIONAL SERVICE:	59	84	67
World War 2	0	8	41
Post World War 2	59	77	28
ANY 'OWN CHOICE'/ NON-CONSCRIPTION :	35	16	37
World War 2	0	1	29
Post World War 2	35	15	8
ANY World War 2	0	9	71
ANY POST WAR	93*	91	34

Figure 1k. Conscription era veterans, by age. \* The residual 7% stated 'Other' ways of serving.

Three quarters (77%) of male veterans aged 75-84 served through doing post-war National Service, which makes them very different from the age band above them. The proportion of male veterans aged 70-74 now who did post-war National Service is slightly lower at 59%, as conscription was gradually phased out.

<sup>19</sup> The Legion defines 16-18 year olds with an ex-Service parent, and 19-24 year olds still in full-time education with an ex-Service parent, as eligible for assistance as 'dependent children'. Our survey treated them as adults by virtue of their age.



Image credit: MOD

### Time since military discharge

The average (mean) length of time since discharge was 41 years (i.e. they left Service in 1973). However, veterans were most commonly discharged 50-59 years ago; that is, between 1955 and 1964 (*fig. 1l*).

On average, veterans served with the Armed Forces for seven years. 37% served for less than three years, 22% served for at least three but less than five years and 39% served for five years or more (*fig. 1m*).

### Deployments

Six in ten veterans (58%) had been deployed on overseas duties (*fig. 1n*). This proportion is lowest amongst the youngest veterans aged 16-24 (38%) and also low among the 'post war National Service cohort' aged 75-84 (50%); and highest among the oldest veterans aged 85+, which includes the World War 2 cohort (72%).

The nature of overseas' duties and conflict exposure largely reflects the age profile of the veteran population and the dates of those operations. The largest overseas deployments were veterans serving with British Forces Germany (post World War 2), which spans across all ages but peaks at 25% of veterans currently aged 55-74, and Northern Ireland, which peaks at 30% among veterans currently aged 35-64.

### Military rank

Half of the veterans we surveyed had left the military as an officer or an NCO (*fig. 1o*). This proportion gradually increases with age from just 27% of veterans aged 16-24, to a peak of 61% of 65-74s, which is indicative of a longer military career (then tails off again).

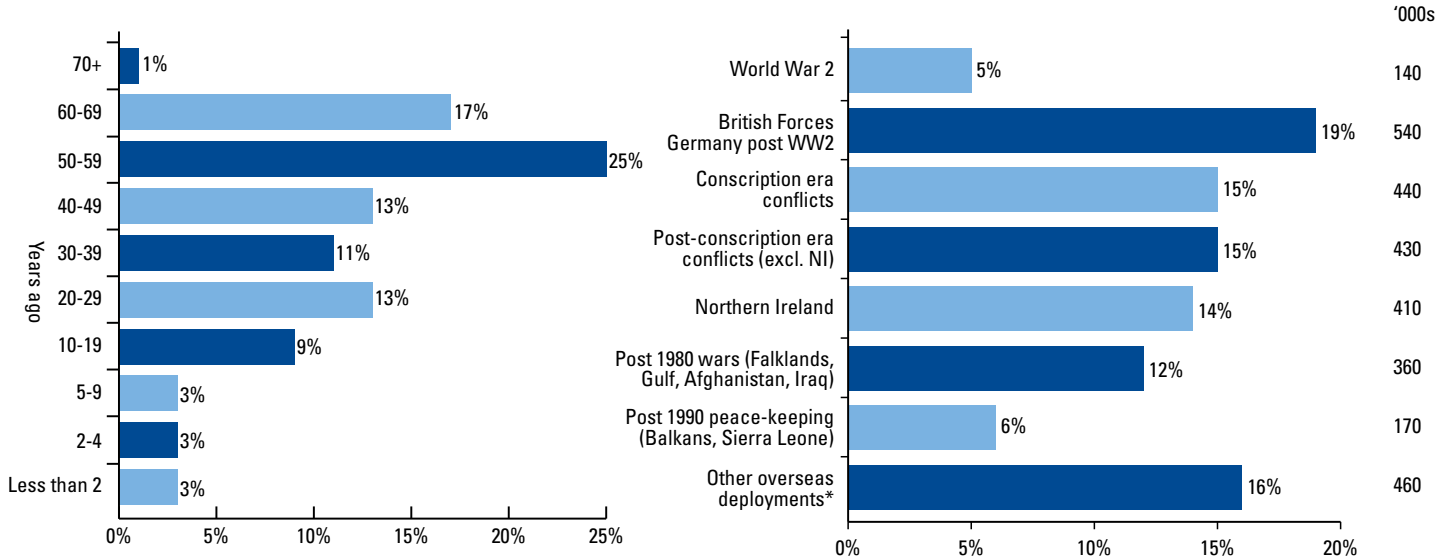


Figure 1l. Veterans' time since discharge.

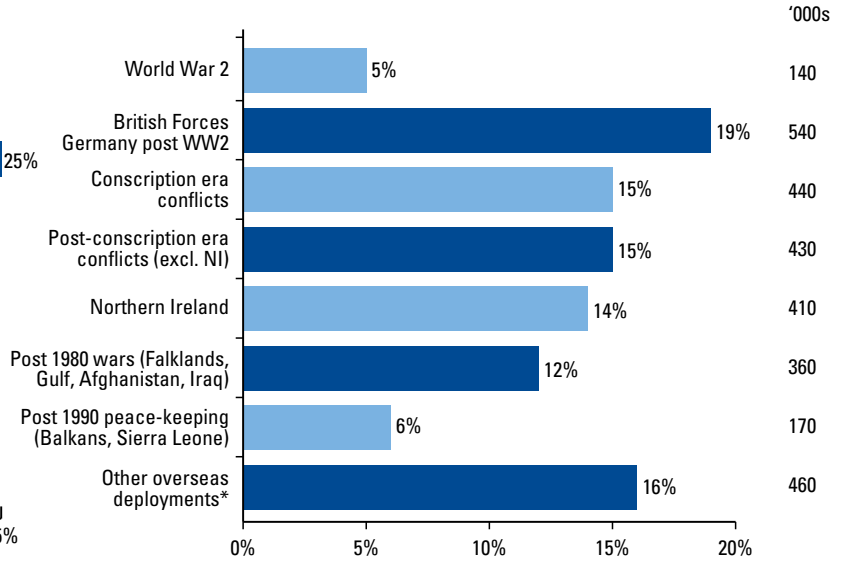


Figure 1n. Veterans' overseas deployments.  
Base: All veterans \*might not involve conflict exposure.

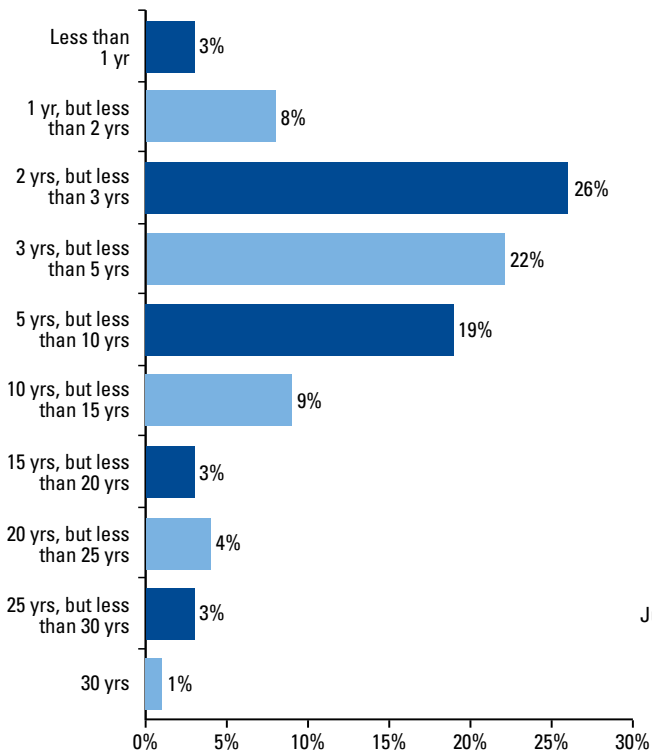


Figure 1m. Veterans' length of Service.

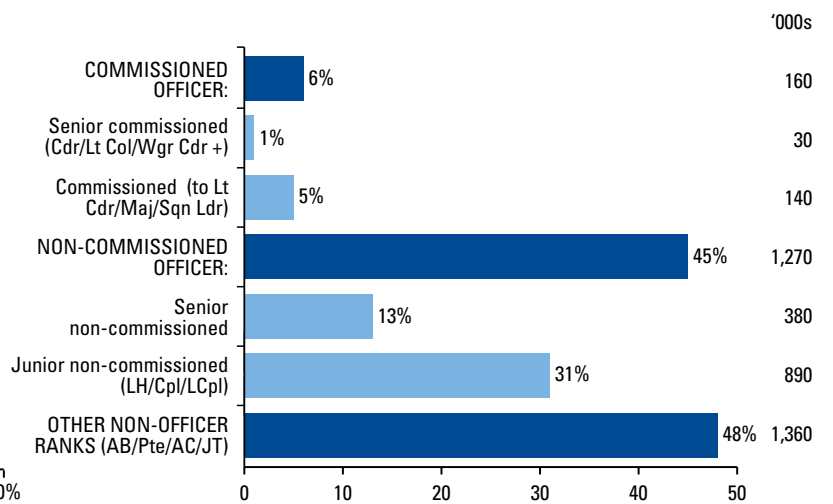


Figure 1o. Veterans' final rank.  
Base: All veterans.

## 1.4 Key characteristics and comparisons with the UK population

This section describes the demographic profile of the adult ex-Service community aged 16+, and highlights how this differs from the general UK adult population.

### Gender

53% of the adult ex-Service community are men and 47% are women (*fig. 1p*). The vast majority of veterans are men and nearly all adult dependants are women. In the UK as a whole, 51% of adults are women, and 49% are men.

	Adult ex-Service community		Veterans		Dependants	
	%	'000s	%	'000s	%	'000s
<b>Male</b>	52.8	2,600	88.9	2,520	3.6	80
<b>Female</b>	47.2	2,320	11.2	320	96.4	2,010

Figure 1p. Gender of adult ex-Service community.

### Ethnicity

Nearly all (98.3%) of the adult ex-Service community are white (*fig. 1q*). Only 1.7% are non-white, compared with 12.4% of UK adults.

	Adult ex-Service community	UK population
	%	%
<b>White:</b>	<b>98.3</b>	<b>87.2</b>
White British	93.7	77.4
White Irish	0.6	1.3
White other	4.0	8.6
<b>Non-white:</b>	<b>1.7</b>	<b>12.4</b>
Mixed race	0.2	1.0
Asian/Asian British	0.4	6.8
Black/Black British	0.8	3.6
Chinese	0.2	0.5
Other	0.2	0.4

Figure 1q. Ethnicity of adult ex-Service community, compared with UK adult population.

### Household composition

Just over a third of the ex-Service community live alone, compared with a fifth of UK adults (*fig. 1r*). Just under half live in a two person household, compared with a third of UK adults.

	Adult ex-Service community	UK population
	%	%
<b>Household size (adults and children):</b>		
<b>1</b>	35	21
<b>2</b>	45	33
<b>3</b>	9	18
<b>4</b>	7	17
<b>5+</b>	4	10
<b>Presence of children (aged 0-15) in the household:</b>		
<b>Any</b>	11	29
<b>None</b>	89	71

Figure 1r. Household composition of adult ex-Service community, compared with UK adult population.

This reflects the older age profile of the ex-Service community, with those aged 75+ considerably more likely to live alone both in the ex-Service community (58%) and UK-wide (55%). Only a tenth of ex-Service households have any children present, again reflecting the older age profile of the community.

### Geographical distribution

The ex-Service community's regional profile varies from the UK adult population, in that there is a substantially lower proportion living in Greater London and a slightly higher proportion living in the South West and Yorkshire and Humberside (*fig. 1s*).

The ex-Service community makes up the largest proportion of the UK adult population in the South West, Yorkshire and Humber, the North East and Wales, and more generally in rural areas.



	Adult ex-Service community	UK population	Penetration of ex-Service community
	%	%	%
Greater London	3	13	3
South East	12	14	8
South West	12	8	15
East of England	10	9	11
East Midlands	8	7	10
West Midlands	9	9	10
Yorkshire & Humber	11	8	12
North East	5	4	13
North West	10	11	9
<b>England</b>	<b>82</b>	<b>83</b>	<b>9</b>
<b>Scotland</b>	<b>9</b>	<b>9</b>	<b>10</b>
<b>Wales</b>	<b>7</b>	<b>5</b>	<b>12</b>
<b>Northern Ireland</b>	<b>2</b>	<b>3</b>	<b>7</b>
<i>Conurbation</i>	<i>21</i>	<i>30</i>	<i>7</i>
<i>Urban</i>	<i>53</i>	<i>51</i>	<i>10</i>
<i>Rural</i>	<i>26</i>	<i>19</i>	<i>14</i>

Figure 1s. Geographic profile of adult ex-Service community, compared with UK adult population.

## Social grade

Social grade is based on the occupation (or previous occupation) of the chief income earner in a household. It acts as a measure of social class or socioeconomic status. It ranges from the highest (A) to the lowest (E). Please see *Appendix 3* for further details.

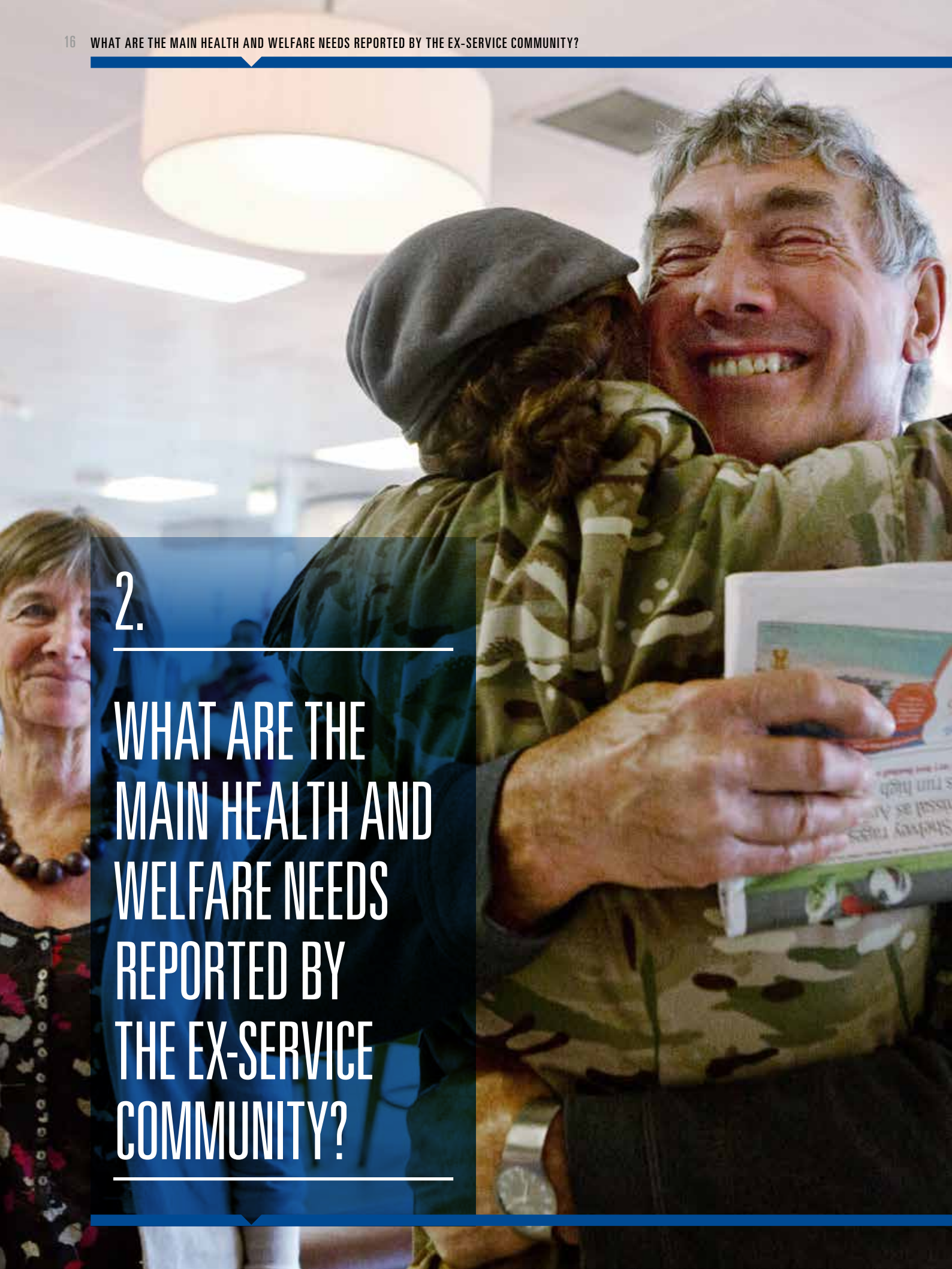
Fewer members of the ex-Service community are in social grade D and more are in grade C2 and E than the general adult population (*fig. 1t*). The latter finding is related to the older age profile of the ex-Service community, since those entirely dependent on the state pension fall into social grade E.

Considering those who are *not retired*, the social grade profile of the ex-Service community sees a higher proportion of this population in grade C2 (skilled manual workers) and a lower proportion in grade AB (professionals/managers).

	Adult ex-Service community		UK population	
	All	Excl. retired	All	Excl. retired
	%	%	%	%
<b>A</b>	4	2	3	3
<b>B</b>	17	14	18	17
<b>C1</b>	31	32	31	33
<b>C2</b>	24	27	21	22
<b>D</b>	8	11	12	14
<b>E</b>	16	13	14	12

Figure 1t. Social grade of adult ex-Service community, compared with UK adult population.






## 2.

---

# WHAT ARE THE MAIN HEALTH AND WELFARE NEEDS REPORTED BY THE EX-SERVICE COMMUNITY?

---



Armed Forces and veterans' charities make up a substantial section of the charity sector, with 134 charities, Regimental associations and benevolence organisations registered as members of the Confederation of Service Charities (Cobseo). With a vast amount of public and charitable funding directed at services for the ex-Service community, evidence on the welfare needs of this group will help to ensure that the most pressing needs are met.

This chapter gives an overview of the type and scale of health and welfare difficulties reported by the adult ex-Service community and considers the current and potential future sources of help required by the community. Later chapters will explore different types of need in more detail, with *Chapter 3* focusing on health and wellbeing, *Chapter 4* on finance, deprivation and housing, and *Chapter 5* on work and training.

### Summary of key findings

- Four in ten of the adult ex-Service community has some difficulty with health or wellbeing, equivalent to 2,090,000 people.
- These are most likely to be health issues (physical or mental) reflecting the self-care and mobility problems affecting older members of the community. Isolation and mental health issues particularly affect those aged 35-54.
- One in five has unpaid caring responsibilities, which is higher than the national average, particularly among those aged 16-24.
- One in 20 reports some unmet need for support, rising to one in four among the unemployed.

## 2.1 Reported health and wellbeing difficulties

The single most reported difficulty is the **ability to get around outside of the home**, reported by 13%, which is equivalent to around 630,000 people; the high prevalence reflects the older profile of this community (fig. 2a).

With almost one in ten reporting problems with getting around inside the home, this puts both types of mobility difficulty among the top ten reported problems. Both types are more prevalent among those aged 85-94, as well as those in receipt of disability benefits.

One in ten of the ex-Service community reports **feeling depressed** and this peaks at 14% of those aged 35-64. Depression is particularly prevalent for the unemployed and those under retirement age but not seeking work (three in ten of each group). Two in ten of those who are divorced or separated also report feeling depressed.

Related to this psychological difficulty, 8% report feeling lonely and 7% report difficulties with bereavement. Loneliness is more prevalent among those who are divorced, separated or widowed (two in ten).

The most reported physical self-care difficulty is **exhaustion and pain**, reported by almost one in ten, followed by poor bladder control, reported by slightly fewer. Both problems are, unsurprisingly, slightly more prevalent among those with a long-term illness or disability. Poor bladder control is more likely to be reported by those aged 75-94 (one in ten), but reports of exhaustion and pain peak at age 45-54 (13%).

Problems with house and garden maintenance are reported by 7%. This is slightly higher for those aged 75-94, those living alone, and those on disability benefits, but prevalence is fairly low across the board.

Not having enough money for daily living, or to buy or replace needed items, are each cited by one in twenty. This is unsurprisingly associated with higher level deprivation, particularly unemployment and the receipt of means tested benefits. Prevalence is slightly higher among those with children and, related to this, among those aged 25-54. Those renting their housing privately are also more likely to report problems with day-to-day finances (two in ten).

The remainder of this section gives a summary of self-reported health and wellbeing difficulties with a focus on top level themes of need, each incorporating a number of specific difficulties, such as those in fig. 2a. Some of these difficulties apply to the individual and others to anyone within their household.

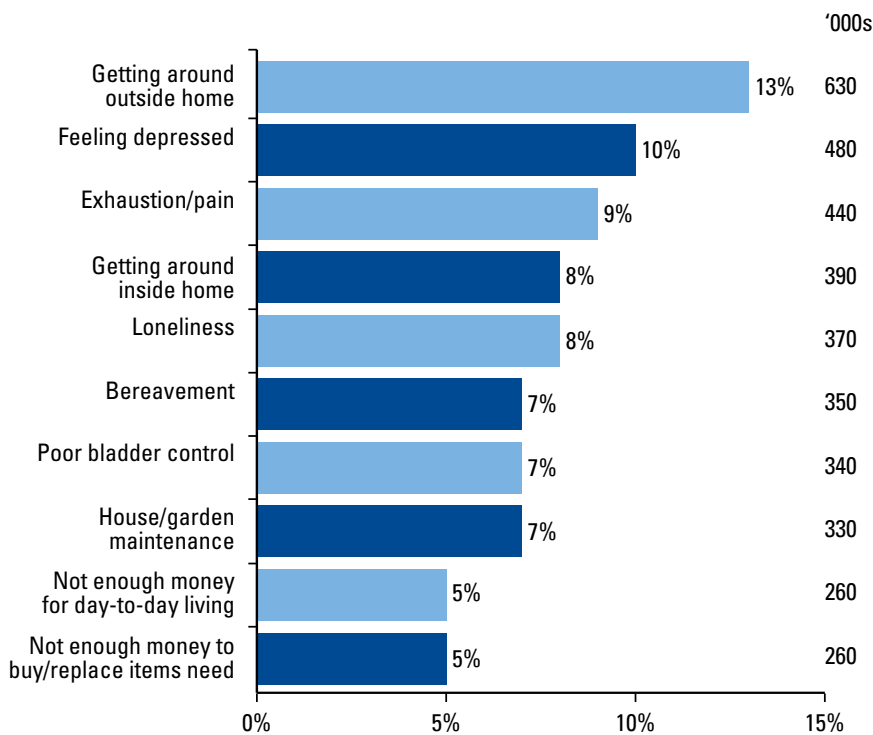


Figure 2a. Top ten difficulties experienced in last year. Base: Adult ex-Service community.





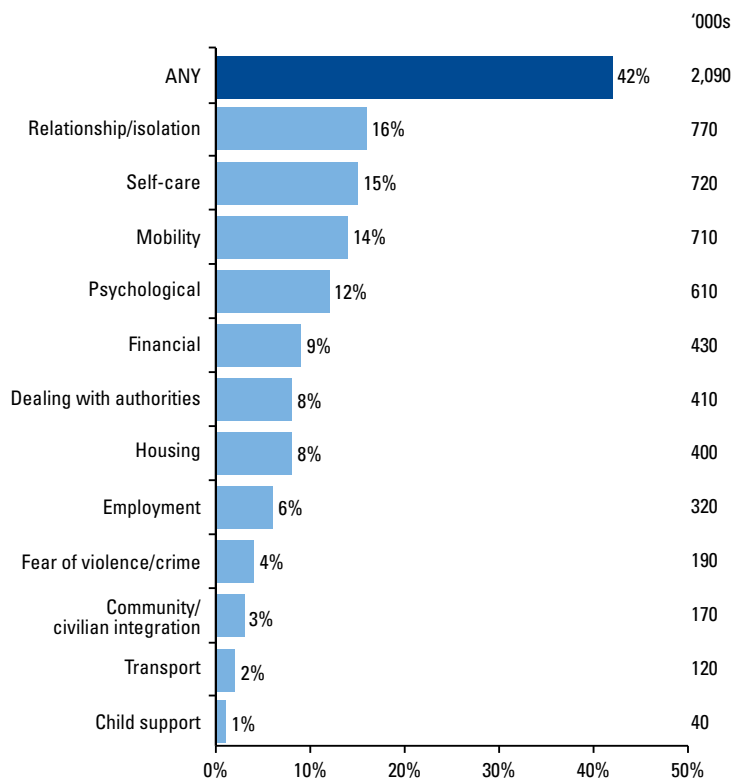


Figure 2b. Summary of difficulties (themed) experienced in last year. Base: Adult ex-Service community.

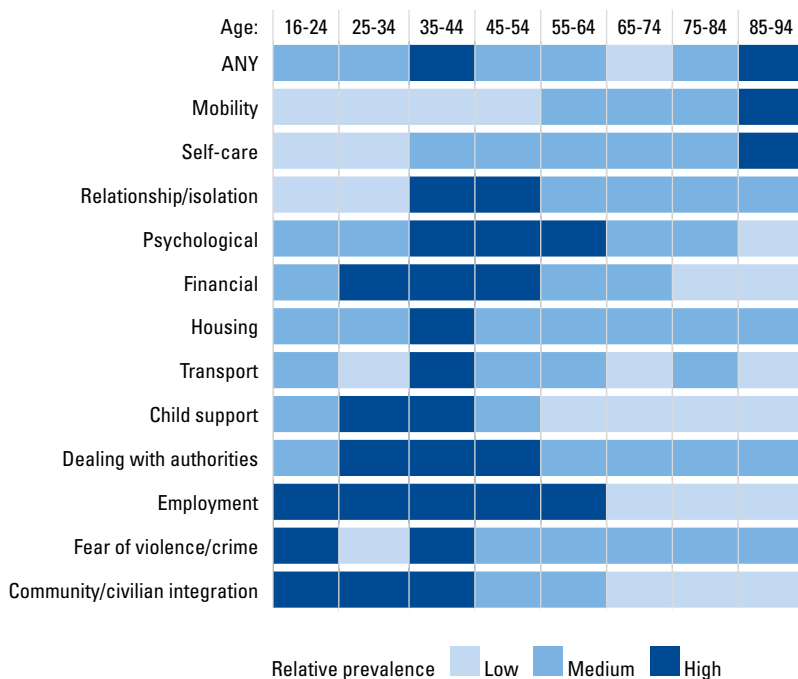


Figure 2c. Summary of age patterns in difficulties (themed) experienced in last year. Base: Adult ex-Service community.

