



# **The Health and Wellbeing of Veterans in Birmingham**

## **Deep Dive Joint Strategic Needs Assessment**

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# Executive Summary

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This deep dive into the health and wellbeing of Armed Forces veterans in Birmingham is part of a series of Birmingham's enhanced JSNA deep dive reviews. We have examined multi-agency data and evidence relating to veterans in Birmingham to inform the Health and Wellbeing Board of the needs of this group. We have used the term *veteran* based on the Ministry of Defence definition in this deep dive. However, it should be noted that the term ex-service is usually preferred by this group. This and other definitions are discussed in more detail in the Introduction chapter.

*The Veterans Strategy (2018)* and *Armed Forces Covenant (2011)* reinforce the moral obligation to those who serve or have served in the Armed Forces, their families and the bereaved. Both hold that members of the Armed Forces community should face no disadvantage compared to other citizens in the provision of public and commercial services. Additionally, special consideration is appropriate in some cases, especially for those who have given the most, such as the injured or the bereaved.

In the Opportunities for Action section we have set out the key findings and recommendations as to how local partners can work towards our ambition for Birmingham. These include:

- Improving the capture of data on veterans by local health and care organisations.
- Raising awareness of the *Armed Forces Covenant* and duties for local organisations.
- Sharing best practice across the local area.
- Further work to understand potential high-risk groups.

# 1. Introduction

## 1.1. Joint Strategic Needs Assessment (JSNA)

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities.<sup>1</sup> The JSNA is not an end in itself but a continuous process of strategic assessment and planning. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. JSNAs are used to determine the actions the local authority, local NHS, and other parties need to take to meet health and social care needs of the local population, and to address the wider determinants that impact on health and wellbeing.

## 1.2. Why Focus on Armed Forces Veterans?

Support to the Armed Forces community has received political impetus over recent years - for example, in the *Command Paper 'The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans (2008)'*<sup>2</sup> and in the *Armed Forces Covenant (2011)*.<sup>3</sup>

These documents highlight that service in the Armed Forces is different to other occupations as serving and veteran personnel (and their families) experience unique factors as a result of their time in service. These include not only the risks of injury or death, but also factors related to Armed Forces' lifestyles, such as frequent moves and the disruption this may bring. The Command Paper seeks to ensure that these circumstances are taken into account in commissioning and delivering services.

The Ministry of Defence's *Strategy for our Veterans (2018)*<sup>4</sup> sets out a 10 year plan to address the needs of veterans. Key themes and aims of the strategy are set out as follows:

1. Community and relationships: veterans can build healthy relationships and integrate into their communities.
2. Employment, education and skills: veterans enter appropriate employment and can continue to enhance their careers throughout their working lives.
3. Finance and debt: veterans leave the Armed Forces with sufficient financial education: awareness and skills to be financially self-supporting and resilient.
4. Health and wellbeing: all veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society.

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<sup>1</sup> Local Government and Public Involvement in Health Act (2007) as amended by the Health and Social Care Act (2012). <https://www.legislation.gov.uk/ukpga/2007/28/section/221> Accessed 23 April 2021.

<sup>2</sup> Ministry of Defence UK (2008) *The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans*. London. <https://www.gov.uk/government/publications/the-nation-s-commitment-cross-government-support-to-our-armed-forces-their-families-and-veterans--2> Accessed 23 April 2021.

<sup>3</sup> Ministry of Defence UK. *The Armed Forces Covenant*. (2011) London. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf) Accessed 23 April 2021.

<sup>4</sup> Ministry of Defence UK, *The Strategy for our Veterans (2018)* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 23 April 2021.

5. Making a home in civilian society: veterans have a secure place to live either through buying, renting or social housing.
6. Veterans and the law: veterans leave the Armed Forces with the resilience and awareness to remain law-abiding civilians.

Inequalities between veterans and the general population have been observed, particularly in relation to employment, offending and homelessness. However, the view of the Government is that the issues faced by veterans, particularly poor mental health, are overestimated by the public resulting in a perception that military service is detrimental to the long term health of veterans.<sup>5</sup>

This Deep Dive seeks to bring together the multi-agency data and evidence of veterans in Birmingham in relation to the six themes identified above. Its aim is to identify where gaps in information exist and to make recommendations to key front-line service providers to engage in improved data collection in the future.

### 1.3. Definitions and Scope

We have used the term *veteran* in this Deep Dive. This decision was backed up by our focus-group participants, most of whom preferred the term *veteran*. However, research also shows that a significant minority of former UK Armed Forces personnel instead prefer to define themselves as *ex-service*.<sup>6</sup> The official definitions are provided below.

**Veteran** is defined by The Ministry of Defence (MOD) as: “*Anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve), or Merchant Mariners who have seen duty on legally defined military operations.*” Under this definition, veterans are defined as having already left the Armed Forces.<sup>7</sup>

The *Armed Forces Covenant*<sup>8</sup> defines the Armed Forces Community as:

- Regular Personnel - any current serving members of the Naval Service, Army or Royal Air Force;
- Volunteer and Regular Reservists - Royal Naval Reserve, Royal Marine Reserve, Territorial Army and the Royal Auxiliary Air Force, and the Royal Fleet Reserve, Army Reserve and Air Force Reserve, Royal Fleet Auxiliary and Merchant Navy (where they served on a civilian vessel whilst supporting the Armed Forces);
- Veterans - anyone who has served for at least a day in the Armed Forces as either a regular or a reservist;

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<sup>5</sup> House of Lords, Veterans Strategy: Background to the Government Policy Debate on 15 November 2018. <https://lordslibrary.parliament.uk/research-briefings/ln-2018-0118/> Accessed 23 April 2021.

<sup>6</sup> Burdett et al (2012) “Are You a Veteran?” Understanding of the Term “Veteran” among UK Ex-Service Personnel. A Research Note. <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/veterans/burdett-2012-veterans.pdf> Accessed 14 June 2021.

<sup>7</sup> Ministry of Defence UK, The Strategy for our Veterans (2018) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 23 April 2021.

<sup>8</sup> Ministry of Defence UK. The Armed Forces Covenant. (2011) London. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf) Accessed 23 April 2021.

- Families of regular personnel, reservist and veterans - spouses, civil partners and children, and where appropriate can include parents, unmarried partners and other family members;
- Bereaved - the family members of service personnel and veterans who have died, whether that death is connected to their service or not.

**Transition** is the term used to describe the period of time when personnel leave the Armed Forces to return to civilian life. On joining the Armed Forces, individuals adopt an ethos of selfless service, ready to be moved wherever they are ordered, totally committed to their service and ultimately prepared to give their lives. The national strategies and *Armed Forces Covenant* seek to reinforce the duty that society has to these individuals to ensure that on leaving the military they are integrated successfully into civilian society and suffer no disadvantage as a result of having served. Transition is a holistic experience that can include employment, housing, wellbeing, health, education, children and finances.<sup>9</sup> It is a unique experience for everyone and the length of time involved in this process will depend upon the needs of each service leaver and their families.

**Reservists** is the term used to describe veterans of volunteer and regular Reserve forces and are a recent consideration. These were added to the definition of veterans in the 2011 Armed Forces Covenant. At the present time there is little evidence available on this group of veterans.

**Early Service Leavers (ESL)** is a term which describes veterans who leave the Armed Forces either voluntarily before completing an initial four years of service; or compulsorily due to medical or disciplinary reasons. In comparison to other service leavers, ESLs have a higher proportion of younger and female veterans. Research suggests that ESLs are more likely to have served in the Army, to not be in a relationship and to be of lower rank.<sup>10</sup>

#### **Population of interest:**

For the purposes of this deep dive, we have focused on veterans of the UK Armed Forces. However, we acknowledge the importance of families and dependents, and have therefore included services for families and the bereaved in our assessment.

There are several reasons why someone may be discharged from the military, including retirement, time expiry, medical, or disciplinary discharge. This deep dive will consider all veterans regardless of the reason for leaving the Armed Forces.

We are aware that there are veterans of foreign forces living in Birmingham. There is little data on this group of veterans, but we have included these in this deep dive where available.

## **1.4. National Picture of Veterans**

Nearly half (47%) of the current UK veterans are aged over 75. These veterans would have served in the Second World War (WW2) and subsequent conflicts (see Figure 1) as conscripts, volunteers and as part of the National Service until 1963. Younger veterans will

<sup>9</sup> The Army Families Federation. Transition. <https://aff.org.uk/advice/family-life/transition/> Accessed 28 June 2021.

<sup>10</sup> Buckman et al (2012), Early Service Leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early, European Journal of Public Health. <https://pubmed.ncbi.nlm.nih.gov/22539627/> Accessed 23 April 2021.



have served on operational duties at home and abroad including conflicts, peacekeeping duties, humanitarian aid, anti-terrorism enforcement and international anti-drug trafficking operations.<sup>11</sup>

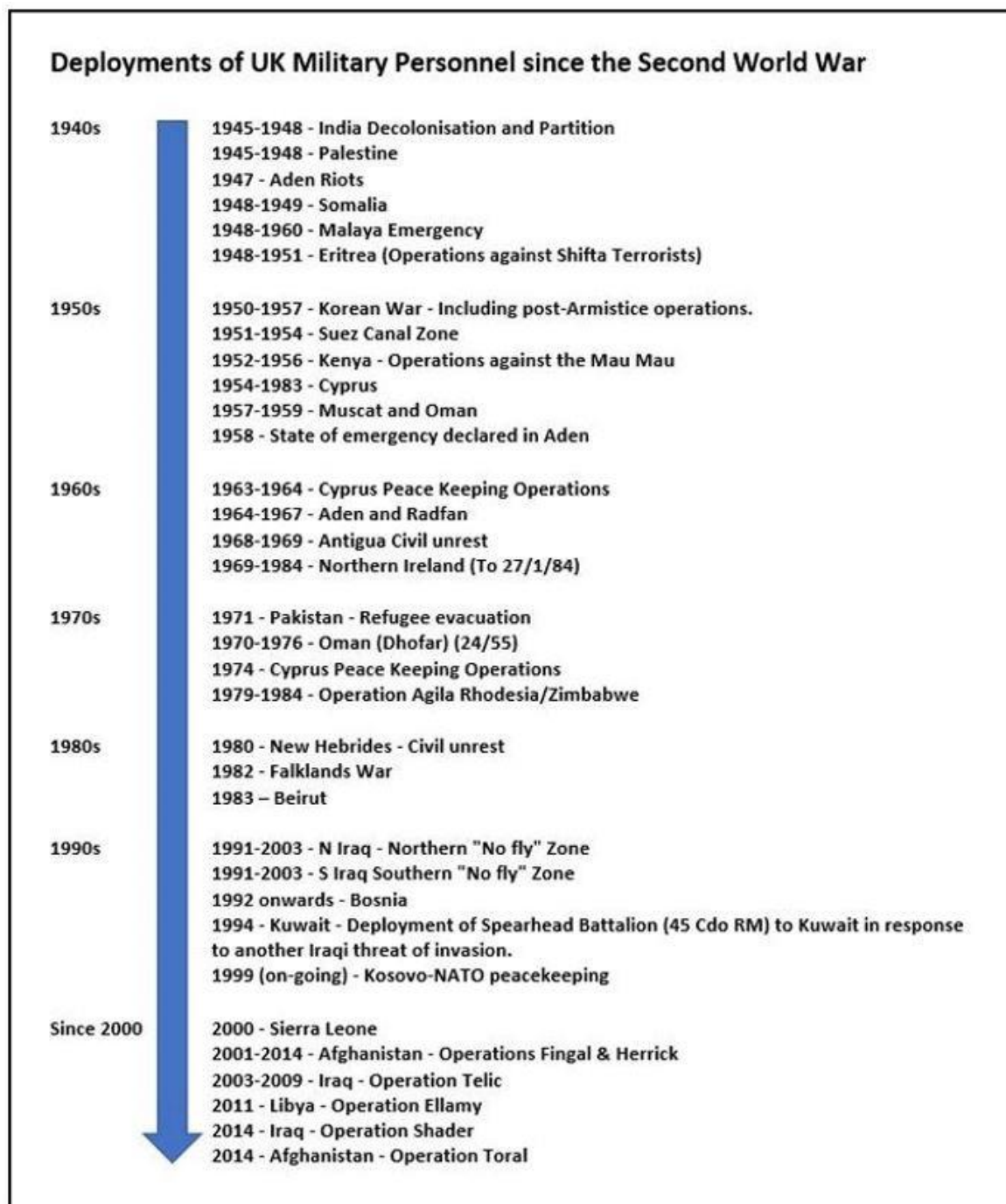


Figure 1: Timeline of the deployments of the UK military personnel since the Second World War. <sup>12</sup>

<sup>11</sup> Annual Population Survey: UK Armed Forces Veterans residing in Great Britain (2017). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128 - APS 2017 Statistical Bulletin - OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

<sup>12</sup> Britain's Small Wars. <http://britains-smallwars.com/deployments> Accessed 11th May 2021.

British Armed Forces personnel are presently deployed in sixteen different countries around the world.<sup>13</sup> There are currently 144,650 deployable Armed Forces personnel, many of whom are actively involved in foreign training and peace-keeping operations. Approximately 15,000 trained regulars leave the Armed Forces each year.<sup>14</sup> This can be because they have come to the end of the Armed Service period (time expiry) or because they choose to leave before the end of the Armed Service period (voluntary outflow) or because they are discharged from service.

The average length of service for trained regulars who voluntarily left the Armed Forces<sup>15</sup> between August 2017 and July 2018 was:

- Royal Navy and Royal Marines - 11 years
- Army - 10 years
- Royal Air Force - 15 years

The average age of UK regulars leaving the Armed Forces in 2018 was:

- Royal Navy and Royal Marines - 40 years for officers, 29 years for other ranks
- Army - 41 years for officers, 28 for other ranks
- Royal Air Force - 42 years for officers, 34 for other ranks

## 1.5. National Strategy and Guidance

*The Strategy for our Veterans (2018)*<sup>16</sup> sets out the intent for delivery of public services across the UK until 2028. The aim is that “*those who have served in the UK Armed Forces and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have to offer*”. This is based upon three principles:

- Veterans are first and foremost civilians and continue to be of benefit to wider society.
- Veterans are encouraged and enabled to maximise their potential as civilians.
- Veterans can access support that meets their needs when necessary, through public and voluntary sectors.

