

Armed Forces Covenant Survey for Rutland, South Kesteven and Harborough



October
2019





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Summary

The Armed Forces Covenant¹ is a promise from the nation that those who serve or have served in the British Armed Forces, and their families, are treated fairly. There is a joint Armed Forces Covenant across Rutland, South Kesteven and Harborough, working with partners to ensure the aims of the covenant are upheld.

Across Rutland, South Kesteven and Harborough there are a large number of serving personnel and veterans due to the location of three Army bases in the area, two of which were previously RAF bases. There are also some military bases that are just outside the borders of Rutland, South Kesteven and Harborough including the Defence Animal Training Centre (DATC) in Melton Mowbray and RAF Wittering near Stamford. However, there is a lack of information about the Armed Forces community in Rutland, South Kesteven and Harborough, including about their health and social care needs. Therefore, Connected Together CIC carried out a survey on behalf of the Armed Forces Covenant in this area to find out more about these needs so they can be addressed by commissioners and service providers, and help highlight potential projects and work.

We sought the views and experiences of people living in Rutland, South Kesteven and Harborough or who were stationed at a base in one of the three areas, who were currently serving or a reservist in the British Armed Forces, or were a veteran of the British Armed Forces. We also asked people who are married to someone, in a relationship with someone, or related to someone serving or a veteran, or who had been bereaved by the death of someone who served.

Our survey was shared widely and, after removing responses that did not fall into these categories or were outside the area, 704 people answered two or more survey questions.

Over half of the people who took part in the survey were veterans and 25% were currently serving or a reservist. We also heard from people married to serving personnel and veterans and some children of people serving or veterans. Most of those currently serving were in the Army, but 29% were in the RAF. 49% of veterans had served in the RAF and 45% in the Army.

The age of those who took part ranged from under 16 years old to over 90 and included some younger veterans (ten aged 30 or less) and older serving personnel (nine over 50).

¹ www.armedforcescovenant.gov.uk



Only one third of people had used the health and care services we asked them about, and 16% told us they had struggled to access one or more service. Mental health services and the council were those that people had the most difficulty accessing.

One quarter (27%) of veterans thought they had a mental health need directly relating to their military service and almost all of these took the time to tell us more about their needs with some very informative and in-depth comments. Post-Traumatic Stress Disorder (PTSD) and depression were mentioned the most and some people have been struggling with these issues for a long time since leaving the Armed Forces. PTSD and depression also affected some people currently serving, and some implied that the Armed Forces are not understanding or supportive of these issues.

Isolation, stress and loneliness were experienced by 29% of those married to someone currently serving, particularly younger spouses. Some serving families also told us they feel unsupported and face difficulties accessing healthcare, obtaining employment and or the impact of moving and being without a parent on their children.

Over one quarter of veterans (29%) told us they had a physical health need relating to their military service, arthritis, joint and back pain, and hearing problems were the most mentioned.

Additional comments highlighted that some people felt unsupported in various ways, including lacking support with transition to civilian life, and that some healthcare professionals lacked understanding about the Armed Forces.

The purpose of this survey was to understand the needs of the Armed Forces community in Rutland, South Kesteven and Harborough. Findings have been compared to other local and national data where possible, although direct comparisons are hard to make due to the different questions used. There is also a lack of locality level data, hence the need for this report.

The findings of this report, particularly those around mental health and accessing services, are similar to those reported last year in Northamptonshire². However, the make up of the respondents varied between the two surveys, with a higher proportion of serving personnel in the present report and an older cohort of veterans in the Northamptonshire report, which may account for any differences seen. Similarities and difference to national and local data and findings from the Ministry of Defence, Office of Statistics, Public Health England, the Royal British Legion, the Armed Forces Families Federations and others have been highlighted in the findings where possible.

² www.healthwatchnorthamptonshire.co.uk/armedforcesreport



Key findings

Demographics

- **Over half (56%)** of those who completed the survey were **veterans**, i.e. someone that had previously served in the British Armed Forces. This is 392 people.
- **One quarter (25%)** were **currently serving (19%)** and/or a **reservist (6%)**.
- Nearly one-third (31%) were related to someone who had served, or was serving, in the Armed Forces. A small number of people, 9 (1%), said they were a spouse/partner or child bereaved through service.
- The **most respondents** were from **Rutland (59%)** and fewest from **Harborough (9%)**.
- **Most serving personnel and veterans were male** - currently serving (79%), reservists (79%) and veterans (84%).
- The largest age group of **currently serving** was **36-40 years old (25%)**. For **reservists** it was **51-55 years old (23%)**. **71%** of those **currently serving** were **40 years old or younger**.
- Interestingly, **13% of veterans were under 40 years old**. 40% were over 60 years old.
- 32 people (15 currently serving and 17 married to someone serving) told us they lived in the area but served from a base/barrack outside of the area, indicating there are dispersed families in the area.

Service background

- **Most people currently serving** were in the **Army (78%)**, as were 56% of reservists.
- A similar number of veterans had served in the **Army (45%)** and **Royal Air Force (49%)**.
- **Half of those currently serving (52%)** have been serving for **16 years or more**.
- **Almost half of the veterans (47%)** had been serving for **21 years or more**.
- **'End of service'** was the most common reason **veterans left the Armed Forces**.
- **One third (33%)** of people **currently serving**, **half (49%)** of **reservists** and **over half (54%)** of **veterans** said at least one of their parents had been in the



Armed Forces. This was also the case for one third (34%) of people married to someone currently serving and 38% of people married to a veteran.

Health and support

General Practitioner (GP)

- **Just over half (55%) had made their GP aware of their or their family's Armed Forces connection: 53% of those currently serving, 64% of reservists and 57% of veterans.** This may indicate that Armed Forces families and/or GPs are not aware of the additional support available to veterans.

Loneliness and isolation

- **14% of veterans and those currently serving said they always or often felt lonely or isolated, compared to 64% and 61% who never, or not very often, felt that way.**
- **More younger veterans reported feeling lonely or isolated than older veterans.** There was less variation in loneliness and isolation feelings across the age groups for people currently serving.
- **Loneliness and isolation were more of an issue for people married to someone serving - 29% always or often felt lonely or isolated, and only 28% never, or not very often, felt that way.**
- **Younger spouses of serving personnel reported feeling lonely or isolated more than older spouses.**
- **More junior-ranked veterans reported feeling lonely or isolated than more senior veterans.** The same trend was seen for those currently serving and those married to people currently serving.

Accessing services

- **Nearly one-third (31%) said they had used at least one of the services we listed or another service they specified in the last 12 months. The most commonly used service for all groups was mental health (28%).**
- **The council (for Armed Forces related reasons) was the most used service for those currently serving (40%) and veterans (30%), followed by mental health.**
- **Only 16% said they'd had trouble accessing one or more of the services we listed, or another service. 30 people had struggled to use between two and six of the listed services. Mental health services (38%) was the most selected as being difficult to access, followed by housing support (23%)**





- There was a **strong preference for accessing information about local services online** for all categories of relationship with the Armed Forces.

Crisis support

- **Two thirds (68%)** said they would go to their family and friends for support if they had been or were to be at a point of crisis or difficulty. Half (52%) of those currently serving would also go to the Armed Forces support team/welfare.

Effect of Armed Forces service on life and health

- **Over half (58%)** said they had not been affected in any of the listed ways. **Mental health** was selected by the most people (22%), followed by **poor job opportunities (17%)** and **getting on the housing ladder (14%)**.
- **Physical disability (16%)** and **poor job opportunities (13%)** also affected veterans (as well as mental health, 20%).
- **Getting on the housing ladder** was the most mentioned area for **21-30 year olds** and **mental health** for ages **between 30 and 70**.
- Fewer people connected to the Army said they had not been affected in any of the listed areas.

Mental health

- **Mental health services** were the most selected as being difficult to access (by **28% overall** and by **43% of veterans**).
- **Most people (76%)** did not think they had any mental health needs relating directly to their, or their family member's, military service. **Veterans (27%)** and **spouses of veterans (34%)** reported having the most mental health needs.
- Almost all of the 166 people who felt they did have a service-related mental health need took the time to tell us more about it (161 comments).
- **Depression and Post-Traumatic Stress Disorder (PTSD)** were the most mentioned issues (22% of those who gave details).
- **PTSD, depression and anxiety** were the most mentioned issues for both veterans and those currently serving.



“It's a job that's so busy that it gives you stress and depression, but you struggle to leave because it's so invasive of your life that living your life without it seems scary.”



- Some veterans also mentioned **struggling with the transition to civilian life**, isolation and stress.
- **Isolation, stress and loneliness** were issues for those married to someone currently serving, as were **difficulties in getting a job and moving around**.

“I feel depressed constantly and isolated and it’s impossible to make friends as nothing is run on camp.”

Physical health

- **One fifth (21%)** said they did have physical health needs directly relating to their military service, rising to **29% of veterans**.
- Again, almost all of the 142 people who felt they did have a service-related physical health need took the time to tell us more about it (137 comments).
- **Arthritis or joint issues were the most mentioned**, (38% of those who gave details). **Back injuries, issues or pain (26%)** and **hearing problems (26%)** and were also common issues.



Other comments about access to health and care

- We gave people the opportunity to tell us anything else about access to health and care services relating to their military experience. 109 people (15% of all who took part) took the time to tell us more about their experiences. 63 of the comments were from veterans. The most common themes were **Lack of support, Access to services, and Lack of understanding**.

Lack of support

- 47 people felt that there was **not enough support for people, either with the transition to civilian life, support for the family of serving personnel, mental health support, or support with housing**.
- Specifically, ten people mentioned **lack of support with transition to civilian life**.



“There needs to be a lot more help and advice available when you leave the forces.”

- Seven people mentioned **difficulties getting mental health support**.



“I don't believe mental health is recognised in the forces. I was told to man up, just be happy, stop complaining almost daily. When talking to my seniors about how I was feeling.”

- Seven people felt that the MOD or others **did not care** about them/veterans and five people mentioned a **lack of housing support**.

“I was told not to bother applying for housing because I wouldn't get a house or flat because I was ex-military.”

Impact on families

- Further to the comments about the impact on mental health of isolation, stress and loneliness, 13 people highlighted other areas where families were unsupported, including the **impact on children**, **access to healthcare** for non-serving family members, and **difficulties finding employment**.

*“The **impact** of multiple moves/parents being away/school moves/family issues on **service children** is huge and should be better monitored locally.”*

Access to services

- 17 people highlighted issues with accessing services. The **most common issues** mentioned were **difficulties accessing GPs or dentists** and **accessing mental health services**.

*“Difficult to gain a place with a local GP and Dentist when you leave Regular Service - **RAF Reservist** is not entitled to **RAF Medical care**.”*

Lack of continuity

- Issues such as **seeing different medical professionals** and having to explain their background or story again and the **lack of follow up** after discharge were mentioned by ten people.

*“Disadvantaged by frequently moving - **impacts on continuity of support once in the system**.”*

- Eight people highlighted issues to do with **medical records not being transferred** from the Armed Forces to the NHS.



Lack of understanding

- Ten people mentioned that **healthcare professionals either did not understand the needs of veterans or know about what is available for veterans.**

“When accessing NHS services through my GP or NHS specialist and telling them I am ex-services and a military veteran - usually gives the response ‘so what’ it means nothing.”

“I feel that there is a lack of understanding from the health care sector as a whole in regards to the Armed Forces and how to discuss issues and empathise with veterans.”

Experiencing good services or not having any issues

- Even though people were not explicitly asked about positive experiences, 14 people told us about good experiences, including **examples of good access to services while serving (9), or other support, such as from armed forces charities (4).**

“Everything is faster and easier to access in the forces. They understand. Civvy healthcare professionals do a great job but can't relate to service personnel. Different mind-set.”

“The RAF were brilliant at getting me back from USA after my husband died in service over there.”

“RAFFA were amazing, they helped support me moving 350 miles to be closer to friends.”

“SSAFA were a source of great support for me and my children at a very vulnerable time.”

“I think it is absolutely right that the council is trying to find out the size of the issue.”

Children and caring

- **41% said they had children who were dependent on them. People who are currently serving (57%), spouses of serving (86%) had the highest proportion of dependent children.**
- **44% of people with school-aged children said they had made the school aware of their family's military background. This rose to 70% of people currently serving, 50% of reservists, and 81% of spouses of someone currently**



serving. The one bereaved spouse had also informed the school. Only 33% of veterans had made the school aware.

- The proportion of people saying they had a caring role for an adult or child with a long-term illness or disability (9%) was in line with the proportion of carers nationally. The proportion of carers was higher for spouses and lower for people currently serving and reservists.

Housing, education and employment

- Most people (68%) said they were home-owners. One veteran said they were homeless.
- Most people (81%) had some level of formal qualifications. A higher proportion of veterans (13%) said they had left school without any formal qualifications.
- Nearly one third overall (30%) told us they were employed full-time in the civilian sector, and a further 19% were employed full-time in the Armed Forces. Most veterans (64%) were employed and 29% were retired.
- Most people had made their current employer or educator aware of their/their family's military background - 90% (excluding those saying the question was not applicable). All reservists had made their employer aware and most veterans (95%) and spouses of those currently serving (89%).
- Almost two thirds (64%) of people were either currently volunteering or had previously volunteered. One fifth (21%) were currently volunteering, in line with national data. A higher proportion of veterans currently volunteer (27%).
- 15% overall and 21% of people married to someone serving have never volunteered but would like to.





Recommendations

This survey and report aimed to find out more about the health and social care needs of the Armed Forces community in Rutland, South Kesteven and Harborough. From the findings presented, the following recommendations can be made:

- 1. Support for the mental health of veterans** - Many veterans told us they have mental health needs relating to their military service, particularly PTSD and depression, and some of these have been struggling with these issues for a long time since leaving the Armed Forces. 43% of veterans also told us they found mental health services difficult to access. If a veteran was in a time of crisis or difficulty, most said they would seek support from friends and family (66%) or former Armed Forces contacts (32%). Around one quarter (27%) said they would contact a military charity. Together this indicates that *more could be done to raise awareness of the significant amount of support available to veterans and to improve their access to NHS and charity sector support that is tailored to their needs.*
- 2. Further support with transition to civilian life** - Related to the above recommendation, some people felt they were not given enough support when they left the Armed Forces, and some were still struggling to adapt to civilian life. Whilst some people have been able to access support from charities, others have struggled and no-one mentioned being supported by the Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service. This indicates that *more awareness of the TIL Service and other support may be needed.*
- 3. Understanding and support of the mental health needs of serving personnel** - People who are currently serving and veterans implied there is a lack of recognition of and support for mental health needs in the forces. This indicates that *the culture and support structure for serving personnel could be improved.*
- 4. Tackling isolation and loneliness of spouses** - People married to serving personnel reported feeling lonely and isolated more than others, and this was particularly the case for younger spouses and those with children. This is an important finding for the Armed Forces welfare teams and other agencies to *ensure there is adequate support of spouses and families.*
- 5. Investigation of the issues affecting families and children** - Despite not being asked about their experiences directly, it was clear that some spouses of serving personnel felt unsupported and faced a range of difficulties, including accessing healthcare and finding employment. They also mentioned the impact of frequently moving, changing schools and having a parent away serving had on their children. As there are many Armed Forces families in the area, *it is*



important to find out more what young people think and to look for ways to better support them.

6. **Investigation of dispersed families** - The data indicates that there are dispersed families in the area (families living in the area but with the serving member based outside of the area). *It is recommended that more is found out about these families to ensure they are supported.*
7. **Increasing awareness of the Armed Forces community** - As 45% of people had not told their GP about their Armed Forces connection, and others mentioned difficulties accessing services, or that health services did not seem to be interested in their armed forces history, there may be a need to increase awareness amongst GPs and other healthcare professionals of the Armed Forces Covenant and the potential needs of the Armed Forces community. As well as being told about it, they *should actively work to provide for the distinct needs of the Armed Forces community and ensure that veterans feel they are listened to and their needs taken seriously.* Furthermore, *all members of the Armed Forces community should be made aware of the Covenant by local health or care services and of the additional support available to them.*





Response to recommendations from the Armed Forces Covenant

Response from Rutland County Council

Rutland has a large and diverse Armed Forces community made up of serving personnel from all branches of the military, together with Forces families and veterans of all ages. We recognise the invaluable contribution that members of the Armed Forces, past and present, have made to the security of our country and the strength of our local communities. In return, we are committed to doing everything in our power to help and support the Armed Forces. The findings of this wide-reaching survey and the recommendations that have been made as a result will help to guide our efforts - particularly where we are working hard to improve mental health and combat loneliness and isolation. Recognising the undaunted and selfless commitment of our service personnel and families, Rutland continues to stand alongside them in their time of need.

Response from Harborough District Council

Whilst the Armed Forces community within the Harborough district is relatively small, compared to other areas, it is hugely important to us that we reach out to those living locally who are currently serving, or who have served, to help understand the support they might need. We remain committed to our responsibilities under the Armed Forces Covenant which we have been signed up to for a number of years. This survey has provided fresh impetus to build on the work we're undertaking with partners to drive forward initiatives which champion the needs of our Armed Forces community.

Response from South Kesteven District Council

This report is an extremely valuable resource, illustrating what a significant military community we have and providing a detailed insight into the issues our Armed Forces personnel, and their families, face.

We note and welcome the report's findings, which will help us to better support members of the Armed Forces family and treat them fairly in line with the aims of the Military Covenant. We will share the report's findings across South Kesteven District Council, and with our partners, so that it can inform our approach to relevant issues over housing, employment, integration and access to services, notably on mental health and wellbeing.



Background

In 2011 the Ministry of Defence created the Armed Forces Covenant. The Armed Forces Covenant³ is a promise between the government, the military and the nation to ensure that our military community is treated fairly and is not disadvantaged by their service.

In 2017 Healthwatch Rutland held an event with partners and Rutland County Council to identify some of the issues in the Armed Forces community locally. One of the outcomes of this event was for a working group to develop a bid for funding from the Armed Forces Covenant fund to resource the project further and so that work could continue.

Rutland made a joint application to the Armed Forces Covenant Fund along with South Kesteven and Harborough. The funding was secured in March 2018 and following successful recruitment the post of Armed Forces Covenant Officer was filled in August 2018.

In all three areas accurate data about the Armed Forces community is somewhat hard to find. There are thought to be over 4,500 veterans living within the area that are in receipt of an Armed Forces pension⁴.

It is thought that there are over 1,800 serving personnel based at Kendrew, St George's and Prince William of Gloucester Barracks, including reservists. There are around 400 spouses also living on the bases with nearly 600 dependent children. In Rutland alone in 2018 there were over 590 pupils that were in receipt of Service Pupil Premium⁵

There is a lack of information about the Armed Forces community in Rutland, South Kesteven and Harborough, including their health and social care needs. Therefore, Connected Together CIC carried out a survey on behalf of the Armed Forces Covenant in this area to find out more about these needs, so they can be addressed by commissioners and service providers, and help highlight potential future projects.

³ www.armedforcescovenant.gov.uk

⁴ www.gov.uk/government/uploads/system/uploads/attachment_data/file/732805/20180816_-_Annex_A_-_Location_of_Armed_Forces_Pension_and_Compensation_Recipients_-_O.xlsx

⁵ www.gov.uk/government/publications/the-service-pupil-premium/service-pupil-premium-what-you-need-to-know



Method

Survey design

Connected Together designed a user-friendly survey that would be available in two formats: online and a paper version to ensure the survey could be shared widely. The survey was piloted with members of the Armed Forces community. The survey ran from the middle of January to the beginning of April 2019.

Survey distribution

To ensure the survey was distributed evenly we worked with the communications teams in Rutland County Council, South Kesteven District Council and Harborough District Council as well as local partners including local councils and local Healthwatch.

The survey was promoted on local radio and was featured in the local press. It was also shared across social media with a video that was made to promote the survey. Our partners helped us by sharing the information on social media as well as placing posters in local areas such as libraries and museums.

The survey was also completed when we attended Kendrew Barracks and at the various Veterans Breakfast clubs across the area.

Data analysis

Overall 853 people took part in the survey. We removed 72 responses where people had completed the survey more than once (duplicates were identified by email addresses and identical response)⁶, leaving 781 responses.

47 people (6%) only gave their email address and did not answer any questions. These were also removed for data analysis, leaving 734 responses.

Responses to open text questions were manually coded into categories derived from the data.

To maintain confidentiality, no-one is referred to by name or is identifiable by others throughout this report.

More data was collected than can be presented in this report. The full data set will be shared with the Armed Forces Covenant Officer for Rutland County Council, Harborough District Council and South Kesteven District Council.

⁶ The survey collection tool collects partial responses, so people who partially completed the survey and then returned to it another time could be recorded twice (31). Others (41) took the survey more than once.



Limitations

Some people had more than one relationship with the Armed Forces, e.g. they were a veteran and child of veteran or serving and married to a veteran, etc. Therefore, it was not possible to know in which capacity they answered some questions.

Some people selected more than one response for questions, so percentages add up to over 100%. Some people may have been answering on behalf of two people (e.g. themselves and a spouse).





What people told us

- Overall 853 surveys were fully or partially completed.
- We removed 72 responses where people had completed the survey more than once.
- 47 people only gave their email address and did not answer any questions. These were also removed for data analysis.
- 30 people lived outside of the areas covered and neighbouring areas, so these responses were removed from all questions after residence.
- 704 responses were analysed.
- All figures given are percentages of the answers received for each question, unless otherwise specified.

Demographics and information about service

Relationship to Armed Forces

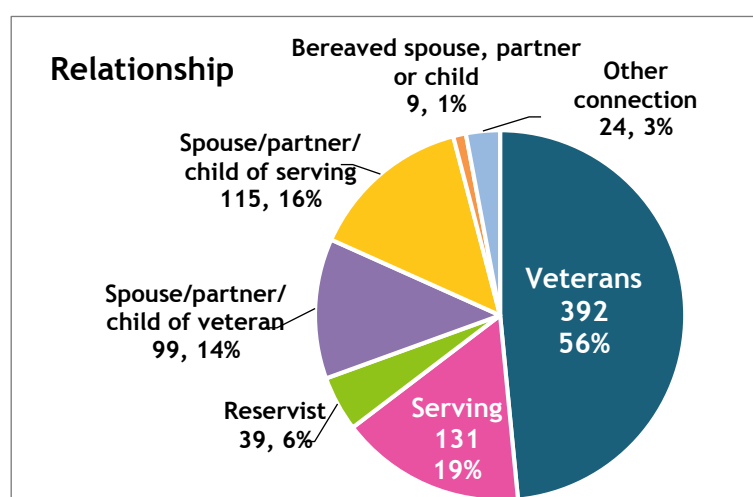
The majority of people who completed the survey (56%, 392 of 704 respondents) were **veterans**, i.e. someone that had previously served in the British Armed Forces. **19% were currently serving (131)** and **6% were reservist (39)**.

16% (115) were the spouse (103, 15%), partner (7, 1%) or child (5, 1%) of someone who was currently serving and 14% (99) the spouse (63, 9%),

partner (5 1%) or child (31, 4%) of a veteran. Nine people (1%) were bereaved following the death of a spouse/partner (4, 1%) or parent (5, 1%) during service. There were no bereaved parents.

Other connections included ex-spouses, siblings, grandparents, grandchildren, a volunteer at a barrack and a person connected to the Army Cadet Force.

97 people belonged to more than one category, e.g. serving and married to someone serving, veteran and married to a veteran, reservist and veteran.

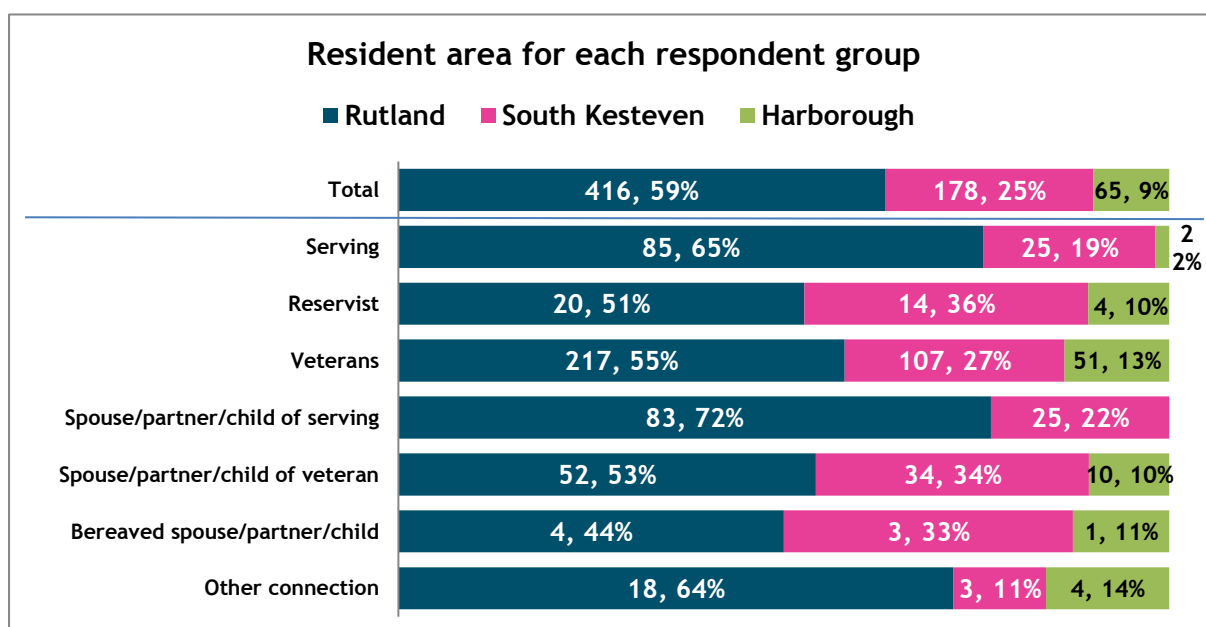




Residence

Over half of people (59%, 416 of 704) lived in Rutland. Compared to the general populations of people aged 15 and above, there were more respondents from Rutland and fewer from Harborough and South Kesteven.

District	Number of respondents	Percentage of respondents	Population estimate age 15/16+	Proportion of all residents per area	Variance (responses v population)
Rutland	416	59%	32,664 ⁷	15%	+44%
South Kesteven	178	25%	115,800 ⁸	52%	-27%
Harborough	65	9%	74,844 ⁶	34%	-25%
Live in a neighbouring area and currently serving at a local barrack/ base	28	4%			
Live in a neighbouring area	15	2%			
<i>Total</i>	<i>702</i>		<i>223,308</i>		
<i>Out of area</i>	<i>30</i>				



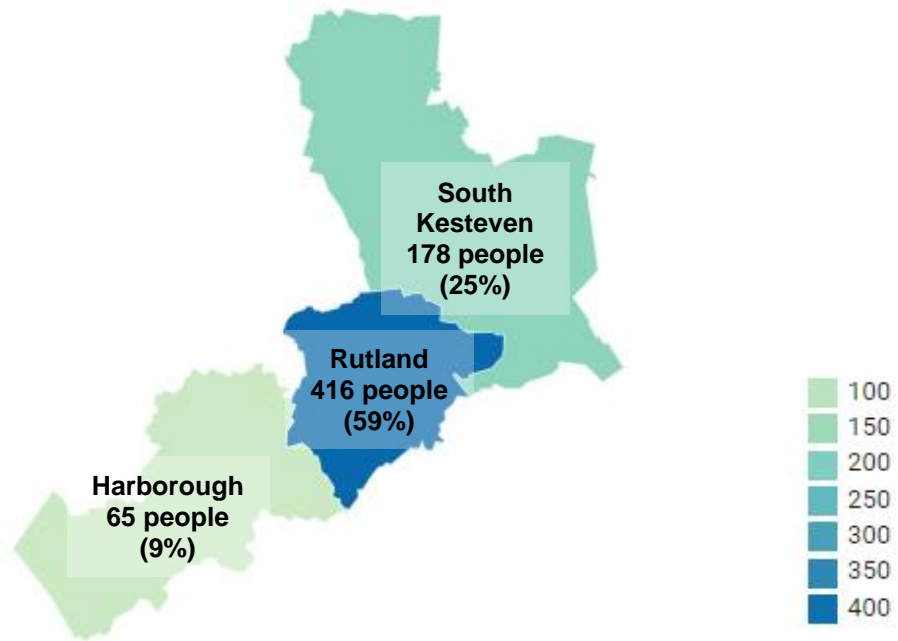
⁷ 2016 estimate, age 15 and over -

<https://public.tableau.com/profile/r.i.team.leicestershire.county.council#!/vizhome/2016DistrictPopulationEstimatesDashboard/2015-16PopulationEstimates>

⁸ 2017 estimate, age 16 and over - www.research-lincs.org.uk/Population.aspx

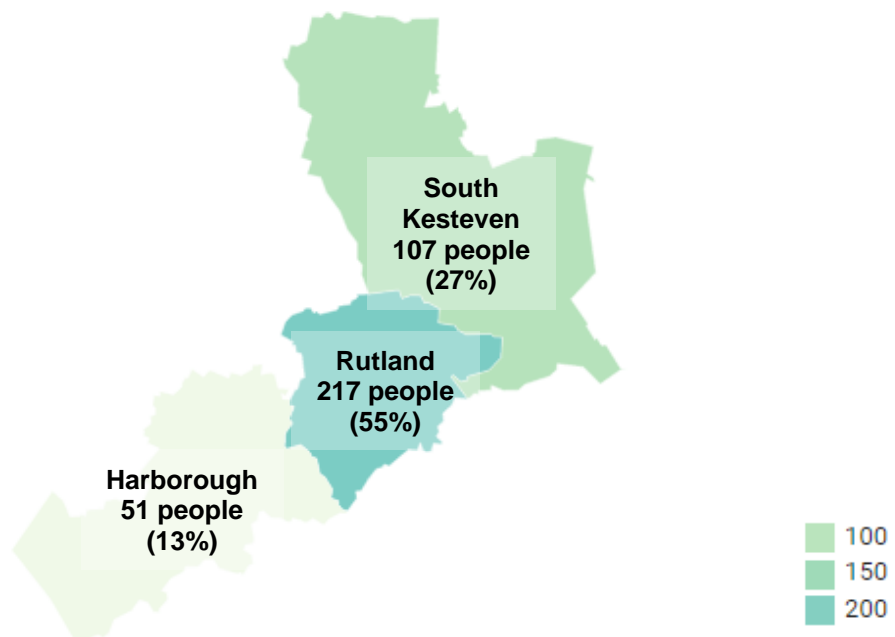


Overall - responses per district:



Map data: © Crown copyright and database right 2018 - Get the data - Created with Datawrapper

Veterans - responses per district:



Map data: © Crown copyright and database right 2018 - Get the data - Created with Datawrapper



Relationship breakdown of each area (percentages are out of the total respondents for each area):

Relationship to armed forces	Rutland	South Kesteven	Harborough	Live in a neighbouring area and currently serving at a local barrack/base	Live in a neighbouring area
Veteran ⁹	52% (217)	60% (107)	78% (51)	14% (4)	80% (12)
Currently serving ¹⁰	20% (85)	14% (25)	3% (2)	68% (19)	0
Reservist	5% (20)	8% (14)	6% (4)	4% (1)	0
Spouse/partner/child of veteran	13% (52)	19% (34)	15% (10)	0	20% (3)
Spouse/partner/child of serving	20% (83)	14% (25)	0	25% (7)	0
Bereaved spouse/partner/child	1% (4)	2% (3)	2% (1)	4% (1)	0
Other	4% (18)	2% (3)	6% (4)	4% (1)	13% (2)
Total	416	178	65	28	15

Currently serving and reservists

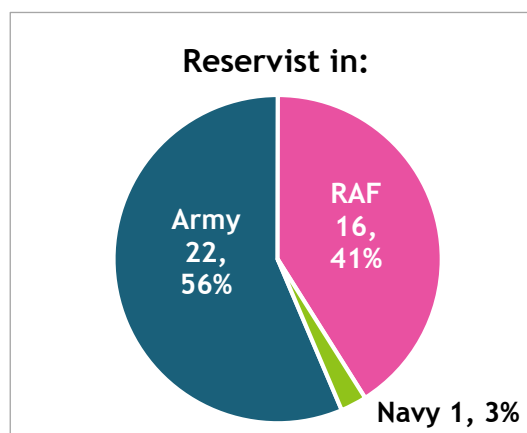
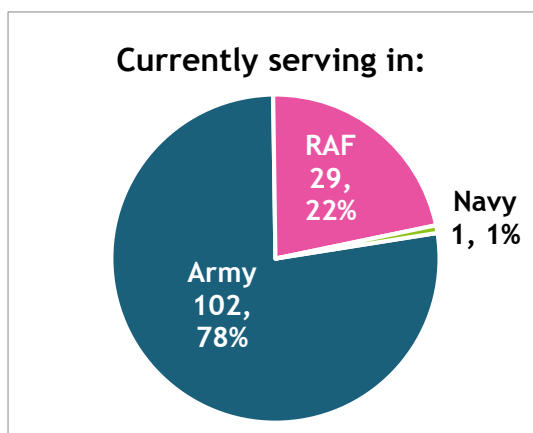
One fifth (20%) of all respondents were currently serving (138 of 704) and 6% were reservist (39).