Over four in ten adults in the ex-Service community report some difficulty in the last year, equivalent to around 2,090,000 people (fig. 2b).

There are a number of key groups that are more likely to report any difficulties, including:

- Those with a higher level of deprivation, particularly those who are unemployed (seven in ten)
- Those who are widowed, divorced or separated (over half)
- People with a long-term illness or disability (58%), particularly those receiving disability benefits (68%)
- Those aged 35-44 (six in ten) and, to a lesser extent, those aged 85-94 (half)
- Those most recently discharged: 54% of those discharged in the last five years; and
- To a lesser extent, those with dependent children and those with unpaid caring responsibilities (just under half for each)

This is a complex picture, as the 'any difficulty' result is made up of all those who experience any of a wide range of difficulties, within the overall themes shown in fig. 2b. Different groups within the ex-Service community are more or less likely to report each set of problems.

Difficulties are most likely to be related to **relationships or isolation** (particularly loneliness and bereavement), **self-care**, **mobility** (especially outside the home) and **psychological problems** (particularly depression); each reported by more than one in ten. These all fall within the area of health (both mental and physical). Physical health problems are most likely to be reported by the oldest members of the ex-Service community, with dependent widows also at risk of isolation. Psychological and mental health problems are more prevalent among the 35-54s, particularly the divorced. These issues are discussed further in Chapter 3.

Two of the next most cited problems (each for just under one in ten) are **finance** and **housing**. Populations at risk of financial problems include working age households with dependent children, particularly divorced parents; people with a long-term illness or disability, and young singles, who are more likely to take on debt. These issues are discussed further in *Chapter 4*.

Just 6% report a problem with **employment**, higher at three in ten of those discharged in the last five years, and one in six among those of working age. This is further discussed in *Chapter 5*.

The least-reported problems relate to aspects of community and social integration, with problems with transition to civilian life most likely to be reported by younger people, particularly those most recently discharged (see Section 2.2 for more detail).

As set out above, there are two key age groups most likely to report some difficulty: 35-44s and 85-94s. This is driven by a complex pattern of age differences spanning the different themes. *Figure 2c* shows the pattern of difference by age for each theme, with the darkest colour showing age groups with a high prevalence relative to the average, and the lightest colour showing age groups with a relatively lower prevalence for each theme.

The oldest members of the ex-Service community are more likely than average to report self-care and mobility problems. The majority of other problems are more often cited by younger people. Those aged 35-44 are more likely than average to report each of the remaining difficulties, with those aged 45-54 also reporting a wider range of problems than people in other age groups. Problems that are more often cited by the youngest in the community (16-44s) are focused on employment, dealing with the authorities, and community and social integration issues.

A full table of all difficulties broken down by age is included in *fig. 6i* at *Appendix 6*.



Image credit: Alison Baskerville



Image credit: National Memorial Arboretum

## Adverse experiences prior to Service

To understand veterans' welfare needs, it can be helpful to consider whether they had any challenging life experiences prior to their military Service that might have put them at a disadvantage. Veterans used self-completion questionnaires to record which (if any) of a list of 16 adverse experiences had been part of their background before joining the Armed Forces.

Veterans have typically experienced five of these 16 adverse experiences whilst they were growing up. Over a third (36%) of veterans cite six or more negative experiences, which is suggestive of a 'challenging' background (fig. 2d).

This proportion is higher among younger veterans, at three in four of those aged 16-24 and half of those aged 25-34, falling to only a quarter of those aged 85 or over.

This probably reflects more difficult family backgrounds amongst younger veterans but may also be influenced in part by recall – for younger people their experiences whilst growing up are still fresh in their mind, whilst for much older people, experiences in their formative years may have diminished in their memory.

There is a clear relationship between adverse experiences and deprivation. The number citing six or more adverse experiences is higher among the lower social grades (45% of DEs falling to a quarter of ABs) and those on a lower income. Half of those who are unemployed also report six or more adverse experiences.

The proportion citing six or more adverse experiences is also higher among veterans discharged more recently, Army and Navy veterans as opposed to RAF veterans, veterans from other ranks (excluding NCOs), those with lower educational attainment, those who are divorced or separated, rental tenants, and veterans currently living in Northern Ireland.

	All Vet's	Vet's 16-64	Serving 2003 <sup>^</sup>
	%	%	%
No special teacher/ youth worker/ family friend who looked out for me	78	79	87
No one thing/activity that I did that made me feel special or proud	30	26	20
No family member I could talk to about things that were important to me	20	25	25
Used to get shouted at a lot at home	18	23	30
My family didn't use to do things together	17	23	23
Often used to get into physical fights at school	16	24	26
Didn't come from a close family	15	20	22
Often used to play truant from school	15	20	20
Didn't feel valued by my family	12	17	16
Regularly used to see or hear physical fighting or verbal abuse between my parents	11	16	18
Problems with reading or writing at school and needed extra help	10	15	15
Did things that should have (or did) get me into trouble with the police	10	16	38
Used to be hit/hurt by a parent or caregiver regularly	9	14	10
One (or more) of my parents had problems with alcohol or drugs	7	10	13
Suspended/expelled from school (ever)	6	13	18
Spent some time (any time) in local authority care/Social Services care	4	7	3
<b>NUMBER:</b>			
0-1 experiences	5	7	24
2-3 experiences	11	8	33
4-5 experiences	47	44	20
6 or more experiences	36	42	24
<b>Average</b>	<b>5</b>	<b>5</b>	<b>n/a</b>

Figure 2d. Adverse experiences prior to service.

<sup>^</sup>KCMHR 2003 cohort study.



	Veterans
	%
<b>All veterans</b>	<b>42</b>
<b>Veterans with early experience of:</b>	
No special teacher/ youth worker/ family friend who looked out for me	43
No one thing/activity that I did that made me feel special or proud	40
No family member could talk to about things that were important to me	49
Used to get shouted at a lot at home	53
My family didn't use to do things together	52
Often used to get into physical fights at school	52
Didn't come from a close family	55
Often used to play truant from school	54
Didn't feel valued by my family	50
Regularly used to see or hear physical fighting or verbal abuse between my parents	57
Problems with reading or writing at school and needed extra help	56
Did things that should have (or did) get me into trouble with the police	61
Used to be hit/hurt by a parent or caregiver regularly	58
One (or more) of my parents had problems with alcohol or drugs	58
Suspended/expelled from school (ever)	51
Spent some time (any time) in local authority care/Social Services care	56
<b>Number of early adverse experiences:</b>	
0-1 experiences	30
2-3 experiences	40
4-5 experiences	40
6 or more experiences	48

Figure 2e. Proportion of veterans experiencing any difficulties in the last year, by early adverse experiences.

Compared with serving personnel researched in 2003<sup>20</sup>, veterans of working age (the most comparable group) are more likely to report four or more adverse experiences (*fig. 2d*). The proportion reporting each specific experience is largely similar in both the ex-Service and serving populations, with one exception: the serving community are over twice as likely to have done things that did or should have got them in trouble with the police.

The 2003 research finds similar differences in experience among serving personnel, with a higher number of adverse experiences among younger people, those serving in the Army, other ranks, and those who are widowed, divorced or separated.

### Links between reported difficulties and early adverse experiences

Veterans are no more likely than dependants to report any difficulties in the last year (both 42%).

However, among veterans there is an association between having experienced any adverse experiences early in their life, prior to military Service, and experiencing problems now. Veterans from more challenging backgrounds are more likely to be encountering any or a greater number of problems now.

The proportion of veterans who report experiencing any difficulties within the last year increases in line with the number of early adverse experiences (*fig. 2e*): only 30% of veterans with none or one early adverse experience cite problems now, rising to 48% of veterans with six or more early adverse experiences.

Early adverse experiences associated with the highest incidence of problems now are getting in trouble with the police, being physically abused by a parent or caregiver and having a parent with drug or alcohol problems.

<sup>20</sup> Iverson et al (2007) *Influence of childhood adversity on health among male UK military personnel*. British Journal of Psychiatry, 191.

## Trends in personal or household difficulties

A similar question about difficulties was asked when this research was carried out in 2005, and *fig. 2f* shows the level of change over time for all comparable difficulties,<sup>21</sup> grouped into themes.

Despite the change in profile of the ex-Service community since 2005, the prevalence of most self-reported difficulties remains fairly similar. There have, however, been a few drops in prevalence.

In 2014, slightly fewer report financial difficulties, particularly problems with day-to-day living expenses. This is most notable for those aged 16-44.

Fewer report problems dealing with the authorities now than nine years ago, with the greatest decrease for those aged 45 and over.

There is also reduced reporting in 2014 of housing difficulties. The reduction is most striking for those aged 85 or over, a quarter of whom had reported house or garden maintenance problems in 2005, falling to one in ten in 2014.



<sup>21</sup> It is not possible to compare 'fear of violence and crime' as this was restricted to 'outside of the home' in 2014, resulting in much lower incidence of reporting of problems than in 2005. Because of this difference it is not possible to compare the proportion reporting 'any difficulty'.

	Adult ex-Service community	
	2014	2005
	%	%
<b>Relationship/isolation</b>	<b>16</b>	<b>16</b>
Loneliness	8	6
Bereavement	7	7
Lack of recreational facilities/social life <sup>^</sup>	4	3
Marriage/relationship break-up	2	2
Difficulty forming close relationships	1	1
<b>Self-care difficulties</b>	<b>15</b>	<b>14</b>
Exhaustion or pain	9	10
Poor bladder control	7	4
Difficulty looking after self	3	3
<b>Mobility difficulties</b>	<b>14</b>	<b>12</b>
Difficulty getting around outside home	13	11
Difficulty getting around home	8	6
<b>Psychological difficulties</b>	<b>12</b>	<b>13</b>
Feeling depressed	10	9
Lack confidence/self-esteem	4	5
Lack hope/purpose/direction	4	3
Heaving drinking/taking drugs	1	1
<b>Financial difficulties</b>	<b>7</b>	<b>12</b>
Not having enough money for day-to-day living <sup>^</sup>	5	9
Getting into debt <sup>^</sup>	3	5
<b>Dealing with authorities</b>	<b>8</b>	<b>12</b>
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, letters)	4	3
Difficulty getting medical treatment <sup>^</sup>	3	6
Difficulty finding out about services or benefits entitled to <sup>^</sup>	3	5
<b>Housing difficulties<sup>^</sup></b>	<b>8</b>	<b>13</b>
Difficulty with house or garden maintenance <sup>^</sup>	7	11
Poor housing/inappropriate housing for your needs <sup>^</sup>	1	2
<b>Employment difficulties</b>	<b>6</b>	<b>5</b>
Unemployment <sup>^</sup>	3	3
Fear of unemployment <sup>^</sup>	3	
Lack of training/skills/ qualifications <sup>^</sup>	1	2

**Figure 2f. Personal or household difficulties experienced in the past year, using 2005 thematic groupings for comparison.** <sup>^</sup>Experienced by self or household.

## 2.2 Community integration and social isolation

Community integration and social isolation are both a potential challenge facing those who have moved frequently during military service.

There are a number of difficulties that can feed into this, as illustrated in *Figure 2g*.

One in six reports some relationship or isolation difficulty, equivalent to around 770,000 people. Given the themes of loneliness and bereavement, it is not surprising that dependent widow(er)s are more likely to report relationship and isolation difficulties (one in four), particularly loneliness (one in five). Even more of those who are divorced or separated report such problems (four in ten). People who are divorced cover a much wider age group than people who are widowed, explaining a slightly higher than average prevalence of isolation for those aged 35-54, at one in five.

Other difficulties are less prevalent: fewer than one in twenty report of a fear of violence or crime, integration issues, lack of transport or child support difficulties.

Fear of violence and crime is slightly higher for those with children, as well as younger and single people (just below one in ten of each group reporting problems). Problems with community/civilian integration are driven by difficulties in the transition to civilian life. In particular this affects younger members of the community: one in ten of those aged 16-44 reports integration difficulties. This rises to 16% of those discharged from the military in the past five years. It seems that personal problems may also play a role, as one in ten of those who are divorced also reports integration difficulties, although for this group problems span transition, feeling part of the community and heavy drinking or drug taking.

Lack of transport affects few people, although it is slightly higher amongst dependent widows, at 5%. Child support difficulties affect 7% of those with dependent children.

Mobility may be a related problem, reported by 14%, as discussed later in Section 3.1, particularly in terms of getting around outside the home. This is a greater problem for older people living alone, particularly widow(er)s.

	Adult ex-Service community	
	%	'000s
		<b>4,920</b>
<b>Any relationship/ isolation difficulties:</b>	<b>16</b>	<b>770</b>
Loneliness	8	370
Bereavement	7	350
Lack of recreational facilities/social life <sup>^</sup>	4	180
Marriage/relationship breakup	2	100
Difficulty forming close relationships	1	50
Domestic abuse/violence	*	20
<b>Any fear of violence/crime:</b>	<b>4</b>	<b>190</b>
Fear outside the home <sup>^</sup>	3	140
Lack of home security/feeling safe <sup>^</sup>	2	80
<b>Any community/civilian integration issues:</b>	<b>3</b>	<b>170</b>
Difficult transition from military to civilian life <sup>^</sup>	2	80
Not feeling part of community because moved around <sup>^</sup>	1	60
Heavy drinking or drug taking <sup>^</sup>	1	50
<b>Lack of suitable transport</b>	<b>2</b>	<b>120</b>
<b>Any child support difficulties:</b>	<b>1</b>	<b>40</b>
Difficulty getting childcare <sup>^</sup>	1	30
Difficulty getting school place/ educational support <sup>^</sup>	*	10

**Figure 2g: Personal or household difficulties experienced in the last year.**

<sup>^</sup> Items experienced by self or household.

Receiving help with everyday tasks can ease problems with social isolation and community integration. Those of retirement age or with a long-term illness or disability are particularly at risk of isolation in their own homes. While a significant minority of them need some type of help, the majority do get the help they need (either through informal support networks or more formally). The task they most want help with is shopping, but only 1% say they do not get the help they need, equivalent to around 60,000 people (fig. 2h).

	Adult ex-Service community of retirement age or with illness/disability		
	Help needed (Total)	Help needed and not received	'000s
	%	%	3,970
Shopping for everyday necessities	12	1	60
Personal affairs/paperwork	8	1	50
Someone visiting you at home to check on you	8	1	50
Doing errands e.g. post letter, collect pension	8	1	40
Reliable door-to-door transport to take you out	7	1	30

Figure 2h: Help needed with everyday activities, and where not received.

Among the retired or infirm, there are certain groups who are particularly likely to need help: dependent widow(er)s, those aged 85-94 and those in receipt of disability benefits are all around twice as likely as average to need and receive help with each task. However, these people are no more likely to report unmet needs. For example, one in four within each of these groups needs help with shopping, but the vast majority of those do receive that help.

## 2.3 Caring responsibilities

The needs of unpaid carers, and their vital importance in meeting the care needs of an ageing population, are being increasingly recognised by society. In addition to their own needs, one in five of the ex-Service community has some unpaid responsibility as a carer for a family member, friend or neighbour, which is equivalent to around 990,000 people (fig. 2i).

Compared with the adult population of England and Wales,<sup>22</sup> the ex-Service community is more likely to have some caring responsibility (fig. 2j). The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have a caring responsibility, compared with 12% nationally.

Caring responsibilities are most likely to be due to a physical health need, particularly old age, but others care for those with dementia and mental illnesses.

Caring responsibilities span all groups within the community, but are marginally higher for some. One in four dependent spouses (both married and divorced or separated) have caring responsibilities, as do one in four of those aged 45-74 (the two are likely to be related).

Caring responsibilities are similar at either end of the social grade spectrum, but slightly lower for those in the middle C1C2 groups.

Those with a long-term illness or disability are more likely to have their own caring responsibilities for someone else (23%) than those without an illness (17%). Those of retirement age are almost as likely to have a caring responsibility (18%) as younger people (23%).

One in ten of all carers in the ex-Service community agree that they struggle to cope with their caring responsibilities; equivalent to around 110,000 people. Carers aged 75-84 and those with a long-term illness themselves are slightly more likely to agree (around 15%).

### Information from other sources: carers<sup>23</sup>

According to Carers UK, there are currently 6.5 million carers in the UK<sup>24</sup> – amounting to one in eight adults – and the unpaid care that they provide saves the public purse £119 billion every year.<sup>25</sup>

Research on carers has found that it has a significant impact on their lives. Just over one in five UK adults have seen their work negatively impacted as a result of caring (22%), including 2.3 million who have quit work and almost 3 million who have reduced working hours.<sup>26</sup> Research among carers found that 92% said that caring has had a negative impact on their mental health, including stress and depression.<sup>27</sup>

<sup>22</sup> Adults aged 16+, question asked if any unpaid caring responsibility, rather than the reason for that responsibility, but broadly comparable. England and Wales figures in ex-Service community are no different from the UK figures so comparison is appropriate.

<sup>23</sup> Carers UK – [www.carersuk.org](http://www.carersuk.org)

<sup>24</sup> Census 2011 data.

<sup>25</sup> Carers UK and the University of Leeds (2011) *Valuing Carers 2011: Calculating the value of carers' support*.

<sup>26</sup> Carers UK/YouGov online survey of 2,073 adults. 1st-4th February 2013.

<sup>27</sup> Carers UK (2013) *State of Caring 2013 – survey of 3910 carers for Carers UK*.

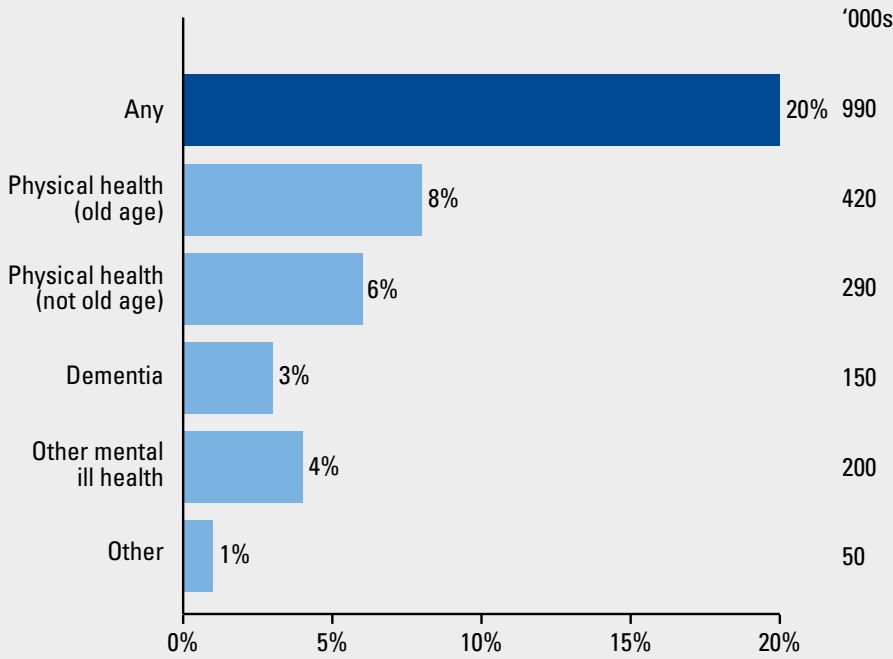


Figure 2i: Caring responsibilities. Base: Adult ex-Service Community.

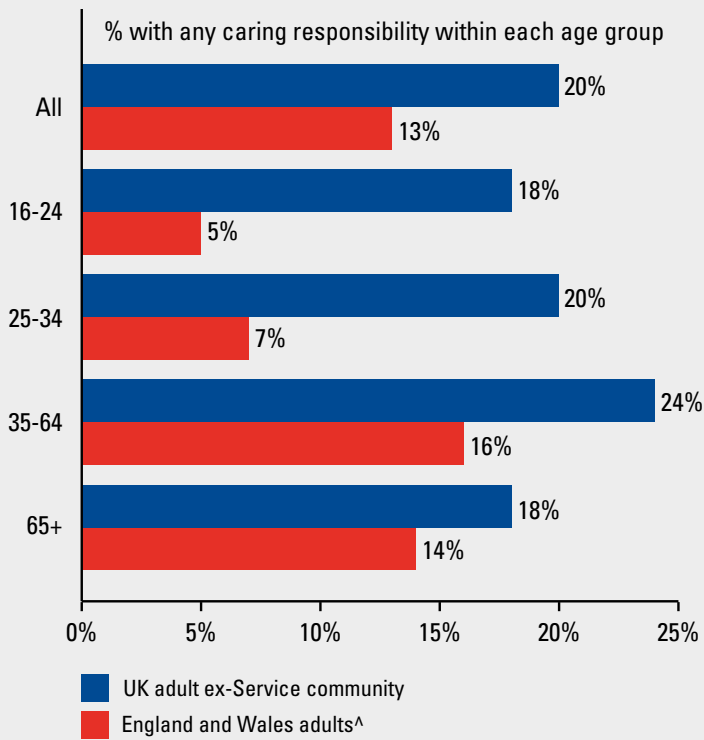


Figure 2j: Caring responsibilities compared with England and Wales. ^Source: Census 2011.

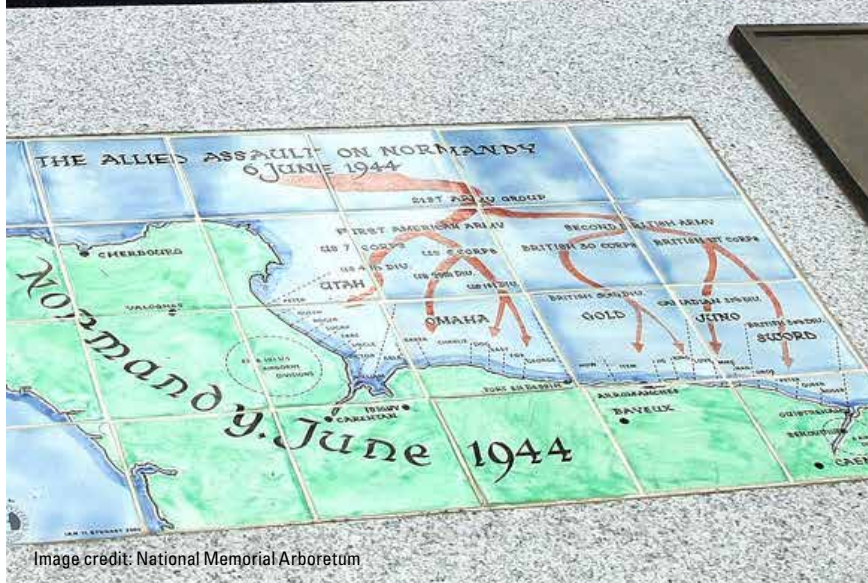


Image credit: National Memorial Arboretum

## 2.4 Need for support

While four in ten of the ex-Service community report some health or welfare difficulty, this does not necessarily translate into a need for help or support. Following on from the questions on difficulties experienced, all respondents were asked to say, *in their own words*, what (if any) difficulties they or their household are currently experiencing, for which they are not receiving sufficient help, advice or support.

**One in twenty (5%) reports some unmet need, which is equivalent to around 240,000 people.** This is unchanged from the situation in 2005, when 6% cited any unmet needs.

There is a clear link to deprivation, with greater prevalence, for example, among those in the lower social grades, or with a lower income.

In particular, one in four of those who are unemployed reports an unmet welfare need.

Around one in ten cites some unmet need in each of the following groups: those who are divorced or separated, those with dependent children, and those who rent their housing.

Mobility is one of the most reported problems for the ex-Service community (see section 2.1) and this is reflected in the unmet needs cited. A number simply report problems with walking, driving and getting around outside. Problems are reported by older people, compounded by problems dealing with the authorities:

*"My eyesight is bad and I'm waiting to hear if I can still drive."*  
Woman, dependant, 87.

*"Difficulties getting Social Services or Council to fit a wheelchair ramp on the entrance to the property for easy access as I had my leg amputated two years ago."* Man, veteran, 89.

Mobility problems are also a source of unmet needs for younger people, who equally have problems finding a source of help:

*"Just had an operation, the hospital have not provided me with available equipment to get around, Zimmer frame, ramp etc. Financial help is needed."* Man, veteran, 38.

*"Don't know where to go to get help getting around. I need basic home improvements."* Woman, dependant, 56.

Physical and mental health problems are often reported by members of the ex-Service community, and some of these needs are unmet. Particularly for older people, these relate to musculoskeletal problems, progressive illnesses, sight problems and problems related to surgery, and these can affect more than one person in the household:

*"My wife suffers from Alzheimer's and I suffer from prostate cancer."* Man, veteran, 77.

Younger veterans also report specific unmet health needs, including mental health problems:

*"Not getting any information about injections given prior to the Gulf War."* Man, veteran, 46.

*"Mostly health difficulties, need to see a psychologist."*  
Man, veteran, 50.

Health problems are also related to problems accessing help, including care needs, and dealing with the authorities:

*"Lack of liaison between doctors and nursing service; I can't get help with my wife who has MS."* Man, veteran, 74.

*"Can't get a disabled badge. The Occupational Health Service are being difficult about visiting me and also seeking help – a carer in-home."* Man, veteran, 78.

While loneliness and bereavement are among the most reported problems for the community, these are cited only occasionally as unmet needs, although these issues may well underpin other unmet needs such as depression or problems sleeping. It is likely that other members of the community share the following need, but do not ask for help:

*"Not sure how to deal with my wife's death."* Man, veteran, 86.

While financial problems are reported by fewer people than health and mobility issues, they are at the root of many of the unmet needs cited. Respondents talk about problems with benefits, paying rent and bills, debt problems, and difficulty replacing household items, for example:

*"Worried about losing the house, if we end up getting homeless, money and debt worries."* Woman, dependant, 48.

*"Debt problems over Christmas. Financial support needed."*  
Woman, dependant, 39.

Financial problems are compounded by difficulties dealing with the authorities and getting help:

*"When my partner moved in we had to notify the office of pensions. I am unsure of the money we are entitled to. We keep receiving letters."* Woman, dependant, 69.

*"Money problems – we have tried Age UK, CAB, the council. Can't get any help."* Woman, dependant, 66.

Financial problems are also related to problems with employment, education and family needs:

*"Housing benefit and council tax problems and as they are not sorted out, it is not paying to work."* Woman, dependant, 22.

*"Financial support and studies. Kids' maintenance."*  
Woman, veteran, 46.

A number of the unmet needs cited are related to household maintenance and repair, and these are also strongly linked to financial problems:

*"Need a new kitchen, to repair the door in the living room and the rubber sealings are gone."* Woman, dependant, 78.

*"No central heating or hot water – can't afford to get it fixed."*  
Woman, dependent, 52.

While community integration is not a common theme, this was a problem for one young veteran:

*"Just transitioning back to civilian life."* Man, veteran, 22.

## 2.5 Where members of the ex-Service community seek help

Since four in ten members of the ex-Service community report some personal or household difficulty, but few cite an unmet need for support, it is not surprising that two in three report using some form of support in the past year. Among those who report some sort of personal or household difficulty, eight in ten say that they use at least one of the types of support shown to them at interview. This support was split into health support and support for other purposes. Data on support for other purposes (*fig. 2k*) is reviewed here, while the findings on health support can be found in *Chapter 3*.