*The Armed Forces Covenant (2011)*<sup>17</sup> was the re-branding of the earlier Covenant that was introduced in 2000. It is an informal understanding of the mutual obligations between the

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<sup>13</sup> The British Army: Operations and Deployments. <https://www.army.mod.uk/deployments/> Accessed 7 May 2021.

<sup>14</sup> Ministry of Defence, UK armed forces biannual diversity statistics: 2019 Online. <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2019> Accessed 23 April 2021.

<sup>15</sup> Ministry of Defence. Quarterly service personnel statistics: 2018. <https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2018> Accessed 23 April 2021.

<sup>16</sup> Ministry of Defence UK, *The Strategy for our Veterans (2018)*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 23 April 2021.

<sup>17</sup> Ministry of Defence UK. *The Armed Forces Covenant*. (2011) London. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf) Accessed 23 April 2021.

nation and the Armed Forces which encapsulates the moral obligation to those who serve or have formerly served, as well as their families and the bereaved.

The Covenant's twin underlying principles are:

- Members of the Armed Forces community should face no disadvantage compared to other citizens in the provision of public and commercial services.
- Special consideration is appropriate in some cases, especially for those who have given the most such as the injured or the bereaved.

Communities, businesses, and charitable organisations can sign the Covenant and pledge their support to the Armed Forces community. A *Covenant Fund*<sup>18</sup> is available to support projects in line with the Covenant's principles, which can provide small grants for community integration projects and larger grants for more strategic work.

## 1.6. Birmingham's Strategies and Plans

### Community Covenant

*Birmingham's Armed Forces Community Covenant*<sup>19</sup> was signed in 2012 by the Armed Forces, Birmingham City Council and Birmingham Voluntary Service Council. There are four principles:

- Voluntary statement of mutual support between the civilian community and local Armed Forces community.
- Encourage support, recognise and remember sacrifices made by this Armed Forces community, including in-Service and ex-Service personnel, their families and widow(er)s.
- Provide help and advice to members of the Armed Forces community and build upon existing good work.
- Encourage the integration of service life into civilian life and encourage members of the Armed Forces community to help their local community.

Birmingham has an Armed Forces Covenant Steering Group which meets quarterly and is chaired by the city's Armed Forces Ambassador - Councillor Mike Sharpe BEM (British Empire Medal).

### West Midlands Combined Authority

In February 2020, The West Midlands Combined Authority (WMCA) brought together local authorities, homeless charities and Armed Forces organisations and charities to highlight how they can work together to find the best ways to help veterans who don't have permanent homes. This included the release of the *Designing out Veterans' Homelessness Report* which examines the homelessness and housing needs of veterans."

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<sup>18</sup> The Armed Forces Covenant Fund Trust. <https://covenantfund.org.uk/> Accessed 7 May 2021.

<sup>19</sup> Birmingham City Council, Birmingham Armed Forces Community Covenant. [https://www.birmingham.gov.uk/info/50066/moving\\_to\\_birmingham/1000/armed\\_forces\\_community\\_covenant](https://www.birmingham.gov.uk/info/50066/moving_to_birmingham/1000/armed_forces_community_covenant) Accessed 23 April 2021.

The West Midlands Homelessness Task Force is working with local organisations and councils to ensure that veterans who are homeless, or at risk of homelessness are supported to access the services that will help them to achieve their full potential.<sup>20</sup>

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<sup>20</sup> The Best of Birmingham: Calls for Collaboration to Support West Midlands Homeless Veterans. <https://www.thebestof.co.uk/local/birmingham/community-hub/blog/view/calls-for-collaboration-to-support-west-midlands-homeless-veterans/> Accessed 11 May 2021.

## 2. Veteran Population in Birmingham

Birmingham is the largest unitary local authority in Europe and the UK's second city, home to an estimated current population of 1,137,123.<sup>21</sup> According to the *2011 Census*, Birmingham has a younger population than most UK local authorities. The population is more ethnically diverse than the country as a whole and Birmingham also has levels of deprivation that are above the national average.<sup>22</sup>

Birmingham is not a garrison town so there are no barracks housing permanent troops. The Army has Reserve centres in Sparkbrook, Kings Heath, Sheldon and Harborne.<sup>23</sup> The Royal Navy has a Reserve Unit, HMS Forward, located near Birmingham City football ground.<sup>24</sup> There is also a careers office for the Royal Navy, Army and RAF which carries out Armed Forces recruitment in the city centre.

It is not currently possible to determine a robust estimate of the number of veterans in Birmingham because veteran identification is not always asked in service delivery. Furthermore, younger veterans do not always identify as being a veteran, often preferring the term ex-service man or woman. In the absence of reliable routine data, we have used national data to create estimates for the Birmingham population. Nationally, this data provides a good picture of the overall veteran population. However, Birmingham's demographics vary significantly from the national average due to its large ethnic minority population and also having one of the youngest populations in Europe.<sup>25</sup> As a result, this data is less representative of Birmingham and therefore provides us with a less robust estimate.

The following demographic analysis is based on the *2017 MOD Annual Population Survey (APS)*.<sup>26</sup> The Royal British Legion produced a report in 2014,<sup>27</sup> which estimated 10% of the adult population had served in the Armed Forces. It was estimated that in 2016 there were approximately 2.5 million veterans residing in Great Britain, this is projected to decrease year-on-year to 1.6 million by 2028. In 2016, the veteran population represented 5% of household residents aged over 16, this is projected to decrease to 2-3% by 2028. Further

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<sup>21</sup> Office for National Statistics, 2017 mid-year population estimates.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland> Accessed 23 April 2021.

<sup>22</sup> MHCLG Indices of Deprivation (2019). <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> Accessed 23 April 2021.

<sup>23</sup> British Army Jobs, Reserve units in the Midlands, online. <https://apply.army.mod.uk/what-we-offer/army-reserve-centres> Accessed 20 April 2021.

<sup>24</sup> Royal Navy, HMS Forward. <https://www.royalnavy.mod.uk/forward> Accessed 20 April 2021.

<sup>25</sup> Census 2011 data finder. [https://www.nomisweb.co.uk/census/2011/data\\_finder](https://www.nomisweb.co.uk/census/2011/data_finder) Accessed 20 April 2021.

<sup>26</sup> Ministry of Defence UK, Annual population survey: UK armed forces veterans residing in Great Britain (2017). [https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017?utm\\_source=a55d37ca-8bfa-435a-ab1d-66cf875f2a4c&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017?utm_source=a55d37ca-8bfa-435a-ab1d-66cf875f2a4c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) Accessed 23 April 2021.

<sup>27</sup> <https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/policy-and-research/research-and-reports> Accessed 23 April 2021.

clarity on the number of veterans in Birmingham is expected from the 2021 Census, which for the first time will include a question about military service.<sup>28</sup>

## 2.1. Estimated Veteran Population

Due to a lack of current published data, the 2017 MOD Annual Population Survey (APS) West Midlands region level data has been applied to the most recent Birmingham population data<sup>29</sup> to estimate the potential size of the city's veteran population. In the West Midlands region, veterans account for 8% of 16 to 64 year olds and 9.2% of those aged over 65. Applying these percentages to the Birmingham population gives an estimated veteran population of 31,866 (2.8% of the total population). Improved data collection and reporting would enable a more accurate estimate.

## 2.2. Gender

In Birmingham, the general population gender split is 51% female and 49% male. Nationally, males account for 89% of the veteran population. Applying this to the Birmingham population would suggest that the city has approximately 28,350 male veterans and 3,500 female veterans.

According to a 2012 study, Early Service Leavers (ESL) are more likely to be female than male.<sup>30</sup> Nationally, the percentage of female members of the Armed Forces had increased from 9.7% in 2012 to 10.6% in 2019.<sup>31</sup>

## 2.3. Age

The population pyramid below uses the national figures applied to the Birmingham population of veterans to show a comparison between the estimated veteran population and the local population. Nearly half of veterans (49%) are estimated as aged 75 and over and this cohort would have served in WW2 or been conscripted in National Service.<sup>32</sup>

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<sup>28</sup> Office for National Statistics. Armed forces community (veterans) question development on the armed forces veterans' community.

<https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/armedforcescommunityveteransquestiondevelopmentforcensus2021> Accessed 15 June 2021.

<sup>29</sup> Office for National Statistics, 2017 mid-year population estimates.

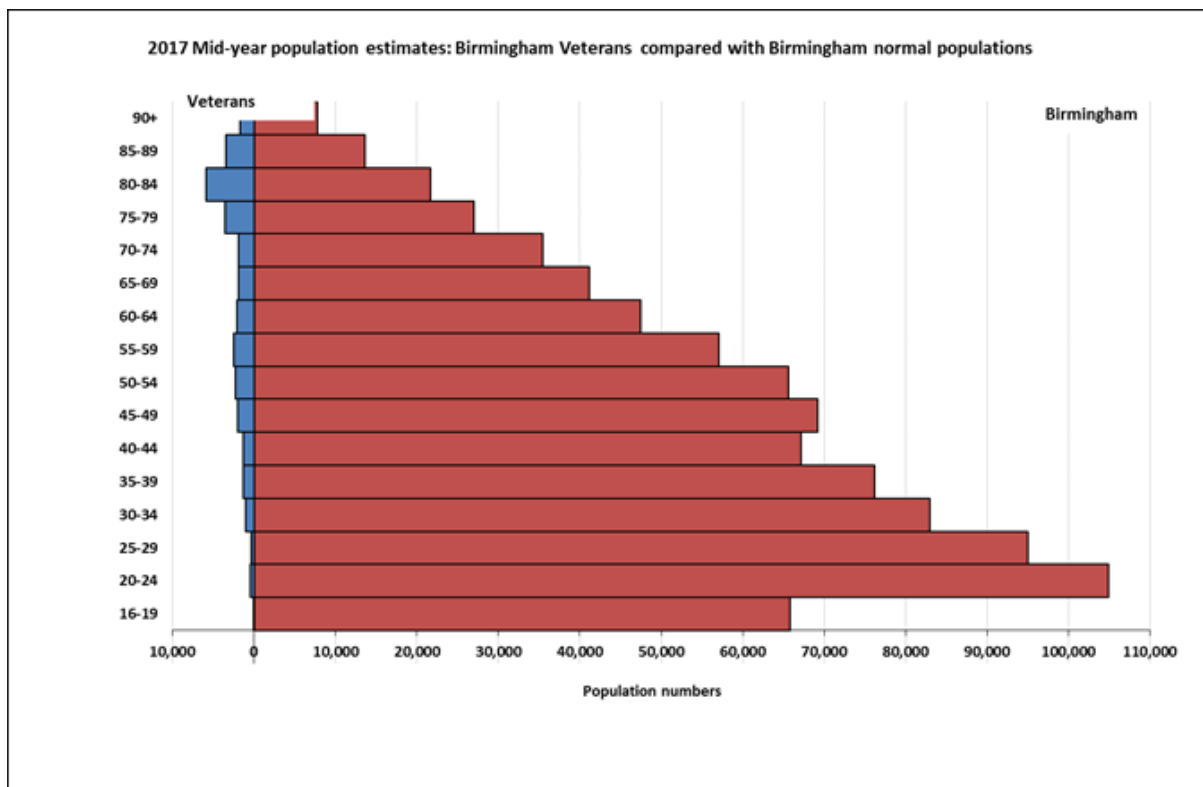
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates> Accessed 23 April 2021.

<sup>30</sup> Buckman et al (2012), Early Service Leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early, European Journal of Public Health. <https://pubmed.ncbi.nlm.nih.gov/22539627/> Accessed 23 April 2021.

<sup>31</sup> Ministry of Defence, UK armed forces biannual diversity statistics: 2019.

<https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2019> Accessed 23 April 2021.

<sup>32</sup> In house calculations based on ONS Annual Population Survey 2017 data and applied to Birmingham demographics.



**Figure 2: Veteran Age Ranges compared to Birmingham Population (Source: APS 2017)**

The age profile of veterans is very different to the non-veteran population in Birmingham as 40% of the city’s population is aged under 25 years.<sup>33</sup> Therefore, this data may not provide us with a robust estimate of the number of younger veterans in the area.

The term ex-service is preferred particularly by the younger generation who often view the term “veteran” as relating to older ex-service personnel. This may mean that they may not identify or record themselves as veterans in surveys that use this terminology. To better reflect the younger veterans in the city who identify as ex-service men and women, changes could be made to the wording of questionnaires which may improve the recordings of age estimates.

## 2.4. Ethnicity

Birmingham’s residents represent a diverse range of national, ethnic and religious backgrounds. According to the *2011 Census*, the largest ethnic group in Birmingham was White British (53.1%), which was reduced from 65.6% in 2001 and is substantially lower than the 80.5% average in England. Other large ethnic groups within the city are Pakistani (13.5%) and Indian (6%).<sup>34</sup>

<sup>33</sup> Internal analysis based on Birmingham Census 2011 populations by age and ethnicity downloaded in November 2012 via <https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=801&version=0&anal=1&initset=> Accessed 26 April 2021.

<sup>34</sup> Office for National Statistics 2011 UK Census. [https://www.nomisweb.co.uk/census/2011/data\\_finder](https://www.nomisweb.co.uk/census/2011/data_finder) Accessed 23 April 2021.

In the national survey, 99% of veterans were from a White ethnic background.<sup>35</sup> Applying this to the Birmingham population an estimated 31,500 veterans of White ethnicity and 300 from ethnic minorities. However, these estimates are very different to the non-veteran population in the city and with no local data sources, it is not possible to further confirm this estimate. Whilst local data indicates that the veteran ethnic minority population in Birmingham is larger than the estimate suggests, the older age groups, within which many veterans are found, has a higher proportion of White ethnicity compared to the younger age groups in the city.

Birmingham has a long tradition of welcoming immigrants. These include Irish and Jewish migrants during the 18th and 19th centuries; post-war immigration from Commonwealth countries; refugees fleeing conflict from Somalia, Iraq and Afghanistan in the 1990s and 2000s; and more recent migration from EU member states such as Romania and Poland. According to the *2011 Census*, 22% (238,313) of Birmingham residents were born outside the UK (almost double the England average of 13%), and 9.6% (106,272) of residents had arrived in the UK since 2001. It is likely that some immigrants will have served in the armed services of their countries of origin. Local police custody data<sup>36</sup> confirms that this is the case. However, there is no data to estimate their numbers in Birmingham.