Service

Over three-quarters (78%, 102 of 131 answers) were currently serving in the **Army** (one person said they were in the Army and RAF). **Reservists** were split between the **Army** (56%, 22 of 39) and **Royal Air Force** (RAF, 41%, 16 of 39).

⁹ In 2017, 5% of the East Midlands population were veterans. Rutland had the largest proportion of veterans (14%) - Annual population survey: UK armed forces veterans residing in Great Britain (2017) - www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain.

¹⁰ According to the 2011 census, there are 918 usual residents employed in the Armed Forces in Rutland, 804 in South Kesteven and 72 in Harborough - www.nomisweb.co.uk/census/2011.



Half (50%, 66 of 131) of those currently serving were based at Kendrew Barracks.

Base of those currently serving	Army	RAF	Navy	Total
Kendrew Barracks	66			66 (50%)
St George's Barracks	14			14 (11%)
Prince William of Gloucester Barracks	6			6 (5%)
DATR (Defence Animal Training Regiment)	8	1		9 (7%)
RAF Wittering	1	15		16 (12%)
RAF Cranwell		6		6 (5%)
Other ¹¹	7	7	1	15 (11%)
<i>Catterick Garrison</i>	1			1
<i>Aldershot</i>	1			1
<i>Mons Barracks, Aldershot</i>	1			1
<i>Bilborough, Nottingham - Reservist</i>	1			1
<i>Albemarle Barracks, Newcastle</i>	1			1
<i>Doncaster</i>	1			1
<i>Glasgow</i>	1			1
<i>JFC Chicksands (Joint Forces Command)</i>		1		1
<i>Ministry of Defence, London</i>		1		1
<i>RAF Coningsby</i>		1		1
<i>RAF High Wycombe</i>		2		2
<i>RAF Marham, Norfolk</i>		2		2
<i>RNAS Yeovilton (Royal Naval Air Station)</i>			1	1
Total	102	29	1	132

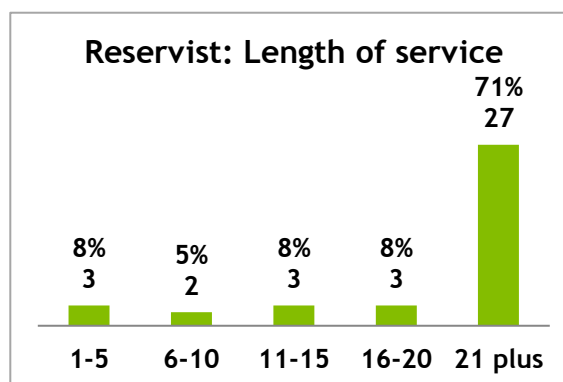
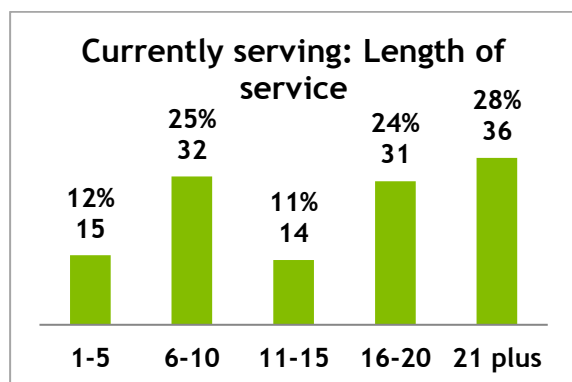
¹¹ All told us they lived in Rutland, South Kesteven or Harborough



Base of reservist	Army	RAF	Navy	Total
Kendrew Barracks	4	1		5 (15%)
Prince William of Gloucester Barracks	5			5 (15%)
DATR (Defence Animal Training Regiment)		1		1 (3%)
RAF Wittering		10		10 (30%)
RAF Cranwell		1		1 (3%)
Other ⁹	8	2	1	11 (33%)
<i>Bilborough, Nottingham.</i>	1			1
<i>Nottingham</i>	1			1
<i>Chilwell 101 Engineer Regiment</i>	1			1
<i>Peterborough reserve unit 158 rgt</i>	1			1
<i>Peterborough</i>	1			1
<i>9 Regt RLC Buckley bks Chippenham</i>	1			1
<i>Grove Park</i>	1			1
<i>Kempston</i>	1			1
<i>RAF Base Norton</i>		1		1
<i>RAF Cosford</i>		1		1
<i>RAF Wyton</i>			1	1
Total	17	15	1	33

15 of those currently serving told us they lived in the area but served from a base/barrack outside of the area, indicating they are part of a dispersed family.

Half of those currently serving (52%, 67 of 128 answers) have been serving for 16 years or more. 71% of reservists (27 of 38) had been serving for over 20 years.



Currently serving: Rank

The serving personnel who took part in the survey had a range of ranks across the three different levels - Officer, Warrant Officer/Senior Non-Commissioned Officer (WO/senior NCO), and junior rank.

Total	128
Officer	33 (26%)
WO/senior NCO	49 (38%)
Junior ranks	46 (36%)

Army	99
Officer	25 (25%)
WO/senior NCO	33 (33%)
Junior rank	41 (41%)



Royal Air Force	28
Officer	8 (29%)
WO/NCO	16 (57%)
Junior rank	4 (14%)

Navy	1
Junior rank	1

Reservists: Rank

Reservists who took part in the survey had a range of ranks across the three different levels.

Total	38
Officer	15 (39%)
WO/senior NCO	12 (32%)
Junior rank	11 (29%)

Army	21
Officer	9 (43%)
WO/senior NCO	5 (24%)
Junior rank	7 (33%)

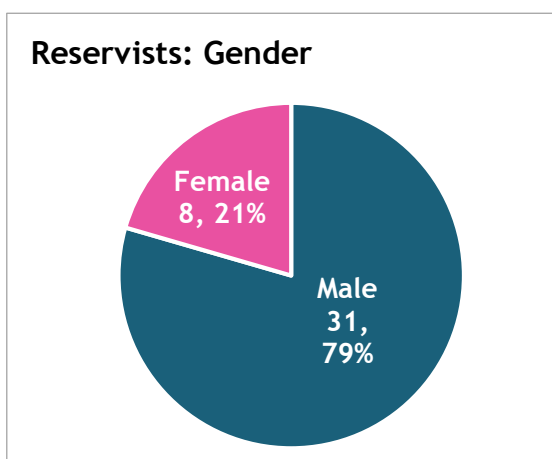
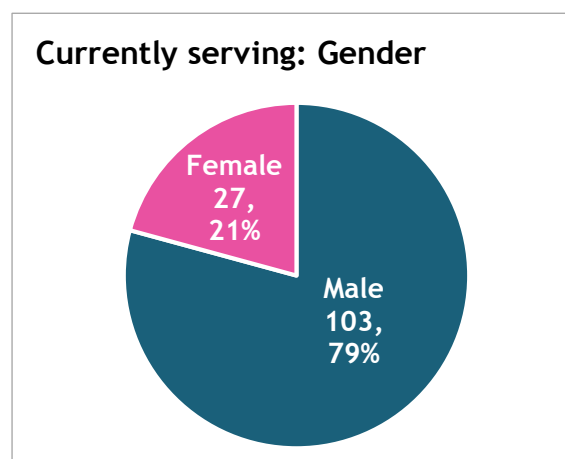
Royal Air Force	16
Officer	5 (31%)
WO/senior NCO	7 (44%)
Junior rank	4 (25%)

Navy	1
Officer	1

One third of people currently serving (33%, 43 of 129) and half of reservists (49%, 19 of 39) said at least one of their parents had been in the Armed Forces.

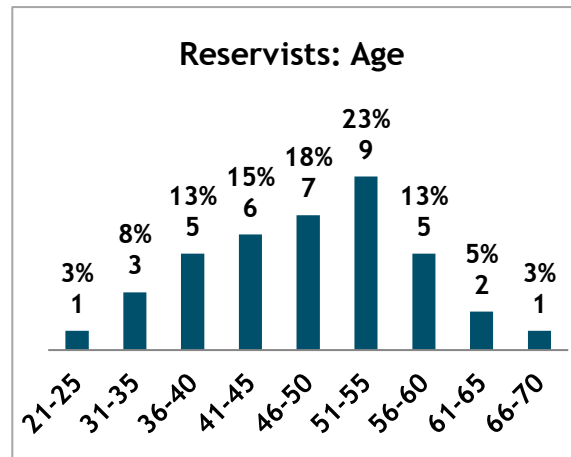
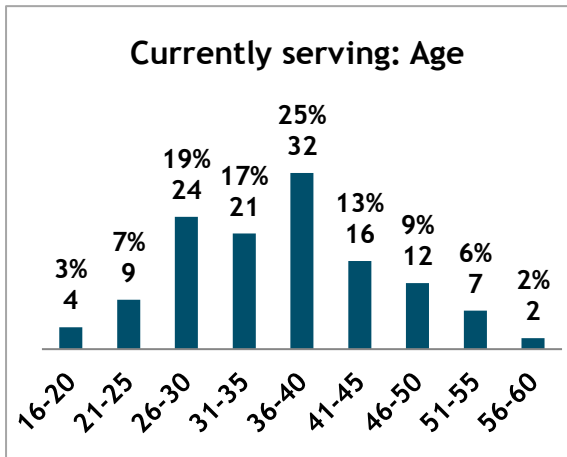
Gender and age

Most currently serving (79%, 103 of 130) and reservists (79%, 31 of 39) were male.



The largest age group of currently serving (25%, 32 of 127) was 36-40 years old. Four people were under 21 years old and the oldest age group was 56-60 (two people). 71% (90 of 127) were 40 years old or younger.

79% of reservists (31 of 39) were under 56 years old. The youngest age group was 21-25 years old (one person) and oldest 66-70 years old (one person).



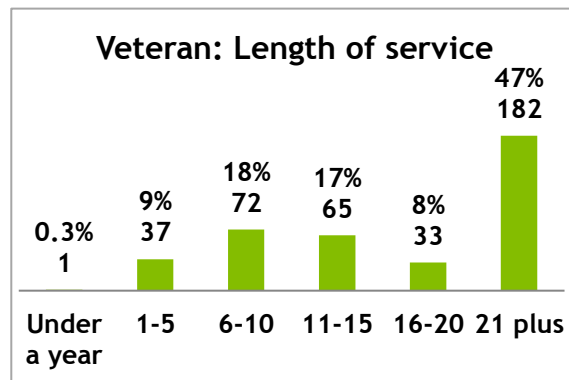
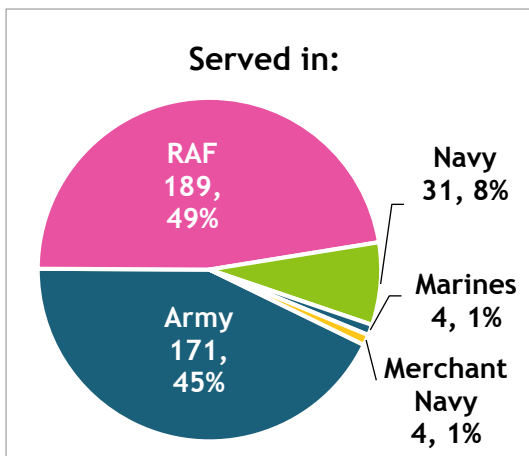
Veterans

Over half of the survey respondents (56%, 392 of 704) said they were veterans.

Service

Most had served in the RAF (49%, 189 of 382 answers) or Army (45%, 171 of 382). 20 veterans had served in more than one force and were included in multiple categories.

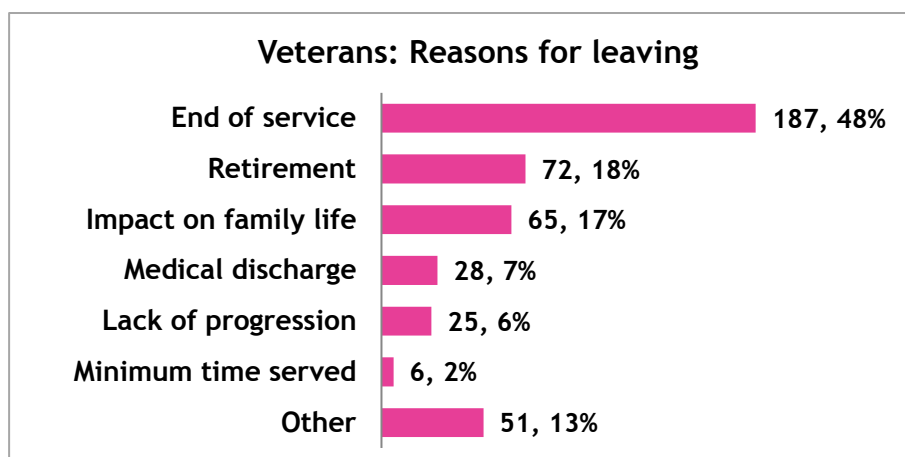
Almost half of the veterans (47%, 182 of 390) had served for over 20 years.



Reason for leaving

The most common reason a veteran gave for leaving the Armed Forces was the 'end of service' (48%, 187 of 391 who answered). 42 gave more than one reason.

The most common 'other' reason given was **redundancy** (15 people) - four specified voluntary redundancy and two specified it was compulsory.



Reason	
Redundancy	15
Changed career/ Voluntary resignation	5
Marriage/Relationship	4
Abuse/bullying/harassment	3
Early retirement	3
Pregnancy/Start a family	3
Injury/illness	2
Moved to reserve	2
Purchased discharge	2
Administrative Discharge (SNLR)	1

Change in service and branches	1
Death of spouse	1
Lack of discretionary time for the reserves	1
Family problems	1
Emigrated	1
Prison	1
Medically downgraded	1
Option for Change phase 3	1
Poor treatment/conditions	1
Terminated my contract (PVR)	1
Clashed with job	1

Rank

The veterans who took part in the survey had a range of last ranks across the three different levels - Officer, Warrant Officer/Senior Non-Commissioned Officer (WO/senior NCO), and Junior ranks.

Total	384
Officer	88 (23%)
WO/senior NCO	155 (40%)
Junior rank	141 (37%)

Army	167
Officer	30 (18%)
WO/senior NCO	67 (40%)
Junior rank	70 (42%)

Royal Air Force	184
Officer	54 (29%)
WO/senior NCO	77 (42%)
Junior rank	53 (29%)

Navy	30
Officer	4 (13%)
WO/senior NCO	15 (50%)
Junior rank	11 (37%)

Marines	4
Officer	1
Junior rank	3 ¹²

Merchant Navy	4
Officer	2 ¹³
WO/senior NCO equivalent	1 ¹³
Junior rank	1 ¹⁰

¹² One also in Navy

¹³ Also in Army



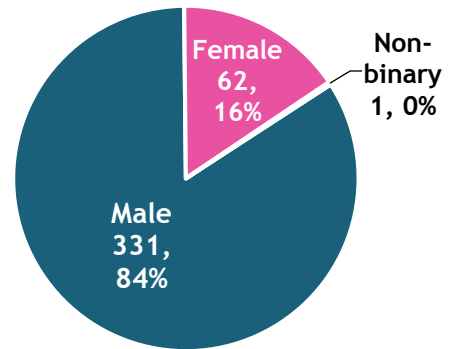
Over half of veterans (54%, 206 of 384) said at least one of their parents had been in the Armed Forces.

Gender and age

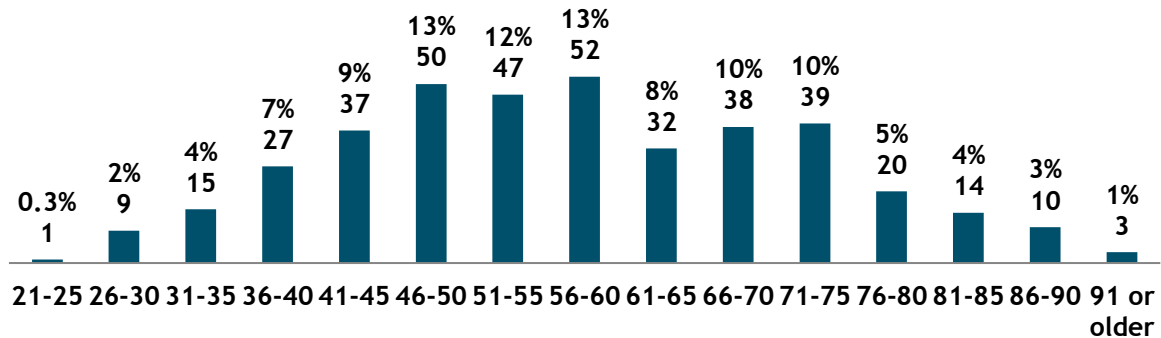
Most veterans (84%, 331 of 394) were male, one of which said that was not the gender they were assigned at birth. One said they were non-binary.

13% (52 of 394) were 40 years old or less. 40% (156 of 394) were over 60 and two-thirds (65%, 255 of 394) were over 50. Three veterans were over 90 years old and one was under 26 years old.

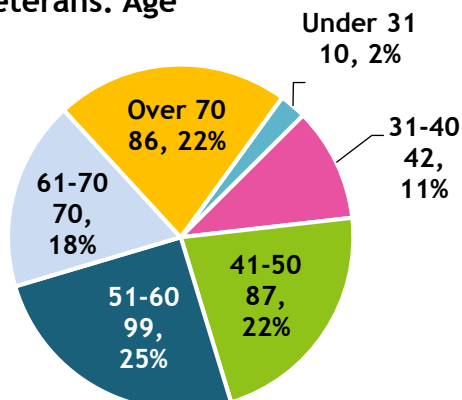
Veterans: Gender



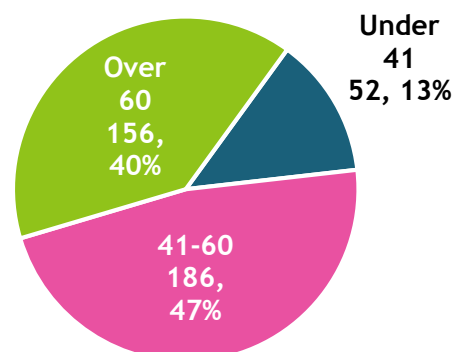
Veterans: Age



Veterans: Age



Veterans: Age





Family and other connections

One third of people (32%, 225 of 704) were related to someone who had served, or was serving, in the Armed Forces.

Immediate family of serving

Just over half of immediate family category, and 16% of the total (116 of 704) said they were the spouse, partner or child of someone serving in the armed forces (most of these were married to someone serving):

	Number of people	Percentage of total
Married to someone serving	103	15%
<i>Married to someone serving and not a veteran or serving themselves</i>	88	13%
In a relationship with someone serving	7	1%
<i>In a relationship with someone serving not a veteran or serving themselves</i>	4	1%
Child of someone serving	5	1%
Total	115	16%

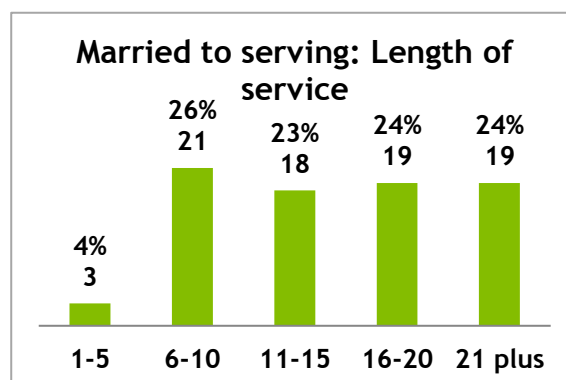
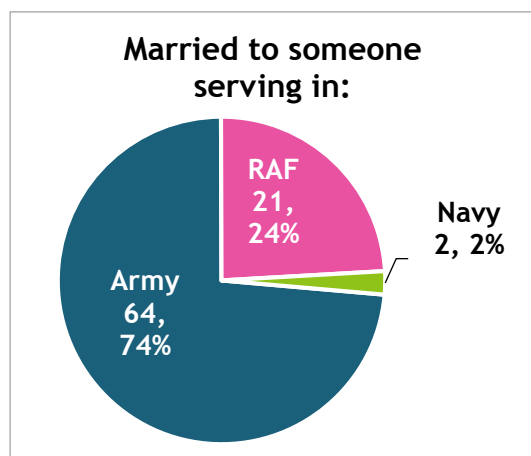
As the entitlement of a spouse is different to that of a partner, these will be treated separately.

As veterans and serving personnel have been included above, this section will focus on those who are married to, in a relationship with, or the child of someone serving, but not serving or a veteran themselves.

Married to someone serving

74% (64 of 87 answers) were married to someone serving in the Army and 24% (21 of 87) to someone serving in the RAF.

Almost of all the serving spouses (96%, 77 of 80) had been serving for over five years.





Half (54%, 45 of 85 answers) of those married to someone currently serving were based at Kendrew Barracks.

Base of those married to currently serving/base of the person serving	Army	RAF	Navy	Total
Kendrew Barracks	45			45 (53%)
St George's Barracks	12			12 (14%)
Prince William of Gloucester Barracks	1			1 (1%)
RAF Wittering		9		9 (11%)
RAF Cranwell	1			1 (1%)
Other ¹⁴	5	10	2	17 (20%)
<i>Albemarle Barracks, Newcastle</i>	1			1
<i>Aldershot</i>	1			1
<i>Leicester</i>	1			1
<i>South Korea</i>	1			1
<i>Brecon</i>	1			1
<i>RAF Waddington</i>		4		4
<i>RAF Marham, Norfolk</i>		2		2
<i>Ministry of Defence, London</i>		1		1
<i>RAF Coningsby</i>		1		1
<i>London</i>		1		1
<i>Boscombe Down</i>		1		1
<i>HMS Sultan Portsmouth</i>			1	1
<i>RNAS Yeovilton</i>			1	1
Total	64	19	2	85

17 people told us they lived in the area but that their serving spouse was based outside of the area, indicating they are dispersed families.

Rank of serving person

Total	86
Officer	17 (20%)
WO/senior NCO	26 (30%)
Junior rank	43 (50%)

Army	64
Officer	8 (13%)
WO/senior NCO	17 (27%)
Junior rank	39 (61%)

Royal Air Force	20
Officer	9 (45%)
WO/senior NCO	8 (40%)
Junior rank	3 (15%)

Navy	2
WO/senior NCO	1
Junior rank	1

One third of people married to someone serving (34%, 29 of 86) said at least one of their parents had been in the Armed Forces.

All spouses who told us their gender (88) were female and ranged in age from 21-25 years old to 51-55 years old, with most (77%, 67 of 87) being 40 or younger.

¹⁴ All told us they lived in Rutland, South Kesteven or Harborough



Age:	
21-25 years old	4
26-30 years old	23
31-35 years old	22
36-40 years old	18
41-45 years old	9
46-50 years old	9
51-55 years old	2
Total	87

Gender:	
Female	88
Total	88

In a relationship with someone serving

Three of the seven people who said they were in a relationship with someone serving were also currently serving themselves. Of the remaining four, three were serving in the RAF (one Officer, one WO/NCO and one junior rank) and one in the Army (Officer). One said their partner was based at RAF Wittering, one at RAF Cranwell, and one had just moved from Kendrew Barracks.

All partners had been serving for over five years.

Serving in:	
RAF	3
Army	1
Total	4

Length of service:	
6-10 years	1
16-20 years	1
21 plus years	2
Total	4

Two of the four people said at least one of their parents had been in the Armed Forces.

The four partners were all female and ranged in age from 21-25 years old to 51-55 years old.

Age:	
26-30 years old	1
31-35 years old	1
36-40 years old	1
51-55 years old	1
Total	4

Gender:	
Female	4
Total	4

Child of someone serving

Three people said they were children of someone serving in the Army (two WO/senior NCO and one junior rank) and two in the RAF (WO/senior NCO). One said their parent was based at Kendrew Barracks, one at St George's Barracks and one at RAF Waddington. All their parents had been serving for over 15 years.

Serving in:	
Army	3
Royal Air Force	2
Total	5

Length of service:	
16-20 years	1
21 plus years	3
Total	4



Four of the children were female and ranged in age from under 16 years old to 41-45 years old.

Age:	
Under 16 years old	2
26-30 years old	2
41-45 years old	1
Total	5

Gender:	
Female	4
Male	1
Total	5

Immediate family of veterans

Just under half of immediate family category, and 14% of the total (100 of 704) said they were the **spouse, partner or child** of someone who had served in the armed forces. Only half of these were not also a veteran of currently serving themselves.

	Number of people	Percentage of total
Married to a veteran	63	9%
<i>Married to a veteran and not a veteran or serving themselves</i>	30	4%
In a relationship with a veteran	5	1%
<i>In a relationship with a veteran and not a veteran or serving themselves</i>	4	1%
Child of a veteran	31	4%
<i>Child of a veteran and not a veteran or serving themselves</i>	17	2%
Total	99	14%

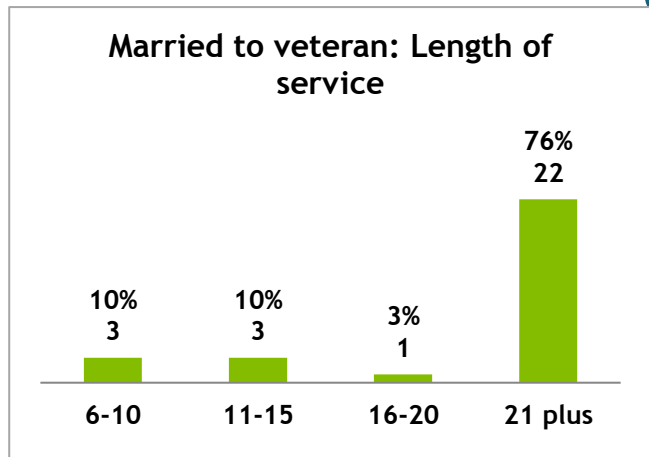
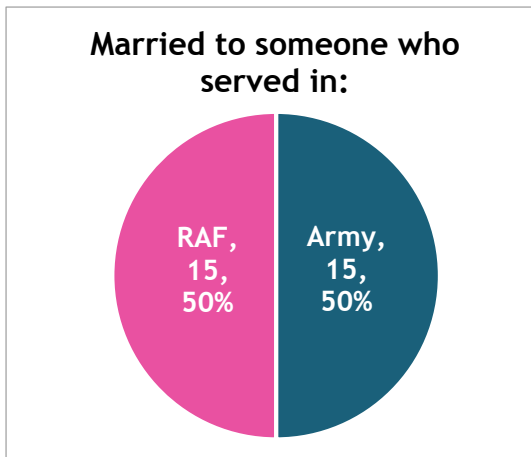
As the entitlement of a spouse is different to that of a partner, these will be treated separately.

As veterans and serving personnel have been included above, this section will focus on those who are married to, in a relationship with, or the child of a veteran, but not serving or a veteran themselves.

Married to a veteran

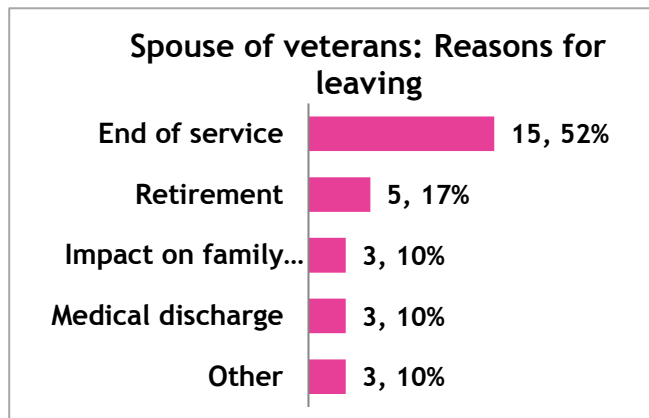
Half the spouses (50%, 15 of 30) were married to someone who had served in the **RAF**, and half (50%, 15 of 30) to someone who had served in the **Army**.

Three quarters (76%, 22 of 29 answers) of the veterans had served for over 20 years.



The most common reason given by the spouse of a veteran for leaving the Armed Forces was the 'End of service' (52%, 15 of 29 answers).

The other reasons given were discharge, redundancy and joining the police force.



Last rank of person who served

62% of veterans people were married to had last served as a Non-commissioned Officer.

Total	29
Officer	3 (10%)
WO/senior NCO	18 (62%)
Junior rank	8 (28%)

Army	15
Officer	1 (7%)
WO/senior NCO	9 (60%)
Junior rank	5 (33%)

Royal Air Force	14
Officer	2 (14%)
WO/senior NCO	9 (64%)
Junior rank	3 (21%)

Navy	2
WO/senior NCO	1
Junior rank	1

38% (11 of 29) of spouses said at least one of their parents had been in the Armed Forces.

All but two of the spouses were female (28 of 30, 93%) and ranged in age from 26-30 years old to 81-85 years old.



Age:	
26-30 years old	1
31-35 years old	2
36-40 years old	1
41-45 years old	5
46-50 years old	3
51-55 years old	4
56-60 years old	3
61-65 years old	3
66-70 years old	1
71-75 years old	5
81-85 years old	1
Total	29

Gender:	
Female	28
Male	2
Total	30

In a relationship with a veteran

Three of the four people in a relationship with a veteran said their partner had served in the Army (two said they had been junior ranks) and one in the RAF (who had been a WO/senior NCO).

All four gave different reasons for their partner leaving the Armed Forces: retirement, medical discharge, redundancy and impact on family life.

All partners had served for over five years.

Served in:	
Army	3
Royal Air Force	1
Total	4

Length of service:	
6-10 years	2
11-15 years	1
21 plus years	1
Total	4

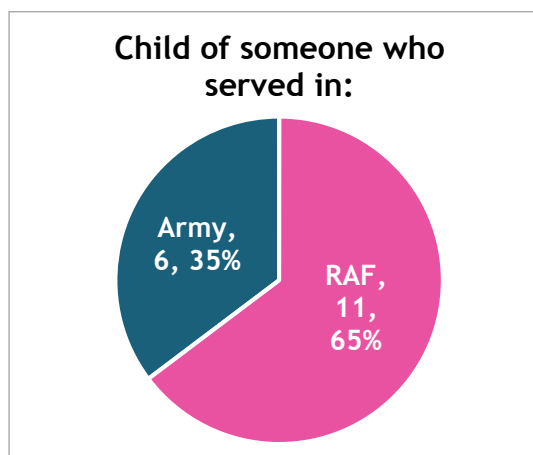
Two of the four partners said at least one of their parents had been in the Armed Forces. The partners that gave a gender were all female (three) and ranged in age from 31-35 years old to 41-45 years old.

Age:	
31-35 years old	1
36-40 years old	1
41-45 years old	2
Total	4

Gender:	
Female	3
Total	3

Child of a veteran

Two thirds (65%, 11 of 17) of the children of veterans (discounting those who are also veterans or serving themselves) said they were the child of someone who served in the RAF (eight WO/senior NCO, one junior rank and one Officer), and one third (35%, 6 of 17) were the child of someone who had served in the Army (three Wo/senior NCO and one junior rank).



Most parents (13 of 14 answers) had served for over 20 years.

Length of service:	
1-5 years	1
21 plus years	13
Total	14

14 of the 17 said their parent had left the Armed Forces because of retirement (8) of the 'end of service' (7). One said it was due to a lack of progression, one due to discharge and one due to starting a family.

Most of the children were female (15 of 17, 88%) and ranged in age from 26-30 years old to 71-75 years old.

Age:	
26-30 years old	3
36-40 years old	4
41-45 years old	3
46-50 years old	3
51-55 years old	1
61-65 years old	1
66-70 years old	1
71-75 years old	1
Total	17

Gender:	
Female	15
Male	2
Total	17

Bereaved family

A small number of people, nine (1% of total) said they were a bereaved spouse/partner or child of someone who died while serving in the British Armed Forces.

Bereaved spouse/partner	4
Bereaved child (four are also veterans)	5
Total	9

Bereaved spouse or partner

Two of the four who answered had been married to or the partner of someone who had died while serving in the Army (one Officer, one junior rank), and two to someone who had died while serving in the RAF (both Officers). All had served for more than 10 years.

Died while serving in:	
Army	2
Royal Air Force	2
Total	4

Length of service:	
11-15 years	2
21 plus years	2
Total	4



Three of the four spouses said at least one of their parents had been in the Armed Forces. All four spouses were female and ranged in age from 41-45 years old to 66-70 years old.

Age:	
41-45 years old	1
46-50 years old	1
66-70 years old	2
Total	4

Gender:	
Female	4
Total	4

Bereaved child

The one bereaved child who was not also a veteran themselves said their parent had died while serving in the Army as a junior rank and had served for 16-20 years.

Four of the five children were male and ranged in age from 21-25 years old to 76-80 years old.

Age:	
21-25 years old	1
41-45 years old	1
71-75 years old	2
76-80 years old	1
Total	5

Gender:	
Male	4
Female	1

Other family/connections

The remaining 24 people were mostly other family members, such as parents of serving personnel, siblings, or more distantly relatives.