Only 14% of the ex-Service community report having used support for reasons other than health. This is most likely to be social care (8%), with just one in 50 using work-related help or support.

Of those reporting some sort of personal or household difficulty, one in four reports using one of these sources of support for something other than health in the past year. Of those with employment difficulties, 17% say they have used work-related support.

Social care support is reported by two in ten of those saying they have difficulties with each of self-care, mobility, housing and transport. Those with finance difficulties are more likely to have used one of these sources of support, particularly a Citizens' Advice Bureau, Job Centre Plus, or a local councillor or council department.

There is a link between deprivation and the use of support for matters other than health, with higher levels of use among those in the lower social grades, and with a lower income, for example. At least two in ten dependent widow(er)s, those who are divorced or separated, and those with caring responsibilities, use support for matters other than health.

Of those reporting some sort of personal or household difficulty, one in four reports using one of these sources of support for something other than health in the past year. Of those with employment difficulties, 17% say they have used work-related support.

Social care support is reported by two in ten of those saying they have difficulties with each of self-care, mobility, housing and transport. Those with finance difficulties are more likely to have used one of these sources of support, particularly a Citizen's Advice Bureau, Job Centre Plus, or a local councillor or council department.

There is a link between deprivation and the use of support for matters other than health, with higher levels of use among those in the lower social grades, and with a lower income, for example. At least two in ten dependent widow(er)s, those who are divorced or separated, and those with caring responsibilities, use support for matters other than health.

	Adult ex-Service community	'000s
	%	4,920
<b>ANY</b>	<b>14</b>	<b>690</b>
<b>Any social care</b>	<b>8</b>	<b>400</b>
Home help or home care worker	3	160
Social worker/social services	2	100
Local council housing department/ Housing Association	2	90
"Meals on Wheels"	1	50
Lunch club/day centre for older people	1	40
Community transport (collecting from your home, door-to-door)	1	30
Handy van service (to help with simple DIY tasks)	1	30
Befriending service (someone visiting you at home)	*	10
<b>Any work-related</b>	<b>2</b>	<b>110</b>
Job Centre Plus	2	90
Connexions/young people's services	*	10
Local Enterprise Partnership/InBiz	*	10
<b>Other sources</b>		
Citizens Advice Bureau (CAB)	2	110
Local council/councillor	2	80
Religious leader or religious organisation	1	70
Other free legal/financial advice	1	40
Charities for the elderly (e.g. Age UK, Independent Age)	1	40
Food Bank	*	20
Law Centre	*	10
Hostels/night shelters for homeless people/'soup kitchens'	*	10
Other	1	40

Figure 2k. Sources of assistance for other problems used in the past year.





## 2.6 What future demand for Service charities could look like

Figure 21 shows that three in ten feel that membership or welfare support services (most of which are offered by The Royal British Legion and/or Poppyscotland) could be helpful to them in the near future. Two in ten say that immediate needs grants would be helpful.

The two support services with most immediate appeal are social clubs and bereavement support, each appealing to one in ten. This reflects the fact that relationship problems and isolation are the most often reported difficulties.

One in ten are also interested in financial help in a crisis, with almost as many feeling that financial advice would be helpful. While financial difficulties are reported less often than other problems, when they occur they can present an immediate and pressing need.

Support such as mobility assistance, care homes and home aids each appeal to 7-8%, reflecting the relatively high prevalence of self-care and mobility problems in an ageing population.

	Adult ex-Service community	'000s
	%	4,920
<b>ANY MEMBERSHIP OR WELFARE SERVICES</b>	<b>30</b>	<b>1,490</b>
Social clubs/Legion clubs <sup>^</sup>	10	510
<b>ANY WELFARE SERVICES:<sup>\$</sup></b>	<b>28</b>	<b>1,400</b>
Bereavement support	10	480
Care Homes <sup>^</sup>	7	360
Support for carers (looking after elderly, ill or disabled people or dementia sufferers)	6	310
Breaks and holidays (e.g. for families in difficult circumstances, for respite from caring roles, if recovering from illness, or if recently bereaved)	6	290
Recovery centres for Armed Forces personnel injured through Service	5	230
Handy vans (to do minor home repairs/DIY jobs, or fit essential home safety devices) <sup>^</sup>	4	220
<b>Any immediate needs grants:</b>	<b>18</b>	<b>910</b>
Financial help in a crisis (e.g. help with costs of rent/mortgage, council tax, heating, water, moving, funerals)	10	470
Mobility assistance – wheelchairs, electrically powered vehicles (EPVs)	8	390
Practical help in a crisis (e.g. food, clothing, household electrical appliances, furniture, emergency accommodation)	7	340
Home aids/adaptations for disability (e.g. stairlifts, bathing aids, electric chairs/beds, structural alterations)	7	330
Help for homeless people	6	270
<b>Any advice services:</b>	<b>12</b>	<b>620</b>
Financial advice (including debt advice, benefits advice)	8	410
Help with Armed Forces injury compensation/War Pensions	7	320
Advice and support through the Coroner's Inquest process following death of a loved one in Service	3	170
Advice and loans to those wanting to start up their own business	3	150
<b>Any employment/training support:</b>	<b>7</b>	<b>350</b>
Employment/job-seeking	6	280
Education/training	4	220

Figure 21. Services that could be helpful in the near future.

<sup>\$</sup> 'Welfare services' also includes all advice services and employment/training support.

<sup>^</sup> England, Wales and Northern Ireland only.

The finding that one in ten carers express an interest in support for carers, and one in ten of those with children are interested in breaks and holidays to provide respite, reflects the relatively high prevalence of problems among those with children or caring responsibilities.

Four in ten of those reporting any personal or household difficulties think one or more of these support services would be helpful in the near future. This rises to over two in three of those with difficulties with employment or finance.

One in four of those with employment difficulties think that the employment and education services would be helpful. Four in ten of those with financial difficulties thought that immediate needs grants would be helpful.

There is also a clear link between interest in support services and deprivation. For example, those in receipt of means tested benefits were more likely than average to see them as helpful. In particular, 44% of those renting privately say that they would find any of these services helpful, including three in ten for immediate needs grants and two in ten for advice services.

Those with children are particularly likely to be interested: 45% said a service would be helpful, particularly welfare (43%), advice (24%) and employment (16%).

Similarly, four in ten of those with an unpaid caring responsibility would find such services helpful, including almost one in four interested in immediate needs grants.

Those who are divorced or separated are also more likely than average to feel Legion support services could be helpful (37%), with over one in four interested in immediate needs grants.

Legion services also appeal to those of working age. Four in ten of those aged 16-64 said support would be helpful, again primarily welfare, but with at least one in five interested in each of immediate needs grants and advice services.

Of those aged 16-24, one in four feel that employment support would be helpful, with similar levels of interest among those discharged in the last five years.

Those aged 16-24 are also more likely than average to feel that bereavement support would help them (19%).




Image credit: Phil Tragen Photography





3.

# HOW HEALTHY IS THE EX-SERVICE COMMUNITY?



Service in the Armed Forces is often very physically demanding. Armed Forces personnel are expected to put their safety and their lives on the line in the Service of their country, and some individuals sustain significant, life-changing injuries as a result. The operations in Iraq and Afghanistan were linked to almost unprecedented levels of media interest in the health – both physical and mental – of returning Service personnel and veterans.

This has helped to shine a spotlight on those most in need of support, but it can lead to misconceptions. Given the stigma associated with mental health problems, this may have a negative impact on employers' perceptions of ex-Service personnel. As we show in *Chapter 5*, employment rates among the ex-Service community are significantly lower than in the general population.

Clearly, then, research evidence on the reported health needs of veterans and their dependants can be very useful for challenging misconceptions, as well as helping Service charities and public services to plan the support that they provide. This chapter outlines the survey's findings on the health and wellbeing of the adult ex-Service community, including health difficulties, long-term health conditions, mental illness, health attitudes, and help-seeking for health problems.

## Summary of key findings

- Half of the ex-Service community have some long-term illness or disability, most often a physical condition. Prevalence of many conditions has increased since 2005 because of the ageing population, especially musculoskeletal conditions, cardiovascular and respiratory problems, and sensory problems.
- Those in the ex-Service community of working age are more likely than the general population to report having musculoskeletal problems, hearing difficulties or depression, or some condition that limits their activity.
- Reported mental health problems have doubled since 2005. Only one in twenty have sought help for mental health problems. Even among those reporting psychological problems, only 16% have accessed help.
- One in five veterans with a long-term illness attributes it to military Service; particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged 25-44 with a long-term illness attribute it to their Service.
- There are some clear priority groups:
  - The oldest and most infirm, particularly widow(er)s living alone. They have clear support needs (physical and emotional) to live independently and avoid isolation.
  - The divorced and separated. This younger age group (typically 35-54) may be less visible, but they can be at risk of isolation and psychological problems.
  - Those aged 16-54 with health problems relating to their military Service, and
  - The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life, with a potential for psychological and alcohol problems, and may be unwilling to seek help.

### 3.1 Health difficulties

A reasonably large minority of the ex-Service community reports experiencing self-care difficulties, mobility difficulties and/or psychological difficulties (fig. 3a). Self-care difficulties relate most often to exhaustion and pain and bladder problems, while mobility is a greater problem outside of the home.

		Adult ex-Service community
		'000s
	%	4,920
<b>Any self-care difficulties</b>	<b>15</b>	<b>720</b>
Exhaustion or pain	9	440
Poor bladder control	7	340
Difficulty looking after self	3	150
<b>Any mobility difficulties</b>	<b>14</b>	<b>710</b>
Difficulty getting around outside home	13	630
Difficulty getting around home	8	390
<b>Any psychological difficulties</b>	<b>12</b>	<b>610</b>
Feeling depressed	10	480
Lack confidence/self-esteem	4	190
Lack hope/purpose/direction	4	180
Heavy drinking/taking drugs	1	50
<b>Other related problems</b>		
Difficulty getting medical treatment*	3	150
Difficulty finding out about services or benefits entitled to*	3	140

**Figure 3a. Personal or household financial difficulties experienced in the last year.\***  
Asterisked items are experienced by self or household.

Self-care and mobility difficulties are more prevalent for older members of the ex-Service community, with two in ten of those aged 85-94 reporting self-care problems and 28% with mobility problems. Both are particular problems for dependent widow(er)s, of whom two in ten have self-care problems, and a quarter have mobility problems. Unsurprisingly, a quarter of those with a long-term illness or disability report each of these two difficulties.

Over one in ten reports psychological difficulties, particularly feeling depressed. These problems are focused more in the 35-64 age group (two in ten report problems, 14% with depression) and are even more likely to be reported by those with problematic alcohol consumption (one in four).

Relationship break-up is likely to be a particular trigger, with one in four of those who are divorced or separated reporting such a problem. Deprivation also seems to play a role, with greater

reporting of psychological problems for those with a lower income, or on means tested or disability benefits. Almost two in ten of those in the DE social grade report such a problem. Those who report caring responsibilities are marginally more likely to report depression (13%) than those who do not (9%).

Only a small proportion reports problems getting medical treatment, although this is equivalent to around 150,000 people. Taken together with the minority who avoid seeking medical help (see Section 3.2), this suggests a significant minority may not be receiving the treatment they need for one reason or another.

### 3.2 Health conditions

Over half of the adult ex-Service community reports some current illness or disability expected to last at least a year (fig. 3b), rising to six in ten who have ever suffered from a long-term condition.

This is in line with the proportion recorded in 2005, and is equivalent to around 2,670,000 people with some long-term condition currently. Three in ten report multiple conditions (around 1,490,000 people). This is an increase from two in ten in 2005 reflecting, at least in part, the ageing nature of the population, as prevalence of illness and multiple illnesses increases with age (see fig. 6iv in Appendix 6 for a full age breakdown). Age differences partially explain an increase from 2005 in a number of conditions as described below.

Musculoskeletal problems (including arthritis and rheumatism) are reported most often, by almost three in ten; typically problems with legs or feet. This has increased from two in ten in 2005, at least in part reflecting the ageing population. Musculoskeletal problems are particularly common among over 55s (one in three), although incidence starts to increase from age 35.

One in four reports some cardiovascular or respiratory problem, in line with 2005 figures. These conditions are largely restricted to those aged 55 or over.

Around one in six reports sensory disorders, and the same proportion reports digestive or progressive disorders. Both have increased slightly from 2005; again, in part, because of the ageing population. Digestive and progressive disorders are more prevalent among those aged 55 or over, with the increase starting at around age 35, while sensory problems start to increase at around age 45 and are considerably more common for those aged 85 or over (three in ten).





Image credit: National Memorial Arboretum

	Adult ex-Service community		UK Adults <sup>^</sup>
	All %	Vet'ns %	All %
<b>Any condition</b>	<b>54</b>	<b>57</b>	
<b>Multiple conditions</b>	<b>30</b>	<b>31</b>	
<b>Any musculoskeletal</b>	<b>28</b>	<b>28</b>	
Problems connected with legs or feet	19	19	9
Problems connected with back or neck	13	12	8
Problems connected with arms or hands	12	10	7
Limb loss	*	*	n/a
<b>Any cardiovascular/respiratory:</b>	<b>24</b>	<b>25</b>	
Heart, blood pressure or blood circulation	19	20	10
Chest/breathing	8	8	6
<b>Any sensory:</b>	<b>17</b>	<b>19</b>	
Difficulty in hearing	9	11	3
Difficulty in seeing (when wear glasses)	6	6	2
Tinnitus	5	6	n/a
Speech impediment	1	1	*
<b>Any digestive/ progressive:</b>	<b>16</b>	<b>19</b>	
Diabetes	9	10	4
Stomach, liver, kidney or digestive issue	4	5	4
Cancer	3	5	n/a
Dementia/Alzheimer's	1	*	n/a
Other progressive illness	2	2	2

<b>Any mental illness:</b>	<b>7</b>	<b>8</b>	
Depression	6	6	5
Anxiety or bad nerves	3	2	n/a
PTSD/Combat stress	1	2	n/a
Other mental health problem	1	1	2
<b>Any neurological:</b>	<b>1</b>	<b>1</b>	
Dementia/Alzheimer's	1	*	n/a
Epilepsy	*	1	1
<b>Any alcohol/drug:</b>	<b>1</b>	<b>1</b>	
Alcohol problems	1	1	n/a
Drug problems	*	*	n/a
<b>Any other illness:</b>	<b>3</b>	<b>3</b>	
Severe disfigurements, skin condition, allergies	1	1	2
Chronic fatigue syndrome	1	1	n/a
Severe or specific learning difficulties	*	*	1
Gulf War Syndrome	*	*	n/a
Asbestos-related	*	*	n/a

**Figure 3b. Current long-term illness/disability.**

<sup>^</sup>Labour Force Survey, 2013, quarter 4.

Other variations in prevalence in reported illness tend to be related to the age patterns discussed on the previous page. Dependent widows are more likely to report some illness (two in three), particularly musculoskeletal conditions, reflecting their age. Time since military discharge also reflects differences by age. Higher prevalence for those who are most deprived (e.g. income) is also likely to reflect age, since older people are generally less well off.

Veterans are slightly more likely to report illness (57%) than their spouses or partners (45%), possibly because they tend to be older, but also because they may have an illness relating to their service. Men are slightly more likely than women to report digestive or progressive disorders (two in ten), and also sensory disorders (two in ten), particularly hearing related.

Those who are divorced or separated are also more likely to report some illness (two in three). Unlike widow(er)s, this group is most likely to be aged 45-64, so this cannot be explained by the ageing population. The divorced are more likely than average to report musculoskeletal problems (four in ten) and they are over twice as likely as average to report mental illness (two in ten).



## Comparisons with the UK population

Compared with all UK adults in the fourth quarter of the 2013 Labour Force Survey,<sup>28</sup> the ex-Service community is more likely to report a number of conditions, particularly musculoskeletal, cardiovascular and respiratory, sensory, and diabetes (*fig. 3b*). These differences are largely explained by the older age profile: since older people are more likely to have a long-term illness or disability, this increases the overall prevalence in the ex-Service community. If the age profile of the ex-Service community is matched to the UK profile, most of these overall differences from the UK average disappear.

This, however, disguises some more subtle differences within age group. A full comparison broken down by age is given in *fig. 6v* in *Appendix 6*. Those aged 65 or over in the ex-Service population, and particularly those aged 75+, are less likely to report the majority of conditions compared with the UK population of the same age. This suggests that the retired ex-Service community enjoy better health than is average for the UK.

In contrast, those aged 35-64 in the ex-Service community are more likely to report musculoskeletal problems, sensory problems (both hearing loss and sight problems) and depression, compared with the UK population of the same age. While most of those aged 16-34 do not have any health problems, among the ex-Service community there is a higher prevalence of problems with arms and feet and hearing problems compared with this age group across the UK. Veterans aged 16-74 are around three and a half times more likely to report hearing problems (7%) than UK adults of the same age (2%).

Compared with the UK adults aged 16-64, those in the ex-Service community of working age and, in particular, veterans aged 16-64, are more likely to report musculoskeletal problems, cardiovascular problems, sensory problems, diabetes and depression (see *fig. 6vi* in *Appendix 6*). The greatest differences are:

- Problems with legs and feet: 15% vs 7%
- Problems with back or neck: 14% vs 7%
- Problems with arms or hands: 9% vs 5%
- Heart problems: 12% vs 7%
- Depression: 10% vs 6%
- Diabetes: 6% vs 3%
- Difficulty hearing: 6% vs 2%
- Difficulty seeing: 5% vs 1%

These findings clearly indicate specific health support needs for the working age ex-Service community, particularly veterans. These differences from the national average are similar to those that emerged from the 2005 TRBL research.

## Limitations on day-to-day activities

While over half report some current long-term illness or disability, this does not necessarily limit their day-to-day activities. Six in ten of those with any condition say it does, which is a third of the ex-Service community, equivalent to around 1,690,000 people (*fig. 3c*).

	Adult ex-Service community			UK adults <sup>^</sup>
	With illness/ disability	All	'000s	
	%	%	4,920	%
<b>Yes, at all</b>	<b>58</b>	<b>34</b>	1,690	<b>21</b>
Yes, a lot	25	14	700	10
Yes, a little	33	20	990	11

**Figure 3c: Whether day-to-day activities limited by health or disability.**

<sup>^</sup>Source: Census 2011.

The likelihood of reporting some health-related limit on day-to-day activity increases with age, in line with greater reporting of illness or disability, and the nature of that illness for older people. Almost half of those aged 75 or over (46%) say they are limited by their health, with three in ten saying it limits them a lot.

Other differences also reflect the patterns of reported long-term illness, with prevalence higher for the widowed and divorced, and for those with lower household income.

Compared with the adult population in England and Wales from the 2011 Census,<sup>29</sup> the ex-Service community are more likely to have an illness or disability that limits their daily activities, although the difference is greatest for those whose activities are limited only a little (*fig. 3d overleaf*).

This higher prevalence is linked to the older age profile of the ex-Service community: if they had the same age profile as the UK, this difference would no longer be apparent.

Within the ex-Service community, however, those aged 16-64 are more likely to report some limiting illness, and those aged 65+ less likely to do so compared with the England and Wales population (*fig. 3d*). There is a slightly greater difference between dependants aged 65+ (who are largely women) and the population of UK women aged 65+.

In summary, the working age ex-Service community reports poorer health than the UK population as a whole.

<sup>28</sup> All adults 16+ in UK, shorter list of conditions and some wording differences, but broadly comparable.

<sup>29</sup> All aged 16+. Same question asked. The England and Wales data among the ex-Service community is no different from the total data, so it is appropriate to make a comparison.

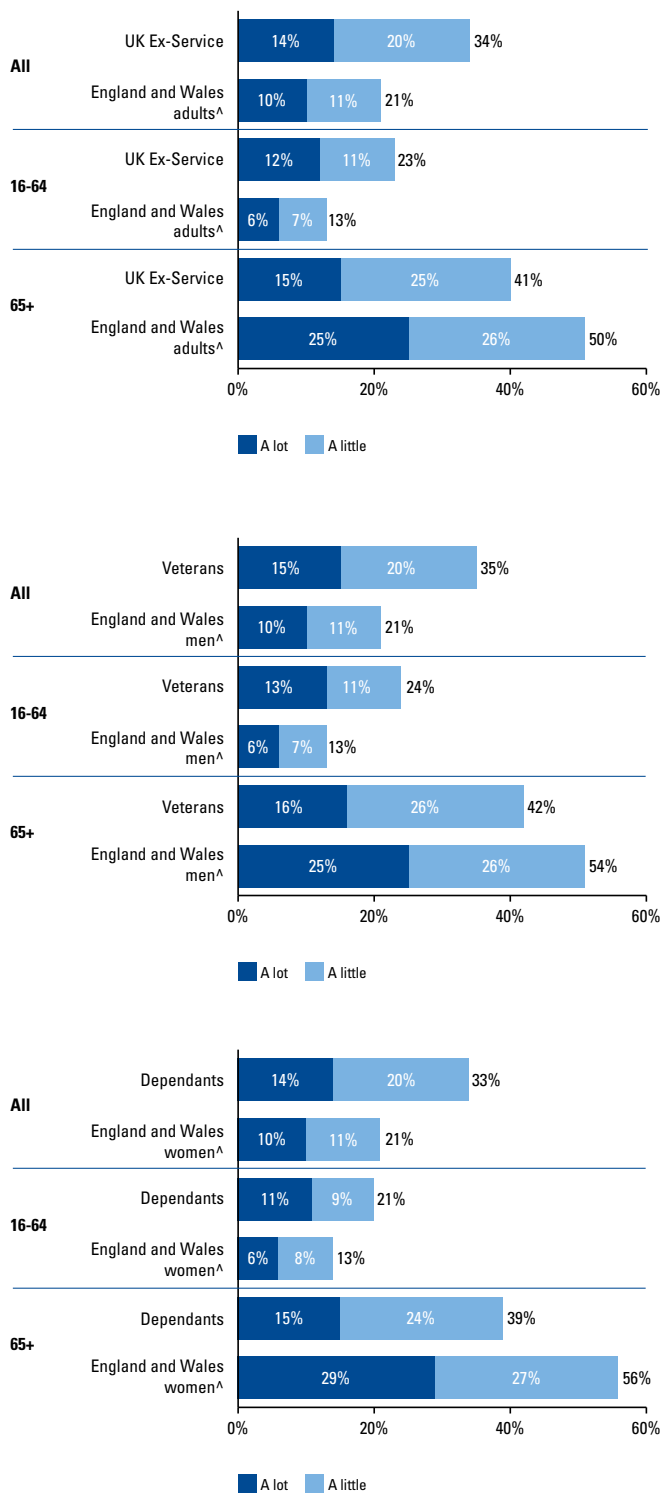


Figure 3d: Whether day-to-day activities limited by health or disability.  
<sup>^</sup>Source: Census 2011

### Mental health and wellbeing

The prevalence of reported mental illness within the ex-Service community has increased since 2005, with the proportion reporting depression doubling to 6%. Since mental illness is more common among those aged 35-64, this increase is not related to the ageing population. The incidence of reported mental health problems is higher than average for veterans who served in Northern Ireland and in post 1990s peacekeeping operations: one in ten of each group reports suffering from depression.

Mental illness is also more likely to be reported by those not seeking work (three in ten) or unemployed (two in ten) and those on means tested or disability related benefits (each 17%). These are the same patterns seen in Section 3.1 for psychological difficulties, suggesting that these are key triggers for such conditions.

The divorced are over twice as likely as average to report mental illness (two in ten). Those aged 35-64 in the ex-Service community are more likely than the UK population of the same age to report depression (see *fig 6v in Appendix 6*).

### Information from other sources: The mental health of Service personnel

The King’s Centre for Military Health Research (KCMHR) began its cohort study on the health and wellbeing of the UK Armed Forces in 2003, sending questionnaires to 17,500 Regular and Reserve personnel. They received over 10,000 responses, and the research is now in its third phase of data collection.

So what are the pertinent findings about the health of our Armed Forces and, by extension, our future veterans? Contrary to public perceptions, overall rates of post traumatic stress disorder (PTSD) are not high, at 4%, regardless of deployment to Iraq or Afghanistan.<sup>30</sup> Some groups are, however, at increased risk of developing PTSD, including Reservists and combat troops.<sup>31</sup>

Rates of common mental disorders, such as depression and anxiety, appear similar to the rates found in the general population (at around 20%), and are also largely unaffected by deployment to Iraq or Afghanistan.<sup>32</sup>

Perhaps the standout health issue affecting the serving community, according to this research, is alcohol misuse. Across every age group, Service personnel appear to misuse alcohol at a significantly higher level than the general population. They are also substantially more likely to be dependent on alcohol (6% vs 3%).<sup>33</sup> The difference is particularly stark amongst female Service personnel, who are around five times more likely than women in the general population to be alcohol dependent (5% vs 1%). Recent Service leavers – members of the cohort who have left since the research project began – appear to be continuing to drink at the same rate in their civilian life.<sup>34</sup>

## Wellbeing

The balance of positive and negative feelings is one measure of general wellbeing. Positive feelings are more often reported than negative in the ex-Service community: nine in ten report positive feelings in the past week, with eight in ten saying this was most of the time. In contrast, while seven in ten report negative feelings, only a third report feeling like this most of the time (*fig. 3e*).

	Adult ex-Service community	'000s	UK adults <sup>^</sup>
	%	4,920	%
<b>ANY positive feeling</b>	<b>91</b>	4,490	
Any positive most/ all the time	80	3,690	
Any positive all the time	45	2,200	
<i>At all...</i>			
Happy	85	4,180	98
Enjoyed life	84	4,130	97
Calm and peaceful	82	4,020	91
Lot of energy	67	3,310	85
<b>ANY negative feeling</b>	<b>71</b>	3,480	
Any negative most/ all the time	35	1,730	
Any negative all the time	17	830	
<i>At all...</i>			
Restless sleep	43	2,130	58
Could not get going	33	1,640	44
Stressed	32	1,580	n/a
Everything was an effort	30	1,470	51
Sad	28	1,400	44
Anxious	26	1,290	45
Lonely	23	1,150	26
Depressed	19	960	30

**Figure 3e. Positive and negative feelings during the past week.**

<sup>^</sup>Source: European Social Survey, UK (2012).

Members of the ex-Service community are less likely to report feeling a lot of energy than other positive feelings, reflecting the older nature of this group, and the prevalence of long-term illness.

While negative feelings are less often reported, almost one in five reports some negative feeling all the time, equating to around 830,000 people. Restless sleep was more often reported than any other negative feelings. Two key groups are more likely than others to feel negative: eight in ten of those who are divorced, separated or widowed, and eight in ten people with a long-term illness or disability feel negative at least some of the time. Dependent widow(er)s are particularly likely to report negative feelings (86%). This burden affects slightly more women (three in four) than men (two in three). Dependent widows are particularly likely to report loneliness and the inability to get going, but no more likely than average to report stress.