## **2.5. Projected Population Changes**

In 2016, the national veteran population represented 5% of household residents aged over 16; this is projected to decrease to 2-3% by 2028.<sup>37</sup> The percentage of working age veterans is projected to increase from 37% in 2016 to 44% by 2028. The percentage of female veterans is also projected to increase from 10% in 2016 to 13% by 2028.<sup>38</sup>

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<sup>35</sup> Ministry of Defence, UK armed forces biannual diversity statistics: 2019. <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2019> Accessed 23 April 2021.

<sup>36</sup> Custody data received from West Midlands Police, August 2019.

<sup>37</sup> Ministry of Defence UK, Population Projections: UK Armed Forces Veterans residing in Great Britain, 2016-2018 (published 2019). <https://www.gov.uk/government/publications/population-projections-uk-armed-forces-veterans-residing-in-great-britain-2016-to-2028> Accessed 23 April 2021.

<sup>38</sup> Ministry of Defence UK, Population Projections: UK Armed Forces Veterans residing in Great Britain, 2016-2018 (published 2019). <https://www.gov.uk/government/publications/population-projections-uk-armed-forces-veterans-residing-in-great-britain-2016-to-2028> Accessed 23 April 2021.



### 3. Health and Wellbeing Needs of Veterans

This evidence review focuses upon the main impacts that being a veteran has on health and wellbeing and explores the factors that make veterans more at risk than the general population. These factors include the wider determinants of health.

As mentioned previously, there are issues surrounding the availability and reliability of veteran data. At present, there is no single reliable data source of veterans in Birmingham and research is often based on best estimates from survey data. There is no reliable evidence either as to the long-term physical effect of military service. MOD reviews of veterans suggest personnel are likely to suffer the same range of health and welfare issues as the general population and most are generally robust people who do make a successful transition to civilian life, although a small percentage struggle.<sup>39</sup> This veteran minority can experience complex mental and physical issues that are often compounded by wider determinants of health such as social isolation, crime, housing and income.

This review is set out into sections that relate to the *National Veterans' Strategy key themes*.

#### 3.1. Community and Relationships

Research tells us that social interactions and community connections bring value to our lives and the lack of them can affect a person's quality of life.<sup>40</sup> Life transitions such as leaving the Armed Forces can leave a person more vulnerable to experiencing loneliness than others. However, evidence regarding loneliness and social isolation amongst veterans is limited.

In 2018, the House of Commons Defence Committee published the first report of its *Inquiry on Mental Health and the Armed Forces*. A key finding of this report was that the sense of community within the Armed Forces may improve mental health or delay the onset of mental health conditions. This positive effect can be lasting, but the potential loss of support and community when personnel leave the Armed Forces may mean that, for some, military service will have only delayed the onset of mental health issues. UK Government statistics report only those who seek help and may therefore be significantly underestimating how many serving personnel and veterans have mental health conditions. Current research suggests that the number of veterans with mental health conditions that require professional help could be up to three times higher than official statistics, at around 10%.<sup>41</sup>

A 2018 survey of the Armed Forces community found that one in four veterans reported that they feel lonely and socially isolated 'always' or 'often'.<sup>42</sup> An earlier survey<sup>43</sup> found that more

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<sup>39</sup> NHS Advancing Quality Alliance, North West Military Veterans Mental Health Mapping Project, (2012). [https://archive.vsnw.org.uk/static/files/MVreport\(6\)pg2012.pdf](https://archive.vsnw.org.uk/static/files/MVreport(6)pg2012.pdf) Accessed 23 April 2021.

<sup>40</sup> Ministry of Defence UK, The Strategy for our Veterans (2018). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 23 April 2021.

<sup>41</sup> House of Commons Defence Committee, Mental Health and the Armed Forces, Part One: The Scale of Mental Health Issues, (July 2018), HC 813 of session 2017-19. <https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/1635/1635.pdf> Accessed 20 April 2021.

<sup>42</sup> Royal British Legion, Loneliness and Isolation in the Armed Forces Community, (2018). <https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/campaigns/loneliness-and-social-isolation> Accessed 23 April 2021.

<sup>43</sup> SSAFA, 41 per cent of veterans have felt isolated, research reveals, (23 October 2017). <https://www.cobseo.org.uk/41-veterans-felt-isolated-research-reveals/> Accessed 23 April 2021.

than three in ten veterans have just one or no close friends, and more than half admitted that they would be unlikely to discuss any feelings of loneliness.

Focus group findings (see Section 5) support this, with many participants experiencing social isolation in the first year of their transition without the military's strong social network. Some participants reported feeling that their families don't understand what they've been through and are unable to relate to their experiences. Participants suggested that the military sense of pride often stops people from asking for help and that transition could be improved with the introduction of a support network and timely access to advice and information during the early transition stages.

The *Armed Forces Covenant* addresses the transition to civilian life and recommends a range of services that should be provided to leaving personnel. However, ESLs often receive little specific resettlement provision compared to those with a planned discharge.<sup>44</sup> For example, medically discharged individuals will be offered transition services but may not be able to attend because of their treatment.

Focus group participants (Section 5) believe the disparity in resettlement provision is a factor in how well those leaving the military transition to civilian life. They think that transition support has improved overall but more could still be done.

Military associations exist for those who wish to retain a link to their service. However, recent surveys suggest that these associations do not always provide local integration or the sense of community that is sought.<sup>45</sup>

### 3.2. Employment

Stable and fulfilling employment is essential for any individual's health and wellbeing.<sup>46</sup> Those who have served in the Armed Forces demonstrate a level of motivation and determination that is valued in civilian employment.<sup>47</sup> Support with civilian employment is offered to veterans through the Career Transition Partnership (CTP), which is provided by Right Management Ltd and contracted by the MOD.

Data from the employment section of the *Annual Population Survey*<sup>48</sup> suggests that there is no difference in proportion between those employed in the working age veteran population compared to the non-veteran population. However, veterans are more likely to be employed

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<sup>44</sup> Howard League for Penal Reform, Report of the Inquiry Into Former Armed Service. <https://howardleague.org/publications/report-of-the-inquiry-into-former-armed-service-personnel-in-prison-2/> Accessed 20 April 2021.

<sup>45</sup> Ministry of Defence, The Strategy for our Veterans (2018). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 20 April 2021

<sup>46</sup> Norström, F., Waenerlund, A., Lindholm, L. et al. Does unemployment contribute to poorer health-related quality of life among Swedish adults? BMC Public Health 19, 457 (2019) doi:10.1186/s12889-019-6825-y. <https://bmcpublishing.biomedcentral.com/articles/10.1186/s12889-019-6825-y> Accessed 23 April 2021.

<sup>47</sup> HM Government, The Strategy for Our Veterans, (2018).

<sup>48</sup> Ministry of Defence. Annual Population Survey: UK Armed Forces Veterans residing in Great Britain (2017). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128\\_-\\_APS\\_2017\\_Statistical\\_Bulletin\\_-\\_OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

in public service (e.g. the prison service, NHS, fire service and MOD), with 12% of veterans compared to 6% of non-veterans employed within this sector.

Those in the veteran focus groups (Section 5) who had specific trade skills, which could apply to areas such as the NHS, said they found it easier to gain employment than those who didn't. Many others struggled to have their skillset understood or valued outside the military and faced barriers to employment. Even when they secured positions, there was culture shock at the different style of communication in civilian life.

The MOD reported differences in employment levels of those who used a CTP service:<sup>49</sup>

- Army leavers were more likely to be unemployed (10%) compared to RAF and naval service leavers (7% each).
- Black, Asian and other ethnic minority leavers were more likely to be unemployed (21%) than White service leavers (8%).
- Those who were medically discharged were less likely to be employed (73%) than those not medically discharged (84%). However, this group may not have had the goal of achieving employment immediately on leaving service.

As previously mentioned, the reliability of this data should be viewed with caution. The Royal British Legion (RBL) have estimated lower employment rates than those in the MOD statistics.<sup>50</sup> This report also highlighted worse outcomes for veterans from ethnic minorities, female veterans, disabled veterans and ESLs.

The way in which veterans approach seeking employment differs to the general population. Figure 3 shows the methods adopted by veterans to access employment compared to non-veterans. Veterans are more likely to use newspapers and journals to find work and are far less likely (less than 5%) to use a Jobcentre than the non-veteran population. The survey data should be viewed with caution, but these differences have been noted in anecdotal evidence from professionals working with veterans in Birmingham.

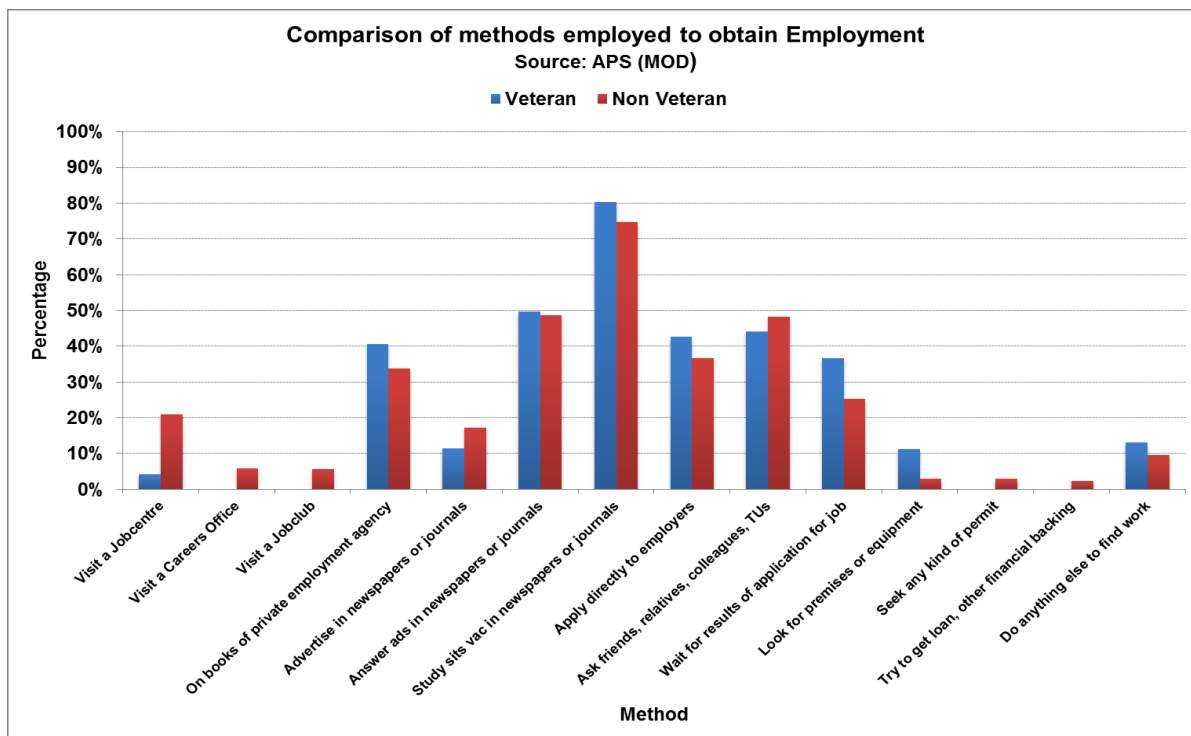
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<sup>49</sup> Ministry of Defence, Career Transition Partnership Annual Statistics: UK Regular Service Personnel Employment – 1 April 2012 to 31 March 2017, (January 2018), pp2-3.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774784/20181203 - CTP Bulletin.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774784/20181203_-_CTP_Bulletin.pdf) Accessed 20 April 2021.

<sup>50</sup> Royal British Legion, Deployment to Employment, (2016).

<https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/deployment-to-employment.pdf> Accessed 20 April 2021.



**Figure 3: Employment seeking methods. (Source: APS 2017)**

Military service is a unique experience and it can be difficult to translate experiences to civilian employment. Some employers have a limited understanding of the skills that veterans can offer meaning that employment options may be restricted to stereotypical roles. Many focus group participants (Section 5) echoed this experience and want dedicated support to help show the value of their skills to companies, and to help combat stigma.

### 3.3. Education

There is no significant difference between working age veterans and non-veterans who have a qualification (92% and 89% respectively).<sup>51</sup> However, veterans are less likely to have a degree than non-veterans (21% veterans, 30% non-veterans) and are more likely to gain their qualifications through work (60% veterans, 43% non-veterans). The MOD states that this is to be expected as a large proportion of personnel join aged 16-19 years. An RBL report found that lower levels of qualifications can act as a barrier to employment when veterans return to civilian life.<sup>52</sup>

This RBL report called for action to reduce the employment gap and made recommendations to improve the situation. These included: more accurate data on long-term sustainability of jobs; analysis of the disadvantaged sub-groups; improving existing services including

<sup>51</sup> Ministry of Defence. Annual Population Survey: UK Armed Forces Veterans residing in Great Britain (2017).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128 - APS 2017 Statistical Bulletin - OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

<sup>52</sup> Royal British Legion, Deployment to Employment (2016), pp12-19.

<https://www.britishlegion.org.uk/docs/default-source/campaigns-policy-and-research/deployment-to-employment.pdf> Accessed 20 April 2021.

corporate pledges to the Covenant; and more work to ensure education, training, skills and qualifications gained by service personnel can be translated into civilian employment.

Focus group participants emphasised that there should be training appropriate to the individual that helps with gaining long-term opportunities, i.e. taking into account physical ability when offering training for particular career paths such as plumbing or construction. Career support for military wives was deemed important, too.

### **3.4. Finance and Debt**

The Veterans' Gateway<sup>53</sup> support service reports that finance is continually in the top three areas of need that they are contacted for support.<sup>54</sup> Members of the Armed Forces community can encounter many of the same financial issues as the general population, for non-service related reasons. However, military life, which often starts in very early adulthood, can leave veterans unprepared for balancing the financial demands of civilian life. For serving personnel, especially those living in service housing, many costs are subsidised and may be taken directly from salary, meaning that some people can be unaware and unprepared for the full costs of civilian life. This includes charges for dental treatment, housing repairs or council tax, housing costs (from net rather than gross income) and commuting costs. Veterans can also face disadvantage due to having served in multiple locations, affecting their credit scores.