12 people gave another connection in addition to one of the main categories. The other 12 only belonged to the 'other connections' category:

Only connection:

Grandchild, grandparent, parent, sibling	4
Separated or divorced from serving	2
Widow/Widower of someone who served	1
Separated or divorced from veteran	1
Child of deceased veteran	1
Army Cadet Force	1
Volunteer youth worker at a barrack	1
'Next of kin'	1



Secondary connection:

Parents, siblings, nephews	4
Separated or divorced from veteran	2
Widower	1
Works at DMRC	1
Honorary Colonel	1
RAFA Standard Bearer	1
Serving in Merchant Navy	1
Married to a civil servant for the military working dogs	1

Just looking at those not already counted in another category, seven of the 11 had a connection with the Army, three with the RAF, and one with the Navy. People gave a range of answers for length of service.

Connection with:	
Army	7
Royal Air Force	3
Navy	1
Total	11

Length of service:	
1-5 years	2
6-10 years	1
11-15 years	1
21 plus years	6
Total	10

Rank of serving person (where no other connection):

Total	10
Officer	4
WO/senior NCO	5
Junior rank	1

Army	7
Officer	3
WO/senior NCO	3
Junior rank	1

Royal Air Force	3
Officer	1
WO/senior NCO	2

Four of 11 (with no other connection) said at least one of their parents had been in the Armed Forces. Nine were female and two were male. They ranged in age from 36-40 years old to 81-85 years old.

Age:	
36-40 years old	1
41-45 years old	2
46-50 years old	1
51-55 years old	4
56-60 years old	2
81-85 years old	1
Total	11

Gender:	
Female	9
Male	2
Total	11

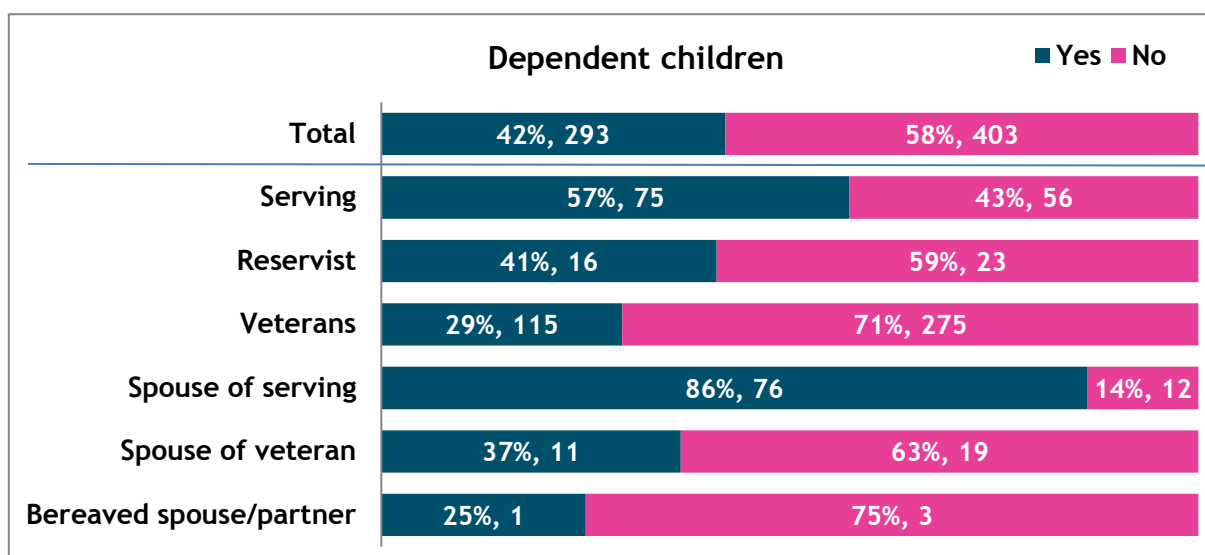


Children and caring

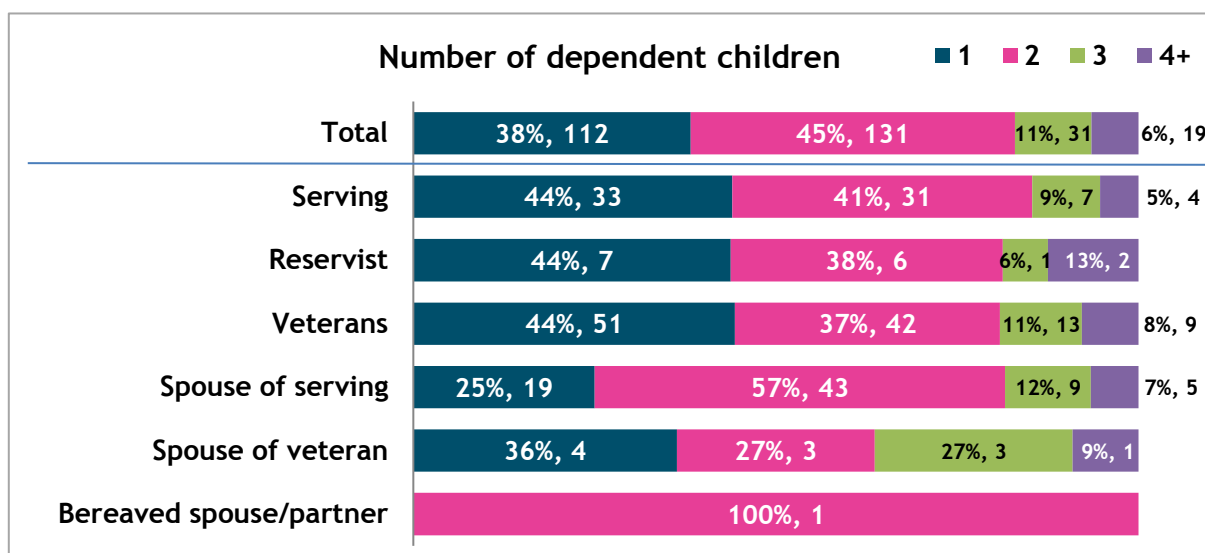
Dependent children

42% of people who answered the question (293 of 696) said they had children who were dependent on them^{15,16}.

People who are currently serving (57%, 75 of 131) and spouses of serving (86%, 76 of 88) had the highest proportion of dependent children - 52% of all who had dependent children (151 of 293).



Most people (83%, 243 of 293) had one or two dependent children.



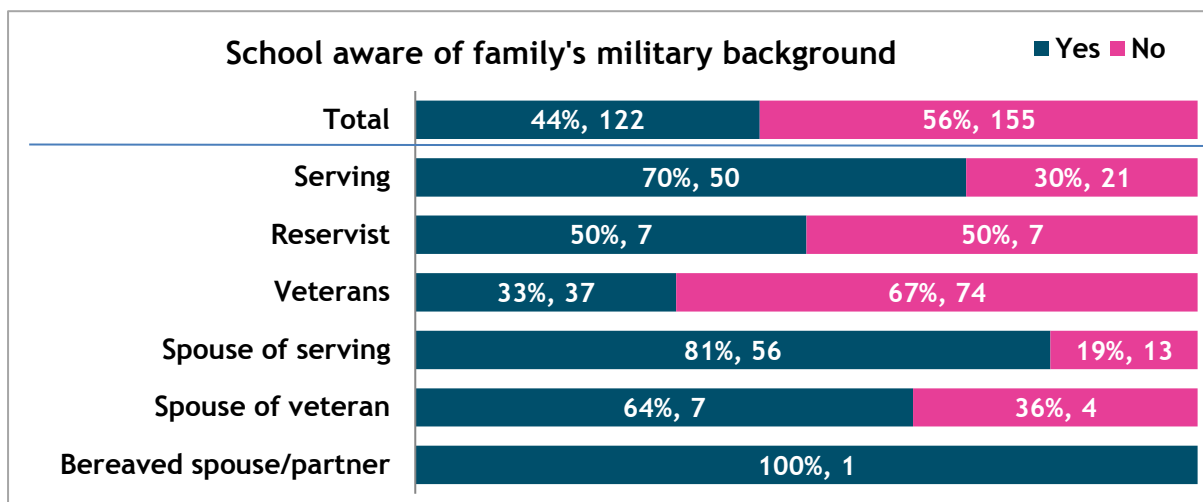
¹⁵ Totals include those in a relationship with someone serving or a veteran and those with another connection to the Armed Forces - these are omitted from graphs for clarity.

¹⁶ Compared to the percentage of households with dependent children according to the 2011 census data: Rutland - 37%, South Kesteven - 40%, Harborough - 41%.



School-aged children

Just under half of people with school-aged children (44%, 122 of 277) said they had made the school aware of their family's military background¹⁷. This rose to 70% of people currently serving (50 of 71), 50% of reservists (7 of 14) and 81% (56 of 69) of spouses of someone currently serving. The one bereaved spouse had also informed the school. Only 33% of veterans (37 of 111) had made the school aware but 64% (7 of 11) of people married to veterans had.



Caring responsibility

In line with national and local estimates of one in ten people being a carer¹⁸, 9% of people (63 of 691) said they looked after an adult or child with a long-term illness or disability. The proportion of carers was higher for spouses and lower for people currently serving and reservists. 14 of the 63 carers (22%) said they were registered with a carers centre.

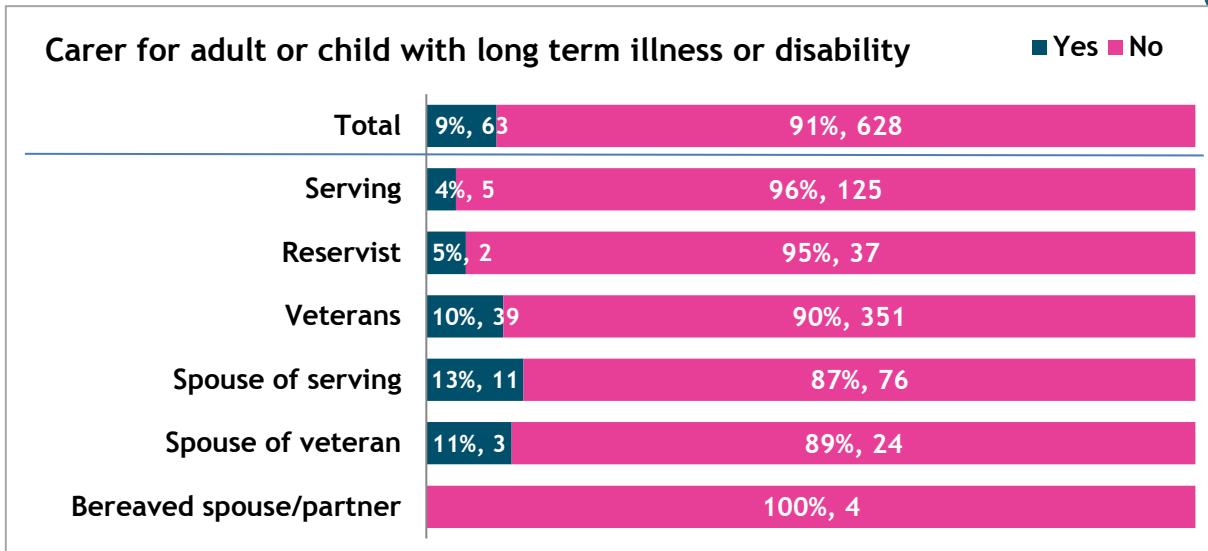
The proportion of veterans with a caring responsibility (10%) is lower than that suggested by The Royal British Legion in their 2014 survey, which suggested members of the ex-Service community were more likely to have some caring responsibility than the adult population of England and Wales, and the difference was not explained by the older age profile of the ex-Service community¹⁹.

¹⁷ Compared to 34% of respondents to a similar survey in Northamptonshire, www.healthwatchnorthamptonshire.co.uk/armedforcesreport.

¹⁸ It is estimated that 10% of the populations of Harborough and South Kesteven are unpaid carers - www.lsr-online.org/harborough.html, www.research-lincs.org.uk/LROPresentationTools/UI/Pages/MappingTool.aspx, Source of data: Office for National Statistics, 2011 census.

Comparable to 11% of respondents to a similar survey in Northamptonshire were carers, www.healthwatchnorthamptonshire.co.uk/armedforcesreport.

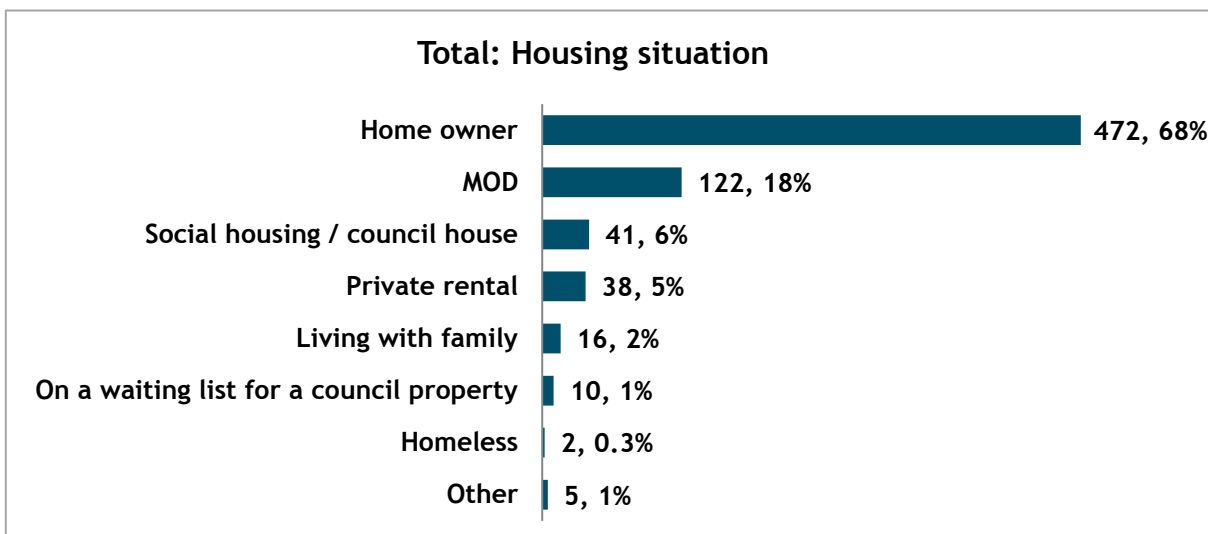
¹⁹ In total, 23% of those aged 16-64 have a caring responsibility, compared with 12% nationally - The Royal British Legion (2014). A UK Household Survey of the Ex-Service Community,



Housing, employment and education

Current housing situation

Most people (68%, 472 of 697) said they were **home owners**²⁰, and this was the most common situation for all groups except those married to someone currently serving. The housing situation of people currently serving, reservists, veterans and spouses are shown below.



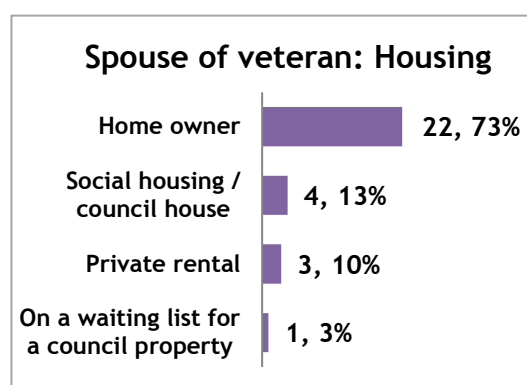
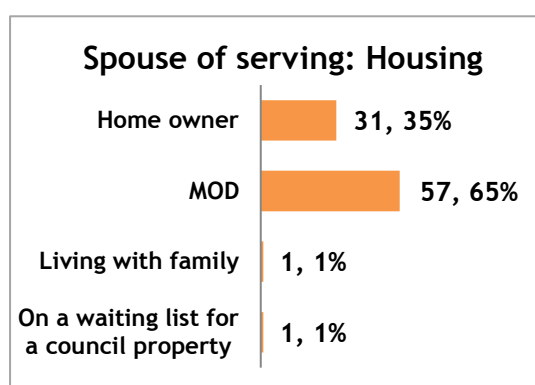
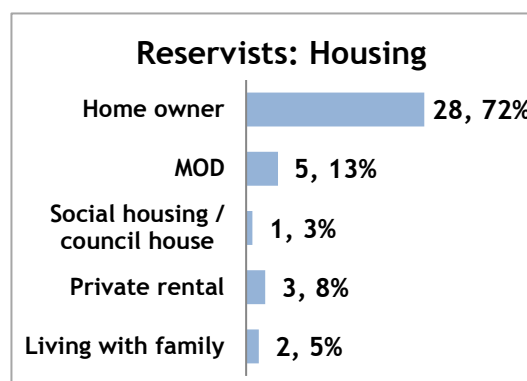
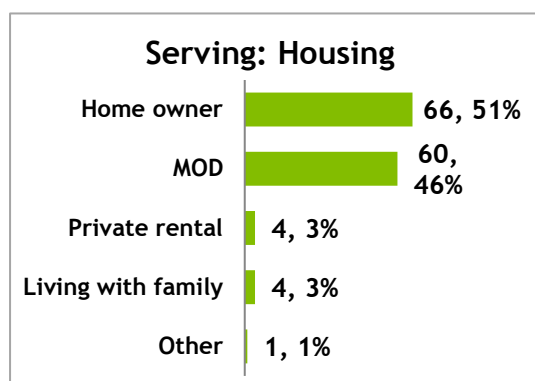
Most **currently serving** personnel (97%, 126 of 130) were split between being **home owners** (51%, 66) or live in **Ministry of Defence (MoD) accommodation** (46%, 60). Three people were both living in MoD accommodation and home owners, including one who lived in MoD accommodation during the week and a privately owned house at the weekend.

www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/rbl_household_survey_report.pdf

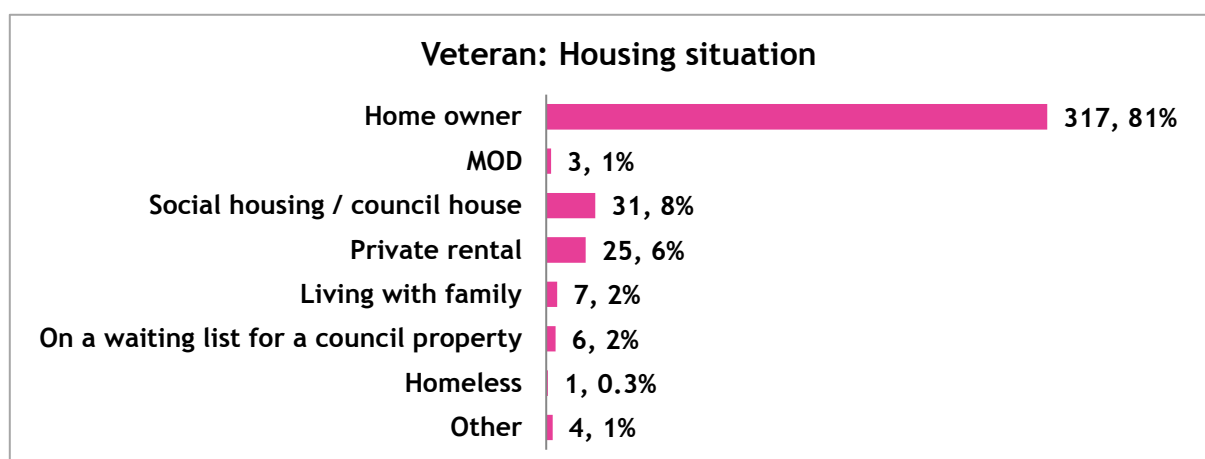
²⁰ Comparable to 70% of respondents to a similar survey in Northamptonshire were homeowners, www.healthwatchnorthamptonshire.co.uk/armedforcesreport.



The one ‘other’ response was ‘shared ownership’. Combined with spouses of people currently serving, 54% (117 of 218) lived in MoD housing and 44% (97 of 218) were home owners.



Most veterans (81%, 317 of 392) and spouses of veterans (73%, 22 of 30) were home owners²¹. One veteran said they were homeless (as did one child of someone serving).²² The four ‘other’ types of accommodation given by veterans were: ‘shared ownership (two), and living with a partner, house with job.



²¹ Comparable to 2017 data showing 80% of veterans and 80% of non-veterans owned homes in the East Midlands - Annual population survey: UK armed forces veterans residing in Great Britain (2017) - www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain.

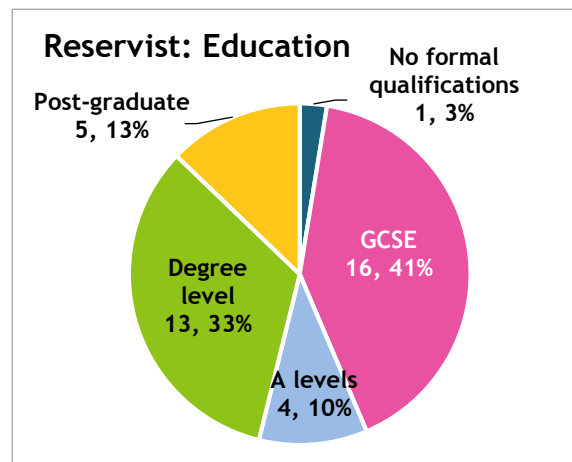
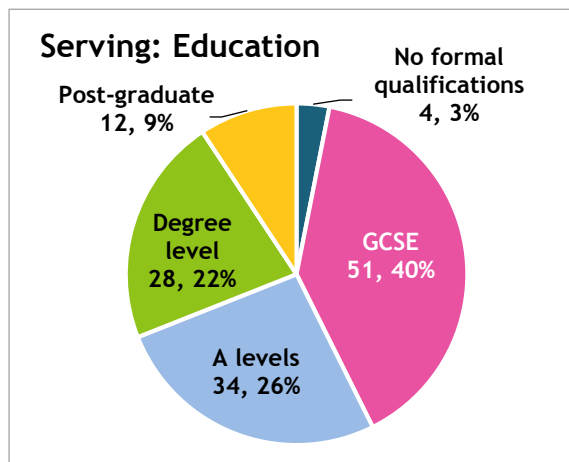
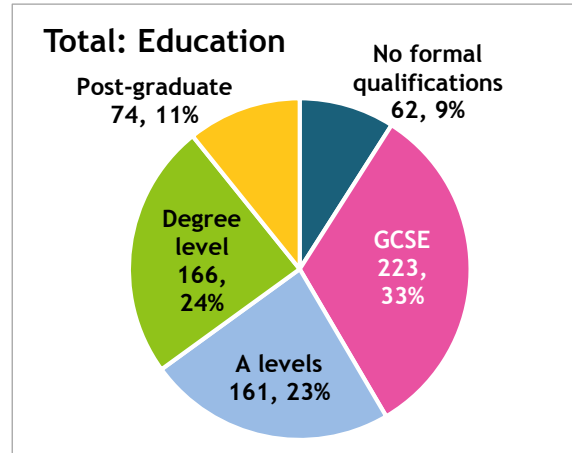
²² The rate of statutory homelessness in Rutland was 0.25%, in South Kesteven was 0.32% and Harborough was 0.08% in 2017-18, Public Health Profiles - Common Mental Health Disorders, <https://fingertips.phe.org.uk/search/homelessness>. The number in the present survey is too small to make a meaningful comparison.



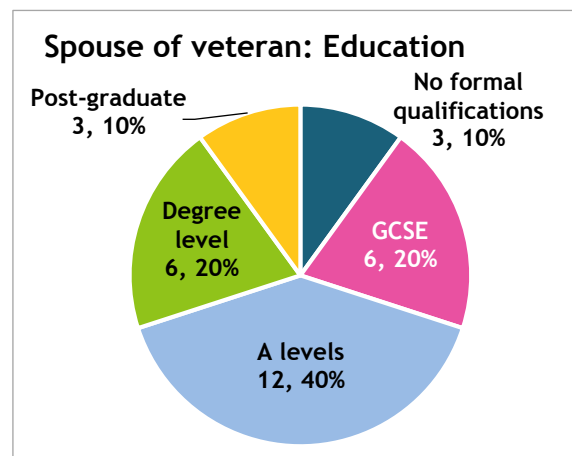
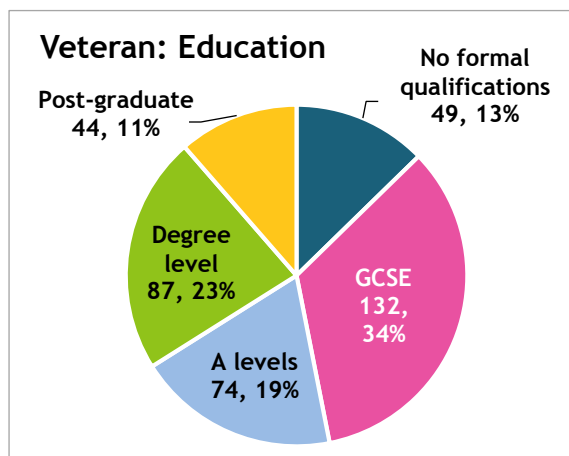
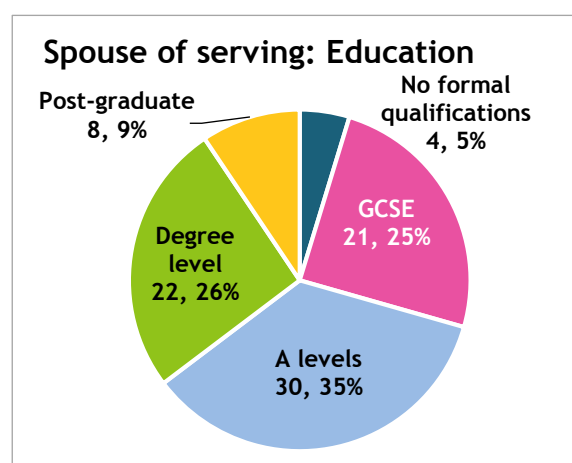
Education level

Most people (91%, 624 of 686) had some level of formal qualifications. One third (33%, 223 of 686) said GCSEs or equivalent was their highest level of education. One third (35%, 240 of 686) had a degree level or post-graduate qualification.

The highest education level of people currently serving, reservists, veterans and spouses are shown below.



40% of those currently serving (51 of 129) and 41% of reservists (16 of 39) said their highest level of education was GCSEs or equivalent. 31% of those currently serving (40 of 129) and 46% of reservists (18 of 39) had a degree level or post-graduate qualification. A higher proportion of people married to serving personnel (35%, 30 of 85) said their highest level of education was A levels, or equivalent.

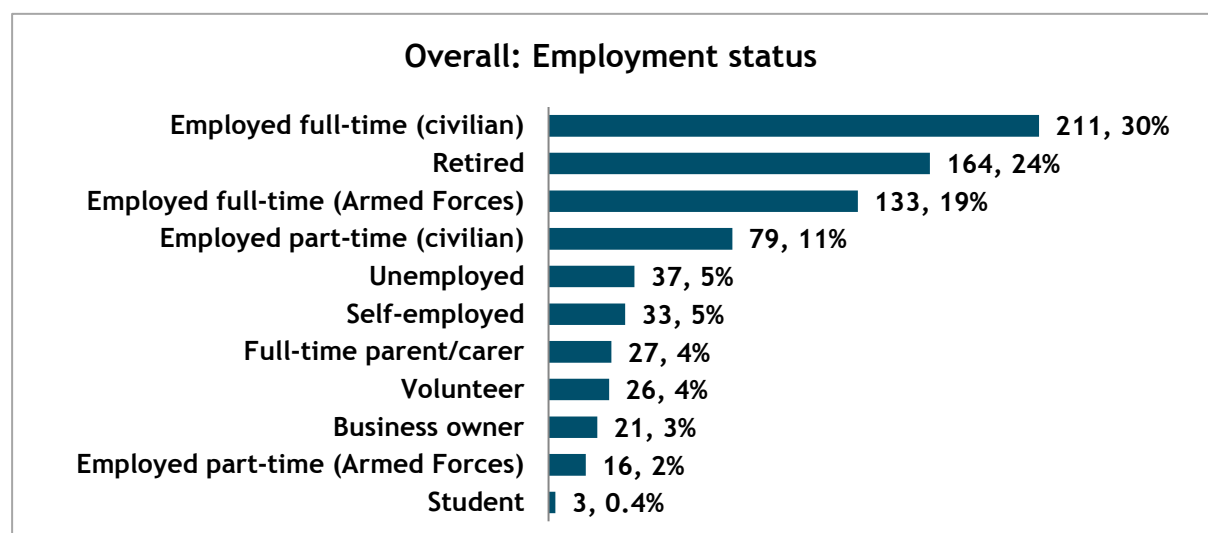




A higher proportion of veterans (13%, 49 of 386) said they had left school without any formal qualifications. One third (34%, 132 of 386) had GCSEs of equivalent and one third (34%, 131 of 386) had a degree level or post-graduate qualification. The 2017 annual veteran's population survey shows that 5% of veterans had no qualifications in the East Midlands, compared to 10% of non-veterans²³.

Employment status

When asked about current employment status, 53 people gave more than one answer, with Employed full-time (civilian) (30%, 211 of 694), Retired (24%, 164 of 94) and Employed full-time (Armed Forces) (19%, 133 of 694) being the most common. 5% (37 of 694) were unemployed²⁴.



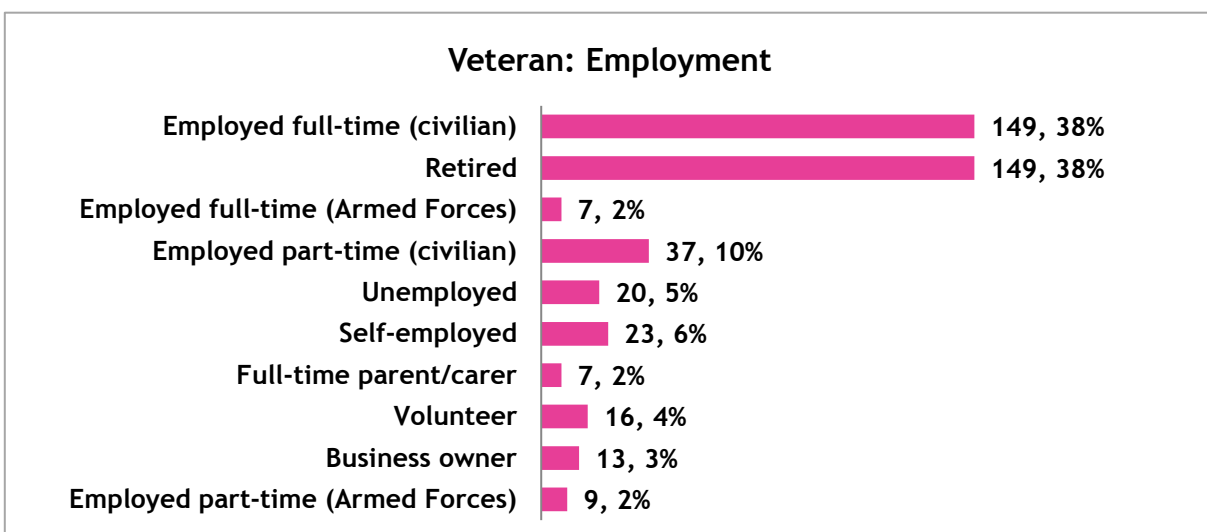
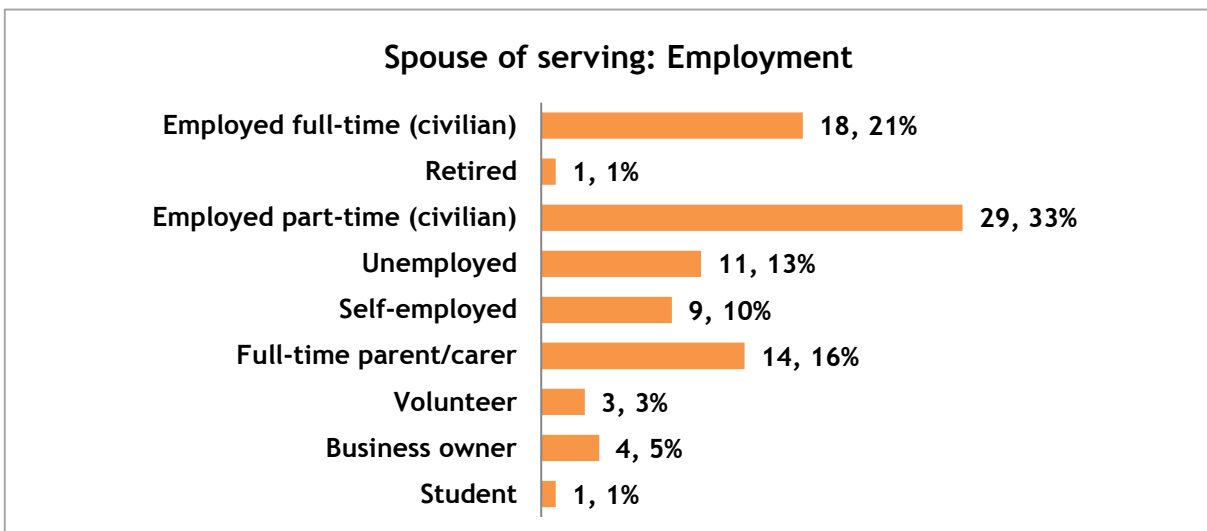
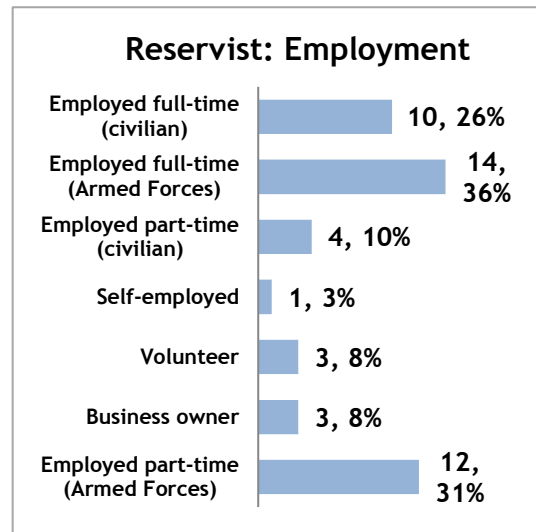
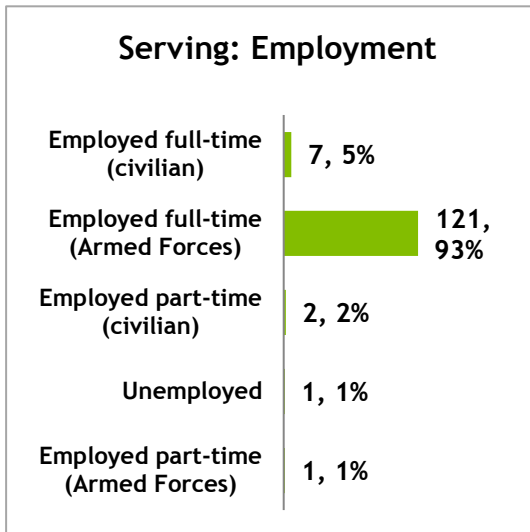
²³ Annual population survey: UK armed forces veterans residing in Great Britain (2017) - www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain.