Compared with the UK adult population on the 2012 European Social Survey,<sup>35</sup> the ex-Service community are less likely to report ever experiencing each of the positive feelings, but also less likely to report each of the negative feelings. These differences are not related to the older age profile of the ex-Service community: members of the ex-Service community of all ages are less likely to report each feeling than the average for UK adults of the same age (see *fig. 6ii* in *Appendix 6* for responses by age compared with the UK population). The difference may reflect some differences in the way the question was presented, or a difference in willingness to express emotion among the ex-Service community (supporting a common perception that this group is more stoical than most).

There are more subtle differences between the ex-Service community and all UK adults in the frequency of positive and negative feelings (*fig. 3f* overleaf). Compared with all UK adults, the ex-Service community are as likely or more likely to report experiencing each of the positive feelings *all of the time*, but less likely to report feeling them just *some or most of the time*.

In terms of negative feelings, the ex-Service community is less likely to report experiencing each *some of the time*, but not really any less likely to report feeling each *all or most of the time*. This suggests that, compared with the UK population, a similar proportion of the ex-Service community experiences frequent negative feelings, but that the remainder of the community tend to experience more frequent positive, or at least less frequent negative feelings.

<sup>30</sup> King's Centre for Military Health Research: A fifteen year report. King's College London: 2010

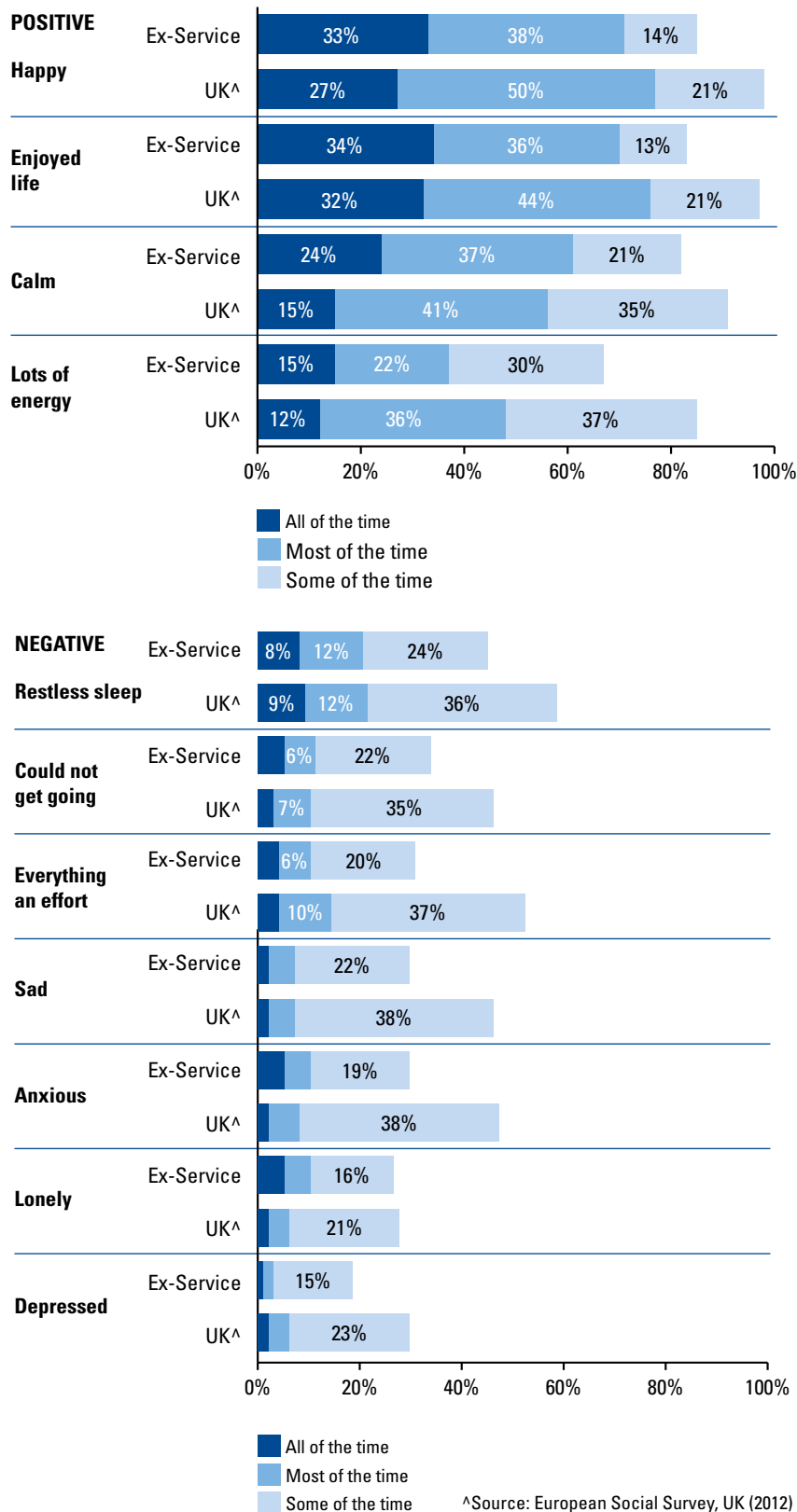
<sup>31</sup> *Ibid*

<sup>32</sup> *Ibid*

<sup>33</sup> Fear et al (2007). *Patterns of drinking in the UK Armed Forces. Addiction*, 102: 1749-1759

<sup>34</sup> *Ibid*

<sup>35</sup> ESS question wording is identical; asked to all UK adults aged 16+; question uses paper showcard rather than on-screen prompts which may affect responses.



^Source: European Social Survey, UK (2012)

### Alcohol

While only 1% self-report an alcohol-related illness, one in three veterans reporting a problem attributed this to their military Service. People often do not recognise nor wish to report alcohol-related problems. Since collecting self-reported consumption of alcohol units is problematic for many reasons, this research used a WHO 'Audit' tool to assess likely alcohol problems among veterans. This tool takes into account measures of consumption (frequency and volume) along with measures of the impact of alcohol on behaviour (e.g. memory loss) and measures of alcohol-related harm (e.g. injury). Each respondent is assigned a score out of 40 based on their answers. A score of eight or more indicates that person has an alcohol problem, with a score of 16 or more indicating a higher level problem.

In total, three in four veterans drink alcohol. Nine in ten veterans do not appear to have a problem with alcohol, with a mean (average) score of 3 out of 40. One in ten veterans has an alcohol-related problem, equivalent to around 270,000 people (fig. 3g overleaf).

This is mostly a medium level problem (with a score of 8 to 15). Only 1% have a higher level problem, equivalent to around 40,000 people. Half of these scored above 20, meaning their cases would warrant further evaluation.

Alcohol problems are strongly age-related (fig. 3h). Of those aged 16-54, 23% have a problem (equivalent to around 160,000 veterans), with 4% having a high level problem. Only one in twenty of those aged 65 or over has any level of alcohol problem. These age differences are also reflected in differences by time since military discharge, with a big difference between those discharged less than 40 years ago (18%), and those discharged 40 years ago or more (3%).

Figure 3f. Frequency of positive and negative feelings during the past week.

The higher prevalence for younger veterans is also reflected in higher prevalence among those who are single (one in four). The divorced are also more likely to have a problem (17%) as are the unemployed (one in four). These may well be triggers for higher alcohol consumption (or triggered by it) and these are similar to the patterns of difference seen for mental illness. Those with a parent who had an alcohol or drug problem are also more likely to have a problem themselves (one in six).

Compared with all English adults in the 2007 Adult Psychiatric Morbidity Survey,<sup>36</sup> this survey has found that the ex-Service community is less likely to have an alcohol problem (*fig. 3h*). Since veterans are mostly men it may be more relevant to make comparisons with the national population of men only. Veterans are a third as likely to have a problem with alcohol as the average for English men.

This difference is related to the age profile of the ex-Service community. While veterans aged 16-54 are only slightly less likely to have a problem than all English adults, those aged 55 and over are considerably less likely to have a problem (*fig. 3h overleaf*). When compared only with English men, however, even veterans aged 16-54 are quite a lot less likely than the national average to have a problem, although the difference is still greater for older veterans.

The lower prevalence of alcohol problems among younger veterans may appear surprising, given the higher levels of alcohol misuse among the serving community described at the start of this chapter. Overall, however, these findings are consistent with research by the King's Centre for Military Health Research. When looking at the broader group of veterans picked up by the Adult Psychiatric Morbidity Survey, they found patterns of drinking very different to those found among serving personnel and recent Service leavers.<sup>37,38</sup>

There are also considerable age differences in how often and how much veterans report drinking (*fig. 3i overleaf*).



<sup>36</sup> Within the ex-Service community data, England-only percentages are no different from the total, so it is appropriate to make comparisons with the England-only Psychiatric Morbidity Survey. This used an identical question asked to adults aged 16+

<sup>37</sup> Woodhead et al. (2011). *Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England*. *Psychological Medicine*, 41: 363-372

<sup>38</sup> Woodhead et al. (2011). *Health of national service veterans: an analysis of a community-based sample using data from the 2007 Adult Psychiatric Morbidity Survey of England*. *Social Psychiatry and Psychiatric Epidemiology*, 46: 559-566

Drinkers aged 65 or over are more polarised, being more likely to drink four or more times a week, or not at all, compared with those aged 16-64. For those who drink, the average number of drinks on a typical day is three, and this ranges from two for drinkers aged 65+ to five for those drinkers aged 16-34. Younger veterans, therefore, are less likely to drink most days, but when they do drink, tend to consume more on each occasion compared with older veterans.

There is little evidence of widespread problematic or harmful behaviours, other than one in four ever having six or more drinks on one occasion (*fig. 3j*).

One in twenty reports this type of binge drinking at least weekly, equivalent to around 170,000 veterans. All other behaviours are reported by one in 20 or fewer, and only 1% report each behaviour on a weekly basis.

One in ten reports some form of harmful behaviour associated with drinking. Memory lapses are most often reported along with interventions by a health professional or a friend or family member.

All problematic and harmful behaviours are more likely to be reported by veterans aged 16-34 than older veterans; one in three of this age group reports some harmful behaviour. In particular, seven in ten veterans aged 16-34 report ever having six or more drinks on one occasion, compared with half aged 35-64 and only 13% of those aged 65 or over.

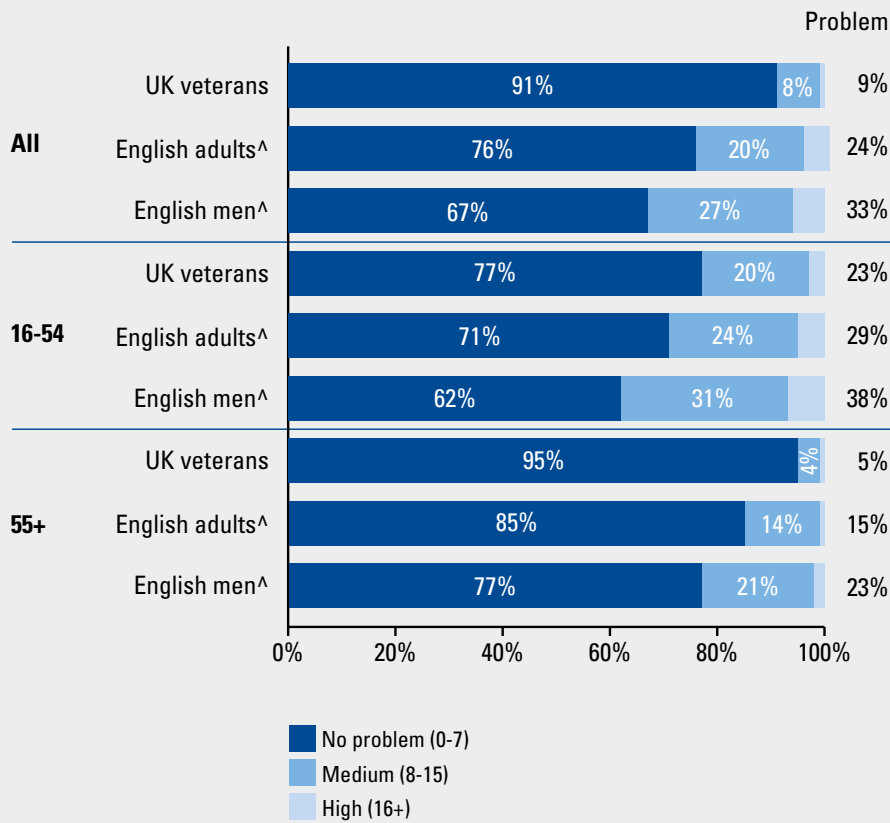


	All UK veterans		English adults <sup>^</sup>	
		'000s	All	Men
	%	2,840	%	%
<b>No alcohol problems (0-7)</b>	<b>91</b>	<b>2,570</b>	<b>76</b>	<b>67</b>
<b>Alcohol problems (8+)</b>	<b>9</b>	<b>270</b>	<b>24</b>	<b>33</b>
Medium problems (8-15)	8	230	20	27
High level problems (16+)	1	40	4	6

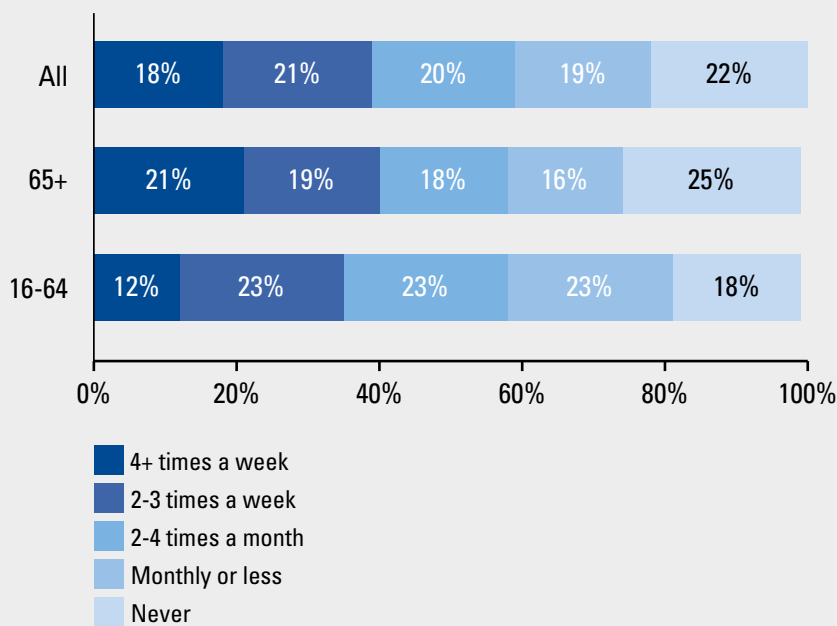
**Figure 3g. Drink audit scores: level of alcohol problem.**  
<sup>^</sup>Source: Adult Psychiatric Morbidity Survey, 2007.

	All veterans	
		'000s
<i>Ever...</i>	%	2,840
Had 6+ drinks on one occasion	27	760
Not able to stop drinking once started	5	130
Failed to do what normally expected of you because of drinking	4	120
Needed drink first thing after heavy drinking session	2	60
<b>Any harm</b>	<b>11</b>	<b>310</b>
Unable to remember what happened the night before after drinking	5	140
Someone suggested they cut down	5	130
Feeling of guilt or remorse after drinking	4	120
Self or someone else injured as a result of their drinking	3	80

**Figure 3j. Alcohol related experiences.**



**Figure 3h. Drink audit scores: level of alcohol problem by age.**  
<sup>^</sup>Source: Adult Psychiatric Morbidity Survey, 2007.



**Figure 3i. Frequency of drinking.**  
 Base: All veterans.

### 3.3 Military Service and health

Four in ten veterans report having a condition often linked to military Service, although this includes musculoskeletal and sensory problems, which are also age-related, so it is difficult to fully unpick this result. When asked whether they attributed a condition they had ever had to their military Service, over two in ten of those who had ever had a condition did so. This amounts to 14% of all veterans; equivalent to around 390,000 people (*fig. 3k*). The left hand column shows the proportion who report currently having each condition, for context.

Veterans are most likely to attribute their musculoskeletal problems, hearing-related problems, mental illness and alcohol problems to their time in the military.

The relatively small numbers of veterans reporting each condition leads to lower confidence in the following findings.

However, among those who have ever suffered a long-term illness, younger veterans are more likely to attribute this to their service: over half of those aged 25-44 with a condition do so. This tends to relate to musculoskeletal conditions and mental illness and, to a lesser extent, hearing problems.

There is a similar pattern by time since discharge, relating to age. Half of veterans with a health problem who have left military Service within the last five years attribute their health problems to military Service (54%), rising to 63% of those discharged 5-19 years ago. This is much lower (at 17%) among those discharged longer ago.

This is perhaps unsurprising, as younger veterans are generally less likely to suffer a long-term illness because of their age than older veterans, and thus the illness may well be more likely to have resulted from their military Service.

	Veterans				
	% with current illness	% with illness who attribute			
<b>Any condition</b>	<b>57</b>	<b>22</b>	Diabetes	10	4
Multiple conditions	31	8	Stomach, liver, kidney or digestive issue	5	3
<b>Any musculoskeletal:</b>	<b>28</b>	<b>18</b>	Cancer	5	10
Problems connected with legs or feet	19	17	Dementia/Alzheimer's	*	–
Problems connected with back or neck	12	20	Other progressive illness	2	11
Problems connected with arms or hands	10	7	<b>Any mental illness:</b>	<b>8</b>	<b>27</b>
Limb loss	*	–	Depression	6	18
<b>Any cardiovascular/respiratory:</b>	<b>25</b>	<b>4</b>	Anxiety or bad nerves	2	13
Heart, blood pressure or blood circulation	20	4	PTSD/Combat stress	2	76
Chest/breathing	8	4	Other mental health problem	1	36
<b>Any sensory:</b>	<b>19</b>	<b>22</b>	<b>Any neurological:</b>	<b>1</b>	<b>–</b>
Difficulty in hearing	11	26	Dementia/Alzheimer's	*	–
Difficulty in seeing (when wear glasses)	6	3	Epilepsy	1	–
Tinnitus	6	28	<b>Any alcohol/drug:</b>	<b>1</b>	<b>31</b>
Speech impediment	1	–	Alcohol problems	1	33
<b>Any digestive/progressive:</b>	<b>19</b>	<b>6</b>	Drug problems	*	–
			<b>Any other illness:</b>	<b>3</b>	<b>23</b>
			Severe disfigurements, skin condition, allergies	1	17
			Chronic fatigue syndrome	1	13
			Severe or specific learning difficulties	*	17
			Gulf War Syndrome	*	100
			Asbestos-related	*	–

Figure 3k: Proportion with each illness who attribute it to military service.



## 3.4 Health attitudes and behaviours

### Health attitudes

While almost nine in ten members of the ex-Service agree that they do everything they can to stay healthy, only around one in three agrees strongly that this is the case, which is likely to be a better indicator of behaviour (fig. 31).

Similarly, while eight in ten agree that they always seek medical advice if they are worried about their health, only one in three agrees strongly. Over one in ten disagrees with this statement, which is equivalent to around 650,000 people who do not always seek medical advice when they should.

	Adult ex-Service Community UK		GB adults <sup>^</sup>
	Agree (total)	Agree strongly	Agree (total)
	%	%	%
Do everything I can to keep healthy	87	36	70
Always seek medical advice if at all worried	78	32	55
Keep concerns about health to self so as not to make a fuss	54	12	44
Ignore health problems because assume I will get better on own	39	8	47
Ignore health problems as too embarrassed to speak to health professional	8	2	n/a
Avoid seeking help because worry what other people will think	6	1	n/a

Figure 31. Attitudes towards own health.

<sup>^</sup>Source: British Social Attitudes, 2010.

There are a number of possible reasons for not sharing health concerns. The most often reported, by over a half, is the wish not to 'make a fuss'; four in ten say that they ignore health problems on the assumption that they will get better without treatment. Only around one in ten agrees strongly with each statement, but this is equivalent to as many as 570,000 who may not present symptoms to their GP at an early stage, so as not to 'make a fuss'.

While over half of the ex-Service community keep their concerns to themselves to avoid making a fuss, few avoid seeking help because they are embarrassed to speak to a health professional, or because they are worried what people will think (both also factors in late presentation to a GP).

There are some clear patterns in these behaviours. Those aged 65 or over are more likely to do all they can to stay healthy, and to seek medical advice, and less likely to cite embarrassment or worry as reasons not to, compared with people under 65. For example, while over eight in ten of those aged 65+ always seek medical advice, this falls to seven in ten of those below 65. Those aged 16-24 are slightly different again, with only seven in ten saying they do everything they can to be healthy, while at the same time less likely to keep concerns to themselves to avoid a fuss (four in ten).

Related to these age differences, those with dependent children are more likely than those without children to ignore health problems for a variety of reasons, and less likely to always seek medical advice (only two in three do this).

Deprivation levels also play a role in these attitudes and behaviours. For example, those in social grades D and E (the more disadvantaged) are slightly more likely than those in social grades A and B to keep their concerns to themselves to avoid a fuss, and to ignore health problems through embarrassment or worry about what others will think.

Those with a problematic alcohol intake are also slightly less likely to always seek medical advice (two in three) and they are also more likely to avoid seeking help because they worry what others think (12% agree).

Time since military discharge is a further factor. Those discharged within the last five years are less likely to always seek medical advice and more likely to ignore their own health problems assuming they will just get better (half agreeing with each). They are also more likely to avoid seeking help as they worry what others think (12%).

Compared with all British adults aged 18 or over in the 2010 British Social Attitudes survey,<sup>39</sup> the ex-Service community are more likely to agree that they do all they can to keep healthy and that they always seek medical advice (fig. 31). This conflicts with the commonly-expressed view that veterans are less likely to seek help (e.g. for mental health problems) than other individuals.

<sup>39</sup> BSA 2010 used self-completion method so results are not totally comparable. GB figures for ex-Service community do not differ from all UK figures so comparison is appropriate.

The use of self-completion for these questions on the British Social Attitudes survey may partly explain this difference, with social desirability increasing levels of agreement when the question is asked by an interviewer (as in this survey).

Members of the ex-Service community are also slightly more likely than all British adults to agree that they keep their concerns to themselves to avoid a fuss. This difference from the national average (other than the impact of social desirability) is driven by particularly higher prevalence for those aged 25-54 compared with the British population. In contrast, the ex-Service community are slightly less likely than all British adults to say that they ignore health problems assuming they will get better. This difference from the national average is driven by particularly lower prevalence for those aged 16-24.

In summary, the more positive attitudes towards health in the ex-Service community compared with the British average are largely driven by younger people, particularly those aged 16-24.

There are no substantial differences in attitude between veterans and dependants (*fig. 3m*).

	Veterans	UK men <sup>^</sup>	Dependants	UK women <sup>^</sup>
% agree	%	%	%	%
Do everything I can to keep healthy	85	64	89	75
Always seek medical advice if at all worried	77	50	79	50
Keep concerns about health to self so not to make a fuss	54	47	55	47
Ignore health problems as assume will get better on own	38	48	40	46

Figure 3m. Attitudes towards own health.

<sup>^</sup>Source: British Social Attitudes, 2010.

Table 6iii in Appendix 6 gives a full comparison with the British population, broken down by age, for all adults, veterans (compared with GB men) and dependants (compared with GB women).

## Help-seeking for health problems

Two in three report using some support for health purposes, largely for their physical health, with most of these visiting their GP (*fig. 3n*). Over eight in ten of those reporting a self-care or mobility problem say they used physical health support. This might, however, just amount to visiting their GP, and does not guarantee that they have received specialist treatment for their health problem.

Those with a long-term illness or disability and those with a caring responsibility are more likely than average to say that they use health support (around three in four of each group).

		Adult ex-Service community
		'000s
	%	4,920
<b>ANY</b>	<b>66</b>	<b>3,230</b>
<b>Any physical health</b>	<b>64</b>	<b>3,160</b>
Doctor/ GP	58	2,870
Accident & Emergency	10	510
Podiatrist (for foot care)	10	510
Occupational therapist/ physiotherapist	8	380
NHS walk-in clinic	6	320
Health visitor, district nurse or other kind of nurse visiting you at home	5	270
Audiology clinic (for hearing)	5	240
Prostheses services (for artificial limbs)	*	20
<b>Any mental health</b>	<b>5</b>	<b>260</b>
Counselling	2	100
Psychotherapy/Individual or group therapy	2	90
Memory clinic	1	70
Behaviour or cognitive therapy	*	30
Addiction services (e.g. for alcohol or drug use e.g. AA)	*	10
<b>Other sources</b>		
Hospital (spontaneous response)	1	70
Other health service	2	120

Figure 3n. Sources of assistance for health problems used in the past year.

Only one in twenty reports using support for their mental health, most often counselling or psychotherapy. Although this was higher (at 16%) among those reporting some psychological difficulty, this is still only a minority of those reporting problems.

Use of support for health matters increases with age: half of those aged 16-34 had used some support, rising to two thirds of those aged 65+. Younger people are, however, relatively more likely to use mental health support, peaking at 10% of those aged 16-44 and falling to only 4% of those aged 65+.

Under half of those who were discharged in the last five years say they have used health support (45%), compared with two in three of those discharged longer ago. Since this group are more likely than average to report some health or wellbeing difficulty, this lack of support take-up is unlikely to stem from a lack of need. Those discharged from the Armed Forces in the last five years are, however, slightly more likely than average to have sought mental health support (12%).

### 3.5 Living independently

As seen already in this chapter, ill health disproportionately affects older people, who make up a large proportion of the ex-Service community. The ability to live independently is likely to be a key concern for those of retirement age (60+ for women, 65+ for men in this research) and for those with a long-term illness or disability. All respondents falling into either of these groups were asked a series of further questions about their ability to live independently.

One in ten of them agrees that they need more help to continue to live independently in their own home, with one in ten also agreeing that they struggle to cope looking after themselves (fig. 3o).

	Adult ex-Service community of retirement age or with long-term health difficulty		
	Agree	Agree strongly	Disagree
	%	%	%
Need more help in coming months to continue living independently	10	2	81
Struggle to cope with looking after self, living independently	9	2	86

Figure 3o: Ability to live independently.

Only 2% agree strongly, however, and the vast majority disagree.

As might be expected, those with a long-term illness are more likely to agree (12% for each statement) than those without an illness (one in twenty for each). Other factors also make a difference. Those with dependent children are more likely than average to agree (around two in ten for each statement).

Those who are divorced or separated are also more likely to report these problems: one in four says they will need more help in the coming months. There is also a clear pattern by deprivation: for example, 17% of those in social grades D and E agree with each statement, compared with 6% of ABs.

More information on the type of personal help and support needed to live independently is shown in fig. 3p.

	Adult ex-Service community of retirement age or with illness/disability		
	Help needed (total)	Help needed and not received	'000s
	%	%	3,970
Cutting your toenails	13	2	90
Preparing meals	6	1	40
Washing and drying your whole body	4	1	20
Dressing and undressing yourself	4	1	20
Moving around your home	3	1	30
Taking medication	3	*	10
Eating a meal that has been prepared for you	2	*	10
Getting to or using the toilet	2	*	10

Figure 3p: Help needed/unmet help needs.