Focus group findings (Section 5) corroborate that finance is a major issue for veterans and how the lack of experience for the costs of civilian life can lead to substantial financial difficulties. This can have a significant impact on the veterans, their families, their mental health and even lead to homelessness. Others cannot cope and seek unhealthy outlets, such as drinking or gambling.

Central data and evidence for financial hardship and debt are not currently available. Instead, reports by Armed Forces charities who provide support to veterans have relevant findings on the topic. Financial hardship is a near-universal concern for the veterans helped by the Soldiers, Sailors, Airmen, and Families Association (SSAFA). The *SSAFA Voices of Veterans Survey* found that 86% of veterans reported that they face financial challenges, defined as: a problem paying the bills; budgeting and managing finances; dealing with debt; or getting the right benefits.<sup>55</sup> 35% of the survey respondents saw debt as their biggest challenge in civilian life.<sup>39</sup> The average annual net household income of the SSAFA veterans

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<sup>53</sup> Veterans' Gateway. <https://www.veteransgateway.org.uk/> Accessed 20 April 2021.

<sup>54</sup> The Armed Forces Covenant Fund Trust. Annual report of the usage of the Veterans' Gateway online and mobile directory of services. [https://covenantfund.org.uk/wp-content/uploads/2021/02/2020\\_Veterans-Gateway-Usage-Report.pdf](https://covenantfund.org.uk/wp-content/uploads/2021/02/2020_Veterans-Gateway-Usage-Report.pdf) Accessed 20 April 2021

<sup>55</sup> SSAFA The New Frontline: Voices of Veterans in Need (2016). <https://www.ssafa.org.uk/media/h2chojc0/the-new-frontline-ssafa-research-report.pdf> Accessed 20 April 2021.

was only £13,800<sup>56</sup>, compared with £28,200 for all working-age and £31,000 earned by the average family with two children in the general population.<sup>57</sup>

### 3.5. Health and Wellbeing

#### General health of veterans

Figure 4 illustrates that the main health issues affecting Birmingham veterans relate to back or neck injuries, followed by cardio-vascular problems and conditions relating to the legs or feet.

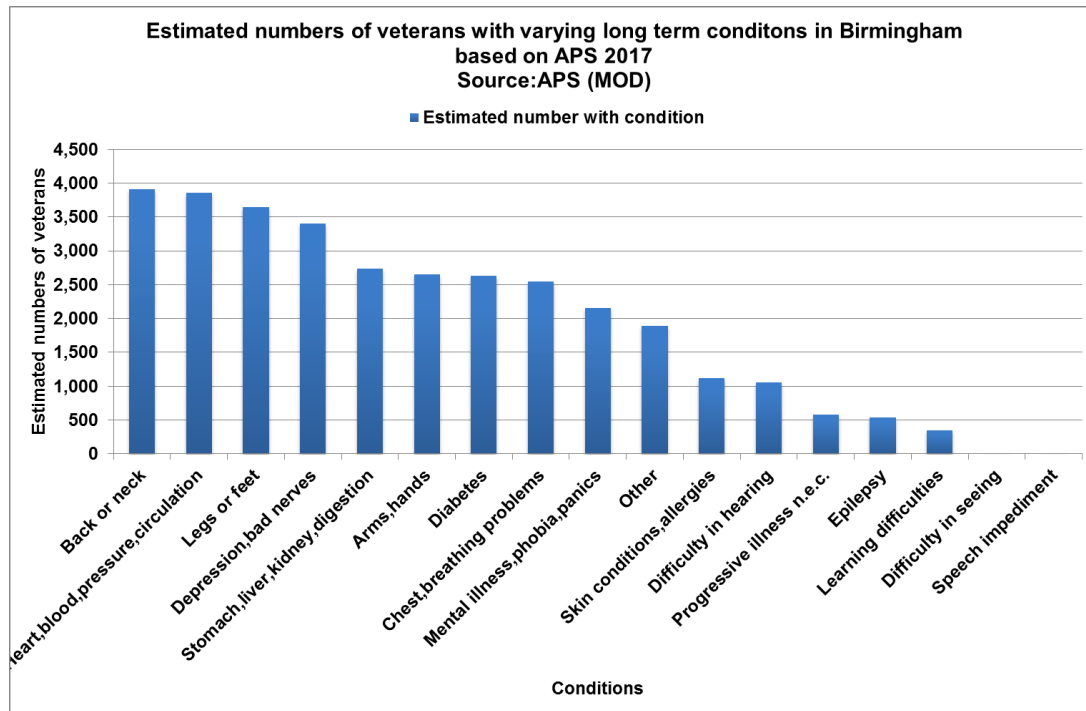


Figure 4: Long term conditions for veterans. (Source: Annual Population Study 2017)

Veterans often experience physical health problems in later life. However, lack of follow-up data means that it can be unclear whether these problems are due to military service or are a feature of the ageing process. Another confounding factor is that Armed Forces recruitment is disproportionately drawn from individuals with deprived backgrounds and poor educational achievement;<sup>58</sup> factors which are each independently associated with poorer health and lower life expectancy. Furthermore, veterans often show reluctance to seek medical help for health problems, leading to under-reporting of veteran health conditions.

<sup>56</sup> A UK Household Survey of the Ex-Service Community in 2014: Royal British Legion (November 2014). <https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/policy-and-research/the-uk-ex-service-community-a-household-survey> Accessed 23 April 2021.

<sup>57</sup> Living Standards: Recent Trends and Future Challenges by Jonathan Gibb, Andrew Hood and Robert Joyce published by The Institute for Fiscal Studies (March 2015). <https://www.ifs.org.uk/publications/7615> Accessed 20 April 2021.

<sup>58</sup> CRIN. Conscripton by poverty? Deprivation and army recruitment in the UK. (2019). <https://home.crin.org/evidence/research/british-army-recruitment-and-deprivation-report> Accessed 20 April 2021.

Studies have reported that this is due to a sense of self-sufficiency instilled by the Armed Forces and a need to feel and be seen as 'tough'.<sup>59</sup>

The *2014 Household Survey* by the Royal British Legion (RBL)<sup>60</sup> identified that a quarter (24%) of working age veterans reported a long-term condition compared to 13% of the non-veteran population. The RBL survey identified a higher proportion of veterans reporting with long-term health conditions, including depression, back problems, arms, legs, feet, and sight problems.

It is widely believed that military service is a positive intervention for individuals that can lead to good health in later life, due to the healthy lifestyles that are promoted through training and the high levels of physical exercise experienced during military service. However, some of the more physically demanding activities involving the Armed Forces (e.g. parachuting, marching exercises) have been known to lead to chronic arthritis and musculoskeletal health complaints in old age. Lack of protective equipment has also been associated with some of the long-term health conditions for veterans. Hearing loss as a result of repeated unprotected exposure to loud noises in engine rooms and shooting ranges is a common complaint. Elevated risk of skin cancer is also observed in Armed Forces veterans, believed to be the result of having no sun protection during training exercises or deployment.<sup>61</sup>

Veteran health can often be affected by adverse experiences on the battlefield. Common battlefield injuries can include life-changing damage to eyesight, limbs and the spine. Combat stress is also a significant psychological consequence of the toxicity of warfare, which can affect many veterans, leading to long-term disorders including depression, somatic or sexual dysfunctions, guilt, somatic complaints, addiction<sup>62</sup>, distress, alienation, sleep disturbance and aggressive behaviour.<sup>63</sup>

Although the military is considered to be a stressful occupation, there are remarkably few studies that compare the prevalence of common mental disorders between the military and the general population.<sup>64</sup> Mental health was a major concern in the veteran focus groups (Section 5), particularly around PTSD (Post Traumatic Stress Disorder), and addictive behaviours, such as alcoholism and gambling addiction. PTSD is more severe and longer lasting than combat stress and requires working with a mental health professional.<sup>65</sup> Recent

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<sup>59</sup> Williamson V., Harwood H. et al. Impact of military service on physical health later in life. <https://bmjopen.bmj.com/content/9/7/e028189> Accessed 14 May 2021.

<sup>60</sup> Royal British Legion, UK Ex-service Community: A Household Survey, (2014). <https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/policy-and-research/the-uk-ex-service-community-a-household-survey> Accessed 20 April 2021.

<sup>61</sup> Williamson V., Harwood H. et al. Impact of military service on physical health later in life. <https://bmjopen.bmj.com/content/9/7/e028189> Accessed 14 May 2021.

<sup>62</sup> Ustinova Y., et al. Combat stress disorders and the treatment in ancient Greece. [https://www.researchgate.net/publication/269035855\\_Combat\\_Stress\\_Disorders\\_and\\_Their\\_Treatment\\_in\\_Ancient\\_Greece/link/55cc39b608aebc967dfe1f1a/download](https://www.researchgate.net/publication/269035855_Combat_Stress_Disorders_and_Their_Treatment_in_Ancient_Greece/link/55cc39b608aebc967dfe1f1a/download) Accessed 14 May 2021.

<sup>63</sup> Reisman, M. PTSD Treatment for Veterans: What's working, what's new, and what's next. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047000/> Accessed 14 May 2021.

<sup>64</sup> Goodwin, et al, Are common mental disorders more prevalent in the UK serving military compared to the general working population. <https://pubmed.ncbi.nlm.nih.gov/25602942/> Accessed 14 June 2021.

<sup>65</sup> U.S. Department of Defense - Military OneSource. Understanding and Dealing with Combat Stress and PTSD. <https://www.militaryonesource.mil/health-wellness/wounded-warriors/ptsd-and-traumatic-brain-injury/understanding-and-dealing-with-combat-stress-and-ptsd/> Accessed 18 May 2021.

research suggests that 6% of current and ex-service military personnel suffered from PTSD in 2014/16.<sup>66</sup> A theme across the focus groups (Section 5) was that being on tour, in wars, and seeing action on the frontline, had a major impact on mental health, and could potentially affect anyone. Focus groups recommended that better understanding and early recognition of PTSD is needed in health care services for veterans.

Veteran mortality data has not been routinely captured by the UK Government in the past. Instead, in accordance with their *Strategy for Veterans*, the Ministry of Defence have commissioned studies into the mortality rates of veterans of the Falklands War (1982) and Gulf Conflict (1990-91) and found no evidence that veterans were more likely to take their own lives, when compared to the wider population. Another study focusing on suicide rates for personnel deployed to the Iraq and Afghanistan conflicts (2001-14) has been commissioned more recently and was subsequently extended to ongoing by the Secretary of State for Defence.<sup>67</sup> However, there are contrary reports (both here and abroad) that raise concerns that veteran suicide rates could exceed that of the wider population<sup>68 69</sup>, and that certain veteran groups in particular, including female veterans, younger veterans, and those who have recently been discharged, have an increased risk.<sup>70</sup>

Despite this, the Government has continued to dismiss public calls to gain clarity on the subject by collecting routine data (i.e. instructing Coroners to record veteran status on death certificates).<sup>71</sup> The recent addition of a military service question to the 2021 Census may prove helpful in providing cross-sectional data on veteran numbers in communities. However, this will not extend to providing clarity on outcome measures for UK veterans.<sup>72</sup>

### Healthy behaviours

Smoking is one of the biggest causes of death and illness in the UK. Every year around 78,000 people in the UK die from smoking, with many more living with debilitating smoking-

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<sup>66</sup> Stevelink, et al, Mental Health Outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: a cohort study.

<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-outcomes-at-the-end-of-the-british-involvement-in-the-iraq-and-afghanistan-conflicts-a-cohort-study/E77CCC4B6D0B2A3B6A481C0980D29E93> Accessed 15 June 2021

<sup>67</sup> UK Government Ministry of Defense website.

<https://www.gov.uk/government/news/new-study-into-iraq-and-afghanistan-veterans-launched> Accessed 15/6/2021

<sup>68</sup> UK Independent. MOD confirms more British soldiers commit suicide than are killed in battle

<https://www.independent.co.uk/news/uk/home-news/mod-confirms-more-british-soldiers-commit-suicide-are-killed-battle-8707958.html> Accessed 14 June 2021

<sup>69</sup> Kaplan, et al. Suicide among male veterans: a prospective population-based study,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465754/> Accessed 14 June 2021.

<sup>70</sup> Kapur, et al. Suicide after Leaving the UK Armed Forces – A Cohort Study.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650723/> Accessed 16 June 2021.

<sup>71</sup> UK Government and Parliament Petitions – Coroners must be lawfully obligated to statistically record veteran suicides.

[https://petition.parliament.uk/petitions/300055?reveal\\_response=yes](https://petition.parliament.uk/petitions/300055?reveal_response=yes) Accessed 14 June 2021.

<sup>72</sup> Office for National Statistics. Armed forces community (veterans) question development on the armed forces veterans' community.

<https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/armedforcescommunityveteransquestiondevelopmentforcensus2021> Accessed 15 June 2021.



related illnesses.<sup>73</sup> Historically, smoking was highly prevalent within the UK Armed Forces.<sup>74</sup> Table 1 (below) shows the self-reported smoking status for veterans and non-veterans of working and retirement ages. This illustrates no significant difference between veterans and non-veterans that currently smoke. However, veterans of working age (55%) and retirement age (66%) were significantly more likely than non-veterans to have ever smoked (44% and 56% respectively).

	<b>England Veterans 18-64</b>	<b>England Veterans 65+</b>	<b>England Non-Veterans 18-64</b>	<b>England Non-veterans 65+</b>
Percentage who report ever having smoked	55%	66%	44%	56%
Percentage who report not ever having smoked	45%	34%	56%	44%
Percentage who report currently smoking	37%	12%	40%	14%
Percentage who report not currently smoking	63%	88%	60%	86%

**Table 1: Self-reported smoking status. (Source: APS 2017)**

Higher levels of alcohol use have been observed in the UK Armed Forces. Evidence suggests that alcohol may be used as a coping strategy when returning to civilian life.<sup>75</sup> Anecdotal evidence from professionals working in the local area is that there has been a culture shift regarding alcohol in the Armed Forces whereby younger veterans are less likely to use alcohol as a coping strategy.