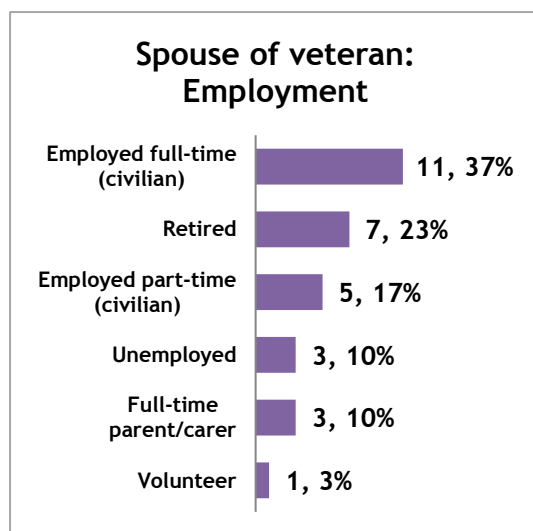
²⁴ Slightly more than the age 16+ unemployment rates in Rutland - 3.5%, South Kesteven - 3.7% and Harborough - 3.2%, NOMIS - Labour Force Survey - model-based estimates of unemployment www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=127.

This is higher than the 2% of respondents to a similar survey in Northamptonshire were unemployed, www.healthwatchnorthamptonshire.co.uk/armedforcesreport. The difference is statistically significant, Chi-square test, $P < 0.05$.



The employment status of people currently serving, reservists, veterans and spouses are shown below.

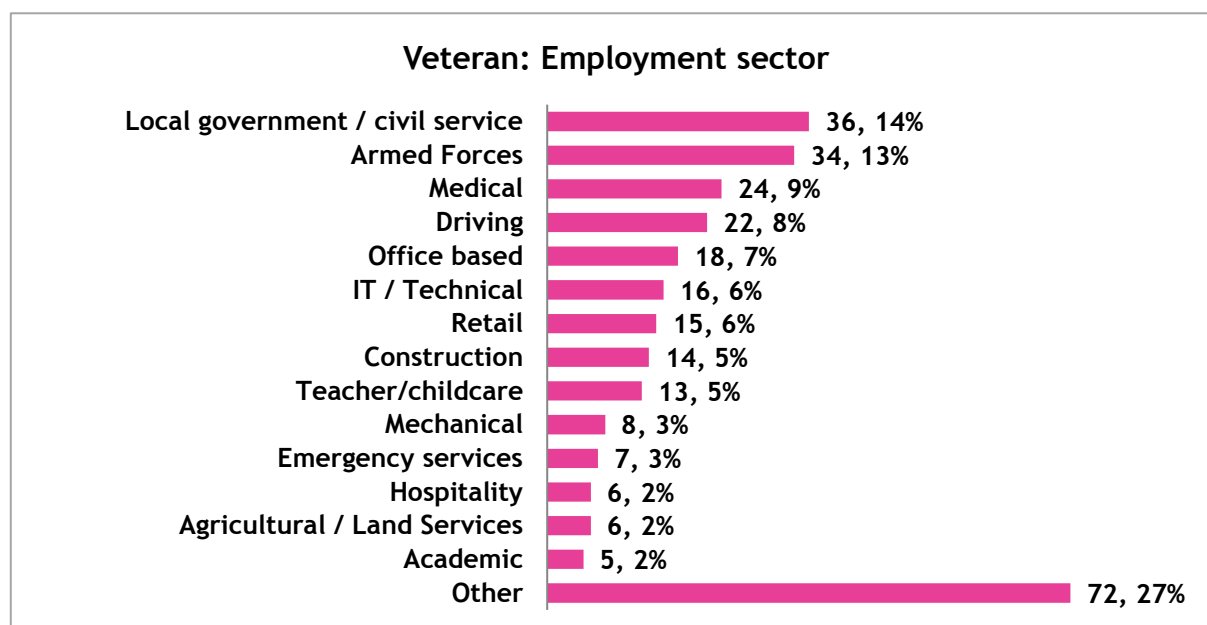




Most people married to someone currently serving were employed part-time (civilian) (33%, 29 of 87) or employed full-time (civilian) (21%, 18 of 87). Two spouses selected more than one category.

38% (149 of 389) of veterans and 37% (11 of 30) of people married to a veteran were employed full-time (civilian). 38% (149 of 398) of veterans and 23% (7 of 30) of spouses of veterans were retired. 38 veterans selected more than one category. The proportion of veterans unemployed is similar to that of veterans and non-veterans unemployed in the East Midlands (3%)²⁵.

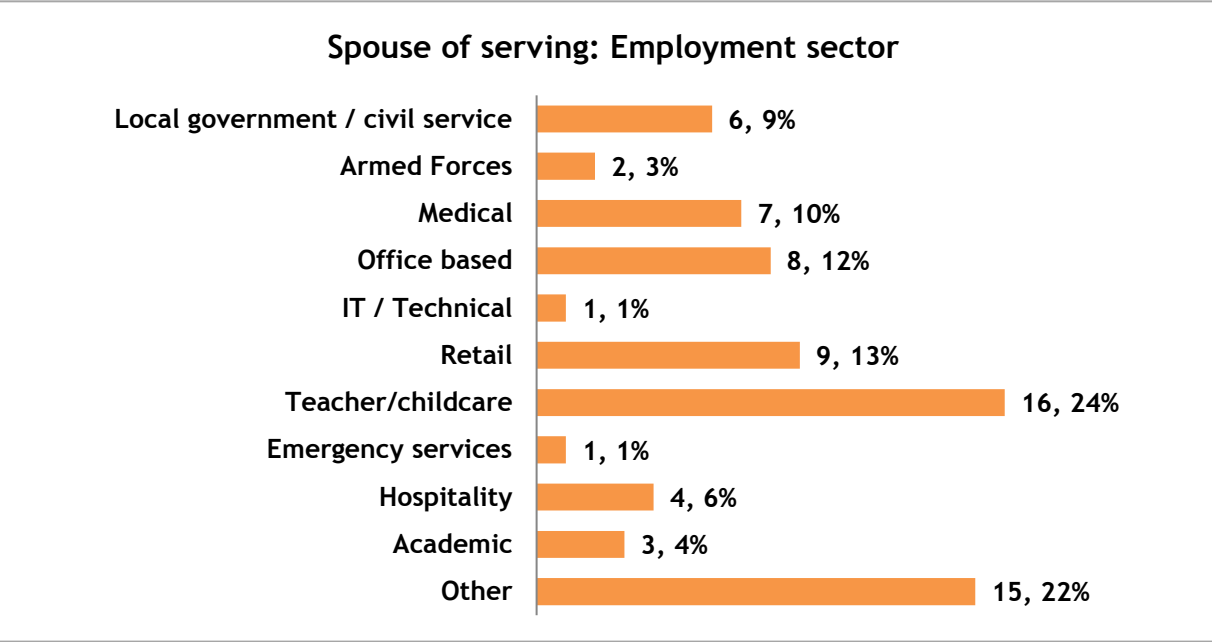
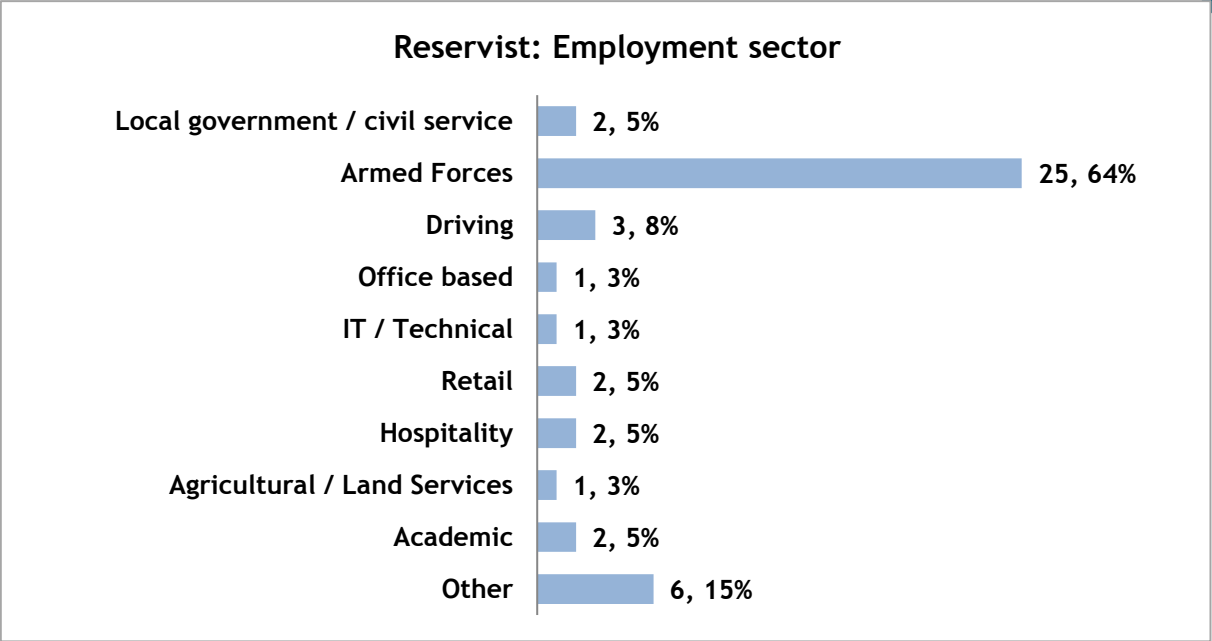
Employment sector



Most common 'other' sectors for veterans

Transport	10	Defence	3
Engineering	6	Royal Mail	2
Utilities	6	Publishing	2
Education	4	Logistics	2
Charity	4	Facilities Management	2
Manufacturing	3	Justice	2
Creative	3	Security	2
Transport	10	Defence	3

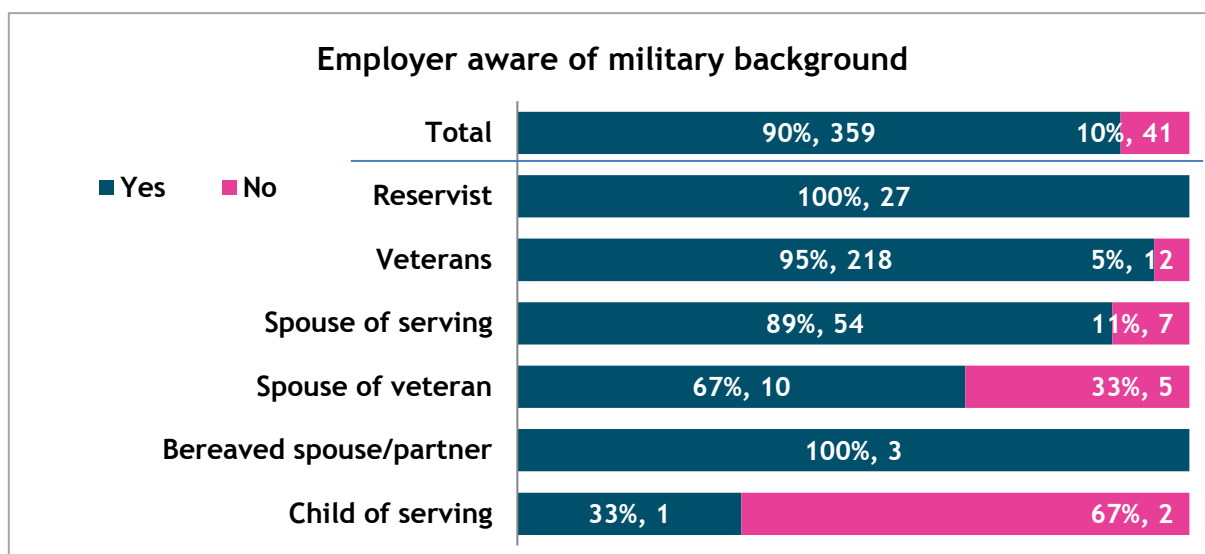
²⁵ Annual population survey: UK armed forces veterans residing in Great Britain (2017) - www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain.



Employer awareness

More people had made their current employer or educator aware of their/their family's military background than hadn't - 359 people in total, 53% of all answers (673) or 90% of all answers excluding those saying the question was not applicable. (273). All reservists (27) had made their employer aware and most veterans (95%, 218 of 230) and spouses of those currently serving (89%, 54 of 61). The one bereaved child who was not also a veteran had made their employer aware.

Most (22 of 38) of those who gave a reason for not telling their employer did not think their/their family's military was relevant. Two were worried about being judged because of it (one veteran and one married to someone serving).



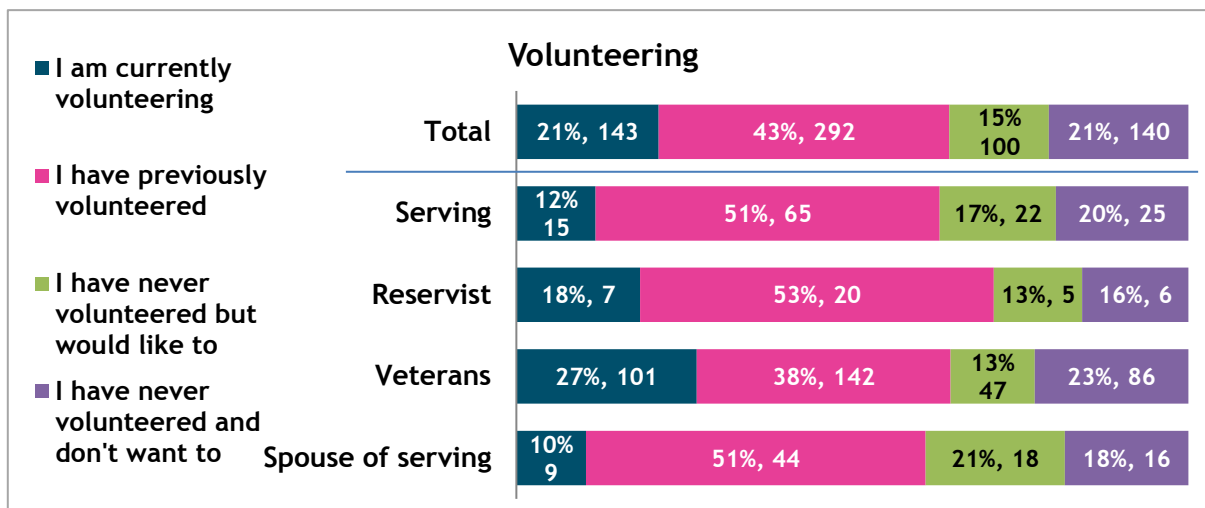
Reasons for not telling employer about military background			
No need/Irrelevant	22	None of their business	1
Haven't been asked	6	Worried about bad reputation of Armed Forces	1
They are not interested	3	Felt it may be detrimental when applying, then felt it was irrelevant	1
Didn't know I should/could	2	Don't think there is additional support now (Full Time Reserve Service)	1
No system to record it	1	Not living with serving parent (child of serving)	1

Volunteering

Almost two thirds (64%, 435 of 675) of people were either currently volunteering or had previously volunteered. The proportion currently volunteering overall (21%, 143 of 675) is almost the same as the national proportion of people who volunteer regularly (at least once a month)²⁶ (although this survey did not ask people how often they volunteer). A higher proportion of veterans are currently volunteering.

15% (100 of 675) of all people have never volunteered but would like to, with this rising to one fifth (21%, 18 of 87) of people married to someone currently serving. One fifth (21%, 140 of 675) have never volunteered and do not want to.

²⁶ 22% of people nationally volunteered regularly (at least once a month) and 38% had formally volunteered at least once in 2017/18, UK Civil Society Almanac 2019 - <https://data.ncvo.org.uk/volunteering/>

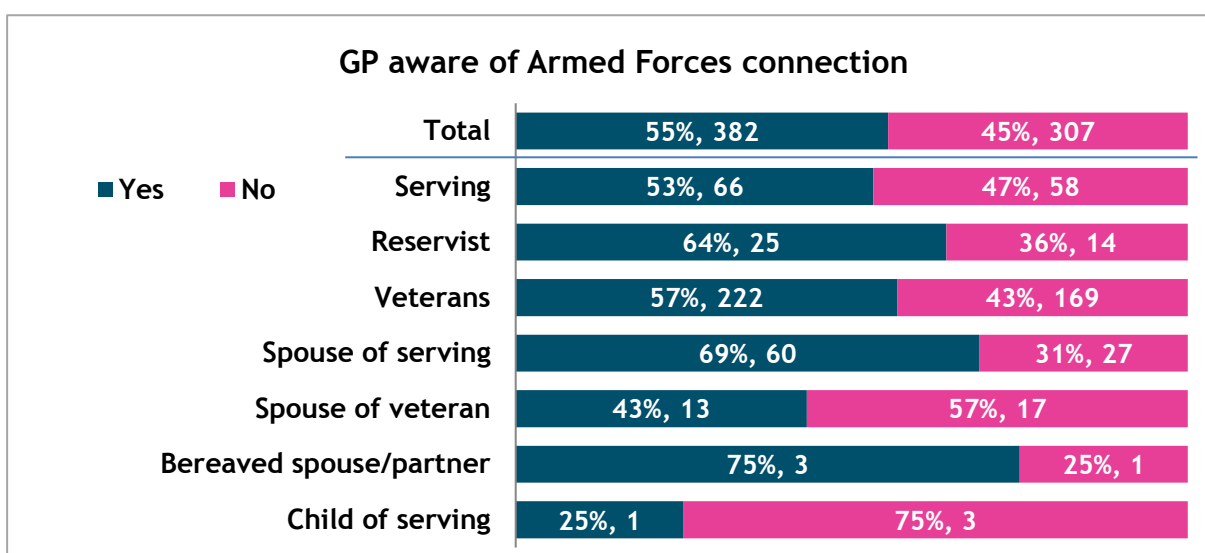


Health and support

General Practitioner (GP)

Just over half of those who answered (55%, 382 of 689) had told their GP about their or their family's Armed Forces connection²⁷. Half of those currently serving (53%, 66 of 124) and 69% (60 of 87) of people married to someone serving had told their GP, as had two thirds of reservists (64%, 25 of 39). 57% of veterans (222 of 391) had told their GP. The one bereaved child who was not also a veteran had told their GP.

As 45% of people had not told their GP about their Armed Forces connection, there may be a need to increase awareness amongst GPs and Armed Forces families of the value of this and the additional support available to veterans.

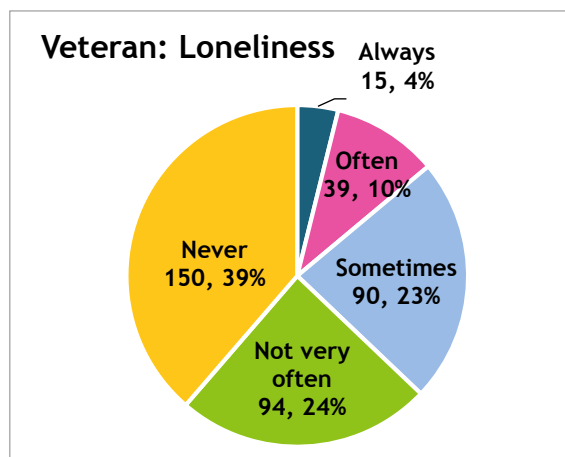
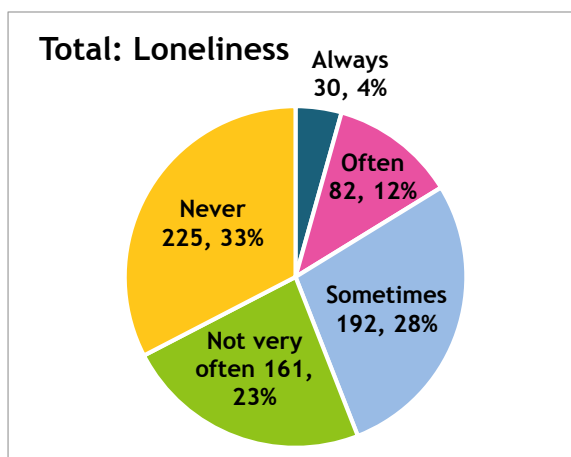


²⁷ This is higher than the 42% of respondents to a similar survey in Northamptonshire - www.healthwatchnorthamptonshire.co.uk/armedforcesreport. The difference is statistically significant, Chi-square test, P<0.001. The difference in the proportion who had informed their GP was highest for veterans (57% compared to 46%) and spouse of serving (69% compared to 44%).



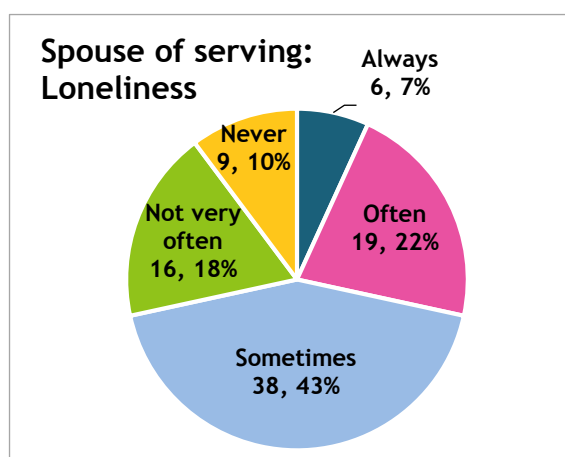
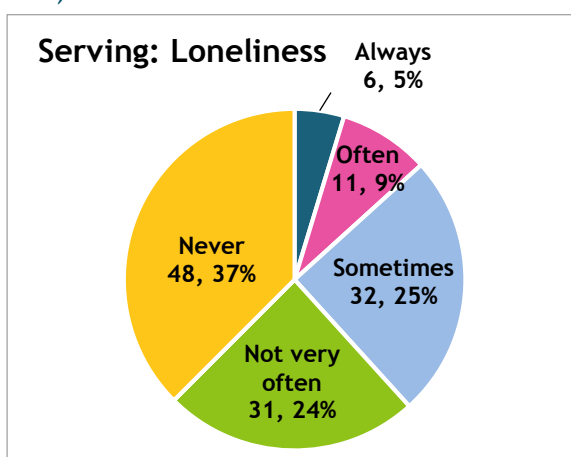
Loneliness and isolation

16% of people overall (112 of 690) said they felt lonely or isolated always (4%, 30 of 690) or often (12%, 82 of 690). This is fewer than the one in four (25%) members of the Armed Forces community who said they always or often felt lonely or socially isolated in a national survey conducted by the Royal British Legion in 2018²⁸. However, the figure is higher than that reported for people in England overall (5.4%) in 2016/17²⁹.



Over half (56%, 386 of 690) never felt lonely or isolated (33%, 225 of 690), or did not feel that way very often (23%, 161 of 690). The findings were similar for veterans, with 63% never (39%, 150 of 388) or not often (24%, 94 of 388) feeling lonely or isolated, compared to 14% who always (4%, 15 of 388) or often (10%, 39 of 388) did.

The loneliness/isolation felt by people currently serving was similar to that of veterans, with 61% never (37%, 48 of 128) or not often (24%, 31 of 128) feeling lonely or isolated, compared to 14% who always (5%, 6 of 128) or often (9%, 11 of 128) did.



²⁸ Loneliness and social isolation in the Armed Forces Community, The Royal British Legion - www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/social_isolation_report_full.pdf.

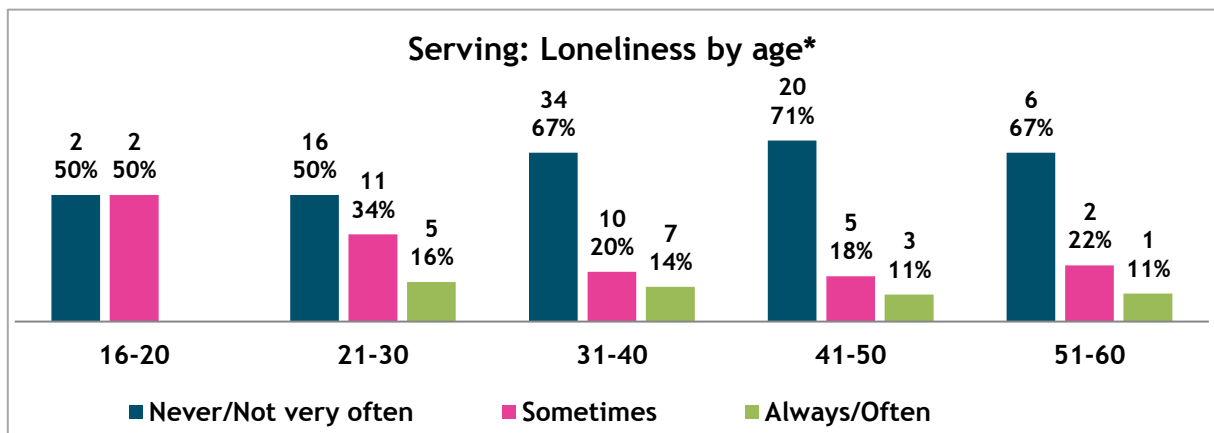
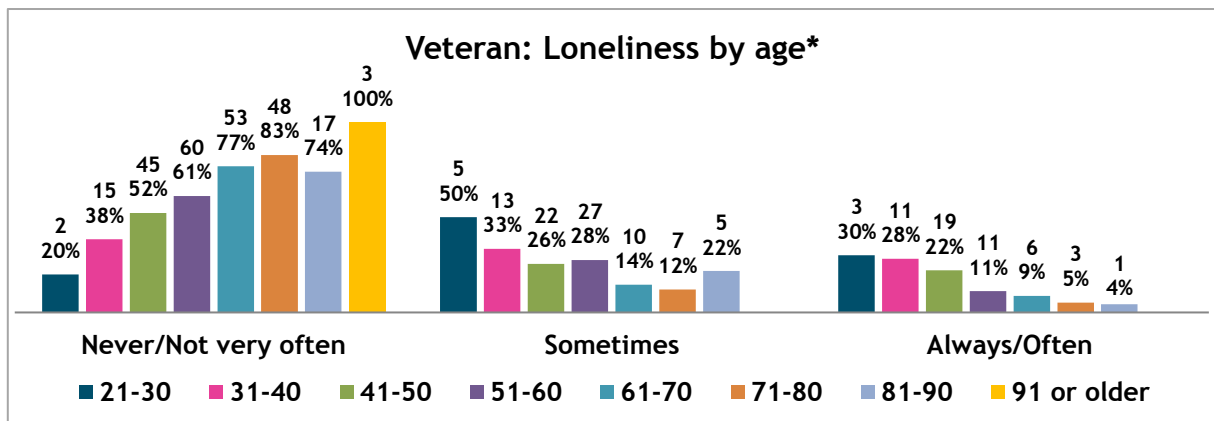
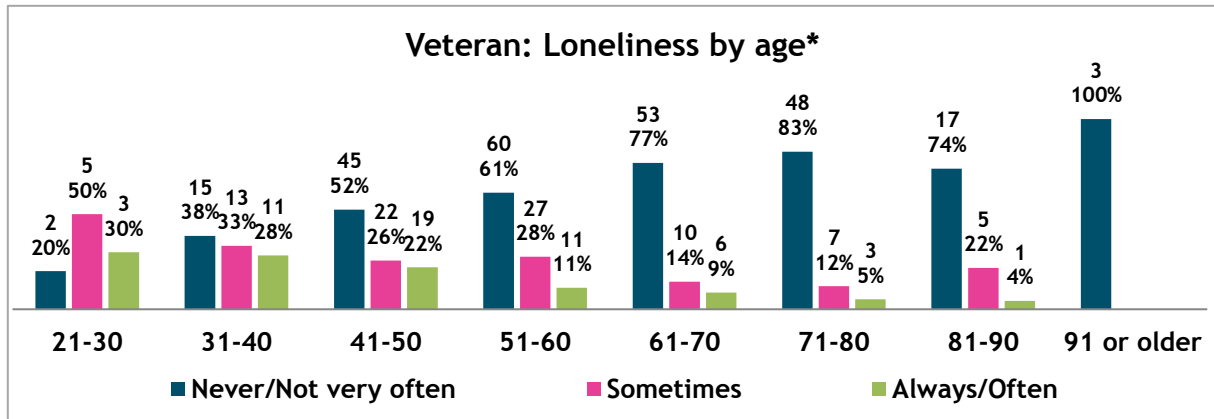
²⁹ Official Statistics. Community Life Survey 2016/17 (2017) - www.gov.uk/government/statistics/communitylife-survey-2016-17.



Those married to people currently serving reported feeling lonely or isolated more often. 29% always (7%, 6 of 88) or often (22%, 19 of 88) felt lonely or isolated, whereas only 28% said they never (10%, 9 of 88) or not very often (18%, 16 of 88) felt that way.

Age

More younger veterans reported feeling lonely or isolated than older veterans, with the proportion of each age group always or often feeling that way decreasing with age.

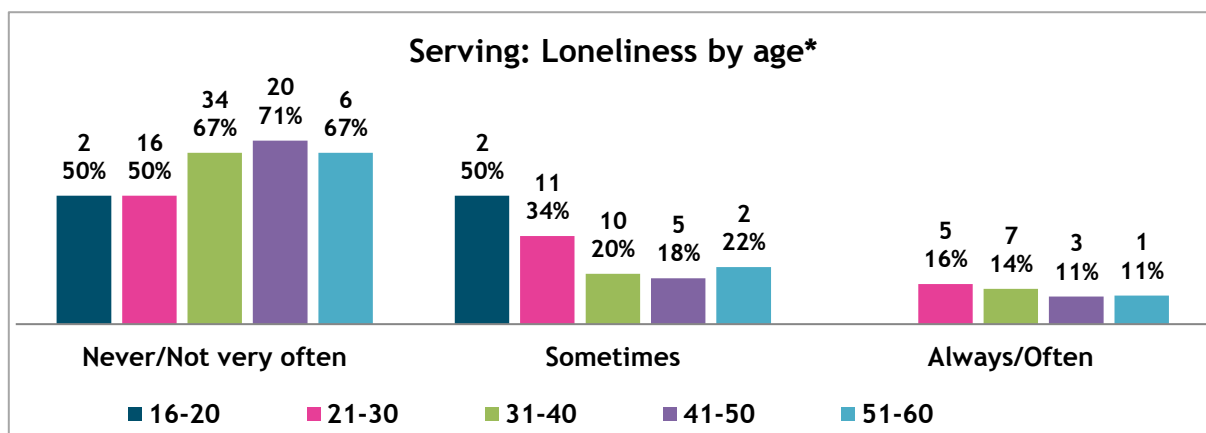


This is comparable to variations by age group across the general population of England, with 16-24 year olds being the group with the highest reported loneliness

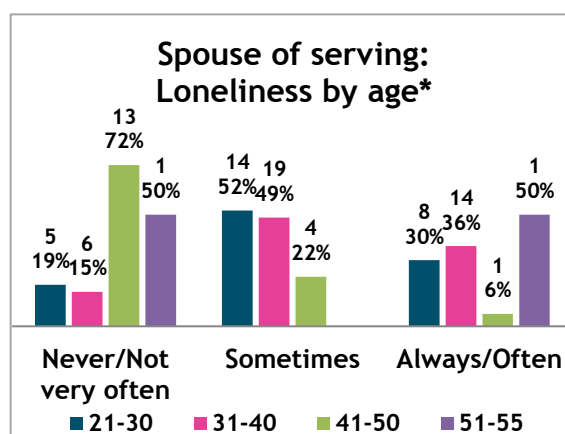
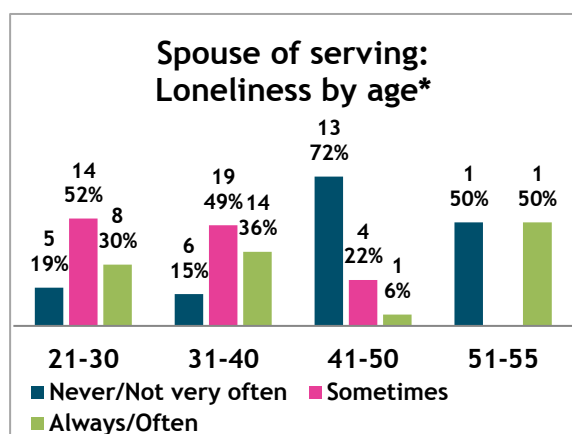


levels, followed by 25-34 year olds. The groups that had the lowest percentage reporting loneliness were the 65-74 and 75 and over populations³⁰.