While a significant minority need some form of help,<sup>40</sup> it is important to note that most of them receive sufficient help, and only a few report unmet support needs. At most, 2% say that they do not get the help they need to cut their toenails, although this is still equivalent to around 90,000 people.

Dependent widow(er)s and those in single person households are more likely than average to report needing help to cut their toenails (23%), but are no more likely than average to say this is an unmet need. Three in ten of those aged 85-94 also say they need help with this task, but again this need is largely met. There are no real differences for the other types of help.

<sup>40</sup> The 'need for help' is estimated by combining those who currently receive help and those who have an unmet help need to provide a total.

4.

---

# WHAT ARE THE FINANCIAL AND HOUSING NEEDS OF THE EX-SERVICE COMMUNITY?

---

The wider economic context in which we conducted our last survey in 2005 differed markedly to the situation today. In 2005, economic growth was 2.3%, part of a pattern of steady economic growth which lasted from 1993 to 2007.<sup>41</sup> Inflation was 2%, while average earnings increased by over 4% in 2005, which again was part of a long trend of steady growth in living standards.<sup>42</sup> However, this growth wasn't shared by all and many remained on relatively low incomes. In 2014 the UK economy is only just emerging out of recession followed by a long period of very low economic growth, with sustained falls in living standards for many, following the financial crisis of 2008.

How has the ex-Service community fared? And how does the community compare to the UK general population as a whole?

## Summary of key findings

- Income for the adult ex-Service community has increased from 2005 ahead of inflation, to an average of £21,000 per year. This disguises much lower increases for those aged 25-44. Pensioner incomes are below the national average.
- A quarter of those of working age receive means tested benefits. Households containing working age adults in the ex-Service community are over twice as likely to receive sickness or disability benefits as UK adults in general.
- One in ten reports some kind of financial difficulty, equivalent to 430,000 people. However, there are key sub-groups of the community who are more likely to report financial problems and deprivation:
  - Working age households with dependent children, particularly divorced parents, with the burden greater for women
  - Those with long-term illness and disabilities, particularly dependent widow(er)s, and
  - Young singles, who are more likely to take on debt. Payday loans are used by around 20,000 16-34 year olds.
- Two in ten of the ex-Service community had turned the heating down or off, despite it being too cold (a measure of fuel poverty). This is lower than the national average, but still equivalent to around 870,000 people.

<sup>41</sup> Bank of England, Three Centuries of Data on the UK economy, available on Bank of England website.

<sup>42</sup> Office of National Statistics, Statistical bulletin: Consumer Price Inflation, October 2013 and Average Weekly Earnings series (Earn01).



## 4.1 Financial difficulties experienced by the ex-Service community

One in ten of the adult ex-Service community says they have at least one of three key financial difficulties, equivalent to around 430,000 people (see fig. 4a). This is most often not having enough money day to day, or not having savings to replace items needed. Fewer report getting into debt (this is covered in more detail in Section 4.3). Difficulties in dealing with personal affairs or finding out about services and benefits may contribute to these difficulties, although few experience these problems.

Of those with dependent children, one in five experiences financial difficulties. This is strongly age-related, with those aged 25-54 most likely to report a difficulty (20%).

Within this age group, 25-34s are slightly more likely to cite day-to-day living costs as a problem, with 35-54s slightly more likely to report problems with savings and debt (see fig. 6i in Appendix 6).

Single and divorced or separated adults are also more likely to report financial difficulties, suggesting the problems will be compounded for single parent households.

Problems are, to a lesser extent, also more prevalent for those with caring responsibilities, or with a long-term illness or disability. As expected, financial difficulties are also more likely to be cited by those with the highest levels of deprivation (e.g. lower income or receipt of means tested benefits).

		Adult ex-Service community
		'000s
	%	4,920
<b>Any financial difficulties</b>	<b>9</b>	<b>430</b>
Not having enough money for day-to-day living*	5	260
Not having enough savings to buy or replace items you need*	5	260
Getting into debt*	3	150
<b>Other related problems:</b>		
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	4	210
Difficulty finding out about services or benefits that you are entitled to*	3	140

Figure 4a. Personal or household financial difficulties experienced in the last year.

\* Asterisked items are experienced by self or household.

## 4.2 Income and benefits

The average annual net household income reported is £21,000.<sup>43</sup> This has increased from £15,500 in 2005, just ahead of inflation over that period.<sup>44</sup> In particular, this has halved the proportion who report living on less than £10,000 and doubled the number with an income of £30,000 or more (fig. 4b).

In total, almost half of the community report a net annual household income of under £15,000, equivalent to around 2,380,000 people.

As expected, average income is strongly linked to other measures of higher deprivation, such as social grade and working status.

Household income is higher for those aged 25-64: households that are most likely to include two adults, and have someone in work. While income variations by age are similar to those seen in 2005, the increase in income is greater for those aged 75 and over and lower for the 25-44s (fig. 4c).

The greater rate of increase for the oldest age groups explains why the average increase is in line with inflation, even though the ex-Service population has aged considerably since 2005.

Despite the increases for older people, income is still lowest for those aged 75 or over, who now make up almost half of the ex-Service community. Related to this, dependent widow(er)s (who largely fall within this age group) have a low average income (£13,100). Those with a long-term illness or disability, who tend to be older than average, also have a lower than average income at £17,500.

Some comparison with the UK average is possible using the Pensioners Income Series 2011/2012.<sup>45</sup> This reports an average net annual household income of £24,800 for those of working age, below the level of £27,800 reported by those aged 16-64 in the ex-Service community. This may reflect a greater prevalence of two adult households compared with the UK population.

The UK average net annual household income for pensioners is £19,700, which is above the level of £15,900 reported by those aged 65+ in the ex-Service community. This suggests the potential for greater poverty in the ex-Service pensioner community than in the UK as a whole.

UK pensioner incomes increased faster than the average for the UK as a whole from 1998 to 2012,<sup>46</sup> which reflects the pattern seen earlier in the ex-Service community (as in fig. 4c).

Related to the age profile of the community, six in ten households report receipt of benefits, pensions or tax credits, although this is largely pensions (fig. 4d).

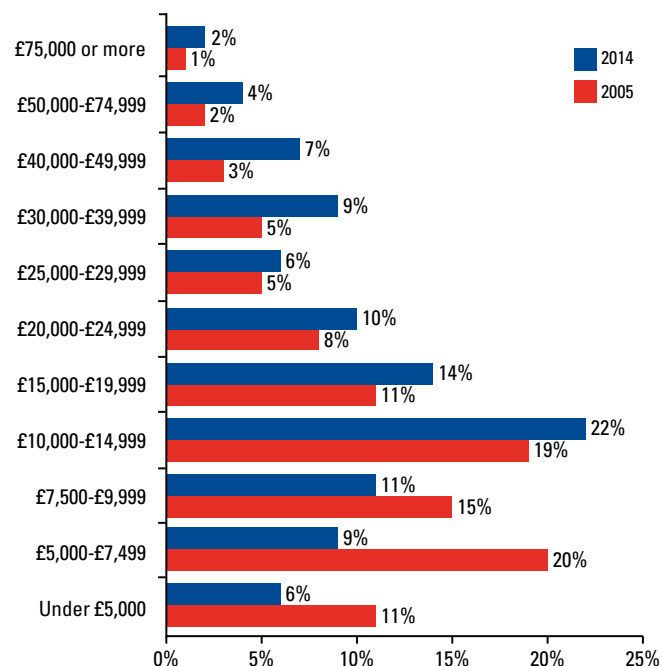


Figure 4b. Reported annual net household income.  
Base: Adult ex-Service community who gave their income (56% in both years).

	Adult ex-Service community who cited their income (56%)		Increase 2005 to 2014
	2005	2014	
			%
<b>All</b>	<b>£15,500</b>	<b>£21,000</b>	<b>35</b>
16-34	£15,200	£20,200	33
25-34	£22,700	£26,100	15
35-44	£25,400	£31,300	23
45-54	£20,800	£30,500	47
55-64	£18,100	£24,500	35
65-74	£12,500	£17,200	38
75-84	£9,400	£15,900	69
85+	£9,000	£13,100	46

Figure 4c. Increase in reported annual net household income by age 2005/2014.

A much smaller proportion say they receive means tested benefits or disability related benefits and, as expected, these are strongly linked to other measures of deprivation. Disability benefits are more likely to be received in households including people aged 35 or over. Means tested benefits are more prevalent among those of working age (one in four aged 16-64), particularly people with dependent children, and those who are divorced or separated. These patterns reinforce the earlier finding of financial difficulties for households with dependent children, particularly single parent households.



Some comparison can be made with working age adults in the UK (fig. 4e).<sup>47</sup> The main difference is that households containing working age adults in the ex-Service community are over twice as likely to receive sickness or disability benefits as UK adults. As this figure is collected at the household level it is not possible to break this down for veterans, but it seems likely that they drive this difference.

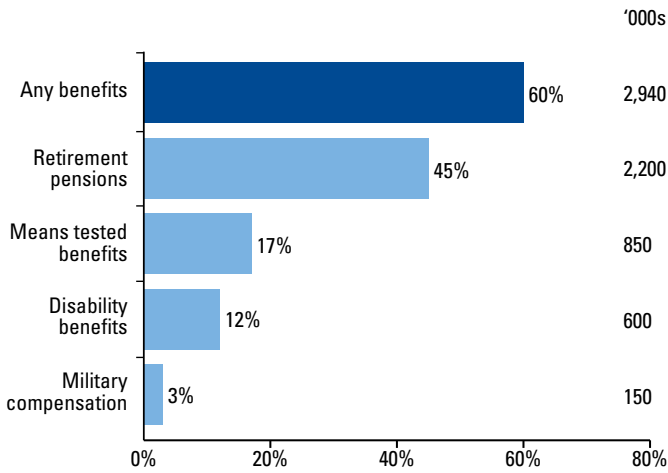


Figure 4d. Reported receipt of benefits, pensions or tax credits by self or partner living in household. Base: Adult ex-Service Community.

	Ex-Service %	UK <sup>^</sup> %
Child benefit	19	19
Sickness or disability benefits (net)	15	6
Housing benefit	9	7
Council Tax benefit	7	7
Child Tax Credit*	9	12
Working Tax Credit*	7	
State pension	4	3
Unemployment benefits (JSA/NI credits/UC) <sup>^^</sup>	3	3
Income support	2	2

Figure 4e. Receipt of benefits by adults aged 16-64 compared with UK.

<sup>^</sup>Source: Labour Force Survey 2014 Q1.

\* Only 'any Tax Credit' net figure available for UK.

<sup>^^</sup>JSA only in ex-Service survey.

A full list of benefits received is included in Fig 6ii at Appendix 6.



Image credit: MOD

<sup>43</sup> The lower level incomes may include some under-reporting as people tend to overlook some benefits: only half of those reporting an income of under £5,000 say they receive any means tested benefits.

<sup>44</sup> Inflation 2005-2013 estimated at 30% on www.whatsthecost.com

<sup>45</sup> National Statistics publication, July 2013. Figures for this publication are drawn from the Family Resources Survey and Family Expenditure Survey, both of which are surveys of GB adults aged 16+. The mean income for the GB ex-Service community is £21,100 so comparisons with this source are appropriate.

<sup>46</sup> Pensioners Income Series 2011/2012, p13.

<sup>47</sup> Labour Force Survey Q1 2014 – note that these results are for individuals, whereas ex-Service community results are at a household level.

## 4.3 Debt

While 3% report difficulties through getting into debt (see Section 4.1), 7% say their household has been in arrears in the last 12 months (equivalent to 350,000 people) and 5% have any 'priority debts' (fig. 4f).

Arrears are more likely to be reported in households with dependent children, particularly larger households of four or more, and for those who are divorced or separated. This is related to greater reporting of arrears for those aged 35-44 (around two in ten report arrears in each of these groups).

	Adult ex-Service community	UK Adults <sup>^</sup>
	%	%
<b>Any arrears</b>	<b>7</b>	
<b>Any priority debt:</b>	<b>5</b>	
Mortgage/rent	3	7
Council Tax (rates in NI)	3	7
Electricity, gas, fuel bills	2	7
Fines	*	n/a
Child support/maintenance	*	–
<b>Other arrears:</b>		
Water and sewerage bills	2	7
Telephone bills	2	4
Credit card payments	1	5
TV licence	1	4
Loans from banks, building societies or credit unions	1	3
Hire purchase or similar	1	2
Other loans/bills	1	2
Income Tax or VAT payments	*	1
Payday loans	*	n/a
Private education/health	*	–

Figure 4f. Arrears, in the last 12 months.

<sup>^</sup>Source: Poverty and Social Exclusion in the UK, 2012.

Arrears are also more likely to be reported for the 16-34s (one in four, equivalent to around 70,000 people) and those who are single. This suggests two key groups at higher risk: young singles and larger families, particularly single parent families.

Compared with all UK adults in the 2012 Poverty and Social Exclusion Survey,<sup>48</sup> those in the ex-Service community are slightly less likely to report each type of arrears (fig. 4f).



Image credit: MOD





However, younger people in the community are more likely to report arrears, and matching the age profile of the ex-Service community to the national profile removes this apparent difference from the UK average. This suggests that this lower reporting of arrears merely reflects the older age profile of the ex-Service community.

One in twenty (6%) says their household has had to borrow money in the last 12 months from any of the sources in *fig. 4g* in order to pay for day-to-day needs (equivalent to around 300,000 people).

The patterns of borrowing are similar to those seen for arrears, with a greater incidence of reporting for younger people, and those with children, particularly single parent households. 16-34 year olds are particularly likely to borrow (one in four) and, although this is largely from family and friends, one in twenty of this group has taken out a payday loan – equivalent to around 20,000 people.

	Adult ex-Service community	UK Adults*
	%	%
<b>Any borrowing:</b>	<b>6</b>	
Family	3	18
Bank or Building Society	1	n/a
Money lender	1	4
Friend(s)	1	6
Payday loan	1	n/a
Pawnbroker	1	2
Social fund loan	*	3
Credit Union	*	1
Unlicensed lender	*	–
Other	*	n/a

**Figure 4g. Creditors, in the last 12 months.**  
 \*Source: Poverty and Social Exclusion in the UK, 2012.

Both arrears and credit are also clearly related to other measures of deprivation, such as low income and receipt of benefits.

Compared with all UK adults in the 2012 Poverty and Social Exclusion Survey,<sup>49</sup> those in the ex-Service community are less likely to report each type of borrowing, particularly from their family (*fig. 4g*). As for arrears, the higher prevalence of borrowing among younger members of the ex-Service explains some of this difference from the UK average. However, the scale of the difference in borrowing from the family suggests that the ex-Service community are less likely than the UK average to borrow from family, even taking the age profile into account.

<sup>48</sup> Asked of all UK adults aged 16+. Additional items were included in the TRBL question.

<sup>49</sup> Additional items were included in the TRBL question.





Image credit: Geoff Piper

## 4.4 Working age deprivation

Experience of material deprivation is fairly high among members of the ex-Service community of working age, with 43% reporting something they cannot afford, equivalent to around 690,000 working age adults. At least one in five does not have enough money to do each of: replacing furniture, replacing electrical goods, spending on themselves, saving, or taking a holiday (*fig. 4h*).

Half of those with dependent children report material deprivation (*using the measures in fig. 4h*), which is linked to age differences (more likely for those aged 25-54).

Those who are divorced or separated are more likely still to report some material deprivation, providing further evidence of greater problems for single parents. The burden also falls disproportionately on women (half report some deprivation) and widows.

Material deprivation is also higher (at half or more) for those with a long-term illness or disability, and for those with caring responsibilities along with, as would be expected, those with greater levels of financial hardship (e.g. low income).

The same patterns of difference are seen for each of the individual types of deprivation listed in *fig. 4h* (e.g. each is reported more by those with children).

	Base: Those below retirement age <sup>s</sup>	Adult ex-Service community
		'000s
	%	1,610
<b>Any deprivation</b>	<b>43</b>	<b>690</b>
Enough money to replace worn out furniture	24	380
A holiday for at least one week a year	23	370
Small amount of money to spend each week on yourself	22	350
Enough money to save £10 a month or more	20	310
Enough money to replace major electrical goods	19	310
Household contents insurance	10	170
Enough money to keep house in a decent state of repair	9	140
Keep up with bills and regular debt payments	5	80

**Figure 4h. Material deprivation among those of working age – items would like but cannot afford at the moment.**  
<sup>s</sup> Men aged 16-64 and women aged 16-59.

## 4.5 Pensioner deprivation

For the purpose of this research, 'pensioners' are defined as those of retirement age (women aged 60+ and men aged 65+). While some may not actually be retired, they will be referred to as pensioners in this section of the report.

Pensioners in the ex-Service community are most likely to report not being able to take an annual holiday, or to go out socially every month (fig. 4i). However, some say this is because they do not want to, so not all would view this as a deprivation.

One in ten pensioners is experiencing at least one form of deprivation due to lack of money, equivalent to around 310,000 adults. Most typically this might be foregoing a holiday or not being able to pay an unexpected expense of £200.

Slightly more (equivalent to around 420,000 adults) say they are unable to do something because of insufficient health or support and this is focused on taking holidays and going out socially.

Younger pensioners are more likely than average to report a lack of money resulting in deprivation (16% of 60-64s), as are divorced pensioners (three in ten). Both of these groups are more likely than average to report difficulty meeting an unexpected expense of £200, or replacing a cooker. Unsurprisingly, there are also strong links with other measures of deprivation such as low income.

Older pensioners are more likely than average to blame poor health or support as a reason for 'going without' (17% of 85-94s); so too are single person households and carers. These differences apply equally to going on holiday, going out socially and having access to a car.

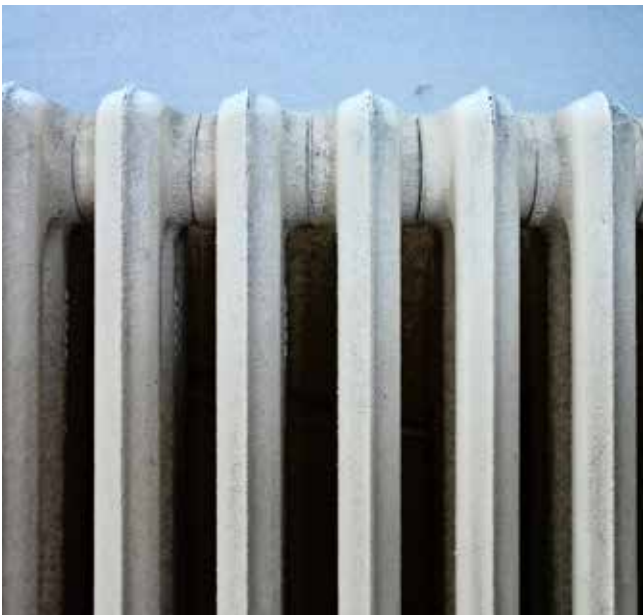
Reason:	Adult ex-Service community of pensionable age <sup>^</sup>		
	Any reason	Lack of money	Health/support
<b>Any deprivation</b>		<b>9</b>	<b>13</b>
<i>Unable to ...</i>			
Take a holiday away from home yearly	39 <sup>s</sup>	4	10
Go out socially at least monthly	18 <sup>^^</sup>	1	4
Pay an unexpected expense of £200	7	5	*
Have access to a car or taxi when needed	6	1	1
Replace cooker if it broke down	5	3	*
Have hair done or cut regularly	5	1	*
See friends or family at least once a month	3	*	*
Have a damp-free home	3	*	*
Keep home in a good state of repair	2	1	*
Keep home adequately warm	2	1	*
Eat at least one filling meal a day	1	*	*
Keep heating, electrics, plumbing and drains in good working order	1	–	–
Have a telephone to use, when needed	1	–	–
Have a warm waterproof coat	1	–	–

**Figure 4i. Material deprivation among pensioners.**

<sup>^</sup>Base for the pensioner ex-Service community: men aged 65+ and women aged 60+.

<sup>s</sup> 13% say not wanted, 8% not relevant.

<sup>^^</sup> 6% say not wanted, 4% not relevant.



## 4.6 Housing

### Household difficulties

Fewer than one in ten have experienced housing difficulties in the past year, with most of these related to house or garden maintenance and very few reporting problems getting appropriate housing (*fig. 4j*).

	Adult ex-Service community	
		'000s
	%	<b>4,920</b>
Any housing difficulties	<b>8</b>	<b>400</b>
Difficulty with house or garden maintenance*	7	330
Poor housing/inappropriate housing for your needs*	1	70
Difficulty getting a council housing place or from a housing association*	1	40
<b>Other related problems:</b>		
Lack of home security/feeling safe in your own home*	2	80

**Figure 4j. Personal or household financial difficulties experienced in the last year.**

\* Asterisked items are experienced by self or household.

House and garden maintenance is cited marginally more often as a problem for those who are divorced or separated, widowed or single: those without a partner to share the burden. It is also cited more by people aged 75 plus and those with a long-term illness or disability. However, only around one in ten reports difficulties in each of these groups, so it is not a hugely widespread issue.

Related to this, 16% of those of retirement age, or with a long-term illness or disability, say they need help with minor household repairs and 11% that they need help with housework.<sup>50</sup> Most report receiving the help they need although 3% say they need more help with repairs and 2% need more help with housework.

While few report problems getting the right housing, 6% of those discharged from the Armed Forces within the last five years report problems getting a council or housing association place (*fig. 4j*).

Fuel poverty is a growing national concern. Three in ten of the ex-Service community say they have cut back on fuel use because of costs, equivalent to around 1,510,000 adults (*fig. 4k*). This is most likely to involve cutting down on heating the house in some way, even when it is needed, but also involves reducing lighting usage. Of most concern are the 18% of the adult ex-Service community, equivalent to around 870,000 people, who turned the heating down or off, even though it was too cold. This was slightly lower at 14% of those aged 65+, equivalent to around 440,000 pensioners.

		Adult ex-Service Community	UK adults*
		'000s	
	%	<b>4,920</b>	%
<b>Any cut back on fuel use</b>	<b>31</b>	<b>1,510</b>	<b>46</b>
Turned heating down or off, even though it was too cold	18	870	21
Cut the number of hours the heating was on	15	720	29
Turned out more lights in my home than wanted to	11	540	21
Only heated and used part of the house/ flat	9	440	14
Had fewer hot meals or hot drinks than needed	1	70	2
Other cut backs	2	90	6

**Figure 4k. Whether/how households have cut back on fuel use in winter because of costs.** \*Source: Poverty & Social Exclusion survey (PSE).

There are, unsurprisingly, links between this behaviour and other measures of deprivation (e.g. low income). In addition, those with dependent children are particularly likely to have cut back on their fuel use (44%).

Age differences are related to this, with half of those aged 35-44 cutting back, falling to one in four people aged 65 and over. A half of those who are divorced or separated have also cut back on fuel use, again suggesting problems in single parent households. Those with caring responsibilities are also more likely to have cut back on their fuel use (four in ten).

Compared with all UK adults in the 2012 Poverty and Social Exclusion Survey<sup>51</sup> those in the ex-Service community are less likely to report cutting back on fuel use (*fig. 4k*). The older age profile of the ex-Service community explains at least some of this difference from the UK average, with older people less likely to take measures to cut fuel use. Matching the age profile of the ex-Service community to the national profile reduces this apparent difference from the UK average, but does not remove it entirely. It appears likely that the ex-Service community is less likely to take measures to cut fuel use than the national average.

### Information from other sources: homelessness

This household survey, by its very nature, cannot provide information on veterans who become homeless. What do we know from other sources about the extent of homelessness amongst veterans?

Serving personnel are themselves concerned about homelessness when they leave the Forces: in a survey of those undergoing Career Transition Partnership resettlement programmes, 7% of officers and 21% of other ranks had sought advice before leaving on “What to do if you are made homeless”.<sup>52</sup>

Only a small minority of ex Service personnel become homeless. A 2007 National Audit Office survey of those undergoing the resettlement programme found that just less than 5% of respondents, mainly young and of junior rank, reported that they had been homeless at some point in the past two years.

This survey didn’t specify the type of homelessness experienced and so may include those staying with friends temporarily and rough sleeping.<sup>53</sup>

Research on the numbers of veterans who sleep rough has focused upon London. A 2008 study estimated that the proportion of London’s rough sleeping population with experience of serving in the Armed Forces was 6%.<sup>54</sup> This study found that the average age of the veteran rough-sleeper was 52. A more recent estimate suggests that 127 individuals who slept rough in London at least once in 2013/14, had ever served in the UK military – 3% of the total.<sup>55</sup>



### Tenure

Driven by their older age profile, a high proportion of the ex-Service community own their home outright, and fewer have a mortgage or rent privately (fig. 41). There is little difference, from the UK, however, within the age 16-64 and 65+ populations. If the age profiles of the UK and ex-Service community populations were the same, there would be little difference in tenure.

		Adult ex-Service community	UK population
<b>Owner occupiers:</b>		%	%
Owned outright	<b>All</b>	<b>58</b>	<b>33</b>
	16-64	23	21
	65+	77	77
Bought with a mortgage	<b>All</b>	<b>15</b>	<b>27</b>
	16-64	36	33
	65+	3	4
Rent from a local authority	<b>All</b>	<b>16</b>	<b>16</b>
	16-64	21	17
	65+	13	13
Rent privately	<b>All</b>	<b>10</b>	<b>21</b>
	16-64	19	26
	65+	5	5
Other	<b>All</b>	<b>2</b>	<b>2</b>
	16-64	1	3
	65+	2	1

Figure 41. Tenure of adult ex-Service community, compared with UK adult population.

<sup>50</sup> Questions E2 and E3

<sup>51</sup> PSE 2012 interviewed UK adults age 16+. Question included additional item (used less hot water).

<sup>52</sup> Ministry of Defence, *Ad Hoc Statistical Release, Career Transition Partnership: Follow-Up Questionnaires*, 2014

<sup>53</sup> National Audit Office, *Leaving the Services*, 2007

<sup>54</sup> Johnsen et al, *The experiences of Homeless Ex-Service Personnel in London*, Centre for Housing Policy, University of York, 2008.

<sup>55</sup> St Mungo’s Broadway, *CHAIN Annual Report, From Street to Home*, 2012/13.

5.

---

# WHAT ARE THE WORK AND TRAINING NEEDS OF THE EX-SERVICE COMMUNITY?

---



The Government, through the 'Career Transition Partnership' (CTP), along with Service charities, put great effort and resources into helping those leaving the Services to find suitable work.

Established in 1998, the CTP provides advice, coaching and training for many of the 20,000 people who leave the Forces each year. Of those who have used the CTP services in 2012/2013, 83% had found employment within six months of leaving, while 9% were unemployed and 9% were economically inactive.<sup>56</sup> These rates compare favourably with the general population. However, those using CTP services are not representative of all those leaving the military – for example, many of those who leave the Services early (known as Early Service Leavers or 'ESLs') do not use the CTP programme. Nor do spouses, whose employment history may be patchy due to having to move frequently.