<sup>73</sup> NHS. What are the health risks of smoking? <https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/> Accessed 20 April 2021

<sup>74</sup> Ministry of Defence. Annual Population Survey: UK Armed Forces Veterans residing in Great Britain (2017). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128\\_-\\_APS\\_2017\\_Statistical\\_Bulletin\\_-\\_OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

<sup>75</sup> Wigham S., Bauer A., Ferguson J. et al, A systematic review of the effectiveness of alcohol brief interventions of the UK military personnel moving back to civilian life, Journal of the Royal Army Medical Corp, (2017), 163, p.242-250. <https://pubmed.ncbi.nlm.nih.gov/28320916/> Accessed 23 April 2021.

## Health Inequalities

Divorced and separated veterans were significantly more likely to report suffering from depression and bad nerves (18%) than veterans in all other marital status groups (11%).<sup>76</sup> This reflects other research findings,<sup>77</sup> which suggest that a relationship breakup among the 'ex-service community' is likely to be a 'trigger' of psychological difficulties, including depression. However, it is unknown whether already existing mental health issues may place strain on a relationship, contributing towards divorce or separation.

Diabetes is a serious condition where the blood glucose level is too high.<sup>78</sup> Over a long period of time, high glucose levels in your blood can seriously damage the heart, eyes, feet and kidneys. Male veterans of working age were significantly more likely than female veterans of the same age to report having diabetes (15% and 8% respectively). Prevalence of diabetes is 6% of the total population and whilst men are more likely than women to have the disease, the difference is not as pronounced in the general population.

Male veterans of retirement age were significantly more likely than female veterans of the same age to report having heart, blood pressure and/or circulatory problems (53% and 42% respectively). Male veterans are also more likely to have difficulties with hearing than females (11% and 4% respectively).

The Defence Committee report on mental health<sup>79</sup> discussed evidence that some groups of personnel may be at higher risk of mental health issues. More evidence is currently being sought by the Committee to support these claims. The high risk groups were:

- Those that served in Iraq and Afghanistan
- Early service leavers
- Younger recruits
- Those who suffered physical injury
- Female personnel

Studies on barriers to accessing mental health services have focused mainly on male participants, therefore understanding of experiences by female veterans is limited. Although relatively small, the number of female military veterans in the UK is increasing, with over 1000 women leaving military service each year. Research published in BMJ Military Health

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<sup>76</sup> Ministry of Defence, APS 2017 Statistical Bulletin.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128 - APS 2017 Statistical Bulletin - OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

<sup>77</sup> Centre for Social Justice, Military Families and Transition.

<https://www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/06/MILITARY-FAMILIES.pdf> Accessed 23 April 2021.

<sup>78</sup> Diabetes UK Online. <https://www.diabetes.org.uk/diabetes-the-basics> Accessed 9 October 2019.

<sup>79</sup> House of Commons Defence Committee, Mental Health and the Armed Forces, Part One: The Scale of Mental Health Issues, 25 July 2018, HC 813 of session 2017, p30. <https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/1635/1635.pdf> Accessed 23 April 2021.

found that female veterans face additional barriers accessing mental health support, such as negative gender stereotypes and a lack of recognition of their veteran status.<sup>80</sup>

A literature review around LGBTQ service personnel and veterans found that they have poorer mental health and well-being; report more stigma and barriers to mental healthcare, which reduces uptake of accessed healthcare services; experience more sexual trauma; and have poorer physical health than heterosexual military personnel and veterans. However, the review highlighted that there are substantial gaps in the current evidence for this population group.<sup>81</sup>

In February 2021, Northumbria University announced they are working with the Fighting with Pride charity to carry out research into the health and social needs of LGBT+ veterans, particularly focusing on those veterans who were discharged from the military under a ban, which was only lifted 21 years ago, to assess the impact it had on their lives.

Under the ban, anyone found to be LGBT would be discharged, lose their pensions and have their service medals confiscated and, up until 1994, potentially criminalised.

This research will be building on the work of the *Map of Need Project* and look to find out what type of support is needed and where.<sup>82</sup>

### 3.6. Housing

There is no significant difference between veterans and non-veterans who have bought their own home and those who rent, even when comparisons are made by age and region. Most UK Armed Forces veterans residing in Great Britain were estimated to either have owned their own property or had a mortgage (76%), which was consistent with the non-veteran population (78%).<sup>83</sup>

For veterans living in social housing, the Ministry of Housing, Communities and Local Government (MHCLG) has introduced a package of measures to ensure that the Armed Forces community have the same access to social housing and are not disadvantaged by the requirement for mobility whilst in Service.<sup>84</sup> In 2016/17, a greater proportion of the UK Armed Forces veterans were estimated to spend less than six months waiting for social

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<sup>80</sup> BMJ. Anglia Ruskin University. Female military veterans face additional barriers accessing mental health support. <https://www.bmj.com/company/newsroom/female-military-veterans-face-additional-barriers-accessing-mental-health-support/> Accessed 19 May 2021.

<sup>81</sup> International Review of Psychiatry 31(1):1-20. The health and well-being of LGBTQ serving and ex-serving personnel: a narrative review April 2019. [https://www.researchgate.net/publication/332512549\\_The\\_health\\_and\\_well-being\\_of\\_LGBTQ\\_serving\\_and\\_ex-serving\\_personnel\\_a\\_narrative\\_review](https://www.researchgate.net/publication/332512549_The_health_and_well-being_of_LGBTQ_serving_and_ex-serving_personnel_a_narrative_review) Accessed 24 May 2021.

<sup>82</sup> Northumbria University. Strategic partnership to revolutionise support for LGBT+ Veterans. <https://www.northumbria.ac.uk/about-us/news-events/news/strategic-partnership-to-revolutionise-support-for-lgbt-veterans/> Accessed 24 May 2021.

<sup>83</sup> Ministry of Defence, Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, (2017). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/774937/20190128\\_-\\_APS\\_2017\\_Statistical\\_Bulletin\\_-\\_OS.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf) Accessed 23 April 2021.

<sup>84</sup> MHCLG. Improving access to social housing for members of the Armed Forces. <https://www.gov.uk/government/publications/improving-access-to-social-housing-for-members-of-the-armed-forces> Accessed 21 April 2021.

housing compared to the non-veteran population (68% and 52% of those aged under 65 respectively, and 67% and 60% of those aged 65+ respectively).

Leaving the Armed Forces is often the first time that veterans will search for a home for themselves. However, they are just as likely to own their own home as the non-veteran population. There is no evidence to suggest that veterans are overrepresented in the homeless population. However, public perception is that there is a significant problem with homelessness.<sup>85</sup>

Those in the veteran focus groups (Section 5) had differing views on whether homelessness is an issue for veterans. Some thought that veterans would be reluctant to seek help and therefore fail to access the required support. There was concern over the validity of veteran homelessness data, that it wasn't capturing all homeless veterans, and recommended that the data's methodology should be reviewed to make it more robust.

### 3.7. Criminal Justice System

#### Prisons

Veterans are 30% less likely to be in prison in England and Wales than the general population. Evidence in 2010 suggested 3.5% of the prison population were veterans.<sup>86</sup> During 2018, the veteran population of prisons was re-assessed, and there were approximately 2,032 veterans in British prisons making up 4% of the population. 1,832 (90%) of these were British, 192 (9%) foreign nationals, and 8 (1%) did not have their nationality recorded.<sup>87</sup> As with other statistics used in this report, there is the issue of reliability and potential underreporting by veterans who do not wish to be recorded as veterans or who do not identify themselves through the term "veteran".

Table 2 shows the offences for which veterans are serving their sentence. Violence against the person accounted for the highest proportion of the veteran prison population which is also the most common offence for those in the general prison population.

Offence Group	Numbers 2010	Number 2018	Percentage 2018
Violence against the person	725	669	32.9%
Sexual Offences	546	502	24.7%
Drug Offences	236	217	10.7%

<sup>85</sup> Ministry of Defence UK, The Strategy for our Veterans (2018) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755915/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755915/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf) Accessed 20 April 2021.

<sup>86</sup> Defence Analytical Services and Advice, Estimating the proportion of prisoners in England Wales who are ex-Armed Forces – further analysis (2010). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/280048/15-september-2010.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/280048/15-september-2010.pdf) Accessed 23 April 2021.

<sup>87</sup> Ministry of Justice, Experimental Statistics Ex-service personnel in the prison population, England and Wales (2018). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/750708/ex-service-personnel-prison-population-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750708/ex-service-personnel-prison-population-2018.pdf) Accessed 9 July 2019.

Offence Group	Numbers 2010	Number 2018	Percentage 2018
Robbery	158	146	7.2%
Burglary	87	79	3.9%
Theft and handling	52	49	2.4%
Fraud and Forgery	30	28	1.4%
Motoring offences	15	14	0.7%
Other offences	198	183	9.0%
Offence not recorded	160	148	7.3%

**Table 2: Ex-armed forces prison population by offence. (Source: Ministry of Justice 2018)**

According to the 2018 figures, 98% of the veteran prisoner population were male as opposed to 95% of the non-veteran prison population<sup>88</sup>. However, the proportion of female veteran prisoners has increased since 2010.

### **Custody data**

Between April 2018 and March 2019, there were a total of 362 Birmingham residents who identified themselves as veterans to West Midlands Police (WMP) following their arrests. The majority of those who were arrested were male (95.6%). The female arrestees were all aged under 50 years. The majority of the recorded veteran arrests relate to veterans who have served since 1990. 64% of those arrested served in the Royal Navy, the British Army or the RAF. 30% served in foreign Armed Forces and 7% didn't state where they had served. The most common offences were for assault (27%). The next most common were drink driving and use of / possession of drugs.<sup>89</sup>

<sup>88</sup> Ministry of Justice. Ex-service personnel in the prison population, England and Wales. (2018). [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/750708/ex-service-personnel-prison-population-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750708/ex-service-personnel-prison-population-2018.pdf) Accessed 20 April 2021.

<sup>89</sup> In house calculations based on data supplied by West Midlands Police, (2019).

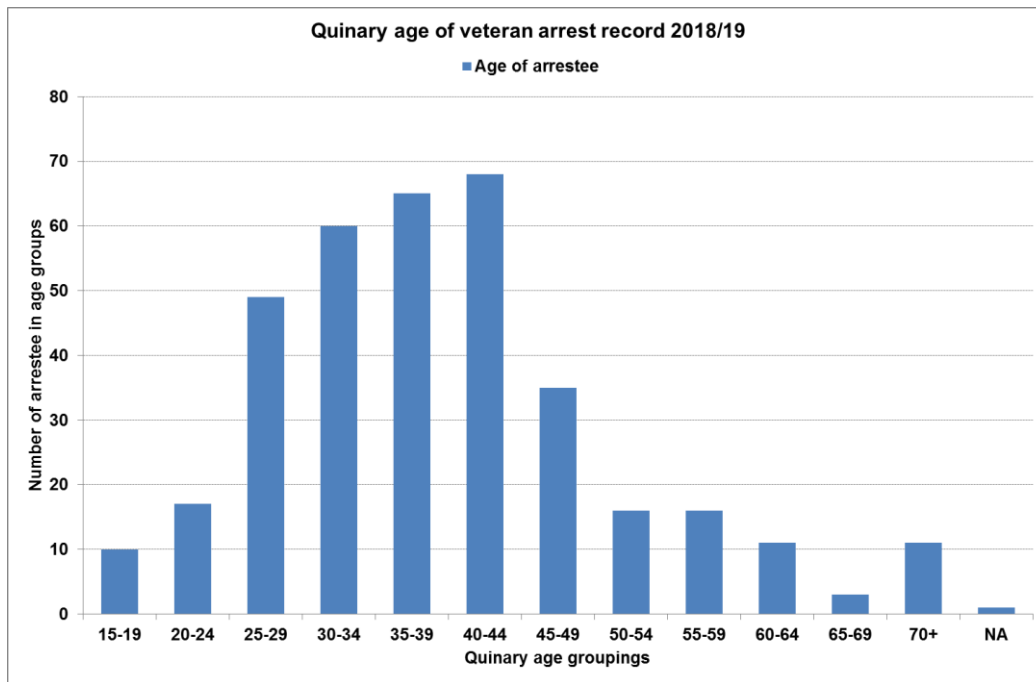


Figure 5: Police custody - veteran age ranges. (Source: West Midlands Police 2018/19)

### Veterans Experience & Needs

The National Centre for Children of Offenders (NICCO) undertook a needs assessment of male veteran offenders and their families before, during and after imprisonment to improve the whole families' outcomes in relation to wellbeing and transitions into and out of custody. This included in-depth qualitative research with a sample of veteran offenders and their families, and a desk-based literature review.<sup>90</sup>

The research found that prisoners' ties with their families are "put under immense strain before, during and after imprisonment". The recommendations in this report included early intervention, support with mental health problems and family breakdown, as well as a systemic and cultural change in all services so that veterans and their families receive timely support and the stigma of prison is removed.

There were the following key points:

- Children of veterans in custody are likely to have experienced family breakdown, with only 26% of children identified in their sample living, or expected to live, with both birth parents when their fathers were released from custody.
- A significant number of their sample had been discharged following sanction by the military, which compromised any transition planning and potentially increased their vulnerability.
- Neither the prison, military charities, nor the peer support groups collect information on dependents or family situation, so there was no way to ascertain the nature or scale of needs.

<sup>90</sup> NICCO. A Needs Assessment of Veterans in Custody, their Families & Children. <https://www.nicco.org.uk/userfiles/downloads/5e3d905a68926-veterans-assessment-doc.pdf> Accessed 24 May 2021.

- Veterans, partners and children all indicated that they are uncertain about what they can say/ask each other, professionals and/or others outside the immediate family, e.g. from concern over upsetting people or showing weakness, to uncertainty of restrictions with regard to contact/communication with children.
- The veteran's military service must be verified to receive specialist support. This can be barrier to receiving support as veterans may not want to inform criminal justice agencies fearing this might have negative repercussions for their relationship with the military.
- Participants would like to see peer support for both veterans inside prison and families outside in the community.
- Feedback is positive when services are accessed in custody but family support is largely absent.
- The greatest challenge is at the point of release from custody. Going from the familiarity of the structure and stability of the prison environment (in relation to military culture), to uncertainty over what happens with release can cause anxiety. And a more planned phased release has shown to help.
- The negative financial impact on the mother working to hold the family together alone also caused negative emotional impact.