There was less variation in loneliness and isolation feelings across the age groups for people currently serving.



Younger spouses of serving personnel reported feeling lonely or isolated more than older spouses.



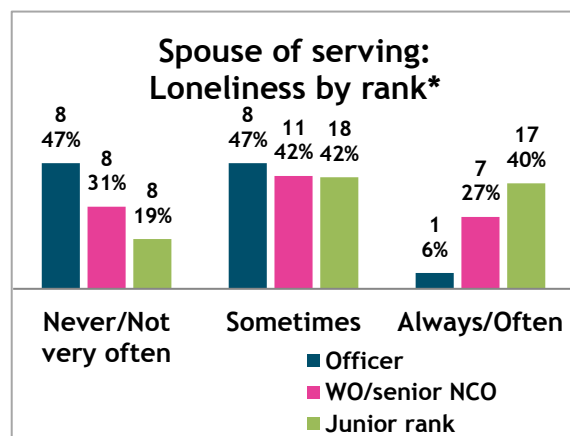
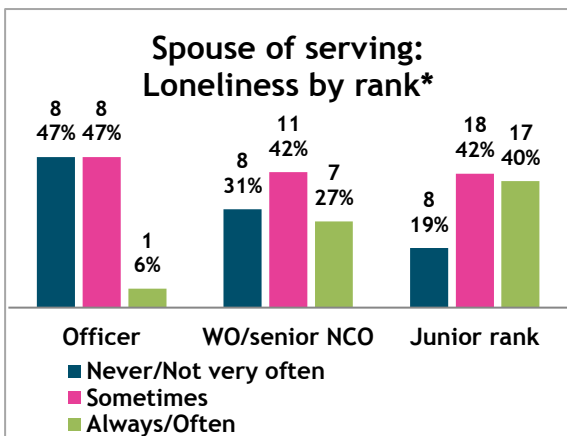
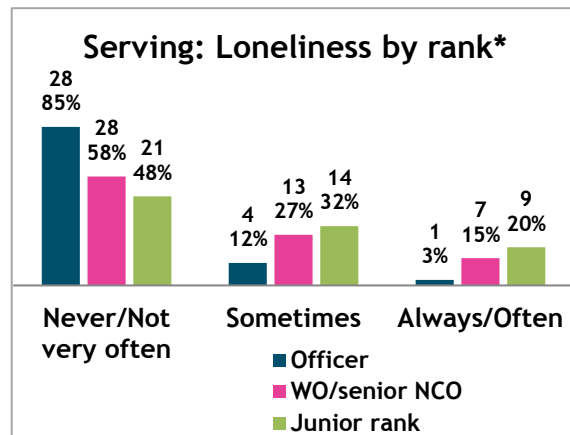
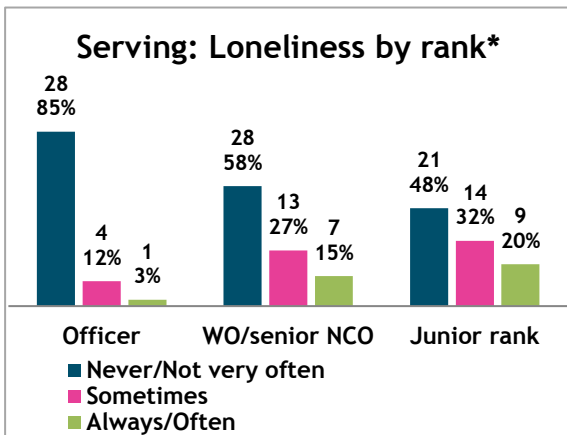
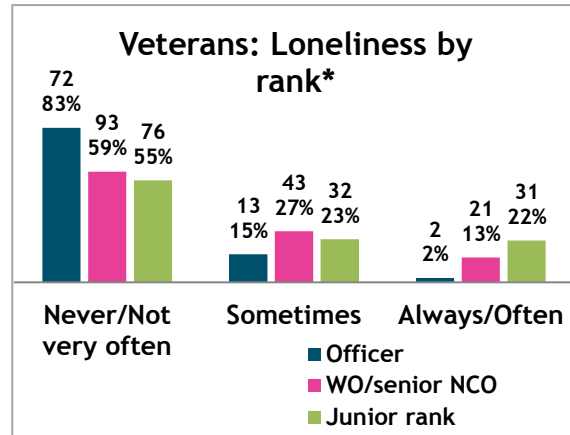
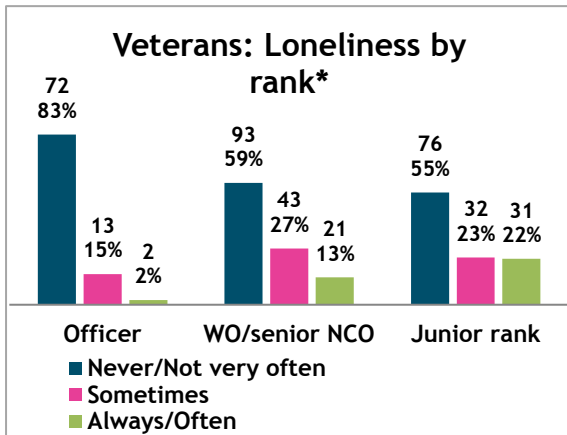
* Graphs using percentages of each age group to compensate for the uneven distribution of people amongst age groups.

Rank

More junior-ranked veterans reported feeling lonely or isolated than more senior veterans, with the proportion always or often feeling that way increasing with decreasing seniority.

The same trend was seen for those currently serving and those married to people currently serving.

³⁰ 10% of 16-24 year olds being the group with the highest reported loneliness levels, followed by 6% of 25-34 year olds. The groups that had the lowest percentage reporting loneliness were the 65-74 and 75 and over populations with only 3% reporting feeling lonely often or always. Official Statistics. Community Life Survey 2016/17 (2017) - www.gov.uk/government/statistics/communitylife-survey-2016-17.

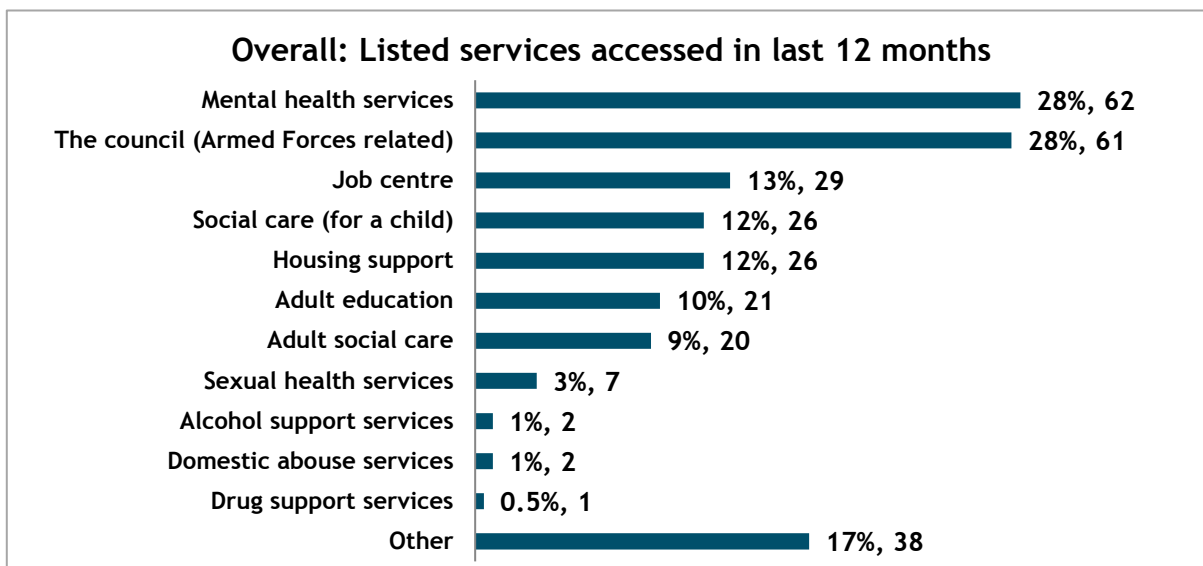


* Graphs using percentages of each rank group to compensate for the uneven distribution of people amongst ranks groups.



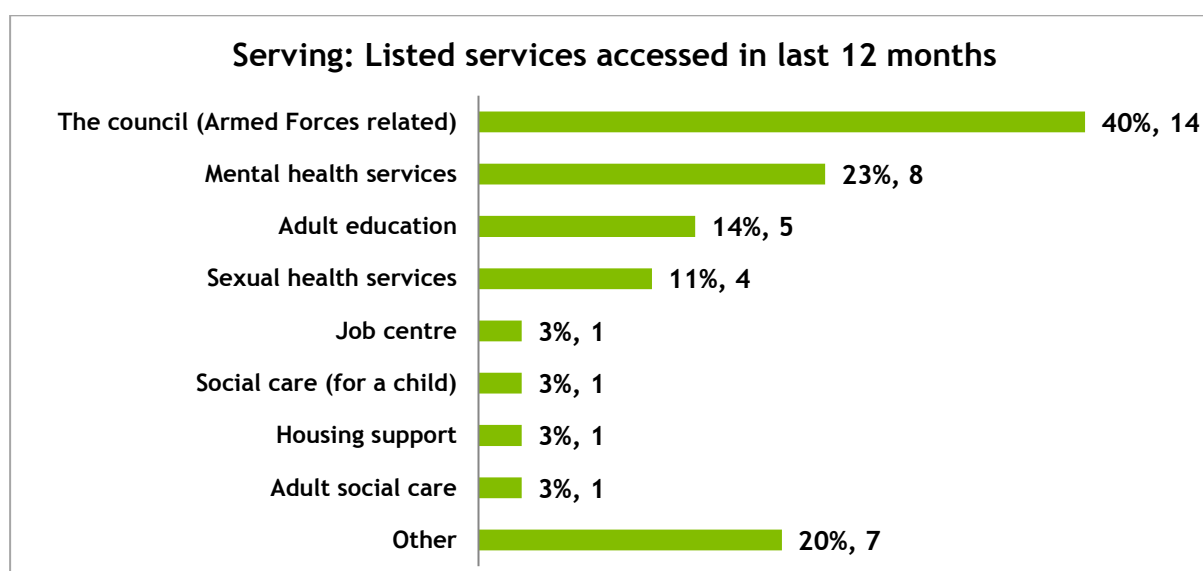
Use of services

Nearly one-third of all who took part in the survey (31%, 218 of 704) said they had used at least one of the listed services or another service they specified in the last 12 months³¹. 58 people had used more between two and five of the listed services or another.



The most commonly used services were mental health services³² (28%, 62 of 218) and the council for Armed Forces related reasons (28%, 61 of 218). (Percentages are of the number of people who used one or more services and total is greater than 100% as some people used more than one service.)

The results for currently serving personnel, veterans, and spouses of currently serving personnel are shown below.

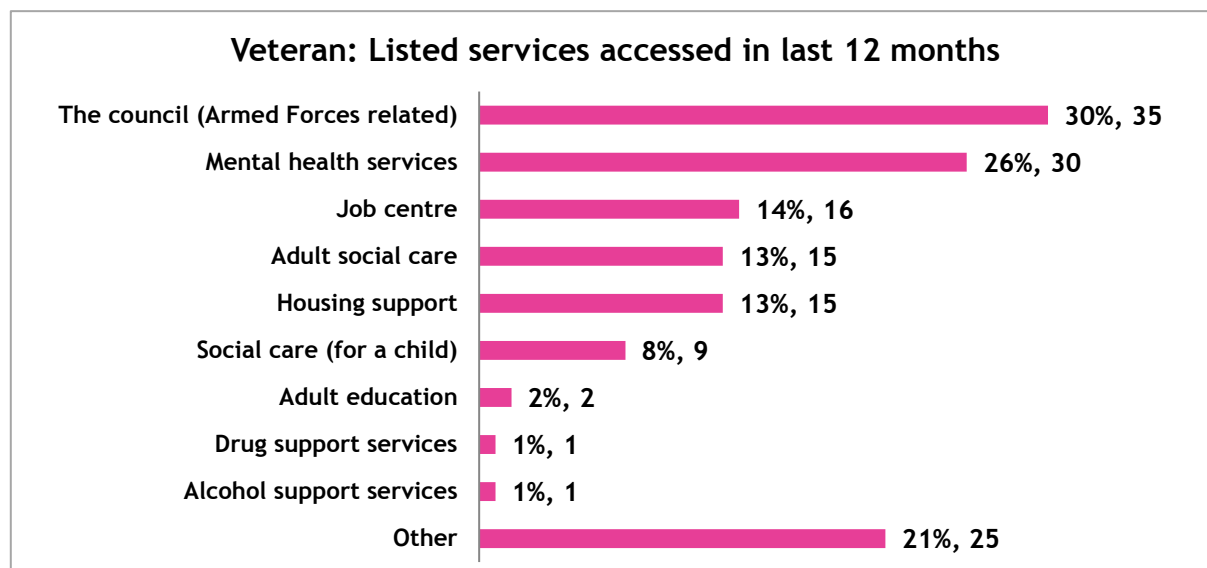


³¹ Compared to 23% of respondents to a similar survey in Northamptonshire, although the list of services was slightly different - www.healthwatchnorthamptonshire.co.uk/armedforcesreport.

³² This is higher than the 12% of respondents to a similar survey in Northamptonshire - www.healthwatchnorthamptonshire.co.uk/armedforcesreport.



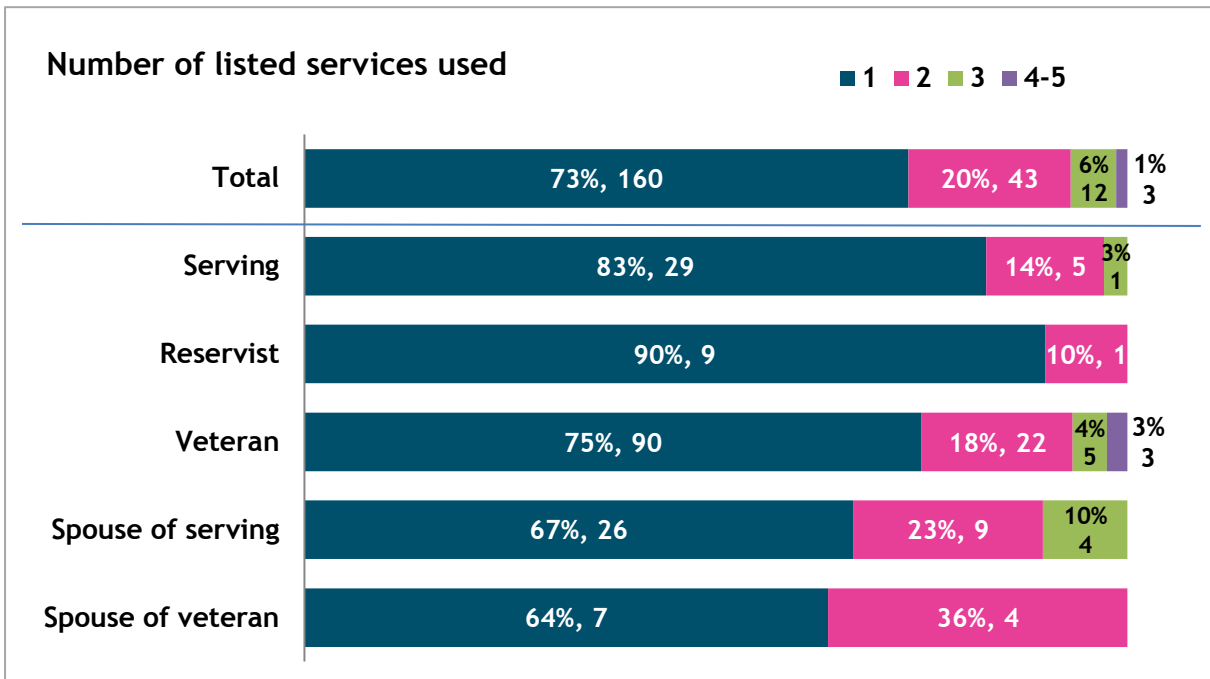
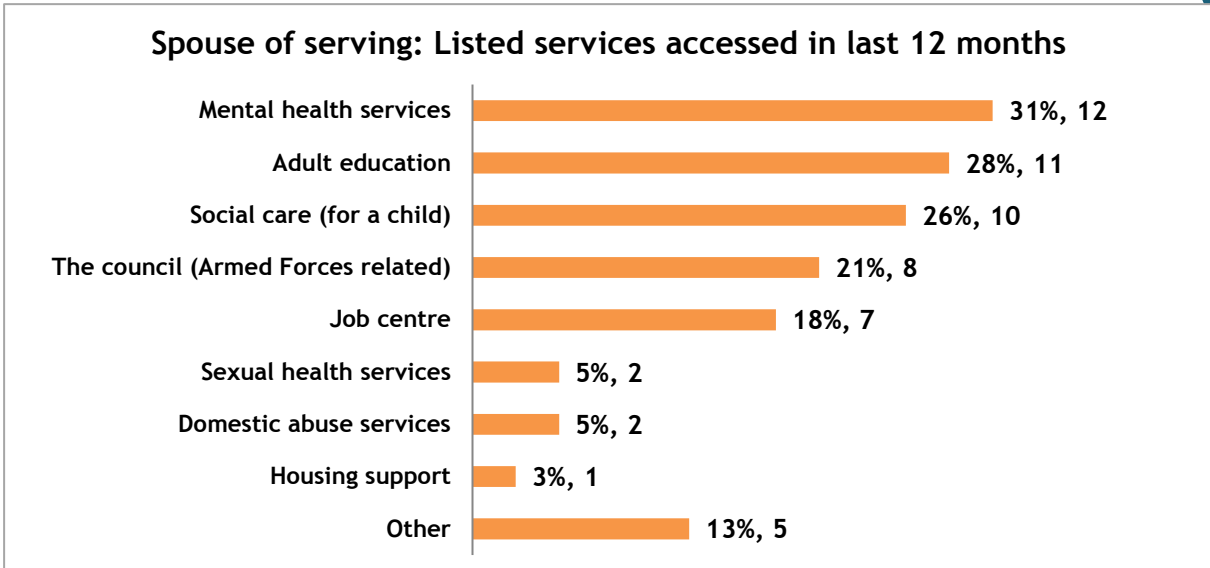
The most commonly used services by serving personnel were the council for Armed Forces related reasons (40%, 14 of 35) and mental health services (23%, 8 of 35). The other service used by someone currently serving were: Medical (GP or hospital) - 3, Planning -1, Universal credit - 1, Job centre for wife - 1, Discount card - 1.



The most commonly used services by veterans were the council for Armed Forces related reasons (30%, 35 of 117) and mental health services (26%, 30 of 117)³³. The other service used by veterans were mostly medical (GP, hospitals and dentist) - 13. The following other services were all mentioned once: Attendance Allowance, Counselling, DWP, Library, Planning, Quit smoking, Recycling, Samaritans, Veterans and care support group, Veterans Discount card, Visions Family Centre, One[?].

The most commonly used services by spouses of people serving were mental health services (31%, 12 of 39), adult education (28%, 11 of 39) and social care for a child (26%, 10 of 39). The other services used were mostly for their children (Early help and Aiming Higher, Early intervention, SEN (Special Educational Needs), and Counselling for my son). One person mentioned SSAFA (the Armed Forces charity).

³³ Comparable to the most recent King's Centre for Military Health Research interview study (2014/16) suggested that help-seeking has increased among both serving personnel and those that have left service. 31% of those with recent mental health problems had accessed a mental health specialist and 47% had consulted a GP or Medical Officer. The Mental Health of the UK Armed Forces Factsheet (September 2018 Version) - www.kcl.ac.uk/kcmhr/publications/reports/files/Mental-Health-of-UK-Armed-Forces-Factsheet-Sept2018.pdf.



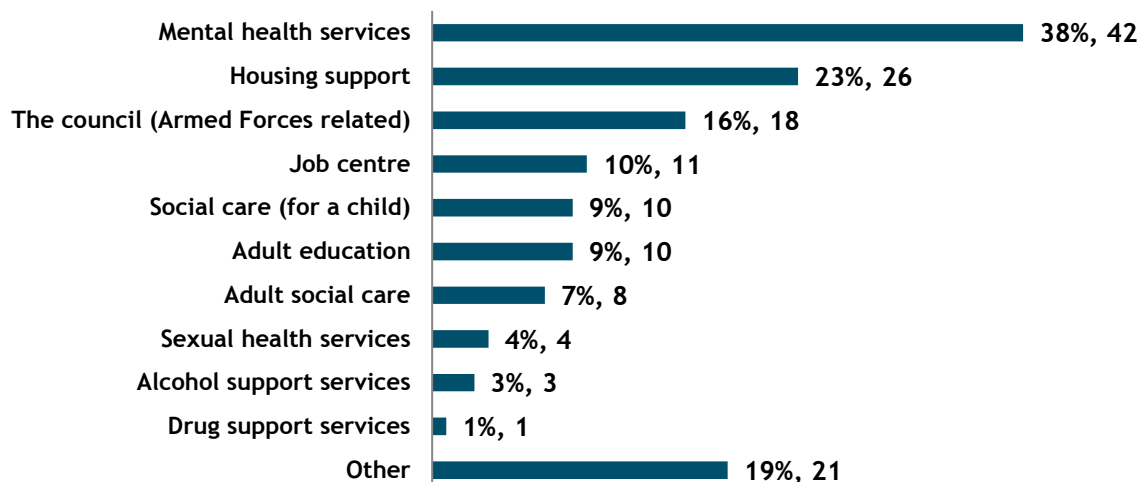
Difficulties accessing services

We asked people if there had been any support services that they had tried to access but struggled, in the last 12 months.

Only 16% of who took part in the survey (111 of 704) said they'd had trouble accessing one or more of the services listed, or another service. 72 people specified that they had not had difficulty accessing a service and others did not answer the question. 30 people had struggled to use between two and six of the listed services.



Overall: Listed services struggled to access in last 12 months

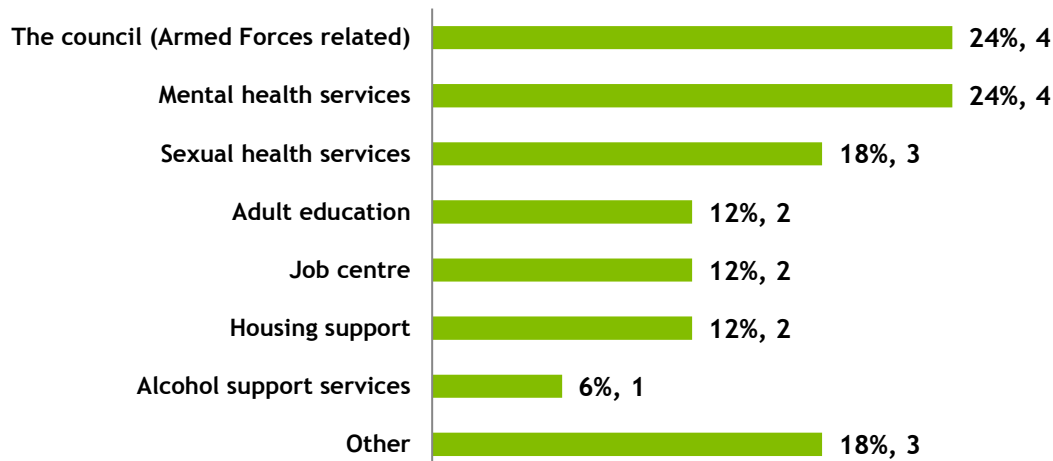


Mental health services (38%, 42 of 111) was the most selected as being difficult to access, followed by **housing support (23%, 26 of 111)**. (Again, percentages are of the number of people answering and total greater than 100% as some people used more than one service.)

Compared to a similar survey in Northamptonshire, fewer people had struggled to access services (16% compared to 29%) but more had struggled to access mental health services (38% compared to 11%)³⁴. This difference could be due to the older age of the veterans surveyed in Northamptonshire, 54% of which had left the Armed Forces over 21 years ago.

The results for currently serving personnel, veterans, and spouses of currently serving personnel are shown below.

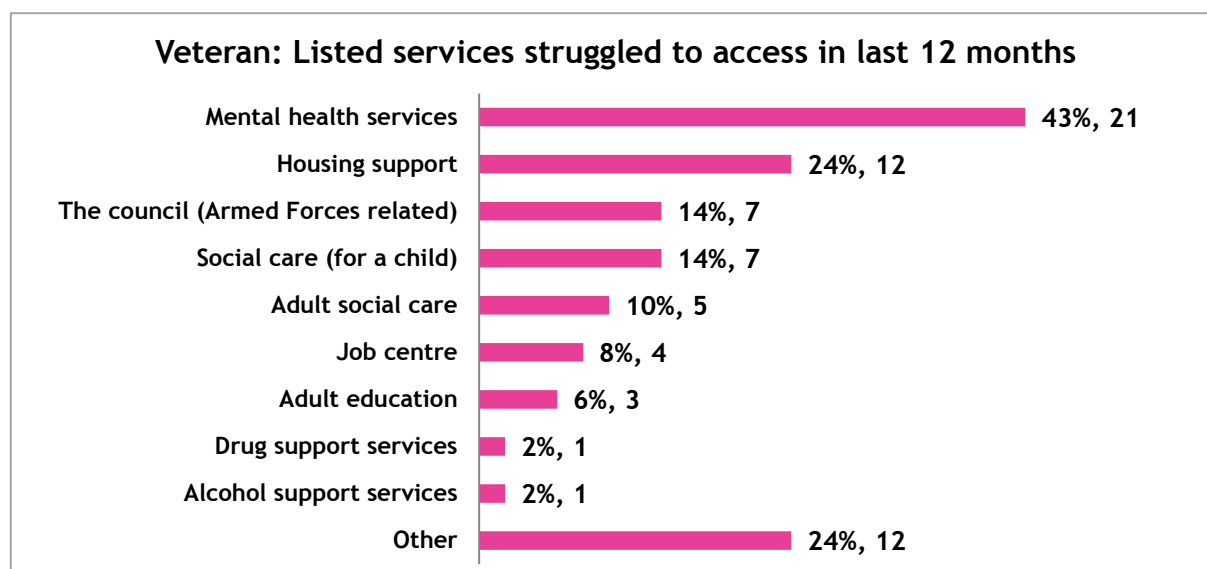
Serving: Listed services struggled to access in last 12 months



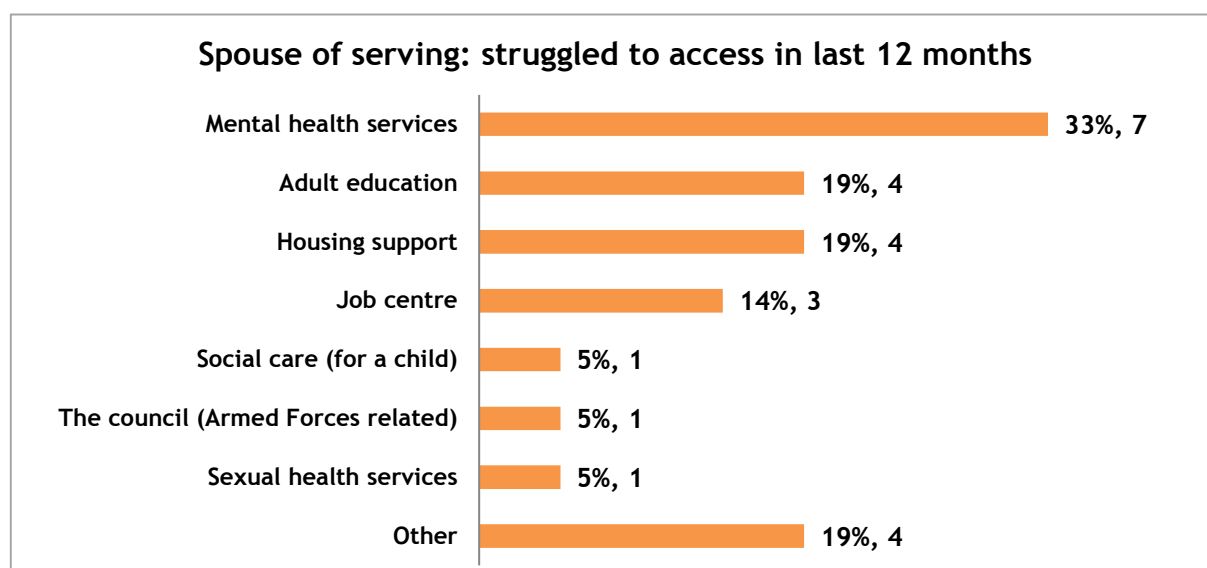
³⁴ www.healthwatchnorthamptonshire.co.uk/armedforcesreport. Statistically significant difference, Chi-square test, P<0.001.



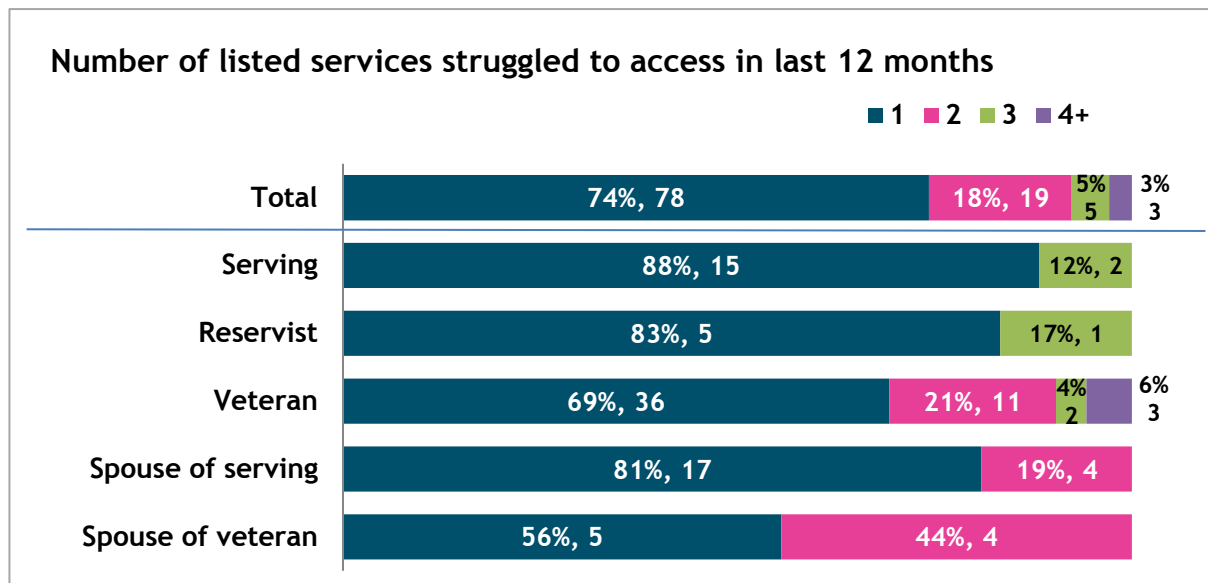
Serving: The council (Armed Forces related) (24%, 4 of 17) and Mental health services (24%, 4 of 17) were the most selected as being difficult to access. The other service mentioned were: Stamford Hospital casualty, Dentist and Fertility service through NHS (this person explained they felt disadvantaged by serving as they had been in the system at their previous posting and had to start all over again on arriving at their new posting, being told there was ‘no capacity’.)



Veterans: Mental health services (43%, 21 of 49) were again the most selected as being difficult to access, followed by housing (24%). Under other service, five people mentioned GP. Each of the following was mentioned once: DWP, Education for children, Educational psychology, End of life care, Job seekers allowance advice, Quit smoking and Cancer.