Less is known about the employment outcomes of spouses and dependants, those who left the military before 1998 and those who didn't use the CTP services. This chapter considers the work and training needs of the ex-Service community as a whole, and provides information on employment outcomes for a representative sample of all veterans and dependants.

## Summary of key findings

- The ex-Service community is more likely to be out of work than the general population. Those of working age (aged between 16-64) are less likely to be employed than the general population aged 16-64 (60% vs 72%), slightly more likely to be unemployed (8% vs 5%) and more likely to be economically inactive (32% vs 22%).
- Breaking this down further, working age veterans are less likely to be in work (63%) than men in the UK general population (77%) and dependants, who are mostly female, are also less likely to be in work (56%) than women in the general population (67%).
- Altogether around 700,000 members of the working age ex-Service community are not in work, consisting of:
  - Around 120,000 veterans and 20,000 dependants who are unemployed
  - Around 130,000 veterans and 110,000 dependants who are not looking for work, and
  - Around 160,000 veterans and 160,000 dependants who are retired or in education.
- Of those of working age within the ex-Service community, one in ten has no formal qualifications, doubling to two in ten of those aged 55-64.
- Groups that may need further support and training include:
  - Those aged 45-64 who are less qualified and less confident in computer skills
  - Those aged 16-34, particularly the recently discharged who may lack transferable skills, and
  - Female veterans, who tend to be less confident in their skills.

<sup>56</sup> Ministry of Defence, *Career Transition Partnership quarterly statistics: UK Regular Service Personnel Employment Outcomes 2009 to 2013*.

## 5.1 Working status

Two in three of the ex-Service community are retired, with a further 2% still in education. This leaves three in ten potentially in the market for work, equivalent to around 1,520,000 people.

Within this group, three in four are in work (55% full-time). One in ten is not in work but looking for work, equivalent to around 140,000 people (*fig. 5a*).

Within the group of people potentially in the market for work, men are more likely to be in full-time work (seven in ten) than women (one in three). Women are more likely to be in part-time work (one in three) or not to be looking for work (one in four).

Among veterans who are not retired or in education, two in three are in full-time work. Veterans who served in the Armed Forces for less than three years are less likely to be in full-time work now (only half are), and they are more likely to be looking for work (18%) than the average for all veterans.

Those who served as officers or NCOs are more likely to be working full-time (72%) than those in other ranks (58%), who are in turn more likely to not be looking for work (19%) than officers and NCOs.

### Working age population

The Labour Force Survey provides employment rates for UK adults of working age for the first quarter of 2014 (*fig. 5b*). Adults of working age in the ex-Service community are less likely to be in work, and more likely to be economically inactive (including those who are not in work but not seeking work, those who are retired and those still in education) compared with the UK population.

Working age veterans are far more likely to be in full-time work than dependants, who are instead more likely to be in part-time work or inactive. Veterans (who are largely men) are more likely to be unemployed (one in ten) or inactive (one in four) than UK men. Veterans who are inactive are split evenly between those who have retired early and those not working but not looking for work. Dependants (who are largely women) are more likely to be economically inactive than UK women. Among dependants of working age, one in four are retired or in education and one in six are not in work and not looking for work.

Altogether around 700,000 members of the working age ex-Service community are not in work, consisting of:

- Around 120,000 veterans and 20,000 dependants who are unemployed
- Around 130,000 veterans and 110,000 dependants who are not looking for work
- Around 160,000 veterans and 160,000 dependants who are retired or in education.

The differences between the working age ex-Service community and all UK adults of working age is greatest for those aged 16-24 and those aged 55-64 (*fig. 5c*).

Two in three of the ex-Service community aged 16-24 are economically inactive, which is considerably higher than the UK average, but the majority of these are dependent children in full-time education.

Those in the ex-Service community aged 55-64 are less likely to be in work, and more likely to be unemployed or inactive than their UK counterparts. One in three of this group is already retired (both veterans and dependants) and this is likely to be driving the difference from the UK average.

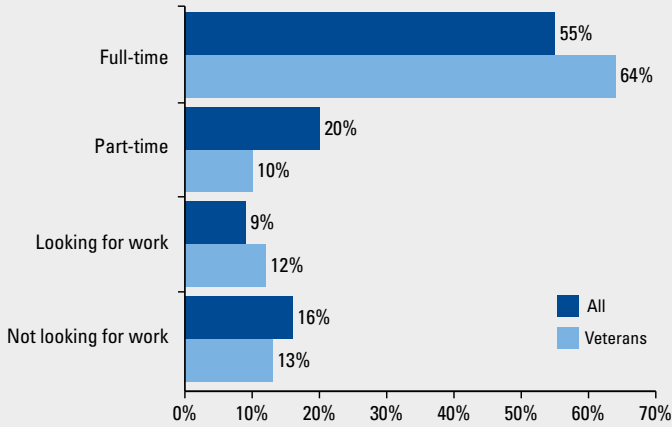


Figure 5a. Working status of those not retired or in education. Base: All not retired or still in education.

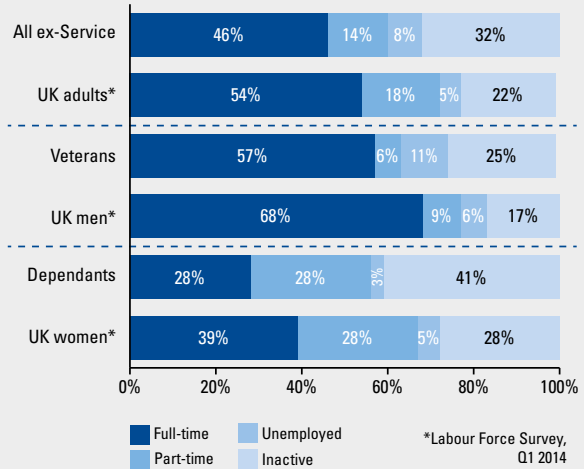


Figure 5b. Working status of all aged 16-64 compared with UK. Base: All aged 16-64.

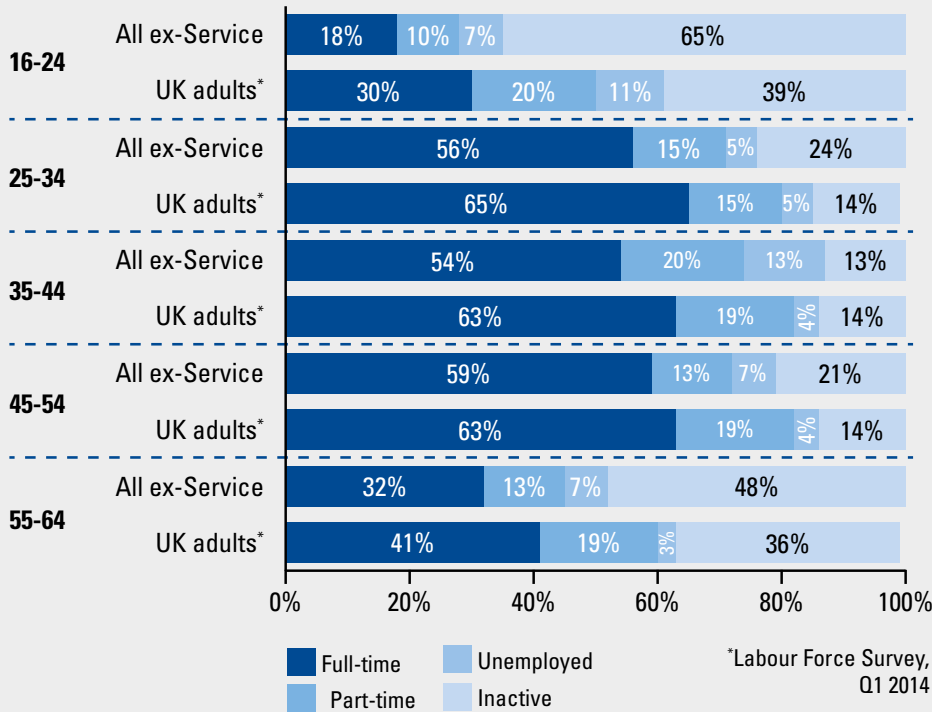


Figure 5c. Working status of all aged 16-64 compared with UK, by age.

## 5.2 Experience and qualifications

Relevant qualifications are vital for seeking work and three in four veterans have at least one qualification (*fig.5d*).

This is slightly lower in the whole of the ex-Service community, as dependants are slightly less likely to have any qualifications than veterans. In the ex-Service community, one in ten has a degree, four in ten have some other academic qualification, and two in ten have a vocational or work qualification.

	Adult ex-Service community				UK adults 16-64 <sup>^</sup>
	All	Veterans	All aged 16-64	'000s	
	%	%	%	1,750	%
<b>Any<sup>^^</sup></b>	<b>72</b>	<b>76</b>	<b>87</b>	<b>1,530</b>	<b>85</b>
<b>Any academic</b>	<b>51</b>	<b>53</b>	<b>70</b>	<b>1,230</b>	<b>76</b>
Degree	11	12	15	270	26
<b>Any academic not degree:</b>	<b>40</b>	<b>41</b>	<b>55</b>	<b>960</b>	<b>50</b>
Higher education below degree	6	8	8	140	8
A levels or Highers	7	7	10	180	11
ONC/National level BTEC	5	6	7	130	6
O Level or GCSE (A-C), CSE grade 1, Std Grade 1-3	17	16	21	360	20
GCSE D-G, CSE 2-5, Standard Grade 4-6	6	5	8	140	5
<b>Any non-academic: <sup>^^</sup></b>	<b>21</b>	<b>22</b>	<b>18</b>	<b>310</b>	<b>9</b>
Other qualification <sup>^^</sup>	2	1	1	10	9
<b>Any work/ vocational:</b>	<b>19</b>	<b>21</b>	<b>17</b>	<b>300</b>	<b>n/a</b>
Work related/ vocational qualification	13	16	12	220	n/a
Professional qualification (e.g. nurse)	6	5	4	80	n/a
No formal qualification <sup>^^</sup>	26	23	11	190	15

**Figure 5d. Highest qualification.**

<sup>^</sup>Source: Family Resources survey 2011.

<sup>^^</sup>Not fully comparable with UK figures as vocational qualifications are not explicitly included in the prompted list in 2011 FRS.

Veterans who have served for five years or more are more likely to have a qualification (eight in ten) and this is most likely to be an academic qualification other than a degree (half). Officers are also more likely to have a qualification: almost all commissioned officers have a qualification (97%) and over half have a degree.

The proportion with a qualification falls to eight in ten non-commissioned officers, and falls further to seven in ten of those from any other rank.

One in ten of those in the ex-Service community of working age (16-64) has no qualifications, equivalent to around 190,000 people. Compared with the UK population of working age in the 2011 Family Resources survey,<sup>57</sup> a similar proportion have a qualification (*fig. 5d*).

Those in the ex-Service community are, however, less likely to have a degree (and this is true of all age groups, as in *fig. 5e*). They are more likely to report having a non-academic qualification.<sup>58</sup>

		Age		
		16-24	25-54	55-64
		%	%	%
Degree	Ex-Service	7	18	11
	UK adults <sup>^</sup>	15	31	20
Any academic not degree	Ex-Service	81	59	42
	UK adults <sup>^</sup>	68	49	41
Any non-academic: <sup>^^</sup>	Ex-Service	7	16	23
	UK adults <sup>^</sup>	8	8	11
No formal qualification <sup>^^</sup>	Ex-Service	2	6	22
	UK adults <sup>^</sup>	8	12	28

**Figure 5e. Highest qualification compared with UK by age.**

<sup>^</sup>Source: Family Resources Survey 2011.

<sup>^^</sup>Not fully comparable with UK figures as vocational qualifications are not explicitly included in the prompted list in 2011 FRS.

Within the ex-Service community, the prevalence of qualifications reduces with age: 22% of those aged 55-64 have no formal qualifications compared with 6% of those aged 25-54 and 2% of those aged 16-24, making finding employment potentially more of a challenge for this group, who are approaching retirement age (*fig. 5e*). These older members of the ex-Service community are, however, more likely to have vocational qualifications than younger members.

Those aged 16-54 are more likely to have an academic qualification below degree level than the UK average for that age. Those aged 16-24 are more likely than the UK average for their age group to have stopped studying at GCSE level (see *fig 6viii* in *Appendix 6*). Those aged 55-64 are as likely as the UK average for their age to have any academic qualification below degree level, but more likely to report some vocational qualification. In summary, members of the ex-Service community of all ages are less highly educated than the national average.





<sup>57</sup> Question to UK adults aged 16-65; Did not include vocational qualifications as prompted option but as part of spontaneous 'other' category so not totally comparable.

<sup>58</sup> This may, in part, be the result of including vocational qualifications explicitly within the question in the ex-Service community research.

## 5.3 Work related skills

While qualifications are important, relevant experience and skills also play a role in enhancing employability. Two in three veterans in paid employment say that they are able to use their past experience and skills in their current job at least quite a lot, but one in six say they use them very little (*fig. 5f*).

Younger veterans are less likely to say they are able to use their acquired skills at least quite a lot: four in ten of those aged 16-34, compared with seven in ten of those aged 35-64. While three in four working veterans with a degree can use their acquired skills at least quite a lot, this falls to six in ten of those with no qualifications. There is no difference by employment history in military service, other than that linked to age.

Some comparison with British adults aged 20-64 is possible using the 2012 Skills and Employment Survey.<sup>59</sup> Veterans are less likely to say they can use their skills and experience in their current job than British adults aged 20-64 and, in particular, to say they can use almost all of their skills (*fig. 5f*). Younger veterans are particularly less likely than their national equivalent to say they can use most or all of their skills.

While British adults aged 20-29 are less likely to say they can use their skills at least quite a lot (six in ten) than older people, the difference is more marked for veterans: veterans aged 16-34 seem to have a greater problem with using their existing skills in their current job than is the case across Britain.

In terms of specific skills, the vast majority of veterans of working age (16-64) say that they are confident in each of the skills in *fig. 5g*.

For most skills, around two thirds are very or extremely confident in each of them. Veterans are particularly confident about being reliable, speaking to people, and their reading level. They are considerably less confident about their computer skills, with three in ten quite confident at most, which is equivalent to around 310,000 veterans.

There are a number of patterns in level of confidence across most of these skills. In general Naval and RAF veterans tend to be slightly more confident than Army veterans. Those who have been deployed or had conflict exposure also tend to be a little more confident. Those who served for fewer than three years tend to be less confident.

Unsurprisingly, veterans with qualifications, particularly higher qualifications, are more likely to say they are confident in their work-related skills. Those in the lowest social grades (DE) are less likely to be confident.

In general among working age veterans, men are more likely to be confident than women. Women are less likely in particular to be confident meeting new people (74%) or keeping calm under pressure (68%).

The greatest potential need for support is in improving computer skills. Women are again less likely to be confident (61%), as are those in social grades DE (55%) and those with no qualifications (52%). The biggest difference is by age: while nine in ten of those aged 16-34 are confident, this falls to two in three of those aged 45-64.

	Veterans aged 16-64		
	Extremely/ very/ confident	Quite/ not very/ not at all confident	'000s
	%	%	1,100
Being reliable	92	7	80
Speaking to people face to face	91	8	90
Your reading level	90	8	90
Keeping motivated, taking pride in your work and striving to achieve	89	9	100
Speaking to people over the telephone	88	11	120
Organising your time	87	11	120
Meeting new people	87	11	120
Writing things down	86	12	130
Keeping calm under pressure and coping with stressful situations	85	13	150
Your skills in maths	83	16	170
Your computer skills	71	28	310

Figure 5g. Confidence in work-related skills.

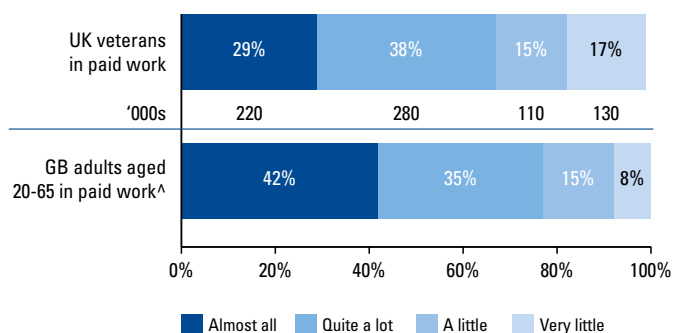


Figure 5f. Extent to which can use past experience and skills in current job.  
<sup>^</sup>Source: Alan Halstead, Skills and Employment Survey, 2012.

## 5.4 Employment and training difficulties

While only one in twenty of the ex-Service community reports one of the employment difficulties shown in *fig. 5h*, this is slightly higher for veterans than dependants. This is largely driven by unemployment or a fear of unemployment.

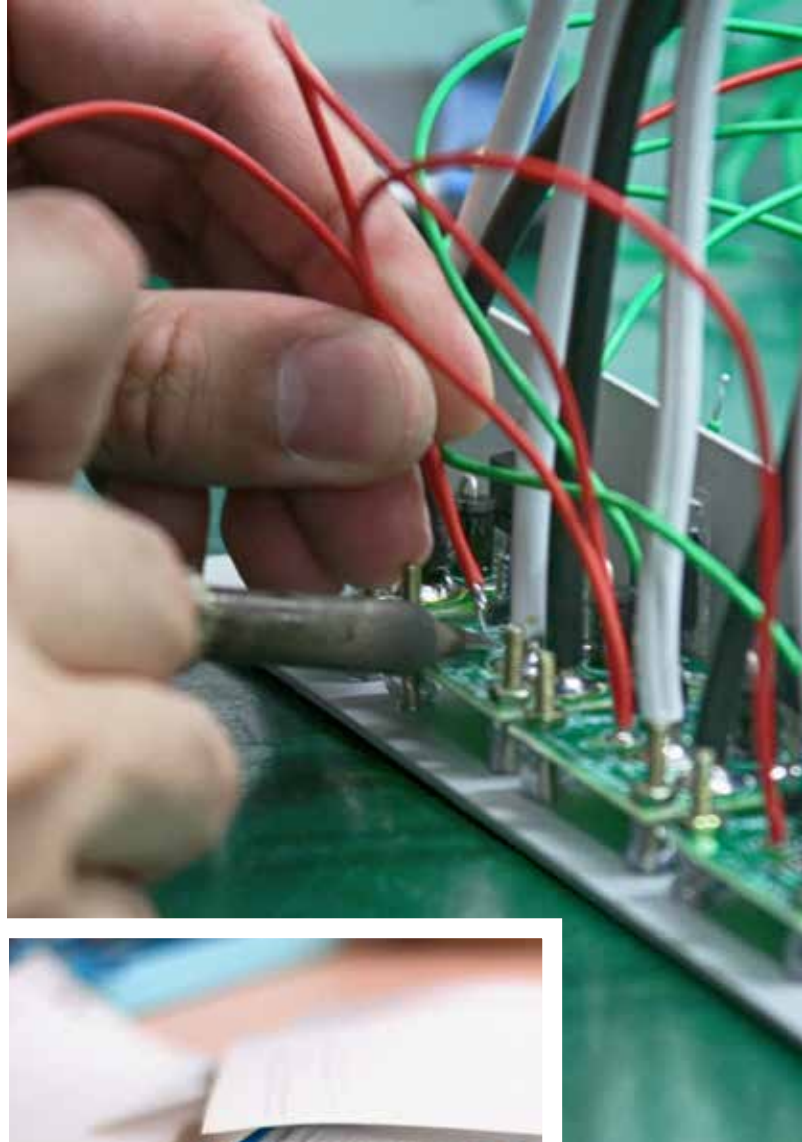
Among those of working age (16-64), one in six reports a problem, equivalent to around 300,000 people. This rises to 23% of those aged 16-44 reporting some problem, but is lower at 14% of those aged 45-64. Unemployment is most likely to be the problem for the younger age group, although 7% of those aged 35-44 report having to take a job for which they are overqualified or underpaid and 8% report a lack of qualifications.

Three in ten of those who have been discharged from Service in the last five years report problems, and they are more likely than average to report each of the four difficulties above. This is probably related to the age variations described above.

Those with dependent children are more likely to report some difficulties (18%), which is also reflected in a higher prevalence in larger households.

	Adult ex-Service community			
	All	Vet'ns	16-64	'000s
	%	%	%	1,750
Any employment difficulties	6	8	17	300
Unemployment <sup>^</sup>	3	4	9	160
Fear of unemployment <sup>^</sup>	3	3	8	130
Having to take job for which overqualified/ underpaid <sup>^</sup>	1	2	4	60
Lack of training/skills/ qualifications <sup>^</sup>	1	2	3	50

**Figure 5h. Personal or household difficulties experienced in the last year.**  
<sup>^</sup>Experienced by self or household.



<sup>59</sup> Interviews with adults aged 20-65 in Great Britain, broadly comparable with results for the ex-Service community aged 16-64.



# APPENDICES

---



## Appendix 1: Acknowledgements

Our thanks go to a large number of people who have contributed to the success of this project, not least the 20,700 respondents who gave their time to participate in the TNS Omnibus Survey.

At The Royal British Legion, the work benefited hugely from the advice and support of the core project team: Nick Donovan (Assistant Director, Public Affairs and Public Policy), Dan Martin (Senior Policy Adviser) and Harriet Deane (Policy Adviser – Health and Social Care), and from the Project Board, the members of which are listed below:

Sue Freeth  
**Director of Operations**

Robert Lee  
**Assistant Director, Marketing and Communications**

Paul Ainscough  
**Head of Finance**

Gary Gray  
**Head of Welfare Services, Poppyscotland**

We are indebted to Paula Leonard and Philip Carman, Managing Consultants at TNS Omnibus, for their project management of the survey fieldwork and technical advice on the calculations to project the size of the ex-Service community in the UK.

## Appendix 2: Glossary

### Veterans

Anyone who has previously served in any of the following ways is a veteran, eligible for welfare assistance from The Royal British Legion: the UK Armed Forces, both Regular Forces (including National Service or the Home Guard), or Reserve/Auxiliary Forces; the Mercantile Marines in hostile waters; the Allied Civil Police Forces; full-time, in uniform for a Voluntary Aid Society in direct support of the Armed Forces; or as British subject serving under British command in the forces of an allied nation.

### Dependants

Dependent spouses/partners, dependent divorced/separated spouses, dependent widow(er)s and dependent children as described above, make up veterans' dependants.

### Adult dependants

In this research the adult dependants excluded children aged 0-15 who were out of scope of the survey. Dependent minors aged 16-18 or aged 19-24 and still in full-time education were included within the dependent adults category, since this is how The Royal British Legion categorises them in its Charter.

### Dependent spouses/partners

Spouses/partners living as spouses of veterans as described above, who are also eligible for welfare assistance from The Royal British Legion.

### Dependent divorced or separated spouses

Spouses/partners of veterans as described above, who are divorced or separated and not remarried, and who are also eligible for welfare assistance from The Royal British Legion.

### Dependent widows and widowers

Widows and widowers of veterans as described above, who are eligible for welfare assistance from The Royal British Legion.

### Dependent children

Children whose natural parents are veterans are also eligible for assistance from the Legion as dependent minors, up to and including age 18 (even if the qualifying person dies before the child reaches 18 or the parents divorce or separate).

### Ex-Service community

Veterans and their dependants, taken together, make up the whole ex-Service community.

### Adult Ex-Service community

Veterans and their dependants who were aged 16 or over.

### Armed Forces Community

Veterans and their dependants, as well as serving personnel and their dependants.

## Appendix 3: Research Methods

The research was carried out using the same approach as in 2005, for maximum comparability when looking at trends, but utilising a larger sample to allow for more accurate analysis when looking at sub-groups within the ex-Service community.

A module of questions was placed on a nationally representative Omnibus Survey of UK adults. All interviews were conducted face-to-face in people's own homes, during January/February 2014.

A series of screening questions were asked to identify members of the Armed Forces community. In total 20,700 UK adults were screened and of these 2,203 were eligible. Serving personnel and their dependants were removed for reporting purposes, leaving a final survey sample of 2,121 in the ex-Service community (veterans and their adult dependants). This provides a reliable platform on which to base future planning and decision-making.

A wealth of data were collected about these respondents and the rest of this report highlights the key emerging findings from the vast research dataset.

In addition to the survey a small piece of desk research was conducted to estimate the size of the additional 'hidden populations' living in communal establishments who were out of the scope of the survey. Whilst the majority of the Legion's welfare provision is to people living in private residential households, some of their services do touch those in hospital, prison or living in temporary accommodation, so the Legion was keen to get a sense of how many of these people exist.

## Questionnaire

The questionnaire was developed in close consultation with The Royal British Legion and approved by the Project Board. The questionnaire included 59 questions – 19 screening questions asked to identify members of the Armed Forces community and a further 40 questions, asked solely of eligible members of the ex-Service community about their personal circumstances, health and welfare needs and awareness and experience of ex-Service charities and other agencies. The full questionnaire is available upon request. The module of questions for this research was asked within the first 5 minutes of the Omnibus questionnaire.

## Sample

A nationally representative sample of 20,698 UK adults aged 16+ were interviewed on the TNS CAPI omnibus in 378 sample points across the UK.

The TNS Omnibus employs random location sampling methodology each week. A varying number of sampling points are issued depending upon the length of the questionnaire. The number of Great Britain sampling points issued can be 208, 162, 152, 133 or 118 and corresponding sampling points in Northern Ireland are 7, 5, 5, 4 or 4. The points used are sub samples of those determined in a sampling system developed by TNS for its internal use.

## Sampling frame

2001 Census small area statistics and the Postcode Address File (PAF) were used to define sample points. These are areas of similar population sizes formed by the combination of wards with the constraint that each point must be contained within a single Government Office Region (GOR). In addition, geographic systems were employed to minimise the drive time required to cover each area as optimally as possible.

600 points were defined south of the Caledonian Canal in Great Britain. Another 25 were defined in a similar fashion in Northern Ireland. Finally 5 points were defined north of the Caledonian Canal. These latter differ in size from the other points and each other to meet the need to separately cover the different parts of the Highlands and Islands.

## Stratification and Sample Point Selection

415 points were selected south of the Caledonian Canal for use by the Omnibuses after stratification by Government Office Region and Social Grade. They were also checked to ensure they are representative by an urban and rural classification. Those points are divided into two replicates. One set are used in one week. The other set are used in the next week. One of the points north of the Caledonian Canal is also used. 14 of the points in Northern Ireland are selected and divided into two replicates. Those replicates are used in rotation to give a wide spread across the Province over time. Similarly the statistical accuracy of the GB sampling is maximised by issuing sequential waves of fieldwork systematically across the sampling frame to provide maximum geographical dispersion. This ensures that the sample point selection remains representative for any specific fieldwork wave.