## 4. Services

This section describes the current services that are available for Armed Forces veterans in Birmingham. These are set out in themed areas. Some of the services relate to more than one theme.

### 4.1. Community and Relationships

The services discussed here relate to social relationships and community connections and are services that help with loneliness, social isolation, and integration into local communities.

#### Armed Forces Charities

There are 187 Armed Forces charities offering support to veterans locally and nationally.<sup>91</sup> The Royal British Legion (RBL) and SSAFA (Soldiers and Sailors Families Association) have local branches across the city and offer emotional and practical support to members of the Armed Forces, veterans, their families and the bereaved. Both these organisations as well as other charities use the Cobseo (The Confederation of Service Charities) case management system and can share information with the veteran's consent.

#### Royal British Legion (RBL)

RBL offers a wide range of services and support, from employment and financial support, to expert guidance and physical and mental wellbeing.<sup>92</sup> There is a Pop in Centre in the city centre which offers advice, support and guidance. There is also a helpline and online support available 24 hours a day / 7 days a week.

Local branches are focal points for social activity, remembrance, and for supporting the Armed Forces community. In local communities, the RBL plays a vital role in helping hard-to-reach individuals and tackling problems like loneliness and isolation.

The Battle Back Centre at Lilleshall was established by the RBL in 2011 to support injured personnel returning from Iraq and Afghanistan. It is centred upon adaptive sport and adventurous training activities. Battle Back helps build camaraderie as well as the chance to connect through shared experiences and the centre now offers wellbeing courses to veterans.

#### Soldiers, Sailors, Airmen, and Families Association (SSAFA)

This organisation exists to relieve need, suffering and distress amongst the Armed Forces, veterans and their families in order to support their independence and dignity.<sup>93</sup> SSAFA has two sites across the city with caseworkers to support their clients. In addition, SSAFA Forcesline is a free, confidential telephone helpline and email service that provides support for serving (regulars and reserves) and ex-service men and women from the Armed Forces and their families.

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<sup>91</sup> Charity Commission for England and Wales, (2017). Military charities: group case report. <https://www.gov.uk/government/publications/military-charities-group-case-report/military-charities-group-case-report> Accessed 23 April 2021.

<sup>92</sup> Royal British Legion. Local community connections. <https://www.britishlegion.org.uk/get-support/local-community-connections> Accessed 23 April 2021.

<sup>93</sup> SSAFA Greater Birmingham. <https://www.ssafa.org.uk/greater-birmingham> Accessed 20 April 2021.



## Help for Heroes

This charity provides recovery and support for the Armed Forces community whose lives are affected by their time in service. Available services include physical and emotional rehabilitation and recovery, identifying new career opportunities, financial guidance, and welfare support.

Peer support networks for veterans are offered through the Help for Heroes Band of Brothers network.<sup>94</sup> There is also a Band of Sisters network for close family members. These social networks are available to veterans and service personnel. They are also available to those who have served alongside our Armed Forces and have been wounded, injured or sick during, or as a result of their service, resulting in an ongoing need of support for themselves and their close family members.

## Veterans Gateway

The Veterans Gateway<sup>95</sup> has been set up to be a first point of contact and to signpost to the most relevant service. This is funded by the Armed Forces Covenant and is available 24 hours a day, 7 days a week via phone, email, a website, and a recently launched app.

The Northern Hub for Veterans and Military Families Research developed this digital, UK-wide directory of services known as the Veterans Gateway Mobile Application and Local Support website (VG).<sup>96</sup> This app enables veterans and their families to identify appropriate service provision in their local area from a database, including an interactive map. These organisations cover both the Armed Forces sector and wider charity and not-for-profit sectors.

By analysing the app data, the research team are beginning to build a comprehensive picture of ex-service personnel needs. They are gaining a better understanding of where in the UK there is a higher need and will, over time, be able to tell whether veterans' needs are increasing or decreasing. This information is now being used to inform service funding strategies and improve comprehension of user needs.

## Combat Stress

This charity helps former servicemen and women from every service and conflict deal with trauma-related mental health problems such as anxiety, depression and post-traumatic stress disorder (PTSD). They provide evidence-based clinical programmes, treatment and support alongside online resources and a helpline.<sup>97</sup> After a period of reduced funding<sup>98</sup>, in

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<sup>94</sup> Help for Heroes Band of Brothers. <https://www.helpforheroes.org.uk/get-support/fellowship-groups/band-of-brothers/> Accessed 26 July 2019.

<sup>95</sup> Veterans Gateway. <https://www.veteransgateway.org.uk/> Accessed 23 April 2021.

<sup>96</sup> Northumbria University Newcastle. Mapping the needs of veterans across the UK. <https://www.northumbria.ac.uk/research/research-impact-at-northumbria/health-impact/mapping-the-needs-of-veterans-across-the-uk/> Accessed 14<sup>th</sup> June 2021.

<sup>97</sup> Combat Stress. <https://combatstress.org.uk/> Accessed 18 May 2021.

<sup>98</sup> BBC News. Veterans' charity Combat Stress stops new referrals over funding crisis. <https://www.bbc.co.uk/news/uk-51243098/> Accessed 19 May 2021.

April 2021, Combat Stress confirmed that they received new funding from the NHS to re-take on new referrals.<sup>99</sup>

### Poppy Factory

The Poppy Factory <sup>100</sup> began by offering veterans with mental and physical health conditions a place of employment producing Remembrance products for The Royal British Legion and the Royal Family, including poppies, wreaths, crosses and symbols.

Their aim is to support wounded, injured and sick veterans on their journey into meaningful and sustained employment across a wide range of sectors. The veterans receive personal, tailored support whether as part of pre-employment preparation or within the in-work support programme, such as:

- Application process guidance such as CVs, application forms and interview preparation.
- Identify any required adaptations to support veterans staying in work.
- Liaison with relevant clinicians to ensure veterans have consistent support.
- Training and qualifications where they are a requirement for the role.
- Signposting and referrals to partner organisations with ongoing collaboration.

### **Carers support**

Forward Carers in Birmingham is a carer support service providing help to people caring for an elderly, frail, sick, or disabled family member and includes parent carers.<sup>101</sup> Once registered, carers are offered an assessment. Forward Carers offer a variety of services to all carers including information and advice, wellbeing activities, events and special offer deals and discounts.

Forward Carers ask if either the carer or cared for has ever served in the Armed Forces and approximately 10% of 15,000 clients on their database are ex-service (July 2019).<sup>102</sup> The service signposts clients to RBL, SSAFA and other Armed Forces charities.

### **Social care**

Birmingham Children's Trust (BCT) work with children, young people, their families and carers. This includes working with children in need (CIN), who are defined as children aged under 18 in need of local authority services to achieve or maintain a reasonable standard of health or development; or to prevent significant or further harm to health or development; or are disabled. BCT do not record whether a child has a family member who has served in the Armed Forces.

Birmingham City Council's Adult Social Care (ASC) work with those aged 18 and above in need of social care support. Whether a client has served in the Armed Forces is not recorded on their Carefirst System. When undertaking an assessment, ASC staff use the three conversations approach rather than specific questions, which enables citizens to share

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<sup>99</sup> BBC News. Lance Shingler: Iraq veteran with PTSD died after overdose. <https://www.bbc.co.uk/news/uk-england-birmingham-57117679> Accessed 21 May 2021

<sup>100</sup> The Poppy Factory. <https://www.poppyfactory.org/> Accessed 26 May 2021.

<sup>101</sup> Forward Carers. <https://forwardcarers.org.uk/> Accessed 23 April 2021.

<sup>102</sup> In house calculations based on data supplied by directly by Forward Carers.

their background. ASC staff are aware of the Armed Forces charities and the support that those organisations can offer.

### Neighbourhood Network Schemes

Neighbourhood Network Schemes are locally based networks that enable the engagement with, and investment in, community assets. This is for the purpose of supporting older people to connect to individuals, groups, organisations, activities, services and places in their neighbourhoods. The aim is to reduce social isolation and prevent the need for more costly health and social care. The schemes are aimed at all older people but are linked up to the local Armed Forces charities.

### Independent Veteran Led Support Groups

The focus groups (Section 5) highlighted independent veterans led support groups, associations, and charities in Birmingham that provide a social network platform to bring veterans together to support health and mental wellbeing and reduce social isolation:

- British and Caribbean Veterans Association<sup>103</sup> (Edgbaston, Birmingham)
- The Irish Guards Association<sup>104</sup> (Central Birmingham)
- Chosen Veteran Support Group<sup>105</sup> (Sutton Coldfield)
- Bournville Peer Support Group<sup>106</sup> (An off-shoot group from Combat Stress - South Birmingham)

Despite all this, focus group participants (Section 5) perceived that funding has been reduced for organisations such as Combat Stress, making services more difficult to access, and meaning that drop-in centres are closing.

## 4.2. Employment, Education and Skills

The Department for Work and Pensions (DWP) offer support to job seekers. This includes training, work academies, Health and Work programme, English for Speakers of Other Languages (ESOL), apprenticeships, and work experience. In addition to this, advisors signpost to specialist provision available to ex-forces personnel and their families.

Service	Description	Link	Detail
X-Forces	Local on-site support	<a href="#">X-Forces Enterprise</a>	Self-employment support for UK Armed Forces (and their families).
Walking with the Wounded	Local on-site support	<a href="#">Walking with the Wounded</a>	A pathway for vulnerable veterans to reintegrate back into society and find work.

<sup>103</sup> British and Caribbean Veterans Association. <http://bcva.weebly.com/> Accessed 19 May 2021.

<sup>104</sup> Irish Guards Association – West Midlands Branch. <https://midlandsmicks.com/> Accessed 19 May 2021.

<sup>105</sup> Chosen Veteran Support Group. <https://www.chosenveteransupportgroup.co.uk/> Accessed 19 May 2021.

<sup>106</sup> Combat Stress. <https://combatstress.org.uk/> Accessed 28 May 2021.

Service	Description	Link	Detail
Disabled Ex-Servicemen and Women	National	<a href="#"><u>Disabled Ex-Servicemen and Women</u></a>	Ableize - A virtual library of UK disability resources and support for ex-service people.
Help For Heroes	National & local	<a href="#"><u>Help For Heroes</u></a>	A national network of support for wounded personnel (and their families).
Pathfinder International	National	<a href="#"><u>Pathfinder International</u></a>	Ex-army jobs, civilian careers and Armed Forces resettlement in the UK.
Regular Forces Employment Association (RFEA)	National	<a href="#"><u>RFEA</u></a>	The Armed Forces employment charity.
Remploy	Nationwide & local agreements	<a href="#"><u>Remploy</u></a>	Support for Armed Forces and Veterans.
Sporting Force	National	<a href="#"><u>Sporting Force</u></a>	An Armed Forces sports charity also offering routes into paid employment.
Steps Into Health	National	<a href="#"><u>Step into Health</u></a>	Connects employers in the NHS to people from the Armed Forces community, by offering an access route into employment and career development opportunities.

**Table 3: Employment Support Services: (Source DWP July 2019)**

### **4.3. Finance and Debt**

Locally based Armed Forces charities RBL and SSAFA offer advice and financial support to Birmingham veterans.

Birmingham City Council's Neighbourhood Advice and Information Service (NAIS) provides financial and benefits advice to Birmingham residents, including:

- When forces personnel leave on health grounds or for other reasons and cannot access alternative employment, neighbourhood advisors can ensure they access welfare benefits and maximise their income if appropriate.
- If ex-forces personnel fall on hard times and have debts, NAIS advisors can provide personal budgeting support and refer for detailed debt advice.

- If ex-forces personnel need help registering an application for accommodation in Birmingham, NAIS advisors can assist or, if homeless, refer on to the Newtown Home Options Team.
- Neighbourhood advisors may be able to assist ex-forces personnel or their immediate families with charity applications such as via SSAFA.

#### 4.4. Health and Wellbeing

##### Veteran Responsibility

MOD Service Leaver guidance<sup>107</sup> shows that the responsibility is on the service leaver to let their GP know their veteran status, and for the GP to record this.

When in the Armed Forces, personnel register with a Military doctor and the MOD take responsibility for their medical healthcare. Military personnel can only register with an NHS GP as a temporary resident – although special arrangements are possible for extended temporary registration.<sup>108</sup> In both cases, the NHS GP should liaise with the patient's military doctor. The service leaver is told to register with an NHS GP, given a personal copy of their summary medical record when they leave the Services, together with information on how to obtain their full Service medical record if they need it.<sup>109</sup>

When registering with a GP, veterans are advised to fill in the GP registration form's optional section that asks if they are a veteran, and to hand over any medical paperwork to ensure all their military medical records are transferred over. The GP Practice should then flag in the patient's note that they have served.

##### Primary Care

Clinical commissioning groups (CCG) are responsible for the commissioning of health services for veterans, reservists and service families registered with NHS GPs in their area. However, GPs are often unsure of how many of these individuals are registered within their practices, which suggests that the self-reporting registration system (outlined above) has historically under-reported veteran registrations. It is not currently possible to obtain any data on numbers from the local CCGs (Birmingham & Solihull CCG and Sandwell & West Birmingham CCG).

To address this issue, the Royal College of General Practitioners (RCGP) is working with NHS England and NHS Improvement to accredit GP practices as *veteran friendly*. As of May 2021, there are 20 GPs who have achieved this accreditation within Birmingham, and their locations are displayed in Figure 6. Overall, there are 37 *Veteran Friendly Accredited*

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<sup>107</sup> Ministry of Defence. Service Leavers' Guide.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/928535/SLG\\_Oct\\_Edition\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928535/SLG_Oct_Edition_FINAL.pdf) Accessed 28 May 2021.

<sup>108</sup> Royal College of General Practitioners. NHS healthcare for the Armed Forces community in England. [https://northeast.devonformularyguidance.nhs.uk/documents/Referral-documents/Veterans/689\\_NHS-England-Military-veteran-aware-accreditation-A5-GP-top-tips-LEAF.pdf](https://northeast.devonformularyguidance.nhs.uk/documents/Referral-documents/Veterans/689_NHS-England-Military-veteran-aware-accreditation-A5-GP-top-tips-LEAF.pdf) Accessed 4h June 2021.