Spouse of serving: Mental health services (33%, 7 of 21) were again the most selected as being difficult to access. The other service mentioned were: doctors and medical services, medical referrals, Oakham GP surgery (too busy and unhelpful) and childcare.

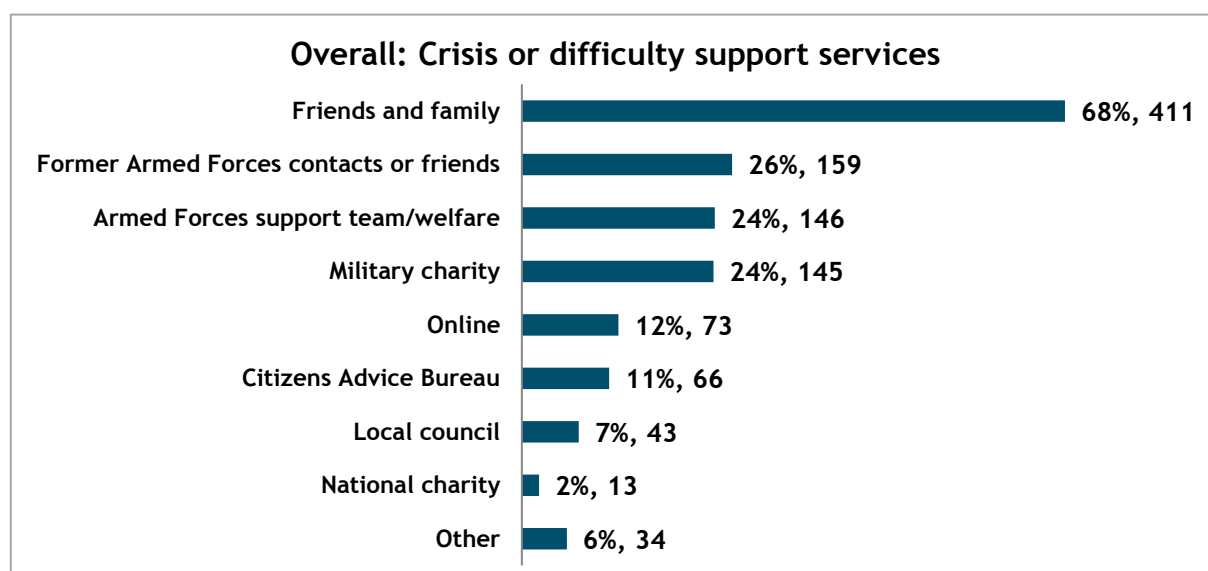


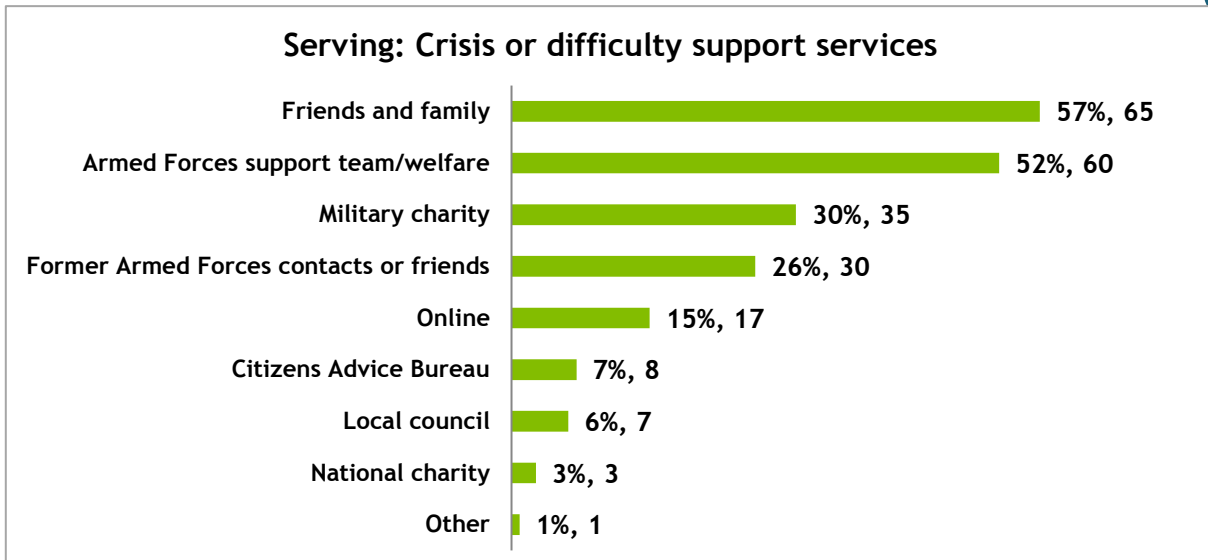
Crisis support

When asked where they would/did go for support if they had been or were to be at a point of crisis or difficulty, **two thirds** of people who answered (**68%**, 411 of 604) said they would go to their **family and friends for support**. 23 people specified that they did not know or would not use any of these for support.

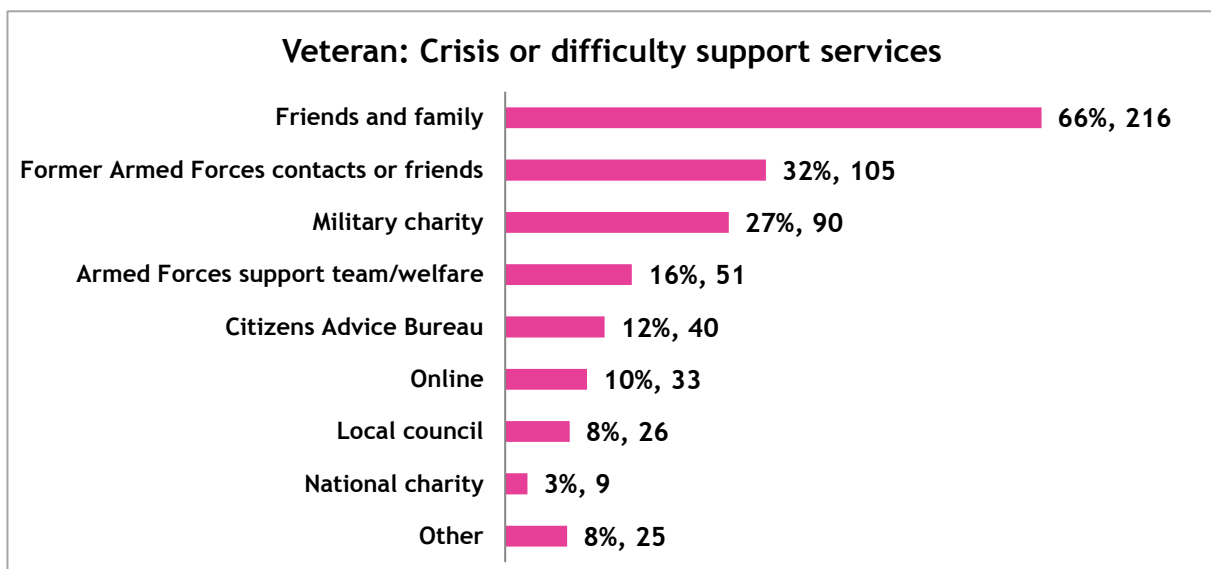
(Again, percentages are of the number of people answering and total greater than 100% as people suggested more than one answer.)

The results for currently serving personnel, veterans, and spouses of currently serving personnel are shown below.

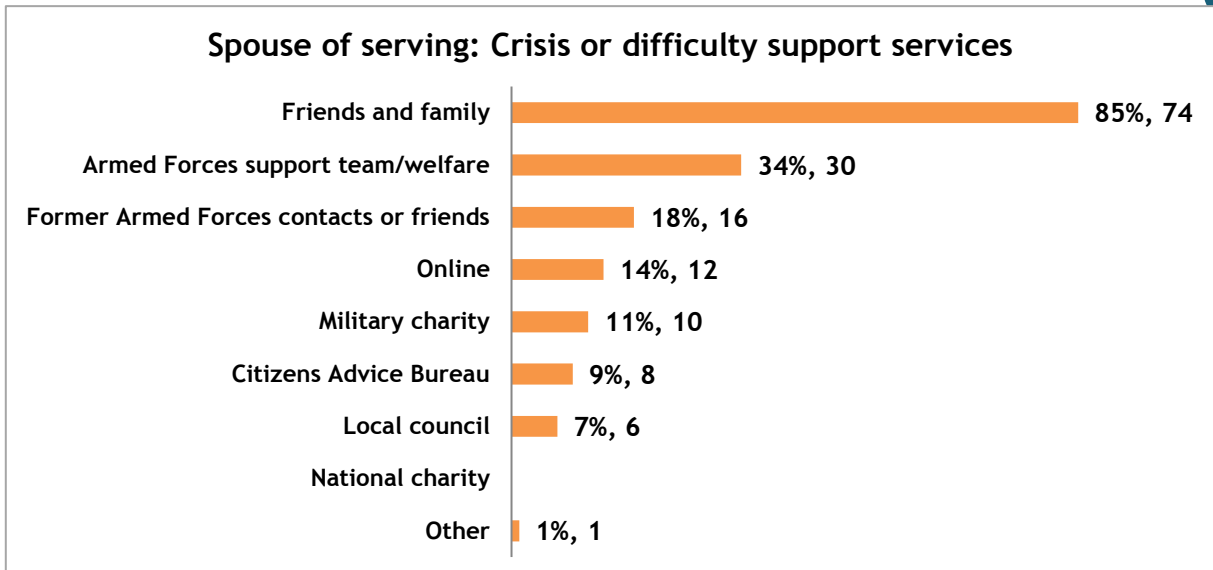




Serving: Over half of people serving (57%, 65 of 115) said they would go to their friends and family and/or to the Armed Forces support team/welfare (52%, 60 of 115). The one other place was the Padre.



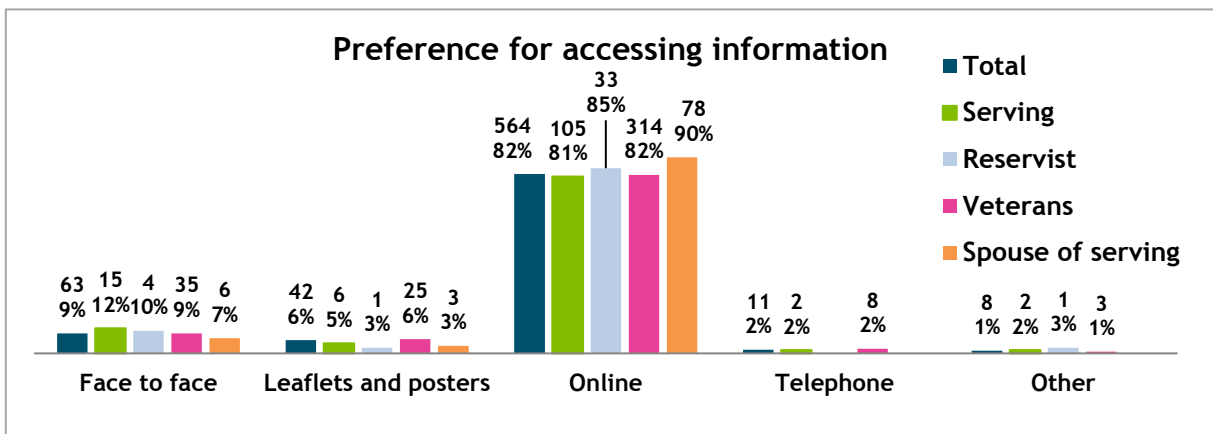
Veterans: Again, two thirds of veterans (66%, 216 of 329) said they would go to their friends and family. One third (32%, 105 of 329) would go to former Armed Forces contacts or friends and 27% (90 of 329) to a military charity. Of the other places suggested, eight said their GP, four said their church or pastor, and three mentioned SSAFA. Two specified their close family or wife and two mentioned a mental health Crisis Team. Other places mentioned once were: Self referred to mental health services, Children's social care, Employer health insurance, NHS, Royal British Legion, Samaritans, Support Worker. One person gave a longer answer: "SSAFA/RBL/Combat Stress/GP/Psychiatrist. GP and/or psychiatrist, depending on who they are for me currently, as they're not all good, sensitive or especially caring".



Spouse of serving: 85% (74 of 87) of people married to someone serving said they would go to their friends and family for support. The other suggestions were their GP.

Information

There was a strong preference for accessing information about local services online for all categories of relationship with the Armed Forces (percentages of each category).



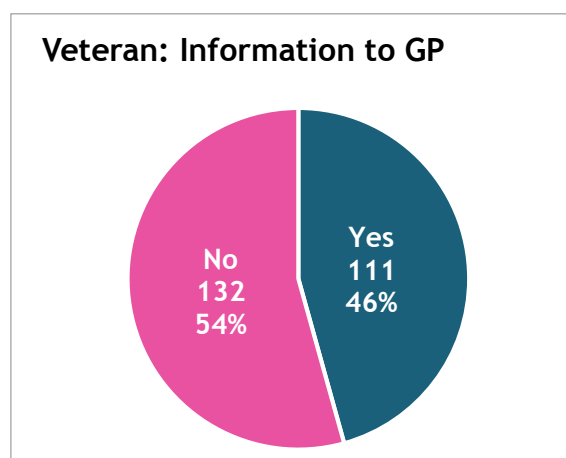
The online preference was seen across all age groups, only decreasing slightly for the 25 people over 80 years old.

	<21	21-30	31-40	41-50	51-60	61-70	71-80	81+
Face to face	20%	12%	10%	8%	13%	5%	6%	8%
Leaflets and posters	40%	3%	4%	4%	4%	11%	11%	20%
Online	40%	83%	85%	88%	82%	83%	78%	60%
Telephone	0%	3%	1%	0%	1%	1%	5%	12%
Other	0%	1%	1%	2%	2%	0%	2%	0%

Most of the 'other' answers were to choose more than one option (4), two suggested post, one email and one said "none".



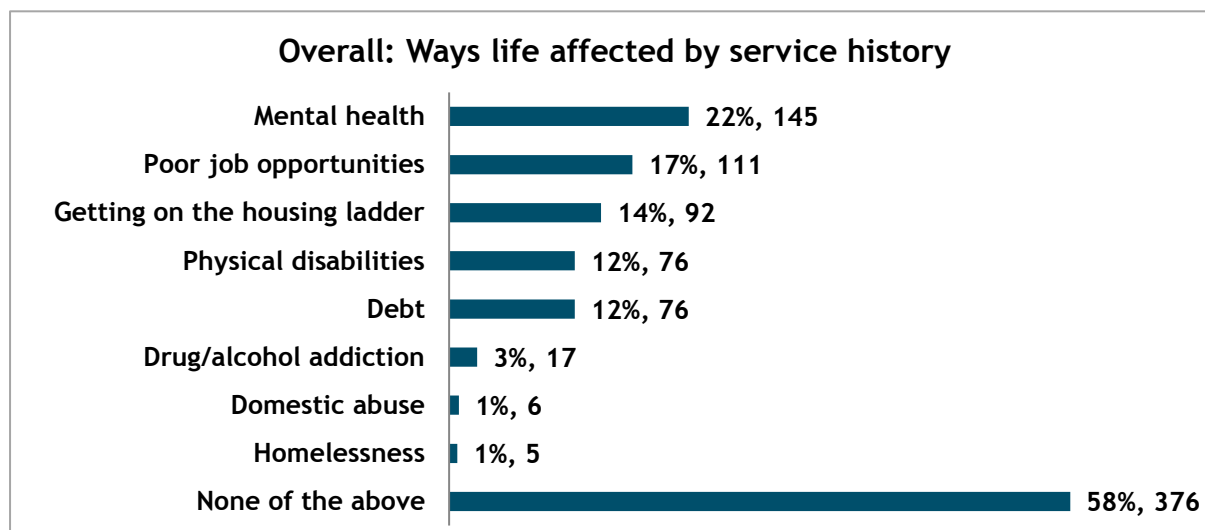
Just under half (46%, 111 of 243) of veterans felt that their NHS GP had been given all the correct information regarding an ongoing mental or physical health conditions they left the Armed Forces with.



Effect of Armed Forces service on life and health

Ways life currently affected

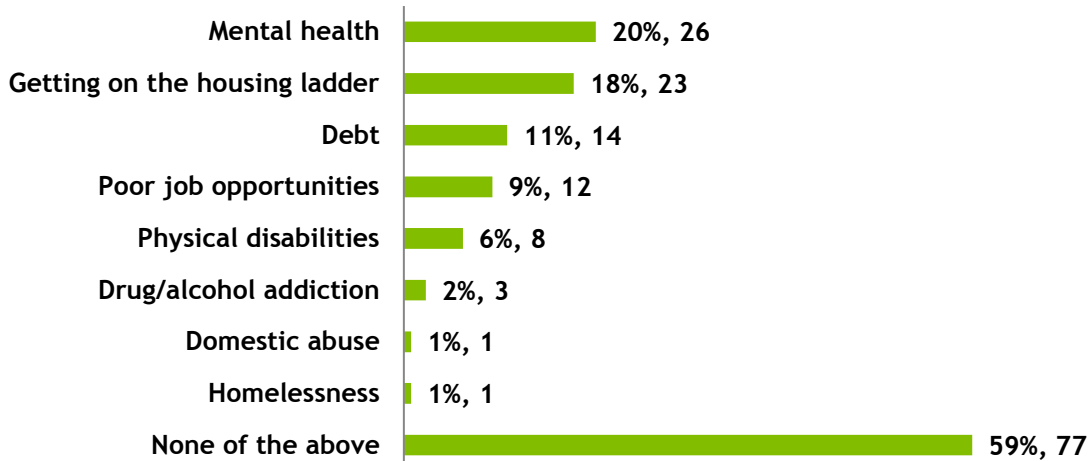
People were asked to select up to three ways in which their life was currently affected by their service history. 92% (646 of 704) responded. Eight people selected more than three ways. (Percentage are of all who answered the question.)



Over half (58%, 376 of 646) said they had not been affected in any of the listed ways. **Mental health** was selected by the most people (22%, 145 of 646), followed by **poor job opportunities** (17%, 111 of 646) and **getting on the housing ladder** (14%, 92 of 646).

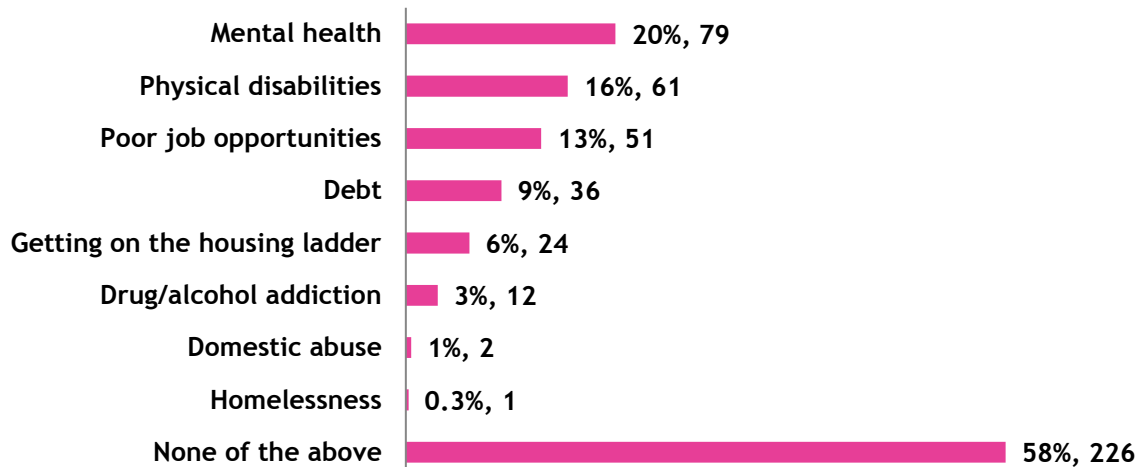


Serving: Ways life affected by service history



Serving: Over half (59%, 77 of 131) said they had not been affected in any of the listed ways. **Mental health** (20%, 26 of 131), **getting on the housing ladder** (18%, 23 of 131) and **debt** (11%, 13 of 131) were the **top three ways** those currently serving thought their lives were affected.

Veteran: Ways life affected by service history



Veterans: Over half (58%, 226 of 392) said they had not been affected in any of the listed ways. **Mental health** (20%, 79 of 392), **physical disability** (16%, 61 of 392) and **poor job opportunities** (13%, 51 of 392) were the **top three ways** veterans thought their lives were affected.

Other groups were affected in similar areas, with mental health, poor job opportunities, and getting on the housing ladder being selected the most.



Relationship category	Top three areas				
	Number	%*		Number	%*
Reservist	39 people		Child of serving	5 people	
<i>Poor job opportunities</i>	8	21%	<i>Mental health</i>	2	40%
<i>Mental health</i>	7	18%	<i>Debt</i>	2	40%
<i>Getting on the housing ladder</i>	5	13%	<i>None of the above</i>	1	20%
<i>None of the above</i>	23	59%	Child of veteran	17 people	
Spouse of serving	88 people		<i>Getting on the housing ladder</i>	5	29%
<i>Poor job opportunities</i>	35	40%	<i>Debt</i>	4	24%
<i>Getting on the housing ladder</i>	32	36%	<i>Mental health</i>	3	18%
<i>Mental health</i>	24	27%	<i>Poor job opportunities</i>	3	18%
<i>None of the above</i>	30	34%	<i>None of the above</i>	8	47%
Spouse of veteran	30 people		Bereaved spouse	4 people	
<i>Mental health</i>	8	27%	<i>Mental health</i>	1	25%
<i>Poor job opportunities</i>	7	23%	<i>Physical disabilities</i>	1	25%
<i>Getting on the housing ladder</i>	7	23%	<i>None of the above</i>	3	75%
<i>None of the above</i>	10	33%	Bereaved child	1 person	
Relationship with serving	4 people		<i>Debt</i>	1	100%
<i>Mental health</i>	1	25%	<i>Poor job opportunities</i>	1	100%
<i>Poor job opportunities</i>	1	25%	Other	11 people	
<i>Drug/alcohol addiction</i>	1	25%	<i>Mental health</i>	2	18%
<i>Physical disabilities</i>	1	25%	<i>Drug/alcohol addiction</i>	1	9%
<i>Getting on the housing ladder</i>	1	25%	<i>None of the above</i>	9	82%
<i>None of the above</i>	1	25%			
Relationship with veteran	4 people				
<i>Mental health</i>	1	25%			
<i>Debt</i>	1	25%			
<i>Physical disabilities</i>	1	25%			
<i>None of the above</i>	3	75%			

* percentage of group

Getting on the housing ladder was the most mentioned area for **21-30 year olds** and **mental health** for ages **between 30 and 70**. **Physical disability** was most mentioned by those over 80 years old.



Age group	Top three areas			
16-20	None of the above (50%)			
21-30	None of the above (37%)	Getting on the housing ladder (33%)	Mental health (28%)	Poor job opportunities (25%)
31-40	None of the above (41%)	Mental health (32%)	Getting on the housing ladder (30%)	Poor job opportunities (26%)
41-50	None of the above (49%)	Mental health (24%)	Physical disability (17%)	Poor job opportunities (15%)
51-60	None of the above (58%)	Mental health (21%)	Poor job opportunities (19%)	Physical disability (11%)
61-70	None of the above (66%)	Mental health (13%)	Physical disability (11%)	Getting on the housing ladder (8%)
71-80	None of the above (82%)	Physical disability (11%)	Poor job opportunities (2%)	Getting on the housing ladder (2%)
81 or older	None of the above (79%)	Physical disability (10%)	Mental health (7%)	Debt (3%)

The most mentioned areas were similar for those who serve/served or have a connection to someone who serves/served in the Army, RAF and Navy. Fewer people connected to the Army said they had not been affected in any of the listed areas.

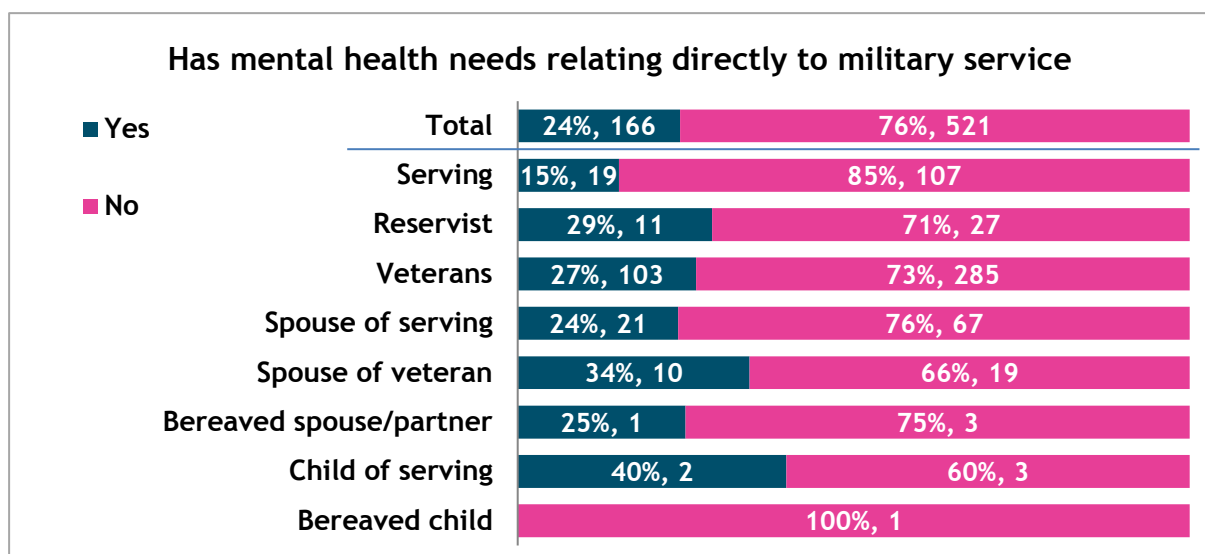
Force	Top three areas			
Army	None of the above (49%)	Mental health (30%)	Poor job opportunities (22%)	Getting on the housing ladder (19%)
RAF	None of the above (69%)	Mental health (13%)	Poor job opportunities (12%)	Physical disability (9%)
Navy	None of the above (76%)	Mental health (12%)	Poor job opportunities (9%)	Getting on the housing ladder (9%)

Mental health

Most people (76%, 521 of 687) did not think they had any mental health needs relating directly to their, or their family member's, military service. Veterans (27%, 103 of 388), spouses of veteran (34%, 10 of 29) and reservists³⁵ (29%, 11 of 38) reported having the most mental health needs, as did two of the five children of someone currently serving. This is again slightly higher than the proportion of respondents in Northamptonshire (20% of veterans and 23% of spouses of veterans)³⁶, possibly due to the younger age of veterans surveyed.

³⁵ Nine of these 11 reservists were also veterans or currently serving.

³⁶ www.healthwatchnorthamptonshire.co.uk/armedforcesreport. Statistically significant difference, Chi-square test, P<0.05.



Nineteen of the 126 serving personnel (15%) reported a service-related mental health need. This is higher than the rate of mental disorders among UK Armed Forces personnel assessed at MOD Specialist Mental Health Services (2.7% in 2018/19)³⁷, which may be due to people not seeking help and/or not receiving a formal diagnosis. However, this figure is comparable with the rate of common mental disorders in regular serving personnel of 20% (2014/16) reported by the King’s Centre for Military Health Research³⁸.

The UK Armed Forces Mental Health: Annual Summary 2017/18 shows that the rate of mental disorders among UK Armed Forces personnel assessed within specialised psychiatric services (2.7%) was lower than the rate of 4.4% within the UK general population who accessed secondary mental health services in 2017/18, although comparisons with the UK general population are difficult for several reasons³⁴. Almost one in four adults in the UK experience at least one mental health problem each year, with one in six experiencing a common mental health problem, such as anxiety or depression, in any given week.³⁹

The estimated prevalence of common mental disorders (people aged 16 and over) in the general population is lower in Rutland (11.9%), South Kesteven (13.8%) and Harborough (12.1%) than the England (16.9%) and East Midlands (16.3%) average⁴⁰.

³⁷ UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2018/19, Ministry of Defence, June 2019 - www.gov.uk/government/collections/defence-mental-health-statistics-index.

³⁸ The Mental Health of the UK Armed Forces Factsheet (September 2018 Version), King’s Centre for Military Health Research - www.kcl.ac.uk/kcmhr/publications/reports/files/Mental-Health-of-UK-Armed-Forces-Factsheet-Sept2018.pdf.

³⁹ Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care and Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. Leeds: NHS digital.

⁴⁰ Estimated prevalence of common mental disorders: % of population aged 16 & over (2017), Indicator computed by Public Health England (based on 2014 Adult Psychiatric Morbidity Survey (APMS) source data owned by NatCen and NHS Digital) - <https://fingertips.phe.org.uk/search/mental>



Almost everyone who felt they had a mental health need related to service took the time to tell us more about it (161 people commented).

Depression and Post-Traumatic Stress Disorder (PTSD) were the most mentioned issues, both mentioned by 36 of the 161 people (22% of those who gave details). 11 people did not want to give more details.

Details of mental health issues:

Currently serving:	16	Spouse of serving:	21
Anxiety	4	Isolation	8
Depression	4	Stress	6
PTSD	4	Loneliness	4
Stress	1	Depression	3
Adjustment disorder	1	Anxiety	3
Breakdown	1	Anxiety (of daughter)	2
Autism	1	Post Natal Depression	2
Separation from spouse	1	Breakdown	1
Somatic symptom disorder	1	Breakdown (of husband)	1
Frustration about not getting a job	1	Self-harm (of daughter)	1
Needed counselling after friend died on tour	1	Suicidal	1
Caused by being injured	1	Unsettled	1
Caused by poor treatment	1	Bipolar	1
Don't want to say	1	Separation from spouse	1
Reservist*:	2	Don't want to say	1
PTSD	2	Child of serving:	2
Don't want to say	2	Isolation	1
Bereaved spouse:	1	Under crisis team	1
Depression	1	Partner of serving:	1
		Depression	1

* Not including reservists who were also veteran or currently serving.

PTSD, depression and anxiety were the most mentioned issues for both veterans and those **currently serving**. Overall, four of the 138 people (2.9%) currently serving and 29 of 392 (7.4%) of veterans told us they had PTSD, comparable to findings a survey in Northamptonshire⁴¹ and from the King's Centre for Military Health Research⁴². Prevalence in the civilian population is estimated at 4.4% nationally.

⁴¹ Twenty of 254 veterans (7.9%) said they had PTSD in a similar survey in Northamptonshire - www.healthwatchnorthamptonshire.co.uk/armedforcesreport.

⁴² The Mental Health of the UK Armed Forces Factsheet (September 2018 Version), King's Centre for Military Health Research - www.kcl.ac.uk/kcmhr/publications/reports/files/Mental-Health-of-UK-Armed-Forces-Factsheet-Sept2018.pdf. The diagnosed rate of PTSD is 0.2% in serving personnel (2018/19), UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2018/19, Ministry of Defence, June 2019 - www.gov.uk/government/collections/defence-mental-health-statistics-index.



Some veterans also mentioned struggling with the transition to civilian life, isolation and stress, and implied a lack of support from senior officers or the forces in general. The effect of transition on wellbeing was highlighted in the joint Families Federations 2018 report 'Lifting the lid on transition'⁴³.

Isolation, stress and loneliness were issues for those married to someone currently serving, as were **difficulties in getting a job and moving around**. Some of the reasons for this are illustrated in the comments below and highlighted in the Royal British Legion report on loneliness and social isolation, such as the effects of moving frequently⁴⁴.

Veteran:	101
PTSD	29
Depression	23
Anxiety	19
Struggle with civilian life/work	9
Don't want to say	7
Isolation	5
Stress	5
Caused by poor treatment	4
Anger	3
Suicidal	3
Caused by being injured	2
Poor sleep	2
Adjustment disorder	1
Bad memories	1
Caused by service	1
Difficult for son changing schools	1
Dissociative disorder	1
Guilt	1
Insecurity	1
Mental breakdown	1
Neurotoxic adverse side effects from the Anti-Malaria drug	1
Occasionally struggle with the death of a friend	1
Operational problems	1

Veteran (cont.):	
Panic attacks	1
Lack of confidence	1
Mood swings	1
Hard to socialise with/talk to non-military people	1
Gender dysphoria	1
Spouse of veteran:	10
PTSD (husband)	2
PTSD	1
Caused by husband's service	1
OCD	1
Depression	1
Grief	1
Isolation	1
Post Natal Depression	1
Impact on family life	1
Struggle with civilian life/work	1
Don't want to say	1
Child of veteran:	4
Depression	1
Isolation	1
Sad (Depression?)	1
Stress	1
Anxiety	1

⁴³ Lifting the lid on transition: The families' experience and the support they need (2018), Naval Families Federation (NFF), Army Families Federation (AFF), RAF Families Federation (RAF FF) and Forces in Mind Trust (FiMT) - <https://aff.org.uk/wp/wp-content/uploads/2018/11/Transition-Final-Report-FINAL-ONLINE.pdf>.