## Selection of Clusters within Sampling Points

All the sample points in the sampling frame have been divided into two geographically distinct segments each containing, as far as possible, equal populations. The segments comprise aggregations of complete wards. For the Omnibuses alternate A and B halves are worked each wave of fieldwork. Each week different wards are selected in each required half and Census Output Areas selected within those wards. Then, groups of OAs containing a minimum of 200 addresses are sampled in those areas from the PAF (a maximum of 250 addresses are issued per assignment).

## Interviewing

The addresses, selected as above, are issued to achieve an adult sample of 10, 13, 14, 16 or 18 interviews in provincial areas and 10, 12, 12, 14 or 15 in London depending upon the questionnaire length. Assignments are conducted over two days of fieldwork and are carried out weekdays 2pm-8pm and at the weekend. Quotas are set by gender/housewife. Within females, presence of children and working status is set, and within males, working status is set, to ensure a balanced sample of adults within effective contacted addresses. For both males and females, a quota of 1 under 25 year olds is set. All interviewers must leave 3 doors between each successful interview. Interviews are conducted face-to-face, in-home, using CAPI.

A total of 378 sample points across the UK were used in the survey fieldwork for The Royal British Legion survey (the full list is available upon request). Fieldwork was conducted between 15th January-18th February, across 10 waves of interviewing.

Of the 20,698 UK adults screened, 2,203 were eligible members of the serving or ex-Service community and therefore eligible to answer the whole module of questions. Serving personnel and their dependants were removed for reporting purposes, leaving a final survey sample of 2,121 adults in the ex-Service community – veterans and their adult dependants (1,943 weighted respondents). This compares with a final sample of 1,211 adults in the ex-Service community (1,075 weighted respondents) who were interviewed in the 2005 research.

## Data processing

After coding and editing the data, weights were used to correct for minor imbalances in the achieved sample profile. The weights were based on population statistics from the TGI survey and ONS 2014 population projections, adopting a similar weighting matrix to that used in the 2005 research. The sample was weighted by gender, age, social class and region to ensure it was representative of the UK population. Within men, weights were set on age (16-24, 25-44, 45-64, 65+) within social grade (ABC1, C2, DE). Within female shoppers ('housewives'), weights were set on age (16-24, 25-44, 45-64, 65+) within social grade (ABC1, C2, DE). Within other women ('non-housewives'), weights were set on age (16-24, 25-44, 45+). These target weights were set for each of three regions: South and Midlands/North. The unweighted and weighted sample profiles are available upon request.

## Social grading

Respondents were assigned a social grade based on the job details of the Chief Income Earner in the household. The table overleaf describes who falls into each of the social grading categories and compares the profile of the adult ex-Service community with that of all UK adults, from the survey.

Respondents were assigned a **social grade** based on the job details of the Chief Income Earner in the household as follows:

**A:** Professionals, very senior managers in business, top civil servants. Retired people, previously grade A, and their widows.

**B:** Middle management executives in large organisations, with appropriate qualifications. Retired people, previously grade B, and their widows.

**C1:** Junior management, owners of small establishments, and all other non-manual positions. C1, and their widows.

**C2:** Skilled manual workers and manual workers with responsibility for other people. Retired people, previously grade C2, with pensions from their job. Widows, if receiving pensions from their late husband's job.

**D:** Semi-skilled and unskilled manual workers and apprentices/trainees to skilled workers. Retired people, previously grade D, with pensions from their job. Widows, if receiving pensions from their late husband's job.

**E:** All those entirely dependent on the state long-term, through sickness, unemployment, old age etc. Those unemployed for a period exceeding 6 months (otherwise classified on previous occupation). Casual workers with no regular income.

## Limitations of this research

There are some limitations in the design of this research which impact on the estimates of the size of the ex-Service community, such that the resultant population projection may somewhat underestimate the true size of the ex-Service population:

- The national Omnibus Survey is a sample of adults living in residential dwellings, so adults living in institutions and communal establishments were excluded i.e. those living in prisons, in residential homes or nursing homes, in hospital, in rehabilitation centres, in temporary accommodation such as hostels, or on Armed Forces bases. The homeless sleeping rough were also out of scope. However, separate estimates were calculated of the size of these 'hidden populations' through desk research, and these are reported in Section 2.2.
- The national Omnibus Survey is an in-home survey and relies upon people answering the door and agreeing to be interviewed. Those who are physically unable to open the door, or to be interviewed, or who chose not to, were therefore out of the scope of this survey. Relative to the 2005 research, there may be more physically infirm members of the community in 2014 who decline to participate given the ageing nature of the ex-Service community, with a greater proportion of very elderly members now.

- Screening for the ex-Service community relies upon respondents' recall of their past military connections or those of their spouse/partner, including the Regular forces, Reserve or Auxiliary forces, National Service or associated Voluntary Aid societies. Despite prompting with a full list of possible Service connections, a degree of under-reporting is likely. With incidents such as the murder of Fusilier Drummer Lee Rigby we could speculate that under-reporting might be higher now than in 2005 but we do not have any firm evidence of this. We did find a lower incidence of the ex-Service community in Greater London than UK-wide, as was the case nine years ago but the differential was greater now. However this greater variance could be due at least in part to immigration in the interim making the capital more ethnically diverse and somewhat younger now.

Because the resultant sub-sample of the ex-Service community excluded these eligible adults the demographic profile will be slightly inaccurate and the assessment of needs of this community will also potentially be underestimated.

A further potential concern is that military bases are concentrated in particular areas of the country and that veterans might be similarly concentrated in these areas. An Omnibus Survey which samples the UK as a whole could underestimate the size of the ex-Service community or not accurately reflect its composition. This issue was considered in 2005 with both the Legion and the fieldwork provider RSGB, concluding that any effect was unlikely to be significant.

## Appendix 4a: Projections of the size of the ex-Service community

### Survey data

The questionnaire measured the prevalence of the following among the UK adult population:

- 'Ex-Serving' or 'veterans' (served in UK armed forces) – Q1b (codes 1-12)
- Dependent spouses, partners of ex-serving – Q2d (codes 1-12) & Q2e(1)
- Dependent (ex-)spouses, (ex-)partners, widow(er)s of ex-serving – Q2d (codes 1-12) & Q2e(2 or 3)
- Dependent children of ex-serving aged 16-18 or aged 19-24 still in full-time education – Q3d (codes 1-12).

These make up the whole adult ex-Service community (veterans and their dependants) eligible for assistance from the Legion.

The survey also asked all adults at Q5a their number of dependent children aged 0-15, financially supported by them, living with them or elsewhere to ascertain:

- The number of dependent children aged 0-15 attached to those eligible for TRBL assistance.

### Population Statistics

UK population projection for 2014 from the Office of National Statistics (*using the latest 2012-based projections, released November 2013*) is as follows:

52,410,000 = 52.41 million adults aged 16+  
12,101,000 = 12.10 million children aged 0-15  
64,511,000 = 64.51 million in total.

### Calculations

#### 1) Adult ex-Service community (veterans and their adult dependants) eligible for assistance from the Legion.

Survey proportion 9.39% (1,943/20,698) [margin of error +/- 0.4%]

UK adult population aged 16+ = 52,410,000

Eligible adults in UK population =  $0.0939 \times 52,410,000 = 4,921,300$  adults.

Therefore the size of the adult ex-Service community is projected to be **4,920,000** to the nearest ten thousand.

(Taking account of margins of error, projected population lies in the range 5,130,000 to 4,710,000).

This is composed of:	'000s		'000s
<b>Veterans</b>	1,120/20,698 =	5.41%	2,835
<b>Dependants:</b>	823/20,698 =	3.98%	2,086
Dependent adult	791/20,698 =	3.82%	2,002
<i>Dependent (ex-)spouse/(ex-)partner</i>	501/20,698 =	2.42%	1,268
<i>Dependent spouse/partner</i>	427/20,698 =	2.06%	1,080
<i>Dependent divorced/separated</i>	73/20,698 =	0.35%	183
<i>Dependent Widow(er)</i>	306/20,698 =	1.48%	776
<i>Dependent unspecified</i>	2/20,698 =	0.01%	5
Dependent 'child' aged 16-18 or 19-24 ft educ	32/20,698 =	0.15%	79

## 2) Dependent children aged 0-15 of ex-Service community.

Dependent children who were below age 16 and therefore out of scope of the survey were incorporated into the projection by taking the average number of children attached to each individual adult eligible for assistance from the Legion, as follows:

### a) Children aged 0-15 of one ex-Service parent

1,840 people eligible as either veteran only or dependant only, with a mean of 0.20 children for this sub-sample.

$$1,840/20,698 = 8.89\%$$

$$4,659,249 \text{ adults}$$

$$4,659,249 \times 0.20 = 931,850 \text{ children}$$

### b) Children aged 0-15 of two ex-Service parents

103 people in the sample who are eligible veterans but who were also dependent on another ex-Serviceman or woman (i.e. both parents are veterans). When factoring in their children, these respondents receive a weight of a half. Since if all adults had equal chance of selection for the survey then a child of two ex-Service parents had double the chance of selection.

103 people both veteran/dependant with mean of 0.46 children for this sub-sample.

$$103/20,698 = 0.50\% \quad 262,050 \text{ adults}$$

Weighting by  $\frac{1}{2}$  to correct for double chance of selecting these children:  $(262,050 \times 0.46) \times \frac{1}{2} = 60,272 \text{ children}$

### c) Total children attached to adult ex-Service community

$$931,850 + 60,272 = 992,122 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult ex-Service community is projected to be **990,000** to the nearest ten thousand.

## 3) Whole ex-Service community: veterans, dependent adults and dependent children.

$$4,920,000 \text{ adults aged 16 or over} + 990,000 \text{ children aged 0-15} =$$

**5,910,000** people eligible for TRBL assistance in ex-Service community.

## Size of the ex-Service community in each of the devolved nations

The same calculation described above was carried out to estimate the size of the ex-Service community in each of the four devolved nations. The calculations are based on the UK population projection for 2014 from the Office of National Statistics for each country (using the latest 2012-based projections, released November 2013). These figures differ slightly from the assumptions used in weighting the Omnibus Survey data for this survey, which means the projected populations for each country will not add up exactly to the projected population for the UK as a whole. After rounding to the nearest 10,000, however, the figures add up to the expected total.

A summary of the key results for the size of the ex-Service community in each devolved nation is given below.

## ENGLAND

### Adults:

Survey proportion 9.25% +/- 0.4%

England adult population aged 16+ = 43,974,000

Eligible adults in England population =  $0.0925 \times 43,974,000 =$   
**4,068,596** adults.

Therefore the size of the adult ex-Service community is projected to be **4,070,000** to the nearest ten thousand.

### Children:

#### Children aged 0-15 of one ex-Service parent

1,512 people eligible as either veteran only or dependant only, with a mean of 0.19 children for this sub-sample.

$$1,512/1,595 = 94.8\% \quad 3,856,876 \text{ adults}$$

$$3,856,876 \times 0.19 = 732,806 \text{ children}$$

#### Children aged 0-15 of two ex-Service parents

83 people both veteran/dependant with a mean of 0.47 children for this sub-sample.

$$83/1,595 = 5.2\% \quad 211,720 \text{ adults}$$

$$211,720 \times 0.47 \times \frac{1}{2} = 49,754 \text{ children}$$

#### Total children attached to adults ex-Service community

$$732,806 + 49,754 = 782,560 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult ex-Service community is projected to be **785,000** to the nearest five thousand.

## SCOTLAND

### Adults:

Survey proportion 9.65% +/- 1.4%

Scotland adult population aged 16+ = 4,436,000

Eligible adults in Scotland population =  $0.0965 \times 4,436,000 =$   
**428,100** adults.

Therefore the size of the adult ex-Service community is projected to be **430,000** to the nearest ten thousand.

### Children:

#### Children aged 0-15 of one ex-Service parent

163 people eligible as either veteran only or dependant only, with a mean of 0.19 children for this sub-sample.

$$163/174 = 93.6\% \quad 401,036 \text{ adults}$$

$$401,036 \times 0.19 = 76,197 \text{ children}$$

**Children aged 0-15 of two ex-Service parents**

11 people both veteran/dependant with a mean of 0.58 children for this sub-sample.

$$11/174 = 6.32\% \text{ 27,064 adults}$$

$$27,064 \times 0.47 \times \frac{1}{2} = 6,360 \text{ children}$$

**Total children attached to adults ex-Service community**

$$76,197 + 6,360 = 82,557 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult ex-Service community is projected to be **85,000** to the nearest five thousand.

**WALES****Adults:**

Survey proportion 12.31% +/- 2.0%

$$\text{Wales adult population aged 16+} = 2,541,000$$

$$\text{Eligible adults in Wales population} = 0.1231 \times 2,541,000 = \mathbf{312,813 \text{ adults.}}$$

Therefore the size of the adult ex-Service community is projected to be **310,000** to the nearest ten thousand.

**Children:****Children aged 0-15 of one ex-Service parent**

123 people eligible as either veteran only or dependant only, with a mean of 0.24 children for this sub-sample.

$$123/130 = 94.6\% \text{ 295,969 adults}$$

$$295,969 \times 0.24 = 71,033 \text{ children}$$

**Children aged 0-15 of two ex-Service parents**

7 people both veteran/dependant with a mean of 0.37 children for this sub-sample.

$$7/130 = 5.2\% \text{ 16,844 adults}$$

$$16,844 \times 0.37 \times \frac{1}{2} = 3,116 \text{ children}$$

**Total children attached to adults ex-Service community**

$$71,033 + 3,116 = 74,149 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult ex-Service community is projected to be **75,000** to the nearest five thousand.

**NORTHERN IRELAND****Adults:**

Survey proportion 7.33% +/- 2.0%

$$\text{Northern Ireland adult population aged 16+} = 1,459,000$$

$$\text{Eligible adults in Northern Ireland population} = 0.0733 \times 1,459,000 = \mathbf{106,993 \text{ adults.}}$$

Therefore the size of the adult ex-Service community is projected to be **110,000** to the nearest ten thousand.

**Children:****Children aged 0-15 of one ex-Service parent**

42 people eligible as either veteran only or dependant only, with a mean of 0.44 children for this sub-sample.

$$42/44 = 95.5\% \text{ 102,130 adults}$$

$$102,130 \times 0.44 = 44,937 \text{ children}$$

**Children aged 0-15 of two ex-Service parents**

2 people both veteran/dependant with a mean of 0.00 children for this sub-sample.

$$2/44 = 4.5\% \text{ 4,863 adults}$$

$$4,863 \times 0.00 \times \frac{1}{2} = 0 \text{ children}$$

**Total children attached to adults ex-Service community**

$$44,937 + 0 = 44,937 \text{ children}$$

Therefore the number of dependent children aged 0-15 attached to adult ex-Service community is projected to be **45,000** to the nearest five thousand.

## Appendix 4b: UK population in communal establishments

The table below shows the UK population living in communal establishments from the 2011 census. This minority population was out of scope of the Omnibus Survey for this research, which samples only those in private dwellings.

**Figure 4i. UK populations in communal establishments (source: 2011 Census).**

<b>Total UK population in 2011 Census</b>	<b>63,182,000</b>	<b>100%</b>	
<b>All in communal establishments (incl. sleeping rough)</b>	<b>1,126,340</b>	<b>1.78%</b>	<b>100%</b>
<b>Medical and care establishments:</b>	<b>477,224</b>	<b>0.76%</b>	<b>42.4%</b>
<i>Local authority</i>	<i>23,551</i>	<i>0.04%</i>	<i>2.1%</i>
Children's home	1,678	0.00%	0.1%
Care home with nursing	2,014	0.00%	0.2%
Care home without nursing	18,612	0.03%	1.7%
Other home	1,247	0.00%	0.1%
<i>Registered Social Landlord / Housing association</i>	<i>7,883</i>	<i>0.01%</i>	<i>0.7%</i>
Home or hostel	5,426	0.01%	0.5%
Sheltered housing only	2,457	0.00%	0.2%
<i>Other</i>	<i>428,513</i>	<i>0.68%</i>	<i>38.0%</i>
Care home with nursing	181,707	0.29%	16.1%
Care home without nursing	226,161	0.36%	20.1%
Children's home	3,063	0.00%	0.3%
Mental Health hospital/unit (incl. secure units)	5,590	0.01%	0.5%
Other hospital	2,696	0.00%	0.2%
Other	9,296	0.01%	0.8%
<b>Other establishments:</b>	<b>649,116</b>	<b>1.03%</b>	<b>57.6%</b>
Defence	47,949	0.08%	4.3%
Prison service	60,171	0.10%	5.3%
Detention centres and other detention	12,204	0.02%	1.1%
Education	430,093	0.68%	38.2%
Hotel, guest house	30,733	0.05%	2.7%
Hostel or temporary shelter for the homeless	24,288	0.04%	2.2%
Holiday accommodating (e.g. holiday parks)	3,687	0.01%	0.3%
Other travel or temporary accommodation	4,192	0.01%	0.4%
Religious	6,421	0.01%	0.6%
Staff/worker accommodation only	4,901	0.01%	0.4%
Other	23,298	0.04%	2.1%
Not stated	1,179	0.00%	0.1%

The Census data was used together with the survey data to estimate the hidden population among the ex-Service community living in communal establishments, as below.

An initial estimate was made of the hidden population, by multiplying the estimated number of adults in communal establishments in the UK (1.78% of 64,510,000 living in communal establishments = 1,150,014) by the proportion of UK adults estimated to be in the ex-Service community (9.16%), giving 105,350, rounded to 105,000 in the hidden population.

In order to account for the older age profile of the ex-Service community, a second approach was taken: The current age profile of those in communal establishments in the UK was estimated based on figures available for England and Wales in the 2011 Census (fig 4ii column a), multiplied by the latest estimates of the total UK population in communal establishments (producing column b). The proportion of the ex-Service community within each age group was estimated from the Omnibus Survey as in *Chapter 2* (column c).

The estimated number of people within the ex-Service community living in communal establishments was estimated by multiplying the numbers in each row in column b by those in column c to give the estimates in column d. The estimates for each age group were added together to give a total estimate of the hidden population, of 186,250, rounded to 186,000.

**Figure 4ii. Estimated hidden population: calculations.**

Age	a: % of adults in communal establishments by age in England and Wales <sup>^</sup>	b: estimated population in UK in communal establishments by age <sup>^</sup>	c. Estimated ex-Service community as proportion of UK population	d. Estimated size of hidden population
Under 16	10.57%	121,514	8.2%	9,922
16-64	58.71%	675,213	4.2%	28,275
65-74	3.66%	42,110	16.1%	6,773
75+	27.06%	311,177	45.4%	141,280
<b>TOTAL</b>	<b>100%</b>	<b>1,150,014</b>	<b>9.2%</b>	<b>186,250</b>

<sup>^</sup> Source: 2011 Census.

In order to estimate the additional hidden population if 80% of those aged 75+ in medical and care establishments were members of the ex-Service community, an estimate was first made of the number of UK adults aged 75+ in such establishments based on figures in England and Wales (estimated at 307,000 adults in the UK).

Increasing the proportion in the ex-Service community of those aged 75+ from 45.4% to 80% would add  $[(80\% - 45.4\%) \times 307,000] = 106,222$  adults. This was rounded to 106,000 to estimate the possible additional population, should this be the case.

This gave a maximum hidden population of  $186,000 + 106,000 = 292,000$  people.

## Appendix 5a: Punter Southall estimates of the future size of the ex-Service community

### Assumptions and limitations:

- The starting point for our projections is the data provided by Compass Partnership. This was grouped into age bands and we have assumed an even distribution of lives within each age band to allow for mortality rates of members at each age. We assume that all members are an exact integer year of age.
- We have, year on year, allowed for the probability of death (in line with the assumptions). A member of the ex-Service community (either a veteran, dependent adult, or dependent child) who is aged  $x$  exactly at the start of a year and who is assumed to survive at the end of a twelve-month period is modelled as being exactly age  $x+1$  at the start of the following year.
- We have assumed that 20,000 new members will join the ex-Service community each year, split 85% men and 15% women (based on UK Armed Forces Quarterly Personnel Report 1 April 2014).
- Men are assumed to be married to a female spouse who is three years younger than themselves (and vice versa). We have not made explicit allowance for same sex marriages. The youngest married male is assumed to be 19 and the youngest married female is assumed to be 16. We have ignored the possibility of a widow or widower leaving the ex-Service community due to remarriage.
- Dependent children are included in the projections until the age of 18, at which point they leave the population.
- Dependent children are assumed not to die as the mortality rates for children are so low as to be taken as negligible. We have assumed that if a veteran dies (male or female) there is an age dependent probability of that veteran leaving a dependent child behind. Veterans who do leave a dependent child following their death are assumed to leave 1.7 children (as derived from ONS statistical bulletin "Families and Households, 2013"). For the avoidance of doubt, we have not modelled any new dependent children entering the population following the death of a dependent adult.
- The veteran population is considered to be ex-Service personnel who served in the Army, Navy, Royal Air Force or were a Reservist.



- Assumptions are set based on an estimate of future experience, although it should be expected that actual experience will not be exactly in line with what we have assumed. Therefore, the actual population sizes that are observed in future could differ significantly to the projections shown in this report.
- Please note that due to the lack of credible data at older ages the derived probabilities of death are more approximate.
- Please also note that throughout this appendix, the number of people in each band has been rounded for presentational purposes. The totals are calculated as a sum of the number of people shown in each age band. These totals may therefore differ slightly from the totals produced by Compass Partnership.
- The table below sets out the demographic assumptions that have been used.

Mortality – base table	National Life Tables UK (based on data for the years 2010 to 2012)
Mortality – future improvements from 2010	In line with the 2010-based principal population projections (England, Wales & Northern Ireland)
Age difference	Males 3 years older than females
Number of new veterans joining the population each year	17,000 men and 3,000 women
Number of dependent children per married veteran	1.7
Proportion of people who are married	80% of men and 70% of women

- Note that the mortality base tables used extend to lives aged 100. We have therefore kept mortality rates constant beyond age 100 (equal to the rates that apply to a 100 year old). The future improvement tables begin at age 20. For lives younger than 20, we have used the base table mortality rates unadjusted.
- It is assumed that 30% of new entrants are aged between 16 to 24, 25% between ages 25 to 34, 5% between ages 35-44, 10% between ages 45 to 54 and 30% between 55 to 64.

**Table 5i – Forecast of ex-Service community from 2014 to 2030.**

Age Group	2014		2020		2025		2030	
	Total ('000s)	As a % of UK population in each age band*	Total ('000s)	As a % of UK population in each age band*	Total ('000s)	As a % of UK population in each age band*	Total ('000s)	As a % of UK population in each age band*
<b>Dependent children</b>	1,002	7%	1170	7%	1101	7%	868	5%
<b>16-24</b>	134	2%	71	1%	42	1%	102	1%
<b>25-34</b>	173	2%	192	2%	184	2%	129	2%
<b>35-44</b>	330	4%	249	3%	207	2%	222	2%
<b>45-54</b>	561	6%	427	5%	325	4%	260	3%
<b>55-64</b>	589	8%	584	7%	557	6%	450	5%
<b>65-74</b>	901	15%	680	10%	569	8%	568	7%
<b>75-84</b>	1,975	53%	1,102	26%	691	14%	550	10%
<b>85+</b>	548	36%	975	53%	1,027	46%	791	29%
<b>Total</b>	6,213	10%	5,449	8%	4,701	7%	3,940	6%

**Table 5ii – Forecast of male veterans.**

	2014		2020		2025		2030	
<b>Age Group</b>	Total (000's)		Total (000's)	As a % of UK male population in age group	Total (000's)	As a % of UK male population in age group	Total (000's)	As a % of UK male population in age group
<b>16-24</b>	33	1%	33	1%	25	1%	25	1%
<b>25-34</b>	80	2%	82	2%	84	2%	83	2%
<b>35-44</b>	180	4%	131	3%	106	2%	109	2%
<b>45-54</b>	314	7%	239	6%	180	4%	141	3%
<b>55-64</b>	332	9%	334	8%	321	7%	261	6%
<b>65-74</b>	365	12%	330	10%	326	10%	330	9%
<b>75-84</b>	1,109	67%	527	27%	274	12%	259	10%
<b>85+</b>	261	51%	500	72%	511	58%	343	31%
<b>Total</b>	2,674	10%	2,176	8%	1,827	7%	1,551	5%

**Table 5iii – Forecast of female veterans.**

	2014		2020		2025		2030	
<b>Age Group</b>	Total (000's)		Total (000's)	As a % of UK female population in age group	Total (000's)	As a % of UK female population in age group	Total (000's)	As a % of UK female population in age group
<b>16-24</b>	3	0%	5	0%	5	0%	5	0%
<b>25-34</b>	18	0%	14	0%	12	0%	14	0%
<b>35-44</b>	44	1%	31	1%	22	1%	19	0%
<b>45-54</b>	51	1%	48	1%	43	1%	33	1%
<b>55-64</b>	62	2%	58	1%	55	1%	52	1%
<b>65-74</b>	64	2%	61	2%	62	2%	59	1%
<b>75-84</b>	53	3%	52	2%	53	2%	52	2%
<b>85+</b>	34	3%	36	3%	36	3%	39	2%
<b>Total</b>	329	1%	305	1%	288	1%	273	1%

**Table 5iv – Forecast of adult female dependants.**

	2014		2020		2025		2030	
Age Group	Total (000's)		Total (000's)	As a % of UK female population in age group	Total (000's)	As a % of UK female population in age group	Total (000's)	As a % of UK female population in age group
16-24	62	2%	21	1%	6	0%	36	1%
25-34	67	2%	68	2%	55	1%	21	0%
35-44	103	2%	81	2%	67	2%	68	2%
44-54	188	4%	136	3%	98	2%	80	2%
55-64	185	5%	183	4%	174	4%	132	3%
65-74	467	15%	281	8%	172	5%	172	4%
75-84	807	39%	519	23%	360	13%	233	8%
85+	247	25%	435	38%	477	35%	405	25%
<b>Total</b>	<b>2,126</b>	<b>8%</b>	<b>1,723</b>	<b>6%</b>	<b>1,409</b>	<b>5%</b>	<b>1,147</b>	<b>4%</b>

**Table 5v – Forecast of adult male dependants.**

	2014		2020		2025		2030	
Age Group	Total (000's)		Total (000's)	As a % of UK male population in age group	Total (000's)	As a % of UK male population in age group	Total (000's)	As a % of UK male population in age group
16-24	36	1%	12	0%	6	0%	36	1%
25-34	8	0%	27	1%	32	1%	12	0%
35-44	3	0%	6	0%	11	0%	27	1%
44-54	8	0%	5	0%	3	0%	6	0%
55-64	10	0%	9	0%	7	0%	5	0%
65-74	5	0%	7	0%	9	0%	8	0%
75-84	6	0%	4	0%	4	0%	6	0%
85+	6	1%	4	1%	3	0%	3	0%
<b>Total</b>	<b>82</b>	<b>0%</b>	<b>74</b>	<b>0%</b>	<b>76</b>	<b>0%</b>	<b>102</b>	<b>0%</b>

**Table 5vi – Forecast of adult ex-Service community split by region.**

	2014	2020	2025	2030
Region	Total (000's)	Total (000's)	Total (000's)	Total (000's)
England	4,273	3,509	2,952	2,519
Wales	365	300	252	215
Scotland	469	385	324	276
Northern Ireland	104	86	72	61
<b>Total</b>	<b>5,211</b>	<b>4,279</b>	<b>3,600</b>	<b>3,072</b>

**Table 5vii – Forecast of total ex-Service community (including adult dependants, excluding children) split by branch of service.**

	2014	2020	2025	2030
Branch	Total (000's)	Total (000's)	Total (000's)	Total (000's)
Army	2,865	2,311	1,908	1,598
Navy	651	471	396	307
RAF	1,291	1,027	828	707
Reserves	405	471	468	461
<b>Total</b>	<b>5,211</b>	<b>4,279</b>	<b>3,600</b>	<b>3,072</b>

## Appendix 5b: Punter Southall estimate of the size of the current serving community

The Ministry of Defence statistical release 'UK Armed Forces Quarterly Personnel Report 1 April 2014' outlines that on 1 April 2014 there were a total of 198,810 in-service personnel, of which 165,710 are members of UK Regular Forces (Army, Navy, RAF, Gurkhas, Military Provost Guard Services and Locally Engaged Personnel) and the remaining 33,100 are Reservists.