<sup>109</sup> NHS. Veterans: health FAQs. <https://www.nhs.uk/nhs-services/armed-forces-and-veterans-healthcare/veterans-health-faqs/> Accessed 28 May 2021.

Practices registered across all of Birmingham and Solihull, and Sandwell and West Birmingham CCGs<sup>110</sup>.

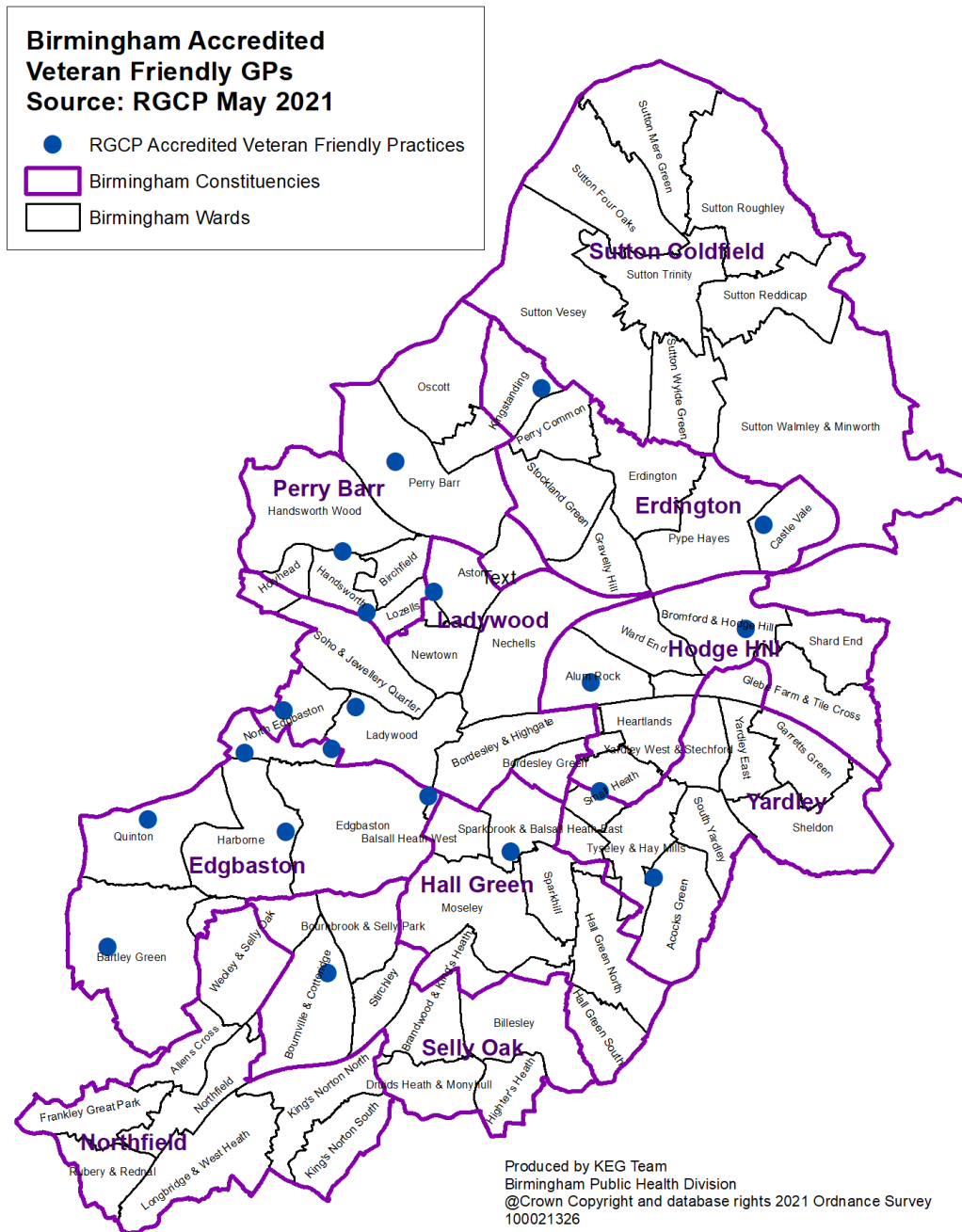


Figure 6: Veteran friendly GP practices in Birmingham (Source: Royal College of General Practitioners)

A random sample of GPs in the city were asked whether they used the recommended Read Code Xa8Da: 'History Relating to Military Service'. Results suggested very few GPs were

<sup>110</sup> RCGP Veteran friendly GP practices. <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/Veteran-friendly-gp-practices.aspx> Accessed 28 May 2021

using this code. When asked if the GPs were aware of the RCGP Veteran Friendly practice accreditation, only one reported that they had heard of this.<sup>111</sup>

Further to this, the veteran focus groups (Section 5) discussed having numerous issues with getting access to GPs and the inconsistency in having complex mental health issues, such as PTSD, taken seriously by frontline healthcare professionals.

This is supported by a House of Commons report<sup>112</sup> that discussed how the availability of mental health care varies significantly depending on where veterans live and whether they are “*fortunate enough to have a GP who is aware of veterans’ mental health needs and services*” and requested an “*urgent need for clarity over how the Covenant’s principle of priority care is implemented in practice across the UK*”.

### **Secondary Care**

All veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated with their time within the Armed Forces (service-related). This is always subject to clinical need and doesn't entitle queue jumping ahead of someone with a higher clinical need.<sup>113</sup> There are also dedicated services for physical and mental health conditions.

#### Veterans Trauma Network

The Veterans Trauma Network is hosted by NHS England to provide specialist care for patients with service-related traumatic injuries. The network comprises 10 major trauma centres across England including a centre in Birmingham.

The network acts as a regional hub for veteran care, linking with NHS veterans’ mental health services, national centres of expertise, and key service charities to provide a complete package of care. Patients referred to the service have a personalised treatment plan, developed and provided by a specialist team of military and civilian experts in trauma. The care package extends to the needs of families and carers are also considered.

#### Veteran’s Mental Health Transition, Intervention and Liaison Service (TILS)

This specialist service seeks to increase the access to mental health services for veterans and members of the Armed Forces who are approaching discharge. TILS consists of three elements:

- Transition: the service works with the MOD to offer mental health support for Armed Forces veterans approaching discharge.
- Intervention: personnel approaching discharge will have an assessment within two weeks of a referral, providing access to treatment and support from a care coordinator.

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<sup>111</sup> In house survey and analysis carried out by Public Health Team K. Source: K. Lee (personal communication, June 2019).

<sup>112</sup> House of Commons Defence Committee. Mental Health and the Armed Forces, Part Two: The Provision of Care. <https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/1481/1481.pdf> Accessed 20th May 2021.

<sup>113</sup> NHS, Veterans; priority NHS treatment. <https://www.nhs.uk/using-the-nhs/military-healthcare/priority-nhs-treatment-for-veterans/> Accessed 23 April 2021.

- Liaison: patients that may benefit from NHS care will be referred to the services where they will receive appropriate support or treatment.

### The NHS Veterans' Mental Health Complex Treatment Service (VMH CTS)

The NHS Veterans' Mental Health Complex Treatment Service (VMH CTS) is a specialist community mental health service providing additional support for armed forces veterans. It is for those experiencing complex mental illness related to their time in the military and is here to help veterans regardless of when they left the Armed Forces. It is a national service and in the West Midlands it is provided by Birmingham and Solihull Mental Health NHS Foundation Trust at the Barberry Centre.

During 2018/19, there were 321 patients referred to mental health services within Birmingham that were recorded as either a veteran or family member of a veteran (see Table 4).<sup>114</sup>

Flag	Number of patients	Percentage
Dependent of an ex-services member	30	0.08%
Ex-services member	291	0.76%
Unknown (Person asked and does not know is not sure)	615	1.62%
Not stated	3,174	8.34%
NULL	6,083	15.98%
Non-veterans or their dependents	27,882	73.34%
Total referrals	38,075	100%

**Table 4: Summary of mental health referrals in Birmingham & Solihull 2018/19 (Source: BSOL CCG Intelligence)**

### Veterans' Physical Disabilities

Birmingham West Midlands Rehabilitation Centre is one of nine Disablement Service Centres (DSCs) across England that provide enhanced services to veterans who have lost a limb as a result of their service in the Armed Forces. There is also a Blesma Support Officer working in the Midlands, who is dedicated to assisting serving and ex-service men and women who have suffered life-changing limb loss or the use of a limb, an eye or loss of sight in the service of our country.<sup>115</sup>

### Veterans' Elderly Care

The Royal British Legion works with Dementia UK to provide Admiral Nurses – a service that supports the carers of RBL beneficiaries who have dementia. The focus is to maintain

<sup>114</sup> Mental health data supplied directly by Birmingham & Solihull CCG.

<sup>115</sup> Key support agencies for elderly veterans of UK Armed Forces.

<https://www.warwickshire.gov.uk/armedforcescovenant> Accessed 16 June 2021.



independence and improve the quality of life for carers and families and provide the practical advice that they need. Admiral Nurses operate in communities across the West Midlands. The Royal British Legion also provides long-term nursing and personal care at the six care homes that it operates in the West Midlands. Four of the homes also provide specialist dementia care. Respite care can also be provided.

### **Substance Misuse Services**

#### Change Grow Live

Change Grow Live (CGL) Birmingham is a substance misuse service that has been commissioned by Birmingham Public Health to provide drug and alcohol assistance for adults in Birmingham.<sup>116</sup> In June 2019, CGL were treating 33 veterans for drug / alcohol addiction (0.5% of total clients in treatment).

#### Alcoholics Anonymous

Alcoholics Anonymous (AA)<sup>117</sup> is an independent, self-supporting fellowship concerned solely with the personal recovery and continued sobriety of individual alcoholics. All meetings are completely confidential, and personal anonymity is assured.

In terms of service personnel/veterans:

- There are many established AA members who are current or former service personnel. AA is also able to put newcomers in touch with such members.
- AA has a 12-step service specifically for the armed services. This service uses a database of established AA members who also have armed services experience. They found that similar biographical experience can help to overcome obstacles to joining AA.
- AA can provide pamphlets and materials tailored to service personnel or veterans.
- Armed Services Liaison Officers ('ASLOs') can present to professionals to explain what AA can offer and how problem drinkers can access AA. In areas where there are no local ASLOs in role, Public Information/Health Liaison Officers are also equipped to provide that service.
- Volunteers can be coordinated by ASLOs to hold informal AA meetings in facilities or settings where problem drinkers are seeking help (either on an inpatient or an outpatient/drop-in basis), to hold brief, informal presentations or to talk one-to-one to problem drinkers.

## **4.5. Housing**

Fry Accord provide veterans accommodation at a communal establishment in Selly Oak, with a facility consisting of 12 beds, some of which are on the ground floor to address disability and mobility issues. The scheme encourages peer support from fellow veterans and is close to a range of community-based support services. Veterans are provided with a

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<sup>116</sup> Change Grow Live. Drug and Alcohol Service - Birmingham.

<https://www.changegrowlive.org/content/reach-out-recovery-birmingham> Accessed 23 April 2021.

<sup>117</sup> Alcoholics Anonymous (AA) - special focus on service personnel and veterans

<https://www.alcoholics-anonymous.org.uk/Professionals/Social-Sectors/Armed-Services/Armed-Services-Professionals> Accessed 26 May 2021.

starter pack and there is wraparound support regarding routes into employment and wellbeing.<sup>118</sup>

In June 2020, the Royal British Legion received a grant from the West Midlands Combined Authority (WMCA) to help Armed Forces veterans who are either homeless or at risk of homelessness. The £20,000 grant was for supporting veterans, with up to £750 each, who may have built up arrears and faced other difficulties as a result of the recent pandemic. The individual grants will help to pay for essential items such as a deposit for accommodation or a first month's rent, travel passes to find work, and basic furnishings.<sup>119</sup>

Haig Housing is a charity that provides housing assistance for ex-service people and their dependents. They do this by letting general needs homes at affordable rent prices to the veteran community, and providing tailored housing solutions to suit specific and individual needs of the service user.

Stoll is a leading veterans' charity and housing association that has been helping ex-service personnel since 1916. Stoll provides safe, high quality housing, and access to services that enable vulnerable and disabled veterans in need of support to live fulfilling, independent lives. Stoll also provides a Veterans Nomination Scheme to find housing through other Housing Associations and Local Authorities. Nominations need to come from one of the main military charities e.g. SSAFA, RBL, Help for Heroes. The Cobseo Housing Cluster have developed a Directory of Housing Support Services for Veterans, which is also available in the Midlands. The lists supported accommodation, general needs housing, floating support and day provision for ex-service personnel.<sup>120</sup>

## 4.6. Criminal Justice System

### Prisons

There are currently 12 prisons located within the West Midlands region. It is not possible to identify which inmates would usually be resident in Birmingham.<sup>121</sup>

HMP Birmingham is located in the Winson Green area of the city. In July 2019, 22 inmates were recorded as being veterans (less than 0.1%). HMP Drake Hall is the only female prison in the region. In July 2019, there were four veterans recorded there. The reliability of the data relating to veterans is questionable due to inaccurate self-reporting or not identifying as a veteran. It is possible that this data may also include veterans of foreign Armed Forces from overseas, it is not possible to differentiate this using the current data.

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<sup>118</sup> Impact Pathways. Organisation: Fry Housing Trust. <https://www.ipwm.org.uk/Fry-Housing-Trust/Pathway-Services/> Accessed 22 April 2021.

<sup>119</sup> WMCA. Armed Forces Day marked by post pandemic support for West Midlands homeless veterans. <https://www.wmca.org.uk/news/armed-forces-day-marked-by-post-pandemic-support-for-west-midlands-homeless-veterans/> Accessed 14 June 2021.

<sup>120</sup> Key support agencies for elderly veterans of UK Armed Forces. <https://www.warwickshire.gov.uk/armedforcescovenant> Accessed 16 June 2021.