⁴⁴ Loneliness and social isolation in the Armed Forces Community, The Royal British Legion - www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/social_isolation_report_full.pdf.



Personality disorder?	1	Partner of veteran:	1
Post Natal Depression	1	PTSD	1
Potential future consequences?	1	Other:	3
Sad	1	Depression	2
Unrecognised mental health needs	1	Stress	2
Wasn't listened to	1	Anxiety	1
Burn out	1	Substance abuse	1

41% (41 of 103) of the veterans who had a mental health issue were over 50 years old, lower than the proportion of veterans over 50 who took part in the survey (65%). This *may* indicate that mental health issues are more prevalent in younger/more recently discharged veterans, but there is not enough data to confirm this. Nationally, younger people do experience loneliness more than older people, as mentioned earlier.

Some comments illustrated these mental health needs/issues in more detail:

Currently serving:

“Working in the Armed Forces has given me **anxiety and depression** sporadically, which has led me to counselling, which helped. **It's a job that's so busy that it gives you stress and depression, but you struggle to leave** because it's so invasive of your life that living your life without it seems scary. It all stems from **less manpower and higher workloads**, causing people to be abused by their units as tools. When you approach the chain of command, you're told the Armed Forces just isn't for you and **made to feel bad that you struggle**. I know two people at my unit personally whose partners had miscarried, and the chain of command didn't make any exception for them to process the incidents - they were kept in work, on guard. Mental health across the Armed Forces will always decline as long as ignorant senior ranks get to make decisions on generalising lower ranks as lazy and weak until they promote to 'prove themselves'.”

“Diagnosed with **PTSD** and received six sessions with DCMH [Department of Community Mental Health], all further sessions at personal expense with anxiety and phobia companies.”

“Many factors have affected my mental health. **How I have been treated by the MoD has been one of those.**”



Spouse of serving:

“Being a civilian wife and **moving location with a military partner every two years puts added pressure on finding work in new areas.** My qualifications and experience in my job history does not seem to count for much when applying for new jobs on a change of location. It seems that because employers can see that your current address is in a MoD house that they do not give you a chance at employment because they see you as moving too regularly (every two years, in our case) and so are not a worthy investment or suitable for employment. **This is very annoying and gets me down as I want to work and need a job for my sanity and self-worth ...** Until local employers’ attitudes change about employing partners of serving military soldiers I feel stuck at home. Before I married a serving soldier, I was always in full time employment and getting a decent wage, the only thing that has changed is my addresses and this seems to be the issue.”

“Being married unaccompanied (our choice for dependants’ education) is **very lonely and causes periods of loneliness.**”

“Definitely we have been treated like rubbish by the Army during stressful times. **I feel depressed constantly and isolated and it’s impossible to make friends as nothing is run on camp.** I’ve tried reaching for help with welfare, Padre, etc. and not got very far. It’s an horrendous lifestyle that I would never choose again and would warn others off. We have been placed in **horrendous accommodation** that has required a lot of arguing, complaints and a lot of work and I detest this life. Plus, **I’ve not got work since moving** into Army housing which says a lot (employers clearly don’t want Army wives) ... Now looking at married unaccompanied so I can work, why is that fair?”

“**Support for stress of partner being away** whilst living in an isolated locality. Support for myself and children for **constantly moving house and never being able to settle.**”

“I have **suffered with stress and depression** as a direct result of my spouse's employment within the RAF... For a number of years my spouse did not live at the family home as he was based more than two hours away from our home and I have my own career so did not want to move house to follow my spouse, this was **extremely difficult while raising two young children ...** I still suffer with **stress, anxiety and depression** when he is on detachment, as I work and have two young children. **My son also suffers with anxiety** and we had to seek counselling for him during his father's most recent detachment.”



“After having my daughter, I was diagnosed with **Post Natal Depression**. It took **18 months** before I received any counselling. Whereas my serving husband received **Army Welfare Service counselling** within a month. This caused friction between us as I believe I needed help more as I was the one left to look after my daughter when my husband was away or at work.”

“Breakdown from husbands’ deployment and priority of work meaning I was of **very little importance and felt isolated** ... Postnatal depression with husband away often and two young children. Work prioritised and I was giving up everything to care for them and him and **little time to look after myself**. Suicidal. Got help from SSAFA.”

“The **lack of information regarding my husband’s work** has contributed to a great deal of **stress**. We have had to cancel holidays even when he has been told he is on leave. I have had to **move three times on my own** due to him not being given the time off... I constantly have to **juggle childcare** with work as he can be told late at night the night before, that he then needs to start work earlier than advised. Working, studying and having a husband who I **never knows what he is doing** from one day to the next, and whether he will even be around is **extremely stressful** and I have had to pull myself out of very **negative feelings** a number of times.”

“As a child of family in the RAF, I have **certainly experienced disruption and anxiety as a result of frequent moves**. I have since married and separated from a current serviceman. Both his **work patterns and patterns of controlling and coercive behaviour** have affected my mental health. Moving away from family as a result of his posting and then in an **increasingly isolated and vulnerable position**, I contacted SSAFA for their support. In my experience, the control and rigour in the military has a direct impact on the treatment of family members. For some dependants, being in an abusive and isolated position with very little support available is very concerning.”

“**Stress** created by career fouling and arcane JSPs which **penalise couples whose spouses have careers** or pursue further education.”

“**Anxiety and exacerbated bipolar** due to moves and **lack of continuity of care** or being able to access appropriate services.”



Child of serving:

“I don't feel part of my dad's family, they're always doing clubs and stuff that the RAF put on when he used to go away on detachment, I felt **forgotten about.**”

Veteran:

“**Still finding it so very hard to adjust to civvy life and find it hard to socialise and talk to people unless they are ex-military.**”

“**Currently struggling with the transition from military life to civilian work. I feel that more needs to be done to educate companies on how to recognise our transferable skills and not dismiss us. Difficulties in work have caused undue stress and pressure resulting in low mood and onset depression.**”

“**Guilt of being a mother who left her baby at home with husband whilst serving away and now believing the child's disability is partly because of time spent away and lack of stability. Feel isolated and away from family. Large amounts of anxiety.**”

“I became increasingly **depressed** towards the end of my service. The squadron I was on were actively trying to hinder me/my happiness by giving me the more boring tasks for weeks on end. When I spoke to my divisional officers, padre and other seniors, I **didn't feel like enough was done.** I eventually **hit a crisis point** where I was thinking/planning how I could kill myself when I opened up to my partner, which saved my life.”

“At one point during my service I was taken off flying duties and assigned a ground appointment, although not diagnosed with depression, because I would not have admitted to it at that time. But **life was very stressful with almost being permanently on detachment.** Nine months of the year being detached to different areas of the world. 18 years after leaving the RAF I was treated for **serious depression and anxiety issues.**”

“Mostly **stress** related but I am absolutely clear that my military service and the experiences I had, have **made me more emotional and reactive ...** We train people to take life (kill someone) and then expect them to be normal at the other end ... It directly influences the way I behave now (good and bad).”

“I sometimes feel **isolated** and the only other people that understand are my friends from the Army.”



“I am finding elements of transition to civilian life challenging but it's the feeling of **anger towards some of the people I served with** the most difficult thing to deal with. There were some very unpleasant people who abused their position and rank and I feel **frustrated** that I wasn't able to do more about it at the time.”

“**Anxiety**, due to always being **overlooked for promotion** whilst in the army, this is having an **impact on my normal life** constantly feeling that I am not capable of doing anything correctly.”

“**PTSD** due to previous work in the RAF. I did go to **seek counselling and was told it would affect my current posting, job row and chances of promotion**. I decided to keep it to myself. But also decided that the RAF **didn't really care about its people's welfare** so I left.”

“I already had unrecognised mental health needs before and during my service being in the forces didn't help and the **sexual harassment and stress of certain things on ship** contributed to my **downward spiral of mental health**.”

“Prolonged **bullying and gaslighting** (mental abuse) by colleagues and superiors led to extended sick leave at the end of my career. This still affects me.”

Spouse of veteran:

“**Husband** suffers from **chronic PTSD**. Currently undergoing therapy. Is exhaustive on the family and adds a lot of pressure. As a result of the CPTSD from being wounded whilst serving my husband has **turned to alcohol and had an affair** - obviously this hugely **affecting my own mental wellbeing**.”

“**Postnatal depression** made worse by **isolation**, living in different country and away from family.”

Child of veteran:

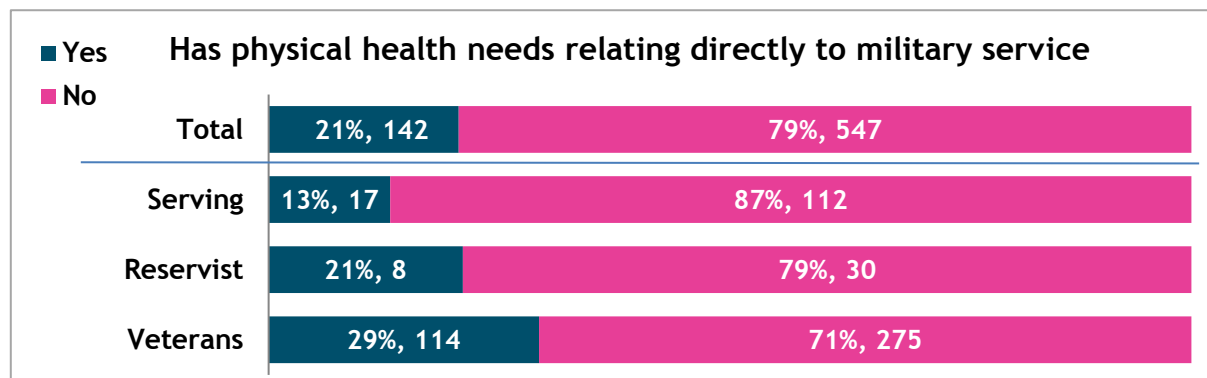
“**Unable to make friends** due to being posted 17 times and attending 11 different schools.”

“I have suffered with **stress, disability and anxiety** for many years now and believe this is due to my father's death, which may have been caused by the RAF.”



Physical health

Most people (79%, 547 of 689) did not think they had a physical health need directly relating to their, or their family member's, military service. Nearly one quarter of veterans (29%, 114 of 389) did. Six of the eight reservists who did were also veterans or currently serving.



Almost everyone who felt they had a physical health need related to service took the time to tell us more about it (137 people commented).

Arthritis or joint issues were the most mentioned, by 52 of the 137 people (38% of those who gave details). **Back injuries, issues or pain** (26%, 36 of 137) and **hearing problems or tinnitus** (26%, 35 of 137) and were also common issues. Two people did not want to give more details. These rates of physical health issues are comparable to those experienced by veterans and non-veterans nationally.

National data suggests there are no differences between veterans' and non-veterans' self-reported general health (with working age and retirement age veterans (35% and 18% respectively) and non-veterans (35% and 20% respectively) reporting their general health as very good⁴⁵. Veterans and non-veterans: Heart, blood pressure or circulatory related conditions; leg or feet related conditions; and back or neck related conditions. In addition, almost one-quarter of retirement age veterans also reported difficulty in hearing (23%). This was 'no different' to retirement age non-veterans (16%). The main difference shown in the national data was that veterans aged 35-49 were significantly more likely than non-veterans to report problems with back or neck related conditions (34% and 23% respectively), leg or feet related conditions (33% and 20% respectively), and arm or hand related conditions (22% and 13% respectively).

⁴⁵ Annual population survey: UK armed forces veterans residing in Great Britain (2017) - www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain.



Details of physical health issues:

Currently serving:	15
Arthritis/joint problem	5
Back injury/issue/pain	5
Hearing problem	2
Heart condition	1
Injuries from service	1
Limb problem/injury	1
Ongoing physio treatment for minor injury	1
Son has ASD	1
Malaria	1
Don't want to say	1

Reservist*:	2
Arthritis/joint problem	1
Complications from inoculations	1
Spouse of serving:	4
Arthritis/joint problem	1
Poor fitness	1
High blood pressure	1
Not related to Armed Forces connection	2

* Not including reservists who were also veteran or currently serving.

Veteran:	112
Arthritis/joint problem	43
Back injury/issue/pain	30
Hearing problem	27
Tinnitus	7
Limb problem/injury	6
Mobility	4
Skin cancer	3
Diabetes	2
Cancer (don't know if related to service)	1
COPD	1
Crohn's disease	1
Heart condition	1
Injuries from service	1
Inner ear/balance	1
Long term condition from injuries	1
Long term injuries	1
Lung condition	1
Lupus	1

Veteran (cont.):	
Parkinson's	1
Skin damage	1
Sports injuries	1
Loss of taste/smell	1
Fibromyalgia	1
Neurotoxic adverse side effects from the Anti-Malaria drug	1
Multiple	1
No-one cares	1
Don't want to say	1
Spouse of veteran:	3
Arthritis/joint problem	1
Hearing problem	1
Back injury/issue/pain (husband)	1
Partner of veteran:	1
Back injury/issue/pain	1
Arthritis/joint problem	1
Child of veteran:	1
Disabled (adult child of deceased veteran)	1

59% (67 of 113) of the veterans who had a physical health issue were over 50 years old, slightly lower than the proportion of veterans over 50 who took part in the survey (65%). This *may* indicate that there are as many physical health needs for veterans who served more recently than those who served longer ago.

Some comments illustrated these physical health needs/issues in more detail:



Currently serving:

“I am **being medically discharged** from the Army. [Last year] I had correctional back surgery... Four months recovery and to look for work but can't sit for eight hours yet. That is how I'm being repaid for my services. And there is more of us in the same situation.”

“Due to the **outdated methods of physical training** used by my unit, I have had shin splints and knee injuries in just two years of service with my unit, at separate occasions. I am **currently rehabilitating myself** to become physically stronger, but this is **constantly interrupted by bi-weekly deployments** away.”

Spouse of serving:

“**Poor level of fitness** and, **higher blood pressure** from the stress of being part of the Army and the fact it's so **isolating** and impossible to find friends, I never leave the house.”

Veteran:

“I have **back problems** as a result of military service. I tried to claim because my injury never should have happened, but the Army put so many obstacles in my way, my solicitors advised me there was little point in continuing!”

“Some **high tone deafness** from cockpit noise and a stiff neck from lots of “G” force.”

“I have some recurring issues with my **inner-ear and balance**, due to head-injury trauma while serving as a regular soldier.”

“Medically discharged for lower **spine, shoulder and heel** and still experience varying levels of **pain** in these areas.”

“Was **injured in basic training** and required surgery - caused **arthritis** in my ankles.”

“**No protection** provided for vehicle exhaust and fumes from motor vehicles and tanks in workshops, resulting in **Emphysema** of both lungs plus brake linings giving off asbestos. I would add I have never smoked.”

“**Physically disabled**, unable to walk without an aid - various injuries caused in the plane crash.”



“**Medical discharge** in 2013 due to been diagnosed with Crohn's disease whilst serving in the RAF, my last posting being RAF Wittering. I made the decision to become self-employed and start a business, after seeking advice about housing I was told [by the council] that no help would be available and I ended up living in a caravan for one year!”

Child of veteran:

“This survey is about me being a child of service personal, it seems to lack asking specific information about my status as a severely disabled person, most of the questions are related to my Father who served this country for 24 years as a boy entrant to chief technician, who is now deceased. I am his eldest son, and have suffered 3 strokes, I am housebound and reliant upon carers, I live ... in private rented accommodation, and have applied for and am desperate to move ... into an OAP bungalow. [The council] are not treating my application with any importance ... I hoped this survey would offer me as the child of a former serviceman some support to move my housing issue forward.”

Other comments

We gave people the opportunity to tell us anything else about their health and social care experience relating to the Armed Forces. 109 people gave relevant comments, some covering more than one theme. This is 15% of the 704 people who took part in the survey. 132 negative themes were mentioned and 14 positive themes.



Comment themes:

Theme:	Number	Proportion of comments	Proportion of all surveys
Lack of support	47	43%	7%
<i>Lack of family support</i>	13	12%	2%
<i>Lack of support with transition</i>	10	9%	1%
<i>Difficulty getting mental health support</i>	7	6%	1%
<i>Feeling MoD or others do not care about veterans</i>	7	6%	1%
<i>Lack of housing support</i>	5	5%	1%
<i>Lack of support (other)</i>	4	16%	3%
<i>Lack of support for reservists</i>	1	1%	<1%
Access to services	17	16%	2%
Lack of continuity	10	9%	1%
Lack of understanding	10	9%	1%
Medical records transfer	8	7%	1%
Service resulted in illness/injury	6	6%	1%
Lack of information/communication	5	5%	1%
Delayed diagnosis	5	5%	1%
Money/Finances	4	4%	1%
Access to funding	2	2%	<1%
Hard to get work	2	2%	<1%
Isolation	2	2%	<1%
Transition to civilian life	2	2%	<1%
Resistant to change	1	1%	<1%
Documentation	1	1%	<1%
Confidentiality	1	1%	<1%
Lack of funding	1	1%	<1%
Poor Service Family Accommodation	1	1%	<1%
Miscellaneous negative	6	6%	1%
All positive	14	13%	2%
<i>Positive - Access to services while serving</i>	9	8%	1%
<i>Positive - Support from charity (SSAFA /RAFBF)</i>	3	3%	<1%
<i>Positive - Support on death of husband</i>	1	1%	<1%
<i>Positive - Issues being looked into</i>	1	1%	<1%

Most comments were from veterans (63). 16 were from people currently serving, 15 from spouses of people serving, one from the child of someone serving, four from spouses of veterans, one from a partner of a veteran, three from children of veterans, two from bereaved spouses, one from a reservist (who wasn't also serving or a veteran), and three from people with another connection to the Armed Forces.



Lack of support (47)

The most common themes to the additional comments related to various aspects where people would like more support, including with **transition to civilian life**, **support for the family** of serving personnel, **mental health support**, or with **housing**.

The example comments below illustrate these issues and overlap with other themes, such as a lack of understandings and access to services:

Lack of family support (13):

Further to the comments about the impact on mental health of isolation, stress and loneliness, additional issues raised included the **impact on children**⁴⁶, **access to healthcare** for non-serving family members, and **difficulties finding employment**. For example:

“Lack of support from the Army welfare. Poor communication resulting in my husband being sent away for six months to the other side of the world whilst I struggle along with my three year old who is undergoing assessments for autism. Letters were written to support my husband not being sent away from the council and his nursery saying it would have a detrimental effect on my son however these weren't enough.”

“It's difficult finding appropriate health care for partners of Armed Forces personnel.”

“When husband and I separated, my eldest daughter needed help (mental health, counselling, etc.). Army welfare did not offer any help or support.”

“Nothing about health and social care experience but I feel support for service children MUST start to be a priority in Rutland. I know that veterans/serving personnel receive much support both while still serving and after (rightly so) but the impact of multiple moves/parents being away/school moves/family issues on service children is huge and should be better monitored locally. There needs to be a review of service pupil premium spending in schools, impact of unit moves, access to local extra-curricular groups and a recognition of the amazing resilience our children show. Thank you.”

⁴⁶ Similar issues are highlighted in the recent Naval Families Federation report ‘The Experience Of Parental Absence In RN/RM Families’ (2019) - <https://nff.org.uk/wp-content/uploads/2019/02/Parental-Absence-Resource.pdf>, and the recent Army Families Federation report ‘Service children and young people’s (under 16 years of age) mental health provision - evidencing the need for specific, targeted provision and support’ (2019) - <https://aff.org.uk/wp/wp-content/uploads/2019/02/Mental-Health-Brief-Feb-19-FINAL.pdf>



“I am shocked at how little care is provided for the families of today’s serving officers.”

“The wives with children should be a lot more supported especially when it comes to wanting to work.”

Lack of support with transition (10)⁴⁷:

“I deal with veterans of all ages in my current role and the vast majority of them still don’t know how or where to access support after they have left their respective service.”

“Leaving is like toppling from the cliff edge..... complete support to nothing in 24 hours.”

“No appropriate care once leaving the Army. They offered no support and it was around the time charities had started to take off. Tried to find help back in 2008 to find the legion club in Oakham had closed down.”

“There needs to be a lot more help and advice available when you leave the forces.”

Difficulty getting mental health support (7):

“I feel like people say there’s help available. My wife and I have been everywhere, but we never end up actually getting any help. I’ve now been prescribed anti-depressants because I’m struggling to cope with everything on top of the pain from my injuries.”

“The failed to care or listen. They used my disorder as a means to humiliate me and people like me.”

“I don’t believe mental health is recognised in the forces. I was told to man up, just be happy, stop complaining almost daily. When talking to my seniors about how I was feeling.”

Feeling MoD or others do not care about veterans (7):

“I feel extremely let down, I was left for the scrap heap with no support.”

⁴⁷ Issues with transition can be explored more in ‘Lifting the lid on transition: The families’ experience and the support they need’ (2018), Naval Families Federation (NFF), Army Families Federation (AFF), RAF Families Federation (RAF FF) and Forces in Mind Trust (FiMT) - <https://aff.org.uk/wp/wp-content/uploads/2018/11/Transition-Final-Report-FINAL-ONLINE.pdf>.



“I believe the MoD doesn't care about its veterans and will continue to avoid admitting blame for their conditions.”

“My sense is that everyone talks a good game about **supporting serving and ex-military, but I don't think that is the reality**. It is certainly a far cry from the support our cousins in the US receive. There is plenty of lip service at local and national government levels with ‘armed forces champions’, etc. but the reality is you **can't make a difference without proper funding.**”

Lack of housing support (5):

“I was told not to bother applying for housing because I **wouldn't get a house or flat** because I was ex-military and had local family.”

“**No one took it into consideration my military service** in the local area. Have spent last six years battling council over housing.”

“At the end of my husband's service the **Army were not interested in any of his medical information** just explained that he can sort it when he joins our local GP did not have a full medical. We are currently **still on a waiting list for housing** and have until April to move house with **no support from [the council]**. Our middle child is due to start secondary school in Sept and **hasn't been offered a placement** at all.”

Other support issues (5):

Including lack of support for reservists and difficulty in getting help, for example:

“Full-time **Reservists get a raw deal**, despite doing exactly the same as regular comrades. we are **not entitled to service dedicated care.**”

“It's next to **impossible to get help** just constant signposting from one agency to another.”

“Minimal. Posters in toilets are classified as ‘help’.”



Access to services (17)

The most common issues relating to access to services were **difficulties accessing GPs or dentists (9)**, **mental health services** (see above), and accessing other health services (3). Similar issues accessing services were reported to the Army Families Federation during 2018⁴⁸. The example comments below illustrate this:

GP or dentist:

“Difficult to gain a place with a local GP and Dentist when you leave Regular Service - RAF Reservist is not entitled to RAF Medical care.”

“Oakham Medical Centre is over-subscribed so it is very difficult to get a Drs appointment when required.”

“Health wise there is nowhere near enough military doctor's on base for serving members wives”

Other access issues:

“On two occasions in the last 20 years I've had to use Stamford Hospital casualty both times I was chastised by the receptionist for not using any MoD medical facilities, which left me feeling discriminated against for serving in the Armed Forces.”

“Spouse of serving personnel, I use the medical centre in camp, I've found accessing physiotherapists through NHS Leicestershire very difficult.”

“I wish there was a military medical service for Consultant referral nearer to my home.”

Lack of continuity (10)

Seeing different medical professionals and having to explain their background or story again and the **lack of follow up** after discharge were the main sub-themes. The joint Families Federations transitions report also suggests that transition for some people with ongoing health needs can be a cause of stress⁴⁹. For example:

⁴⁸ NHS dentist/doctor, NHS provision and waiting lists, and Mental health (family) were the top three service areas families had sought advice about. Army Families' Concerns 2018, Army Families Federation - <https://aff.org.uk/wp/wp-content/uploads/2019/04/Families-Concerns-2018-FINAL-ONLINE.pdf>.

⁴⁹ Lifting the lid on transition: The families' experience and the support they need (2018), Naval Families Federation (NFF), Army Families Federation (AFF), RAF Families Federation (RAF FF) and Forces in Mind Trust (FiMT) - <https://aff.org.uk/wp/wp-content/uploads/2018/11/Transition-Final-Report-FINAL-ONLINE.pdf>.



“With BFG medical centre - constant GPs and seeing different ones because of turnaround of GPs. Having to explain over again and again.”

“When moving houses, new area means restarting medical issues as new council.”

“There is no continuity of healthcare with the forces especially when moving, I myself have experienced this with my children’s healthcare and my own.”

“Disadvantaged by frequently moving - impacts on continuity of support once in the system.”

“Since being medically discharged there has been no follow up and just left to own devices. No support”

Medical records (8)

Related to continuity, eight people highlighted issues to do with medical records not being transferred from the Armed Forces to the NHS. This was also highlighted by the joint Families Federations transitions report⁵⁰, for example:

“I have found that it is extremely difficult getting the military medical services to talk to civilian medical services and vice versa.”

“I completed a DSAR and gave a copy of all of my notes to my GP. These have not been added to the system and the surgery doesn’t know where they are.”

“Every time I join a new doctors after we move, I have to chase them up. I believe this impacts my care as they do not have previous history.”

“Dental services took no regard of military dental documents and didn't access military online records. No interest in hard copies I have.”

“Medical history should be automatically released to NHS once service has expired.”

“Transfer of medical and dental records - process from RAF to civilian practice in 2012 was poor.”

⁵⁰ Lifting the lid on transition: The families’ experience and the support they need (2018), Naval Families Federation (NFF), Army Families Federation (AFF), RAF Families Federation (RAF FF) and Forces in Mind Trust (FiMT) - <https://aff.org.uk/wp/wp-content/uploads/2018/11/Transition-Final-Report-FINAL-ONLINE.pdf>.



Lack of understanding (10)

Many people mentioned that **healthcare professionals either did not understand the needs of veteran or know about what is available for veterans**. The example comments below illustrate this, and again overlap with other themes.

“Being a veteran with health and mental issues has not been a benefit. I feel it means nothing, it does not give me any priority over other members of the public. When accessing NHS services through my GP or NHS specialist and telling them I am ex-services and a military veteran - usually gives the response ‘so what’ it means nothing.”

“GPs have little understanding of what is available.”

“The local GPs and councils need to directly understand the needs of veterans.”

“I feel that there is a lack of understanding from the health care sector as a whole in regards to the Armed Forces and how to discuss issues and empathise with veterans.”

Money/finances and access to funding (6)

Some people struggled financially, for example:

“Not a very good resettlement package, hardly one at all.”

“We live off just my husband’s wage and due to this we do not qualify for childcare funding. I have two young children who I care for on my own during the week but as the system is at the minute because I don’t work we cannot get childcare funding because I do not qualify for any benefits. I think forces families should get a little help with regards to this when a parent is away during the week.”

“No support for mental abuse from the military. They fight every step to not help financially.”

Lack of information/communication (5)

These comments related to unique examples of information not being passed on, etc., for example:

“I feel my father’s experience was poor and we still have no further answers relating to the Gulf War Syndrome questions”

“I was not provided with the full medical details relating to my hip when I left the service but had to find out from my GP when the pain was too much.”



Other issues raised

Other individual comments suggested that

Isolation: “Being isolated no long term friends as we moved so much.”

Reintegrating into civilian life: “Learning to reintegrate into civilian society after military service is often challenging but given time, difficulties are usually overcome.”

Confidentiality: “Mental health facilities and CPN nurses being within the BFG medical centre where all husbands regiment can see why you’re waiting.”

Accommodation standard: “Service Family Accommodation standard is diabolical.”

Experiencing good services or not having any issues

14 people told us about good experiences, including examples of **good access to services while serving** (9), or other **support** (4), for example:

Good access to services while serving:

“I serve in London, therefore my Medical Officer is based there too, but the ability to access local health services is a great benefit.”

“While I was serving it was excellent for service personnel and dependants. I understand that dependants are no longer eligible.”

“Everything is faster and easier to access in the forces. They understand. Civvy healthcare professionals do a great job but can't relate to service personnel. Different mind-set.”

“Well cared for by the military health service.”

Good support:

“The RAF were brilliant at getting me back from USA after my husband died in service over there.”

“The RAFBF [RAF Benevolent Fund] is the best military charity and is available to anyone who has served a day or more in the RAF.”

“RAFFA were amazing, they helped support me moving 350 miles to be closer to friends.”

“SSAFA were a source of great support for me and my children at a very vulnerable time.”



Thanks and acknowledgements

Thank you to all who completed our survey and took the time and effort to give us such in depth and meaningful comments. Thank you too to all who shared the survey with the public and their workforces, including:

- Rutland County Council
- Harborough District Council
- South Kesteven District Council
- Schools, libraries and museums across Rutland, South Kesteven and Harborough
- DWP and Job Centre Plus - Harborough and Grantham
- Leicester, Leicestershire and Rutland Civil and Military Partnership Board
- Lincolnshire Military Partnership Board
- Healthwatch Rutland
- Healthwatch Leicester and Leicestershire
- Healthwatch Lincolnshire

The Ministry of Defence:

- Army Welfare Service - East Midlands team
- Reserve Forces and Cadets Association
- Army, Navy and RAF Families Federations
- CTP - Career Transition Partnership
- Staff and personnel at Kendrew Barracks
- Staff and personnel at St Georges Barracks
- Staff and personnel at Prince William of Gloucester Barracks

National charities and local branches:

- Age UK Joining Forces Project
- Blesma
- Blind Society - Lincolnshire
- Citizens Advice Bureau
- Choice Unlimited
- Homestart - Lincolnshire and Leicester, Leicestershire and Rutland
- The Poppy Factory
- RAFA - RAF Association
- RFEA - Forces Employment charity
- Royal British Legion
- SSAFA - the Armed Forces charity
- Turning Point
- Veterans breakfast clubs
- Widows associations / War widows Association



About Connected Together CIC

Connected Together Community Interest Company (CTCIC) is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire.

We have expertise and experience in delivering community engagement, research, surveys, training and more. Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Rutland and Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together
First for Community Engagement





About Healthwatch

Healthwatch organisations are the local independent consumer champion for health and social care. All are part of a national network of local Healthwatch organisations, supported by Healthwatch England. Healthwatch’s central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people’s needs. This involves visiting local services and talking to people about their views and experiences. They share their reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Healthwatch rights and responsibilities include:

- The power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). The primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- Reporting findings of local views and experiences to health and social care decision makers and make the case for improved services where they find a need for improvement
- Striving to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- Aiming to be an effective voice rooted in the community. To be that voice, they find out what local people think about health and social care. They research patient, user and carer opinions using lots of different ways of finding out views and experiences. They do this to give local people a voice. They also provide information and advice about health and social care services.
- Where they do not feel the views and voices of the people who they strive to speak on behalf of, are being heard, Healthwatch have the option to escalate concerns and report evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

healthwatch
Rutland

healthwatch
Lincolnshire

healthwatch
Leicestershire



Appendix 1 - Survey questions

1. Please supply your email address if you would like to hear more about how the local Armed Forces Covenant could support you.
2. What is your postcode?
3. What town or village do you live in?
 - Oakham
 - Uppingham
 - Langham
 - Cottesmore
 - Ketton
 - Whissendine
 - Edith Weston
 - North Luffenham
 - Market Harborough
 - Lutterworth
 - Broughton Astley
 - Kibworth
 - Fleckney
 - Bourne
 - Stamford
 - Market Deeping
 - Grantham
 - Other (please specify)
4. Are you (please tick all that apply to you):
 - Currently a serving member of the Armed Forces?
 - Currently a reservist in the Armed Forces?
 - A veteran? (by veteran we mean have you ever served, for one day or more, in the British Armed Forces, including a reservist)
 - Married to a serving member of the British Armed Forces?
 - In a relationship with a serving member of the British Armed forces?
 - Married to a veteran?
 - In a relationship with a veteran?
 - A bereaved parent of someone who died while serving in the British Armed Forces?
 - A bereaved spouse/partner of someone who died while serving in the British Armed Forces?
 - A child of a serving member of the British Armed Forces?
 - A child of a veteran?
 - A bereaved child of someone who died while serving in the British Armed Forces?