To assess how many adult and child dependants each in-Service member has, we used the following data published by the Office for National Statistics in their 'Armed Forces Continuous Attitude Survey: 2014'.

72% of serving personnel are either married, in a civil partnership, or in a long-term established relationship. This corresponds to 101,393 dependent adults.

Tables B7.4 to B7.9 on pages 202 to 206 of the 'Armed Forces Continuous Attitude Survey: 2014 Reference Tables' provide a breakdown of the number of children that service personnel have by age. This information was collated based on 25,338 respondents and we have scaled it to be applicable to the full 198,810 in-Service personnel.

From this data we have derived that there are:

- 68,193 children aged under 5 years
- 60,559 children aged between 6 years and 11 years
- 29,354 children aged between 12 years and 16 years, and
- 11,464 children aged between 17 years and 19 years.

Note that when deriving these figures we have assumed that 'Tri-Service' refers to non-Reservists, and that the responses apply equally to non-Reservists and Reservists.

Based on this data, we estimate that the total serving population including dependants to be 469,773.

The Ministry of Defence Statistical Release dated 1 April 2014 states that the strength of the UK Regular Forces who are stationed overseas is 18,070 (i.e. 9.1% of the total in-service personnel). Assuming that dependants of in-service personnel living overseas are also classified as living overseas we would estimate the size of the total serving population (including dependants) currently residing in the UK to be 427,070.

## Appendix 6: Supporting data tables

Figure 6i. Personal or household difficulties experienced in the last year, by age.

	Adult ex-Service community								
	ALL	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94
Projected population size ('000s)	4,920	130	170	320	550	580	900	1,780	490
	%	%	%	%	%	%	%	%	%
<b>ANY</b>	<b>42</b>	<b>41</b>	<b>41</b>	<b>60</b>	<b>46</b>	<b>43</b>	<b>32</b>	<b>41</b>	<b>50</b>
<b>Any relationship/isolation difficulties:</b>	<b>16</b>	<b>9</b>	<b>10</b>	<b>21</b>	<b>22</b>	<b>17</b>	<b>13</b>	<b>16</b>	<b>13</b>
Loneliness	8	2	–	5	8	7	6	10	9
Bereavement	7	2	1	12	8	10	6	7	5
Lack of recreational facilities/social life <sup>^</sup>	4	5	5	8	6	6	3	3	1
Marriage/relationship break-up	2	3	3	4	6	5	*	*	*
Difficulty forming close relationships	1	2	1	2	3	1	1	*	–
Domestic abuse/violence	*	–	2	–	1	1	*	*	–
<b>Any self-care difficulties:</b>	<b>15</b>	<b>6</b>	<b>5</b>	<b>13</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>17</b>	<b>20</b>
Exhaustion or pain	9	6	1	11	13	10	6	9	10
Poor bladder control	7	2	2	5	3	7	6	9	11
Difficulty looking after self	3	–	3	3	4	5	2	3	4
<b>Any mobility difficulties:</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>18</b>	<b>11</b>	<b>17</b>	<b>28</b>
Difficulty getting around outside home	13	1	2	6	7	16	10	16	23
Difficulty getting around home	8	–	2	7	6	10	5	8	17
<b>Any psychological difficulties:</b>	<b>12</b>	<b>14</b>	<b>12</b>	<b>21</b>	<b>16</b>	<b>18</b>	<b>10</b>	<b>10</b>	<b>7</b>
Feeling depressed	10	8	9	17	14	14	7	8	6
Lack confidence/self-esteem	4	7	4	7	6	8	2	2	2
Lack hope/purpose/direction	4	5	5	8	6	6	3	3	1
Heaving drinking/taking drugs	1	3	1	3	2	3	1	*	–
<b>Any financial difficulties:</b>	<b>9</b>	<b>9</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>13</b>	<b>7</b>	<b>4</b>	<b>1</b>
Not having enough money for day-to-day living <sup>^</sup>	5	8	15	11	12	9	4	2	1
Not having enough savings to buy or replace items you need <sup>^</sup>	5	4	4	14	11	8	5	3	1
Getting into debt <sup>^</sup>	3	4	6	9	11	4	1	1	–
<b>Any housing difficulties<sup>^</sup>:</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>11</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>9</b>
Difficulty with house or garden maintenance <sup>^</sup>	7	1	1	4	6	7	5	9	9
Poor housing/inappropriate housing for your needs <sup>^</sup>	1	5	4	6	2	1	1	1	–
Difficulty getting a council housing place or from a housing association <sup>^</sup>	1	4	1	4	2	1	1	*	–
<b>Any employment difficulties:</b>	<b>6</b>	<b>27</b>	<b>13</b>	<b>27</b>	<b>16</b>	<b>12</b>	<b>1</b>	<b>*</b>	<b>1</b>
Unemployment <sup>^</sup>	3	13	8	12	8	9	*	*	–
Fear of unemployment <sup>^</sup>	3	12	6	12	9	3	*	*	–
Having to take job for which overqualified/underpaid <sup>^</sup>	1	3	3	7	3	2	*	–	–
Lack of training/skills/qualifications <sup>^</sup>	1	5	2	8	2	1	*	*	1

**Figure 6i contd./ Personal or household difficulties experienced in the last year, by age.**

	Adult ex-Service community								
	ALL	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94
Projected population size ('000s)	4,920	130	170	320	550	580	900	1,780	490
	%	%	%	%	%	%	%	%	%
<b>Difficulty dealing with authorities:</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>10</b>	<b>6</b>	<b>7</b>	<b>6</b>
Difficulty getting medical treatment <sup>^</sup>	3	1	2	5	6	6	2	2	2
Difficulty finding out about services or benefits entitled to <sup>^</sup>	3	3	3	5	6	3	2	2	1
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, writing letters)	4	7	11	7	7	5	3	3	4
<b>Any fear of violence/crime<sup>^</sup>:</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
Fear of violence/crime outside the home <sup>^</sup>	3	4	2	6	3	4	3	3	1
Lack of home security/feeling safe <sup>^</sup>	2	6	2	6	3	*	*	1	2
<b>Any community/civilian integration issues<sup>^</sup>:</b>	<b>3</b>	<b>12</b>	<b>9</b>	<b>10</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>1</b>
Difficult transition from military to civilian life <sup>^</sup>	2	9	8	8	1	2	1	*	*
Not feeling part of community because moved around <sup>^</sup>	1	–	1	5	1	2	1	1	1
Heavy drinking or drug taking <sup>^</sup>	1	3	1	3	2	3	1	*	–
<b>Lack of suitable transport<sup>^</sup>:</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>
<b>Any child support difficulties<sup>^</sup>:</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>1</b>	–	–	–	–
Difficulty getting childcare <sup>^</sup>	1	1	6	3	1	–	–	–	–
Difficulty getting school place/ educational support <sup>^</sup>	*	–	–	3	1	–	–	–	–

<sup>^</sup>Experienced by self or household.

**Figure 6ii. Positive and negative feelings during the past week compared with all UK adults.**

		AGE								
		ALL	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Ex-Service projected population size ('000s)		4,920	130	170	320	550	580	900	1,780	490
	<b>Survey</b>	%	%	%	%	%	%	%	%	%
Happy	Ex-Service	85	87	85	87	82	85	88	85	80
	UK adults <sup>^</sup>	98	98	98	98	97	98	99	98	97
Enjoyed life	Ex-Service	84	87	84	85	80	85	89	83	78
	UK adults <sup>^</sup>	97	97	95	98	97	95	97	98	96
Calm and peaceful	Ex-Service	82	84	87	79	73	81	83	84	81
	UK adults <sup>^</sup>	91	91	91	91	91	91	92	91	91
Lots of energy	Ex-Service	67	74	76	75	71	64	70	66	56
	UK adults <sup>^</sup>	85	91	92	86	87	84	82	76	56

Restless sleep	Ex-Service	43	21	44	51	47	48	41	43	40
	UK adults^	58	46	56	60	62	61	62	59	58
Could not get going	Ex-Service	33	16	16	28	27	31	32	39	39
	UK adults^	44	48	40	43	42	42	46	54	62
Everything an effort	Ex-Service	30	26	12	31	27	28	28	33	35
	UK adults^	51	63	49	53	50	42	47	55	63
Sad	Ex-Service	28	23	20	35	26	33	26	29	29
	UK adults^	44	36	46	47	43	46	43	47	57
Anxious	Ex-Service	26	29	16	37	24	29	24	26	28
	UK adults^	45	41	48	45	45	47	47	40	45
Lonely	Ex-Service	23	17	16	23	21	20	20	26	32
	UK adults^	26	33	26	28	22	24	22	26	38
Depressed	Ex-Service	19	12	18	23	21	25	17	19	16
	UK adults^	30	23	34	33	31	29	30	33	41

^Source of UK adults data: European Social Survey, 2012.

**Figure 6iii. Attitudes towards staying healthy compared with all GB adults.**

		All	16-24^	25-34	35-44	45-54	55-64	65+
Projected population size ('000s)		4,920	130	170	320	550	580	3,170
<b>All adults</b>	<b>Agree (total)</b>	%	%	%	%	%	%	%
Do everything I can to keep healthy	Ex-Service	87	69	82	77	74	83	91
	GB adults*	70	57	61	65	71	74	85
Always seek medical advice if at all worried	Ex-Service	78	67	67	63	68	73	83
	GB adults*	55	38	51	53	53	59	70
Keep concerns about health to self so as not to make a fuss	Ex-Service	54	40	60	59	56	54	53
	GB adults*	44	45	40	41	44	46	49
Ignore health problems because assume will get better on own	Ex-Service	39	34	39	43	41	38	38
	GB adults*	47	58	46	46	46	44	46
		<b>All</b>	<b>16-24^</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>
Projected population size ('000s)		2,830	40	100	220	360	390	1,720
<b>Veterans/GB men</b>	<b>Agree (total)</b>	%	%	%	%	%	%	%
Do everything I can to keep healthy	Veterans	85	71	83	73	72	84	90
	GB men*	64	47	56	61	67	64	82
Always seek medical advice if at all worried	Veterans	77	56	60	57	68	73	84
	GB men*	50	28	41	50	48	57	71
Keep concerns about health to self so as not to make a fuss	Veterans	54	54	70	65	55	53	51
	GB men*	47	49	50	46	46	43	48
Ignore health problems because assume will get better on own	Veterans	38	48	47	48	40	39	36
	GB men*	48	65	51	47	46	42	44
		<b>All</b>	<b>16-24^</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>
Projected population size ('000s)		2,090	100	70	100	190	190	1,440

Dependants/GB women	Agree (total)	%	%	%	%	%	%	%
Do everything I can to keep healthy	Dependants	89	68	81	85	76	82	93
	GB women*	75	66	67	69	75	83	87
Always seek medical advice if at all worried	Dependants	79	71	77	75	68	72	82
	GB women*	50	28	41	50	48	57	71
Keep concerns about health to self so as not to make a fuss	Dependants	55	35	47	47	58	56	56
	GB women*	47	49	50	46	46	43	48
Ignore health problems because assume will get better on own	Dependants	40	28	30	31	42	37	41
	GB women*	46	52	40	46	46	47	48

\* Source of GB data: British Social Attitudes 2010.

^18-24 on BSA 2010.

**Figure 6iv. Current long-term physical or mental health conditions, illnesses or disabilities.**

	Adult ex-Service community								
	All	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94
Projected population size ('000s)	4,920	130	170	320	550	580	900	1,780	490
	%	%	%	%	%	%	%	%	%
<b>Any condition</b>	<b>54</b>	<b>14</b>	<b>25</b>	<b>32</b>	<b>46</b>	<b>54</b>	<b>54</b>	<b>63</b>	<b>68</b>
Multiple conditions	30	3	11	16	23	31	31	37	37
<b>Any musculoskeletal:</b>	<b>28</b>	<b>6</b>	<b>8</b>	<b>17</b>	<b>21</b>	<b>32</b>	<b>30</b>	<b>32</b>	<b>34</b>
Problems connected with legs or feet (including arthritis or rheumatism)	19	2	3	8	11	23	20	23	24
Problems connected with back or neck (including arthritis or rheumatism)	13	–	1	10	16	19	13	12	10
Problems connected with arms or hands (including arthritis or rheumatism)	12	4	5	1	9	17	12	14	15
Limb loss	*	–	–	–	–	1	*	*	*
<b>Any cardiovascular/respiratory:</b>	<b>24</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>24</b>	<b>25</b>	<b>31</b>	<b>25</b>
Heart, blood pressure or blood circulation problems	19	–	3	4	11	20	21	27	21
Chest or breathing problems	8	1	7	1	8	12	8	9	8
<b>Any sensory:</b>	<b>17</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>11</b>	<b>16</b>	<b>17</b>	<b>20</b>	<b>30</b>
Difficulty in hearing	9	3	2	2	5	5	8	12	22
Difficulty in seeing (while wearing glasses or contact lenses)	6	–	–	1	5	8	5	6	11
Tinnitus (ringing in the ears)	5	2	5	1	4	8	7	6	3
A speech impediment	1	–	2	–	–	*	1	*	1
<b>Any digestive/progressive:</b>	<b>16</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>12</b>	<b>17</b>	<b>17</b>	<b>21</b>	<b>18</b>
Diabetes	9	–	1	4	8	8	12	10	10
Stomach, liver, kidney or digestive problem	4	4	1	2	4	5	3	5	4
Cancer	3	–	1	1	1	4	4	5	4
Dementia or Alzheimer's disease	1	–	–	–	–	*	*	1	2
Other progressive illness (e.g. MS, symptomatic HIV, Parkinson's)	2	–	–	2	2	3	1	2	1



**Figure 6iv. Current long-term physical or mental health conditions, illnesses or disabilities (continued).**

<b>Any mental illness:</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>15</b>	<b>15</b>	<b>13</b>	<b>6</b>	<b>3</b>	<b>2</b>
Depression	6	3	4	14	12	10	5	2	2
Anxiety or bad nerves	3	3	–	3	6	4	3	2	–
PTSD/ Combat stress	1	3	3	1	3	1	*	–	–
Other mental health problem	1	2	–	1	3	3	*	*	–
<b>Any neurological:</b>	<b>1</b>	<b>–</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>–</b>	<b>1</b>	<b>2</b>
Dementia or Alzheimer's disease	1	–	–	–	–	*	*	1	2
Epilepsy	*	–	1	2	1	*	–	*	1
<b>Any alcohol or drug problem:</b>	<b>1</b>	<b>–</b>	<b>–</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>–</b>	<b>1</b>	<b>–</b>
Alcohol problems	1	–	–	2	1	2	–	*	–
Drug problems	*	–	–	1	–	–	–	*	–
<b>Any other illness:</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>
Severe disfigurements, skin conditions, allergies	1	2	2	1	1	1	1	2	1
Chronic fatigue syndrome	1	–	1	1	2	2	1	1	1
Severe or specific learning difficulties	*	4	2	*	*	1	–	–	–
Gulf War Syndrome	*	–	–	–	1	1	–	–	–
Asbestos related illness	*	–	–	–	–	–	*	*	–

**Figure 6v. Current long-term physical or mental health conditions, illnesses or disabilities compared with all UK adults.**

		All	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94
Projected population size ('000s)		4,920	130	170	320	550	580	900	1,780	490
		%	%	%	%	%	%	%	%	%
<b>Musculoskeletal</b>										
Problems connected with legs or feet (incl. arthritis or rheumatism)	Ex-Service	19	2	3	8	11	23	20	23	24
	UK adults	9	2	2	5	9	17	22	33	43
Problems connected with back or neck (incl. arthritis or rheumatism)	Ex-Service	13	–	1	10	16	19	13	12	10
	UK adults	8	1	3	6	10	15	18	22	19
Problems connected with arms or hands (incl. arthritis or rheumatism)	Ex-Service	12	4	5	1	9	17	12	14	15
	UK adults	7	1	1	4	7	13	17	22	25
<b>Cardiovascular/respiratory</b>										
Heart, blood pressure or blood circulation problems	Ex-Service	19	–	3	4	11	20	21	27	21
	UK adults	10	1	1	4	10	21	30	38	41
Chest or breathing problems	Ex-Service	8	1	7	1	8	12	8	9	8
	UK adults	6	5	4	6	7	9	12	16	16
<b>Sensory</b>										
Difficulty in hearing	Ex-Service	9	3	2	2	5	5	8	12	22
	UK adults	3	1	1	1	2	4	7	13	26
Difficulty in seeing (while wearing glasses or contact lenses)	Ex-Service	6	–	–	1	5	8	5	6	11
	UK adults	2	1	1	1	2	3	4	8	15
A speech impediment	Ex-Service	1	–	2	–	–	*	1	*	1
	UK adults	*	*	*	*	*	1	1	1	1

**Figure 6v. Current long-term physical or mental health conditions, illnesses or disabilities compared with all UK adults (continued).**

<b>Digestive/progressive:</b>										
Diabetes	Ex-Service	9	–	1	4	8	8	12	10	10
	UK adults	4	1	1	2	4	8	11	13	9
Stomach, liver, kidney or digestive problem	Ex-Service	4	4	1	2	4	5	3	5	4
	UK adults	4	2	2	3	5	7	9	10	11
Other progressive illness (e.g. MS, symptomatic HIV, Parkinson's, MD)	Ex-Service	2	–	–	2	2	3	1	2	1
	UK adults	2	*	1	1	2	4	5	9	7
<b>Mental illness:</b>										
Depression	Ex-Service	6	3	4	14	12	10	5	2	2
	UK adults	5	3	5	6	8	8	5	6	5
Other mental health problem	Ex-Service	1	2	–	1	3	3	*	*	–
	UK adults	2	2	2	3	3	3	2	2	4
<b>Neurological:</b>										
Epilepsy	Ex-Service	*	–	1	2	1	*	–	*	1
	UK adults	1	1	1	1	1	1	1	1	*
<b>Any other illness:</b>										
Severe disfigurements, skin conditions, allergies	Ex-Service	1	2	2	1	1	1	1	2	1
	UK adults	2	2	2	2	3	4	4	4	4
Severe or specific learning difficulties	Ex-Service	*	4	2	*	*	1	–	–	–
	UK adults	1	3	1	1	1	1	*	*	*
<b>None of those listed in survey^^</b>	<b>Ex-Service</b>	<b>46</b>	<b>86</b>	<b>75</b>	<b>68</b>	<b>54</b>	<b>46</b>	<b>46</b>	<b>37</b>	<b>32</b>
	<b>UK adults</b>	<b>71</b>	<b>83</b>	<b>82</b>	<b>74</b>	<b>66</b>	<b>52</b>	<b>40</b>	<b>30</b>	<b>25</b>

^Labour Force Survey, Q4 2013; ^^ different lists so not fully comparable

**Figure 6vi. Current long-term physical or mental health conditions, illnesses or disabilities compared with UK adults:  
Working age (16-64) only.**

	16-64 ex-Service community		UK Adult 16-64 <sup>^</sup>
	All	Vet'ns	All
	%	%	%
<b>Musculoskeletal:</b>			
Problems connected with legs or feet	13	15	7
Problems connected with back or neck	13	14	7
Problems connected with arms or hands	9	9	5
<b>Cardiovascular/ respiratory:</b>			
Heart, blood pressure or blood circulation	11	12	7
Chest/breathing	7	5	6
<b>Sensory:</b>			
Difficulty in hearing	4	6	2
Difficulty in seeing (when wear glasses)	4	5	1
Speech impediment	*	*	0
<b>Digestive/progressive:</b>			
Diabetes	6	6	3
Stomach, liver, kidney or digestive issue	3	4	4
Other progressive illness	2	2	2
<b>Mental illness:</b>			
Depression	10	10	6
Other mental health problem	2	3	3
<b>Neurological:</b>			
Epilepsy	1	1	1
<b>Other illness:</b>			
Severe disfigurements, skin condition, allergies	1	1	2
Severe or specific learning difficulties	1	1	1

<sup>^</sup>Labour Force Survey, Q4 2013

**Figure 6vii. Reported receipt of benefits, pensions or tax credits (by self or partner living in household).**

	<b>Adult ex-Service community %</b>
State retirement pension	40
Private pension/pension from former employer or spouse's former employer (including Service Pensions, Service Invaliding Pension or Service Attributable Pension)	25
Council Tax Benefit/Council Tax Reduction/Council Tax Support	7
Child Benefit	7
Housing Benefit	6
Disability Living Allowance (Care component)	5
Pension Credit	5
Disability Living Allowance (Mobility component)	5
Child Tax Credit	3
War Pension or War Widow(er)'s Pension (and any supplementary allowances)	3
Working Tax Credit	3
Attendance Allowance	2
Carers Allowance	2
Employment Support Allowances (income-related or contributory)	1
Job Seekers' Allowance (income-related or contribution-based)	1
Severe Disablement Allowance	1
Income Support	1
Incapacity Benefit	1
Local Housing Allowance	1
Industrial Injuries Disablement Benefit	*
Armed Forces Compensation Scheme – Survivor's Guaranteed Income Payment	*
Child Support Maintenance	*
Personal Independence Payment (Mobility component)	*
Armed Forces Compensation Scheme – Guaranteed Income Payment	*
Statutory Sick Pay	*
Lone Parent's Benefit	*
Statutory Maternity Pay/ Maternity Allowance/Statutory Paternity Pay/Statutory Adoption Pay	*
Personal Independence Payment (Care component)	*
Universal Credit	*
Guardian's Allowance	—
Other	1
None	33

Figure 6viii. Highest qualification by age compared with UK.

		Adults 16-64					
		All	16-24	25-34	35-44	45-54	55-64
Ex-service projected population size ('000s)		1,750	130	170	320	550	580
		%	%	%	%	%	%
Any qualification^^	Ex-Service	87	95	92	96	90	76
	UK adults^	85	92	93	88	84	72
Any academic	Ex-Service	70	88	77	84	73	53
	UK adults^	77	83	83	80	75	61
Degree	Ex-Service	15	7	13	22	18	11
	UK adults^	26	15	38	31	24	20
Any academic other than degree	Ex-Service	55	81	64	62	55	42
	UK adults^	50	68	45	49	52	41
Higher education below degree level	Ex-Service	8	8	10	9	8	7
	UK adults^	8	7	7	9	9	8
A levels or Highers	Ex-Service	10	18	19	14	6	8
	UK adults^	11	27	11	8	7	7
ONC/National level BTEC	Ex-Service	7	5	5	13	8	5
	UK adults^	6	7	6	6	5	5
O Level or GCSE equivalent (A-C), CSE grade 1, Standard Grade 1-3	Ex-Service	21	38	22	18	24	15
	UK adults^	20	22	16	21	25	18
GCSE D-G, CSE 2-5, Standard Grade 4-6	Ex-Service	8	12	8	8	10	7
	UK adults^	5	5	5	5	6	3
Non-academic qualifications^^	Ex-Service	18	7	15	13	17	23
	UK adults^	9	8	10	8	8	11
Vocational qualification	Ex-Service	17	7	15	12	17	22
	UK adults^	n/a	n/a	n/a	n/a	n/a	n/a
Any other qualification^^	Ex-Service	1	–	–	1	–	1
	UK adults^	9	8	10	8	8	11
No formal qualification^^	Ex-Service	11	2	4	2	8	22
	UK adults^	15	8	7	12	16	28

^Source: Family Resources Survey 2011/12.

^^Not fully comparable with UK figures as vocational qualifications are not explicitly included in the prompted list in 2011 FRS.

## Afterword

**If there was certainty, then the military charities sector, and the State, would be able to plan with great precision and efficiency their support to the ex-Service community. If there was uncertainty, the money so generously donated to military charities, and paid by hard-working taxpayers to run State services, would bring duplication yet still leave gaps, and encourage competition not collaboration.**

This survey, whilst not claiming to provide absolute certainty, at least provides considerably greater clarity; it should allow those charged with supporting ex-Service personnel and their families to plan and to identify how better to provide that support. Branded as a Royal British Legion/Forces in Mind Trust product, the survey is nonetheless intended for use by the whole sector, and that includes government (devolved, local or any other form), as well as charities, businesses and the media. In fact anyone with an interest in the ex-Service community will find something here of value.

One important aspect of the survey is the 'myth buster'. Over-promoting an issue (the survey suggests homelessness as one) can draw limited funding towards one aspect to the detriment of another, more appropriate, cause. Which is not to say that those ex-Service personnel who are homeless deserve anything less than our full support. But whether statutory or voluntary, we owe it to all those we support to make the very best use of our collective resources. That implies not just individual efficiency, but also greater collaboration between providers, a key goal for Forces in Mind Trust.

But first must come the development of a more comprehensive evidence base from which better decision making can, and should, flow.

This survey, and hence Forces in Mind Trust's part-funding of it, tells some of the story. Other chapters will be written elsewhere, such as in the online military charities resource centre, produced by the independent and highly credible Directory of Social Change, funded by Forces in Mind Trust, and informed by the Confederation of Service Charities (Cobseo).

The need for the State and military charities to support our ex-Service personnel will be enduring, but how, where and to whom, that support is delivered will change, as most certainly will the resources available. We must collaborate, and we must take decisions and act from a position of best possible evidence: independent and credible evidence. The aim of this survey is to provide just such evidence.



Ray Lock, Chief Executive

Air Vice-Marshal Ray Lock CBE BSc

**Chief Executive  
Forces in Mind Trust**



Visit us online at  
[www.britainstoday.org.uk](http://www.britainstoday.org.uk)

THE ROYAL BRITISH LEGION  
HAIG HOUSE  
199 BOROUGH HIGH STREET  
LONDON SE1 1AA

T: 020 3207 2100  
[WWW.BRITISHLEGION.ORG.UK](http://WWW.BRITISHLEGION.ORG.UK)

Front cover image: Alison Baskerville

REGISTERED CHARITY NUMBER: 219279