-
- Other Armed Forces connection (please specify)
5. If currently serving in the Armed Forces, where are you/they based?
- Kendrew Barracks
 - St George's Barracks
 - Prince William of Gloucester Barracks
 - RAF Wittering
 - RAF Cranwell
 - DATR (Defence Animal Training Regiment)
 - Other (please specify)
6. Were you/they or are you/they in the:
- British Army
 - Royal Navy
 - Royal Air Force
 - Royal Marines
 - Home guard
 - Merchant Navy
7. If you/they have left the Armed Forces, what was your/their reason for leaving?
- Medical discharge
 - Retirement
 - End of service
 - Lack of progression
 - Minimum time served
 - Impact on family life
 - Other (please specify)
8. Your/their length of service in years?
9. Your/their current or last rank?
10. Were either of your parents in the Armed Forces? Yes / No
11. What is your gender? Males / Female / Non-binary / Rather not say / Prefer to self-describe
12. Is this the gender you were assigned at birth? Yes / No
13. Age?
14. What is your current housing situation?
- MoD
 - Private rental
 - Home owner
 - Living with family
 - Social housing / council house
 - Homeless
 - On a waiting list for a council property
 - Other (please specify)
15. Do you look after an adult or child with a long term illness or disability?
-



-
- No
 - Yes - And I am registered with a carers centre
 - Yes - But I am not registered with a carers centre

16. Do you have any dependent children? (under 18) Yes (If so how many?) / No

17. If you have dependent children that are school age, have you notified the school of your/your family's Armed Forces status? (Additional funding is available, please speak to your school) Yes / No

18. What is your highest level of education?

- Left school with no formal qualifications
- GCSEs or equivalent
- A levels or equivalent
- Degree level or equivalent
- Post graduate qualification

19. What is your current employment status?

- Employed full-time (civilian)
- Employed part-time (civilian)
- Employed full-time (Armed Forces)
- Employed part-time (Armed Forces)
- Self-employed
- Business owner
- Unemployed
- Student
- Retired
- Full-time carer / parent
- Volunteer

20. What sector do you work in?

- Agricultural / Land Services
- Armed Forces
- Mechanical
- Driving
- Academic
- Construction
- Medical
- Office based
- Retail
- Hospitality
- Local government / civil service
- Emergency services
- Teacher/childcare
- IT / Technical
- Other (please specify)

21. What is your experience of volunteering?

- I have previously volunteered
- I am currently volunteering



-
- I have never volunteered but would like to
 - I have never volunteered and don't want to
22. Have you made your current employer/educator aware of your / your family's military background? Yes / Not applicable / No - If no, why not?
23. Have you told your GP about your/your family's Armed Forces connection?
Yes / No
24. Which local services have you accessed in the past 12 months? (Please tick all that apply.)
- The council (Armed Forces related)
 - Housing support
 - Job Centre
 - Adult Social Care
 - Adult Education
 - Social care (for a child)
 - Domestic abuse services
 - Sexual health services
 - Alcohol support services
 - Drug support services
 - Mental health services
 - Other (please specify)
25. In the past 12 months, which services have you tried to access but struggled? (Please tick all that apply.)
- The council (Armed Forces related)
 - Housing support
 - Job Centre
 - Adult Social Care
 - Adult Education
 - Social care (for a child)
 - Domestic abuse services
 - Sexual health services
 - Alcohol support services
 - Drug support services
 - Mental health services
 - Other (please specify)
26. How often do you feel lonely or isolated?
Never / Not very often / Sometimes / Often / Always
27. If you have been or were to be at a point of crisis or difficulty, where did/would you go for support?
- Local Council
 - National charity
 - Friends and family
 - Military charity
 - Citizens Advice Bureau
 - Armed Forces Support team / Armed Forces welfare
-



-
- Former Armed Forces contacts or friends
 - Online
 - Other (please specify)
28. How would you prefer to access information about local services? (please select one) Online / Telephone / Leaflets and posters / Face to face / Other
29. Do you think you have any mental health needs directly relating to you/your family's military service? No / Yes (please give details)
30. Do you have any physical health needs relating directly to you/your family's military service? No / Yes (please give details)
31. If you have left the armed forces with an ongoing mental or physical health condition do you feel your NHS GP was given all of the correct information?
Yes / No
32. Is there anything else you would like to tell us about your health and social care experience relating to the Armed Forces?
33. Please select up to three areas in which your life is currently affected by your service history.
- Mental health
 - Debt
 - Poor job opportunities
 - Drug / alcohol addiction
 - Physical disability
 - Getting on the housing ladder
 - Homelessness
 - Domestic abuse
 - None of the above
34. Using the email address that I supplied in the first question I would like to (please tick all that apply):
- receive the Healthwatch Rutland newsletter
 - receive the Rutland County Council newsletter
 - receive the South Kesteven District Council newsletter
 - receive the Harborough District Council newsletter



Appendix 2 - Further data

Residence

Break down of where people live - town or village

Rutland:

Cottesmore	102	North Luffenham	9
Edith Weston	36	Oakham	157
Ketton	15	Uppingham	14
Langham	8	Whissendine	7

Other (please specify)	62	Greetham	5
Ashwell	1	Gunthorpe	1
Barleythorpe	2	Hambleton	1
Barrow	1	Lyddington	1
Barrowden	5	Manton	1
Belmesthorpe	2	Market Overton	1
Belton in Rutland	1	Ryhall	7
Bisbrooke	1	South Luffenham	4
Braunston	2	Stocken	1
Egleton	1	Stretton	6
Empingham	5	Tinwell	2
Essendine	2	Wakerley	1
Exton	4	Whitwell	1
Great Casterton	2	Wing	1

South Kesteven:

Bourne	8	Market Deeping	3
Grantham	98	Stamford	37

Other (please specify)	31	Horbling	1
Barkston	3	Long Bennington	1
Barrowby	3	Pickworth	1
Baston	1	Pointon	2
Caythorpe	3	Rippingale	1
Claypole	1	Ropsley	1
Colsterworth	1	South Witham	6
Corby Glen	1	Welby	1
Grantham	1	Witham On The Hill	1
Great Gonerby	1	Woolsthorpe by Colsterworth	1



Harborough:

Broughton Astley	4	Lutterworth	19
Kibworth	5	Market Harborough	28

Other (please specify)	8	Scraptoft	1
Foxton	1	Skeffington	1
Great Easton	1	Slawston	1
Houghton on the Hill	1	South Kilworth	1
Husbands Bosworth	1		

Demographics - by area

Breakdown by force

Total

	Rutland		South Kesteven		Harbor- ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Army	219	54%	94	54%	38	60%	12	100%	7	88%			10	67%
RAF	175	43%	75	43%	19	30%			1	13%	7	88%	4	27%
Navy	22	5%	6	3%	6	10%							1	7%
Marines			1	1%	2	3%					1	13%		
Merchant Navy	2	0%			2	3%								
Total⁵¹	406		173		63		12		8		8		15	

Currently serving

	Rutland		South Kesteven		Harborough		Out of area but Rutland base (Kendrew or St George's)		Out of area but DATR	
Army	74	87%	12	46%			10	100%	6	86%
RAF	10	12%	14	54%	2	100%			1	14%
Navy	1	1%								
Total	85		26		2		10		7	

⁵¹ Some people were in more than one force.



Reservists

	Rutland		South Kesteven		Harborough	
Army	9	45%	9	64%	4	100%
RAF	11	55%	4	29%		
Navy			1	7%		
Total	20		14		4	

Veterans

	Rutland		South Kesteven		Harborough		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Army	68	34%	54	55%	29	62%	1	100%			8	67%
RAF	123	62%	41	41%	12	26%			2	67%	3	25%
Navy	18	9%	5	5%	6	13%					1	8%
Marines			1	1%	2	4%			1	33%		
Merchant Navy	2	1%			2	4%						
Total	200		99		47		1		3		12	

Spouse of serving

	Rutland		South Kesteven		Out of area but Rutland base (Kendrew or St George's)		Out of area but RAF Cranwell or Wittering	
Army	57	83%	5	36%	2	100%		
RAF	10	14%	9	64%			2	100%
Navy	2	3%						
Total	69		14		2		2	

Spouse of veteran

	Rutland		South Kesteven		Harborough		Neighbouring area, no base mentioned	
Army	7	44%	6	67%	1	33%	1	100%
RAF	10	63%	3	33%	2	67%		
Total	16		9		3		1	



Length of service

Total

	Rutland		South Kesteven		Harbor- ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Under a year	1	0.2%												
1-5	32	8%	12	7%	11	17%	4	33%			1	14%	1	7%
6-10	75	19%	29	17%	17	26%	5	42%	1	13%			5	33%
11-15	57	14%	28	16%	15	23%	1	8%	2	25%	2	29%		
16-20	56	14%	20	11%	7	11%	1	8%	2	25%	1	14%	2	13%
21 plus	180	45%	85	49%	15	23%	1	8%	3	38%	3	43%	7	47%
Total	401		174		65		12		8		7		15	

Currently serving

	Rutland		South Kesteven		Harborough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering	
1-5	11	13%					4	40%				
6-10	22	27%	3	13%	1	50%	5	50%	1	14%		
11-15	9	11%	3	13%					2	29%		
16-20	21	25%	6	25%			1	10%	2	29%	1	50%
21 plus	20	24%	12	50%	1	50%			2	29%	1	50%
Total	83		24		2		10		7		2	

Reservists

	Rutland		South Kesteven		Harborough		Out of area but RAF Cranwell or Wittering	
1-5			2	15%			1	100%
6-10	1	5%			1	25%		
11-15			2	15%	1	25%		
16-20	2	10%			1	25%		
21 plus	17	85%	9	69%	1	25%		
Total	20		13		4		1	



Veterans

	Rutland		South Kesteven		Harbor- ough		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Under a year	1	0.5%										
1-5	17	8%	9	9%	10	20%					1	8%
6-10	32	15%	22	21%	13	25%					5	42%
11-15	29	14%	19	18%	14	27%			2	67%		
16-20	20	9%	7	7%	4	8%			1	33%	2	17%
21 plus	114	54%	48	46%	10	20%	1	100%			4	33%
Total	213		105		51		1		3		12	

Rank

Total

	Rutland		South Kesteven		Harbor- ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouri ng area, no base mentioned	
Officer	98	24%	46	26%	12	18%	1	8%			1	13%	2	13%
WO/senior NCO	166	41%	65	37%	21	32%	1	8%	6	75%	5	63%	8	53%
Junior rank	138	34%	64	37%	32	49%	10	83%	2	25%	2	25%	5	33%
Total	402		175		65		12		8		8		15	

Currently serving

	Rutland		South Kesteven		Harbor- ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering	
Officer	23	28%	8	32%	1	50%	1	10%				
WO/senior NCO	31	38%	11	44%					5	71%	2	100%
Junior rank	28	34%	6	24%	1	50%	9	90%	2	29%		
Total	82		25		2		10		7		2	

Reservists

	Rutland		South Kesteven		Harborough		Out of area but RAF Cranwell or Wittering	
Officer	7	37%	6	43%	2	50%		
WO/senior NCO	11	58%	1	7%				
Junior rank	1	5%	7	50%	2	50%	1	100%
Total	19		14		4		1	



Veterans

	Rutland		South Kesteven		Harbor- ough		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Officer	57	27%	24	23%	7	14%					1	8%
WO/senior NCO	94	44%	37	35%	16	31%	1	100%	1	50%	6	50%
Junior rank	63	29%	45	42%	28	55%			1	50%	5	42%
Total	214		106		51		1		2		12	

Gender

Total

	Rutland		South Kesteven		Harbor- ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Male	262	64%	111	63%	50	77%	10	83%	6	75%	2	25%	11	73%
Female	144	35%	65	37%	15	23%	2	17%	2	25%	6	75%	4	27%
Non-binary	1	0.2%												
Total	407		176		65		12		8		8		15	

Currently serving

	Rutland		South Kesteven		Harborough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering	
Male	69	82%	17	68%	1	50%	10	100%	5	71%	1	50%
Female	15	18%	8	32%	1	50%			2	29%	1	50%
Total	84		25		2		10		7		2	

Reservist

	Rutland		South Kesteven		Harborough		Out of area but RAF Cranwell or Wittering	
Male	16	80%	10	71%	4	100%	1	100%
Female	4	20%	4	29%				
Total	20		14		4		1	



Veterans

	Rutland		South Kesteven		Harbor-ough		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Male	186	87%	87	81%	44	86%	1	100%			10	83%
Female	27	13%	20	19%	7	14%			3	100%	2	17%
Non-binary	1	0.5%										
Total	214		107		51		1		3		12	

Age

Total

	Rutland		South Kesteven		Harbor-ough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
Under 16	1	0.2%	1	1%										
16-20	1	0.2%					3	25%						
21-25	12	3%	1	1%	1	2%	1	8%	1	13%				
26-30	46	11%	9	5%	1	2%	3	25%					1	7%
31-35	34	8%	15	9%	6	9%	3	25%	3	38%	1	13%		
36-40	52	13%	21	12%	6	9%	1	8%	2	25%	1	13%		
41-45	46	11%	25	14%	3	5%			1	13%	2	25%	1	7%
46-50	35	9%	32	18%	8	12%	1	8%			2	25%	3	20%
51-55	31	8%	20	12%	10	15%					2	25%	3	20%
56-60	35	9%	18	10%	5	8%			1	13%			2	13%
61-65	22	5%	7	4%	6	9%							2	13%
66-70	26	6%	12	7%	3	5%							2	13%
71-75	29	7%	8	5%	8	12%								
76-80	17	4%	1	1%	2	3%							1	7%
81-85	11	3%	1	1%	3	5%								
86-90	7	2%	2	1%	1	2%								
91 or older	1	0.2%			2	3%								
Total	406		173		65		12		8		8		15	



Currently serving

	Rutland		South Kesteven		Harborough		Out of area but Rutland base (Kendrew or St George's)		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering	
16-20	1	1%					3	30%				
21-25	7	9%					1	10%	1	14%		
26-30	18	22%	3	13%			3	30%				
31-35	11	13%	4	17%	1	50%	2	20%	3	43%		
36-40	25	30%	5	21%					2	29%		
41-45	12	15%	3	13%					1	14%		
46-50	4	5%	5	21%	1	50%	1	10%		0%	1	50%
51-55	3	4%	3	13%							1	50%
56-60	1	1%	1	4%								
Total	82		24		2		10		7		2	

Reservist

	Rutland		South Kesteven		Harborough		Out of area but RAF Cranwell or Wittering	
21-25			1	7%				
26-30								
31-35	1	5%	1	7%	1	25%		
36-40	2	10%	1	7%	2	50%		
41-45	3	15%	2	14%	1	25%	1	100%
46-50	3	15%	3	21%				
51-55	7	35%	2	14%				
56-60	3	15%	2	14%				
61-65			2	14%				
66-70	1	5%						
Total	20		14		4		1	



Veterans

	Rutland		South Kesteven		Harborough		Out of area but based at DATR		Out of area but RAF Cranwell or Wittering		Neighbouring area, no base mentioned	
21-25	1	0.5%										
26-30	5	2%	3	3%	1	2%						
31-35	5	2%	5	5%	4	8%						
36-40	10	5%	9	9%	5	10%			1	33%		
41-45	21	10%	11	10%	3	6%			1	33%		
46-50	21	10%	21	20%	5	10%					3	25%
51-55	20	9%	14	13%	8	16%			1	33%	3	25%
56-60	30	14%	15	14%	4	8%	1	100%			2	17%
61-65	22	10%	4	4%	5	10%					1	8%
66-70	22	10%	12	11%	2	4%					2	17%
71-75	26	12%	7	7%	6	12%						
76-80	16	7%	1	1%	2	4%					1	8%
81-85	9	4%	1	1%	3	6%						
86-90	7	3%	2	2%	1	2%						
91 or older	1	0.5%			2	4%						
Total	216		105		51		1		3		12	



Appendix 3 - Partners workshop

In recognition of the time people took to share their feedback, and the large amount of wide ranging and valuable feedback shared, the three councils wanted to engage with partners in order to consider the feedback and gain a better understanding of the issues before releasing the report. A workshop was arranged in August 2019 with partners to present the findings and discuss how recommendations could be taken forward and acted on.

At this event the report recommendations were discussed in groups around tables to generate ideas about how they could be responded to and will be taken forward by this 'Military Survey Action Group'.

The event was attended by around 40 people representing the Armed Forces community, local authority and health sector, including the following organisations and projects:

- Serving personnel, reservists, commanding officers and welfare officers from 7 Brigade, Kendrew Barracks, St George's Barracks, Prince William of Gloucester Barracks and RAF Wittering
- Defence Transition Service, Career Transition Partnership and Veterans UK
- Army Welfare Service Community and Navy, RAF and Army Families Federations
- HomeStart Leicestershire, Rutland and Lincolnshire
- RAF Widows Association and War Widows Association
- Local authority (Harborough and District Council, South Kesteven District Council and Rutland County Council) Armed Forces Champions, Housing, Revenue and Benefits, Education, Adult Social Care, Children's Social Care and Public Health
- Citizens Advice Bureau (CAB)
- Leicester, Leicestershire and Rutland Civil Military Partnership Board (LLR CMPB)
- East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), Leicestershire Partnership Trust (LPT) and University Hospitals of Leicester (UHL) NHS Trust
- Midlands and East Veterans Service (MEVS) Transition, Intervention and Liaison Service (TILS)
- RAF Benevolent Fund (RAFBF) Lincolnshire and Rutland, RAF Association (RAFA) local and East Midlands, Royal British Legion (RBL) South Lincolnshire and Rutland and Broughton Astley, Age UK Joining Forces.



The following questions were considered for each of the seven report recommendations in order to identify what activities are already taking place, determine what can be done and who should take responsibility for the actions:

1. What is your initial reaction to this?
2. In the perfect world how would you respond to this, if money, time and resources were not an issue?
3. Who is already working in this area?
4. What is already in place?
5. Who should lead/take responsibility for this recommendation?
6. What needs to be done?
7. How can that be funded?

Recommendation 1 - Support for the mental health of veterans

Many veterans told us they have mental health needs relating to their military service, particularly PTSD and depression, and some of these have been struggling with these issues for a long time since leaving the Armed Forces. 43% of veterans also told us they found mental health services difficult to access. If a veteran was in a time of crisis or difficulty, most said they would seek support from friends and family (66%) or former Armed Forces contacts (32%). Around one quarter (27%) said they would contact a military charity. Together this indicates that more could be done to raise awareness of the significant amount of support available to veterans and to improve their access to NHS and charity sector support that is tailored to their needs.

The table group looking at this recommendation identified frustration that veterans are not accessing support and felt there was a need to understand why this is and to identify barriers to accessing support. They also felt more information was needed about issues such as self-harm, as there seemed to be less support for this available nationally, and the number needing support, including their age and gender.

Possible solutions

- Community mental health champions - invest in more of these to both support individuals and raise awareness. If veterans are identified early support can be offered, such as befriending.
- Investment in wider health services - to support veterans/spouses/civilians (outside of the military) - a whole family support system.
- Transition to civilian life - individual tailored response giving support for the whole family - both pre and post transition.



Who is already working in this area and what is already in place?

- NHS Armed Forces Commissioners - High Intensity Service to be commissioned by April 2020. Three pillars are in place:
 - Better co-ordination of care
 - Better response from blue light services
 - Community beds
- Leicestershire Partnership Trust and University Hospitals Leicester are Veterans Aware Accredited but there is a need for GPs need to sign up to GP accreditation and NHS England and NHS Improvement to commission.
- The NHS Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS) are already in place but there is a need to train Adult Mental Health teams about this, which is currently in progress.

What needs to be done, how, when and who by?

- Mental Health awareness needs to be raised nationally. All should assume a veteran does need help and act accordingly, rather than assume a veteran does not need help or will not ask.
- NHS England and NHS Improvement should commission this through Clinical Commissioning Groups (CCGs), who would be commission GP practices, primary healthcare and secondary healthcare so that people can have an individual care plan. Funding is available for individual care plans.
- Have a High Intensity Service (HIS) by April 2020 and combine TILS/CTS and HIS under one service with renewed commissioning every two years.

Recommendation 2 - Further support with transition to civilian life

Related to the above recommendation, some people felt they were not given enough support when they left the Armed Forces, and some were still struggling to adapt to civilian life. Whilst some people have been able to access support from charities, others have struggled. No-one mentioned being supported by the Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service so more awareness of this and other support may be needed.

The table group looking at this recommendation felt that people who have served should not be disadvantaged and that many are too proud to ask for help or lack confidence.

Possible solutions

- Signposting to professional services to help with transition, including Project Nova. Project Nova identifies and supports veterans who have been arrested or are at risk of arrest, to prevent a further downward spiral and continued offending by supporting them back into mainstream society.



-
- Early identification of those needing support and all agencies/services that people may come into contact with having enough awareness to effectively signpost. Those with multiple or complex needs would benefit from having someone who can continually oversee/support them through the issues rather than feeling passed around.
 - If there was enough money each person leaving could have a worker or access to a service that could stay with them for as long as needed (if they wanted it)!

Who is already working in this area and what is already in place?

- Citizens Advice - support with benefits, debt, housing and employment issues. Help to claim and support for new universal credit claimants through to the first payment.
- Defence Transition Service, Transition Assistance programme for military, Service Leavers Unit and Brigade SO2 Transition Officers.
- Families Federation.
- Career Transition Partnership (CTP) - offers up to four years support to help find work.
- RFEA (Forces Employment Charity) offers ongoing help, Royal British Legion, SSAFA and other service charities.
- Project Nova.
- NHS Employers Step into Health programme supports careers in the NHS for members of the Armed Forces community and the Department for Work and Pensions helps people into work.

What needs to be done, how, when and who by?

- Early identification of those that may have transition issues and signposting services.
- Greater knowledge of what “Transition” is, as it is more than finding a job.
- Education of requirements for early planning by Service Leavers.
- Partnership working.
- Units made to do right by Service Leavers - a deep meaningful SPSI (Senior Permanent Staff Instructor) to have more liaison with Units and the CTP - not a threat to retention.
- It was felt that Units should take responsibility in the first instance alongside the Ministry of Defence (MoD) and the Armed Forces Covenant Committee could set up roles and responsibilities.
- Statutory and third sector funding post-service support should already be in place.
- Support should be offered two years prior to discharge for Service Leavers.



Recommendation 3 - Understanding and support of the mental health needs of serving personnel

People who are currently serving and veterans implied there is a lack of recognition of and support for mental health needs in the forces. This indicates that the culture and support structure for serving personnel could be improved.

The table group looking at this recommendation felt that the key issue was a lack of capacity in services due to an insufficient number of mental health professionals and unfilled posts. The group wondered whether some of the issues raised were more reflective of the views of veteran's who have used NHS services as the Community Mental Health Team (CMHT) is currently under-resourced (there is a four month wait for treatment and more qualified staff are needed). People who are transferring to civilian life still have access to the CMHT for a period, but not all military mental health records get released to their GPs, so the GPs do not always have a full history.

It was felt that serving personnel more readily access mental health services within the MoD than when they leave the forces and that the delay in the transfer of records once they leaved compared to with MoD services results in people having to be referred to mental health support once more.

The group also queried what happens when there is a delay in the onset of symptoms of PTSD - how is then included in the medical/service history of veterans?

Possible solutions

- Maintain the continuity of support for people between moves, especially those who move regularly (central medical record and support already exists).
- When people transition at end of service they should be able to access MoD services until they are fully established in civilian health services.
- Greater preparation within resettlement for what life outside the service 'feels like' - it is not just about getting skills but moving from a 'controlled environment'.
- Direct referrals from military to local mental health services.
- Children to be recognised as 'service' children but not labelled.

Who is already working in this area and what is already in place?

- Army Welfare Service and Unit Welfare Offices.
- Department of Community Mental Health, the country is divided into approximately 10 local teams.
- The NHS is commissioning a High Intensity Service to run alongside TILS/CTS. Three pillars are in place:
 - Better co-ordination of care, similar to safeguarding
 - Better response from blue light services



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- A small number of community beds

What needs to be done, how, when and who by?

- Improve services in all areas in the region to meet a ‘gold’ standard of access/care.
- The issue was felt to be too big an issue for individual locations and that the Surgeon General’s Department should take responsibility.
- Increased funding is needed so there are specialist practitioners in all areas and a better ratio of personnel to clinicians.
- It could take years to implement as there is not a quick fix.

Recommendation 4 - Tackling isolation and loneliness of spouses

People married to serving personnel reported feeling lonely and isolated more than others, and this was particularly the case for younger spouses and those with children. This is an important finding for the Armed Forces welfare teams and other agencies to ensure there is adequate support of spouses and families.

The table group looking at this recommendation were not surprised at this finding and felt strategies were needed to work with people living in isolation and that these people should be recognised and included.

Possible solutions

- People in rural areas could be housed better.
- Pull together a transport ‘route’ improving knowledge of what is out there in the way of travel.
- Run social clubs which would include forces and civilians bringing both parties together.
- Volunteers to ‘befriend’ spouses and bring spouses into their social world.
- Provide a ‘care home’ on the military premises for older veterans where those on the base could work/help veterans, who would possibly both be living in isolation, thereby imparting their knowledge both ways. Include children in this scheme. This would alleviate loneliness for the elderly and spouses of serving officers and provide additional skills in readiness to return to civilian life.

Who is already working in this area and what is already in place?

- There are various projects and an opportunity for families and spouses to engage, i.e. Road Reps, Meet and Greet, Parent and Toddler, Play and Parenting, Airplay, Deployed Support, courses, etc. Other choices for families:
 - RAF Community Development Officers - One in each station in Lincolnshire, plus Army Youth and Community Workers.



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- HomeStart have experience of families on bases - project funded through the AFCC.
 - Children Centres Service - Rutland. Outreach Support Workers give invitations to attend Children Centres outside of the base.
 - HomeStart volunteer scheme and group work (whatever families want) and cooking courses. Flexible approach to help and advice, the core offer is the same for military families or civilians.
 - SSAFA and Help the Aged work on intergenerational support for veterans.
 - Multi-agency work is already in place and needs supporting.

What needs to be done, how, when and who by?

- Raise awareness of good practice and what is already on offer. Share good news through Military Network/RAF Community Development Officers.
- Effective signposting - HIVE Information Officers, HomeStart, Community Development Officers, schools, Children's Centres, etc.
- Workers with role of breaking down barriers and prevent younger spouses feeling judged by others.
- Better public transport/infrastructure.
- Community facilities and making these accessible to outside agencies. Utilise other community halls/centres to support dispersed families.
- Everyone should take responsibility for loneliness and isolation by rediscovering the sense of community and sharing information to get the message out.
- Someone should check whether what is on offer is what people want.
- Welfare Teams and Community Support Teams should take a lead
- Work on these issues should be continuous - a rolling programme.
- Covenant funding and money from military charities (e.g. Royal British Legion, SSAFA, RAF Benevolent Fund, ABF (The Soldier's Charity), etc.) could be used.



Recommendation 5 - Investigation of the issues affecting families and children

Despite not being asked about their experiences directly, it was clear that some spouses of serving personnel felt unsupported and faced a range of difficulties, including accessing healthcare and finding employment. They also mentioned the impact of frequently moving, changing schools and having a parent away serving had on their children. As there are many Armed Forces families in the area, it is important to find out more what young people think and to look for ways to better support them.

The table group looking at this recommendation felt that spouses and families are not supported and that there is a need to identify and support families with health needs. They highlighted the impact of a parent being away had on the 'sole parent' and the serving parent, including how routines, etc. can be disrupted when the serving parent returns and the whole 'circle of impact' deployment can have on children and families.

They also suggested a young person's consultation could take place.

Possible solutions

- Educate GPs and services outside.
- Recognise and award a dispersion/dislocation allowance to help dislocated families integrate into the local community.
- The MOD could give extra funding directly to families to support them.
- Healthcare:
 - Educate both health services and serving personnel and families (and manage expectations, e.g. local policies do affect the treatment of families for example, IVF eligibility varies in different areas of the country).
 - Healthcare records should be transferred swiftly.
 - When moving from overseas countries for example, Cyprus and Germany to the United Kingdom, the transfer of care needs to be arranged before they arrive in the UK. Referrals have been given to the NHS by a FMED7 (outpatient record) which bypasses the NHS Choose and Book system to be seen quicker.
 - Transport to appointments could help - community capacity.
- Employment:
 - Need to raise the profile of spouses 'skill pool' or 'skill base' to local employees.
 - Serving personnel and families would be more stable with reduced postings, etc.
 - Transport infrastructure needs to be put in place, including car pools and driving lessons.



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- Give people access to Rutland Adult Learning and Skills Service - functional skills, online learning, distance learning, grant subsidised set up costs, etc.
 - Education (children):
 - Those with additional needs need to be reassessed on posting/re-location as the information is not being transferred, particularly from out of country to the UK.
 - For serving personnel on deployment, access should be given to an online portal so they can see how children are progressing at school.
 - Changing schools - Department of Education's School-2-School system includes a service pupil 'flag', which would help make effective use of Service Pupil Premium (through an MoD and local authority partnership).
 - Find out what young people think about how they could be more effectively supported - capture their voice.

Who is already working in this area and what is already in place?

- Service Pupil Premium for 5-16 year olds attending state funded schools.
- Finding a way to get the voice of the pupil - Service Pupil Conference taking place 7 October 2019 with Rutland County Council (RCC) Learning and Skills and 25 pupils.
- "You said, we did" Service Pupils in Schools Conference in November 2019 to feedback to stakeholders.
- RCC/MoD joint funding of community room on Cottesmore to support parents and children on camp (Children's Centre).

What needs to be done, how, when and who by?

- Continue to encourage meaningful opportunities for gaining pupil views - not just answering the questions we want to have answered.
- Equity of access - recognise that some issues are not solely about service children. Solving problems with service families could solve problems faced by wider communities, e.g. transport to medical appointments.
- Learning and Skills already working and the Forces Family Forum (action plan). Rutland Adult Learning and Skills service and Visions Children Centre in Rutland could be involved.
- RCC Learning and Skills budget may be able to fund work and possibly schools via the Service Pupil Premium.
- Work on this should be ongoing.



Recommendation 6 - Investigation of dispersed families

The data indicates that there are dispersed families in the area (families living in the area but with the serving member based outside of the area). It is recommended that more is found out about these families to ensure they are supported.

The table group looking at this recommendation were surprised at the low number of families indicated and commented that it was more normal for the Navy as families do not relocate as much. They wondered whether people have a choice to stay in the area or not and felt that some families ask to stay in areas for their own personal reasons so may not be experiencing any 'issues'.

Possible solutions

- Increased NHS funding from the MoD. For example, a Patient Premium could help support families' primary and secondary care, GP registrations and MoD Health Centres.
- NHS universal health and school nursing support - improved access and support.
- More MoD pastoral support and services.
- Local Authority could support education, work and finances.
- Give families a 'dispersion allowance' for petrol, cars and accommodation.
- Use third sector charities, SSAFA, etc.

Who is already working in this area and what is already in place?

- The RAF Families Federation have a two year funded project running at present on this very subject - it will culminate in recommendations as to how to better support our dispersed families.
- All families whether they are dispersed or not, should receive a welcome pack from their parent station detailing the support available. The difficulty is if they don't want to identify - or the serving person doesn't.

What needs to be done, how, when and who by?

- Find out who the families are, if they need anything and if they want to be communicated with.
- Don't leave it to the serving personnel to pass on messages. The parent stations should take responsibility for the welfare of the unit. Peripheral support from the local authority and the third sector is also welcome.
- Get Joint Personnel Administration system up to date.
- Use the Rutland Card to give people an incentive to identify themselves.
- It was suggested that people wait until the national project report comes out and look at it and the outcomes to see if a local solution be developed.



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- It was felt that there are potentially greater priorities as it is hoped that families will ask if they need support and that some dispersed families do not want to be found.

Recommendation 7 - Increasing awareness of the Armed Forces community

As 45% of people had not told their GP about their Armed Forces connection, and others mentioned difficulties accessing services, or that health services did not seem to be interested in their armed forces history, there may be a need to increase awareness amongst GPs and other healthcare professionals of the Armed Forces Covenant and the potential needs of the Armed Forces community. As well as being told about it, they should actively work to provide for the distinct needs of the Armed Forces community and ensure that veterans feel they are listened to and their needs taken seriously. Furthermore, all members of the Armed Forces community should be made aware of the Covenant by local health or care services and of the additional support available to them.

The table group looking at this recommendation were not surprised and felt that GP surgeries and dental services do not recognise the Armed Forces connection, although veterans can be given a letter to give to their GPs.

Possible solutions

- Dental and medical services on camp for families and reserves.
- GP training about veterans and military regarding:
 - Entry medical information
 - PTSD awareness
 - What is available
- The media should stop using the ‘mad, bad, sad’ label, i.e. should understand the negative affect of articles portraying veterans as troubled or people needing sympathy, even when they are trying to help.
- The facilities should be as good as in the United States.

Who is already working in this area and what is already in place?

Not a great deal was thought to be happening already but East Leicestershire and Rutland CCG are working in the area and a Non-Executive Director at University Hospitals of Leicester NHS Trust is a retired Army Colonel.

What needs to be done, how, when and who by?

- Individuals need help to speak up and be proactive at telling services about their armed forces connections/backgrounds.
- More Breakfast Clubs could help.



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- Get an East Midlands Armed Forces Network up and running.
 - Local CCGs should work with the East Midlands Armed Forces Covenant network, which should include Nottingham CCGs.
 - Rutland's Primary Care Network should take an active role in Rutland - currently there are only four GP practices in Rutland aware of veterans.
 - Short term funding from the government or local authorities to charities such as Royal British Legion and Age UK could help. Finding short term funding can lead to long term savings.
 - Work should begin as soon as possible and be ongoing.

Conclusion

The partners workshop generated many constructive ideas to address the needs of the Armed Forces community in Rutland, South Kesteven and Harborough. All present demonstrated a positive attitude and determination to work towards meeting these needs. The actions identified will be driven forward by the tri-council Armed Forces Covenant project, working closely with the LLR Civil Military Partnership Board and others.



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