<sup>121</sup> Prison Oracle. Prisons: West Midlands. [https://prisons.org.uk/prison\\_group/west-midlands/](https://prisons.org.uk/prison_group/west-midlands/) Accessed 27 April 2021.

<b>Prison</b>	<b>Population % recorded as veterans</b>
HMP Birmingham	0.1%
HMP Brinsford	1.7%
HMP Dovegate	4.0%
HMP Featherstone	4.9%
HMP Hewell	4.3%
HMP Long Lartin	1.9%
HMP Oakwood	5.0%
HMP Stafford	5.9%
HMP Drake Hall	1.3%
HMP Swinfen Hall	1.0%
HMPYOI Werrington	0%
HMPYOI Stoke Heath	Data not available

**Table 5: Veteran prison population 2019. (Source: NHS England)** <sup>122</sup>

### **Probation**

The probation service is currently being re-organised with a move to bring all offender management under the National Probation Service (NPS). HM Prison and Probation Service will transfer to the new model in June 2021.<sup>123</sup>

### **Police**

West Midlands Police (WMP) is the local force covering Birmingham and the surrounding West Midlands metropolitan areas. WMP have been active in their support for the veteran community in the local area. As a result of the work that WMP has done with the Veterans Peer Support Network, Veterans Champions, and Local Authority partnerships, they have been asked to share their working practices and information with police forces regionally and nationally as far afield as Devon and Cornwall Constabulary.<sup>124</sup>

<sup>122</sup> Information supplied by NHS England and NHS Improvement – Midlands Health & Justice Business Support Manager via email (July 2019).

<sup>123</sup> Her Majesty's Prison and Probation Service and National Probation Service Guidance. Strengthening probation, building confidence. <https://www.gov.uk/guidance/strengthening-probation-building-confidence> Accessed 27 April 2021.

<sup>124</sup> WMP Press release: West Midlands Police Helps Troubled Veterans Turn Their Lives Around. <https://emergency-services.news/west-midlands-police-helps-troubled-veterans-turn-their-lives-around/> Accessed 23 April 2021.

### Good Practice Case Study (West Midlands Police)

WMP has been actively recruiting, training and developing ex-servicemen and women who are now police officers or police staff within the organisation to be part of a Veterans' Support Network. This is a caring and active staff association of men and women who want to give back to their community, and specifically give their time and attention to fellow veterans who are struggling and are in contact with, or who are at risk of coming into contact with the criminal justice system. This may mean a visit to prison, developing a plan together on how to move forward, a call to the custody block, or just making sure staff within our current structures understand what it is to be a veteran, and what support services both statutory and from the third sector are available.

In addition to the Veterans Peer Support Network, WMP has also identified and trained over 60 Veterans Champions in key areas of business where vulnerable veterans may come into contact with WMP. These are generally colleagues who are not veterans themselves but work in key roles in the Public Contact Centre, as Vulnerability Officers in Partnership teams, Prisoner Intervention and Prevention Teams, and Street Intervention teams.

There is currently training in place to ensure every member of WMP custody teams, over 250 staff from six sites, has a three hour input on Veterans awareness. This ensures that veterans' questions are always asked, that the member of staff has the requisite understanding to ensure veterans receive a gold standard of care from WMP and that colleagues know where they can find the right expertise and ongoing support for veterans.

Through this training WMP have identified, supported and maintained ongoing relationships with:

- Veterans about to leave prison.
- Veterans who would have been charged with minor criminal offences who are now being supported through conditional cautions.
- Veterans who have engaged with our mental health triage team and have been referred onto veteran-specific secondary MH services.

These referrals and alternative ways of helping veterans may not have been accessed without this awareness training.

WMP cover seven local authority areas and work closely with local authority colleagues to reduce crime, keep the people of the West Midlands safe, and to promote community cohesion. WMP recognise that as signatories of the Armed Forces Covenant, there is a duty to work together to promote the wellbeing and the provision of services to serving and ex-armed forces personnel. A veteran's champion lead has been identified in each of the seven policing areas with the appropriate partnership team. They are charged with ensuring WMP are working with the local authority to establish and develop the Community Covenant Partnership working group. These groups are well established and productive in Coventry, Warwickshire and Solihull, newer but no less productive in Birmingham, and a work in progress in the Black Country.

## 4.7. Potential Services

In this section we consider services for veterans that are not already provided in the city. These have been introduced in other areas and recommended as best practice.<sup>125</sup>

### Housing

Wigan Council employs a key worker for ex-service personnel and their families, who is able to navigate the public services landscape which can appear overwhelming and confusing to many veterans. Veterans in Wigan with medical needs related to service are given priority on the housing waiting list and spouses going through divorce will also be given priority.<sup>126</sup>

Glasgow has a veterans' Helping Heroes Hub.<sup>127</sup> This includes a housing expert post that is funded by Glasgow Housing Association, the city's largest RSL (registered social landlord). Housing is one of the greatest pressures on the Armed Forces Community in Glasgow and having a professional directly employed by the city's largest RSL means that the steps which many have to go through in order to get to the right advice are significantly reduced.

Leon House is a project supported by Invisible Wounds<sup>128</sup> based in Prestwich, Greater Manchester. It offers care and support free of charge to ex-service personnel referred by GPs, Armed Forces charities and other professionals. Its services are offered as a priority to ex-servicemen, women and first responders. Facilities include 23 en-suite rooms, a restaurant and a training kitchen. Group therapy sessions and education are provided at the facility to improve health and wellbeing and assist with acquiring employment and permanent housing.

### Employment

Glasgow has a Veterans Employment Programme which assists veterans resettling in Glasgow in finding employment and integrating into local communities. It supports local businesses and creates new jobs for unemployed veterans in Glasgow. This is part of the holistic support for veterans that Glasgow offers through its Helping Heroes organisation.<sup>129</sup>

### Health and Wellbeing

In Bradford, veterans have priority access to social care if their social care needs relate to their service. Where this criterion is not met, the council will signpost them on to other services. Bradford Council is also updating its adult social care assessments, whereby the public facing member of staff will be required to ask if the person has ever served in the Armed Forces. NHS partners also have questions in their surveys about people's service

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<sup>125</sup> Forces in Mind, Our Community – Our Covenant, (2016). <https://www.fim-trust.org/wp-content/uploads/2016/08/Our-Community-Our-Covenant-Report-30.08.16.pdf> Accessed 23 April 2021.

<sup>126</sup> <https://www.wigan.gov.uk/Council/Armed-forces/Getting-support/Health-wellbeing.aspx> accessed 23 April 2021.

<sup>127</sup> Glasgow's Helping Heroes. <https://sites.google.com/site/glasgowshelpingheroes/> Accessed 23 April 2021.

<sup>128</sup> Leon House Private Clinic on Facebook. <https://www.facebook.com/pg/LeonHousePrivateClinic/about/> Accessed 23 April 2021.

<sup>129</sup> Glasgow's Helping Heroes. <https://sites.google.com/site/glasgowshelpingheroes/> Accessed 23 April 2021.

history, and a Bradford Council information officer is currently undertaking research to understand the size, need and location of Bradford's Armed Forces community.<sup>130</sup>

In Glasgow, there is the Coming Home Centre, set up by Community Veterans Support in Govan as a space for veterans to go and meet up and talk with other veterans. This set-up allows them to receive informal, word of mouth advice, and support from people with similar experiences who understand their issues better.<sup>131</sup> This informal signposting approach means veterans can seek advice discreetly without having to formally present themselves to any organisation.

### **Children's Services**

A community organisation in Bradford, SHAPE UK, provides activities for young people from disadvantaged backgrounds. Activities include sport and health activities, as well as basic vocational skills. The organisation employs a team of veterans and reservists and has good connections with the local brigade. Another community organisation, the IMPACT project, set out to create a link through heritage to identify commonalities within the diverse communities in Bradford. Part of this project involved visiting two local schools to help show not only what the Armed Forces has done for Bradford, but what Bradford has done for the Armed Forces.<sup>132</sup>

### **Community Cohesion**

Bradford implemented its Armed Forces Covenant with consideration to the diversity within the city. The council engages people from different communities by identifying similarities rather than differences and uses Armed Forces events as a chance to celebrate every community and their impact on the Armed Forces, and vice versa. This has led to Bradford being able to reach out to the harder-to-reach groups in the community.

### **Veteran Champions**

Oxfordshire County Council has more than one single elected member military champion. In order to strengthen the level of engagement between the council and the Armed Forces, each of the five bases in Oxfordshire has a designated military champion. This has the effect of strengthening the links between the Armed Forces and the council; the champions take it upon themselves to be the link between an individual base and the county. This requires that they develop and maintain relationships with relevant officers. It also means having and maintaining presence, such as through attending events on base.

Birmingham has less military presence than Oxfordshire and the bases within the city are all reservists, therefore this approach would not be as relevant compared to Oxfordshire.

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<sup>130</sup> Bradford District Council. Bradford District's commitment to the Armed Forces Community. <https://www.bradford.gov.uk/your-community/armed-forces-community-support/bradford-districts-commitment-to-the-armed-forces-community> Accessed 23 April 2021.

<sup>131</sup> Glasgow Helps. Coming Home Centre. <https://www.glasgowhelps.org/listing/coming-home-centre/> Accessed 23 April 2021.

<sup>132</sup> Our Community – Our Covenant. Improving the delivery of local Covenant pledges. <https://www.fim-trust.org/wp-content/uploads/our-community-our-covenant-improving-delivery-local-covenant-pledges.pdf> Accessed 27 April 2021.

## 5. Lived Experience

### 5.1. Introduction

Birmingham Council commissioned focus groups for this deep dive because it is important to involve the local population whose needs are being assessed. The targeted focus groups were to discuss experiences of ex-service personnel, help inform the understanding of citizen views, and engage citizens in the challenges faced by veterans in the city. The council commissioned Age Concern and Enigma Consulting to run these focus groups.

The providers were expected to cover the following themes for discussion:

- What is a veteran?
- Community and relationships
- Employment, education and skills
- Finance and debt
- Health and wellbeing
- Housing

A full list of the focus group questions can be found in 5.4 **Error! Reference source not found.**

The following summary reflects the participants' views on these themes, and includes direct interview quotes (in italics)

### 5.2. Age Concern Birmingham

The original aim for Age Concern was to run one targeted focus group with veterans who have been discharged more than 10 years, using a weekly veterans' group.

Due to lockdown restrictions, instead of a focus group, there were distanced 1:1 interviews conducted with eight participants via online channels, phone, or email. This happened between March to September 2020.

The interviews were structured and focused on the specified key themes for discussion. The interviewer had the questions listed to prompt discussion. Different sections were of interest for the participants, prompting stories and quotes.

#### **Veteran Definition**

There were mixed views on whether participants wanted to be defined as a veteran, with half identifying as veterans, and a further half preferring either ex-service man or ex-service personnel.

#### **Community and Relationships**

In terms of attitudes towards veterans, most felt they were treated normally and experienced no negative bias because of their service.

It was difficult to gauge community networks as responses were mixed and very individual. Several mentioned positive community interactions, one through a club, another through neighbours, and another through the veterans' community. Two mentioned the need for a more locally accessible veterans' group.

Over half of the veterans had not been supported by Armed Forces charities, social care or the voluntary sector. Those who were aware of SSAFA (Soldiers, Sailors, Airmen and Families Association) had not sought support from it.

However, all participants stated that family and/or friends were the main support networks, although sometimes it was difficult for them to understand veterans' issues – they “*did not get it*”.

### **Employment, Education, and Skills**

Responses were positive overall in terms of looking for employment. All successfully found work through different means and timescales. Most did not need any support to do so. There were no barriers in transferring their skills over to civilian jobs.

### **Finance and Debt**

Finance was a much less positive experience for the veterans, learning how to cope with everyday budgeting. There was little preparation and help given to adjusting to the costs of civilian life, especially around accommodation. However, no one had major issues with debt.

*“The main issues for the ex-service personnel were to settle in the civil setup, find a suitable job, a suitable accommodation and to control your expenditure to keep within your limited income.”*

### **Health and Wellbeing**

None of the participants had experienced any issues accessing health systems.

The main health issue was around mental health, particularly PTSD, especially after experiences on the front line. They said it could happen to anyone – “*Right person at the wrong time.*”

Improving health centred on establishing a routine, including good diet and exercise, with one participant suggesting paid access to a gym would help.

### **Housing**

This tied back in with the earlier issues around difficulties with the costs of accommodation and lack of support for it. Experiences included: difficulty getting social housing, not being able to get on the housing ladder, being a permanent renter, or relying on family support. They didn't believe that social housing difficulties were due to bias against veterans.

None of them had used the *Help to Buy Scheme*, with one participant unaware of it.

The participants strongly believed that one homeless veteran was one too many and that no veteran should be homeless. At least one of the participants had witnessed veteran homelessness due to lack of support for mental health issues, especially PTSD, and for older veterans who didn't have networks when they were discharged.

*“There are a substantial amount of ex-forces on the street. I have witnessed myself, 9 times out of 10 this is due to dealing with PTSD and not having the correct access to help.”*



## Conclusions and Recommendations

The participants generally said they just “*got on with it*” as they had to adjust to support themselves and their families.

Employment & skills were not a key issue. However, all participants seemed unprepared for living costs in the world outside of the armed Forces. They felt the Armed Forces could have prepared them better.

Access to health systems was not a problem for the veterans. However, they felt that mental health support could be an issue for those veterans who were homeless with PTSD.

The question about homelessness caused the most conversation. When it was discussed that there was no evidence to show veterans were over-represented, one participant said “*even one was too many*”.

This all suggests that the key issues to focus on are support and guidance around living costs, improved mental health access and support for more vulnerable homeless veterans.

The Age Concern focus group was composed of veterans who had left service 10 or more years ago. Some issues or barriers may have changed, although accommodation costs were an ongoing issue for some participants.

### 5.3. Enigma Consulting

Enigma Consulting carried out targeted community focus group discussions and semi structured interviews on the health and wellbeing of veterans in Birmingham. This included a range of citizen groups with those who were armed forces, ex-service personnel, or a member of a military family.

There were five focus groups and nine semi-structured interviews from February to September 2020, using an expanded set of the discussion themes and questions. These involved a total of 31 citizens with a mix of characteristics and discharge dates. Findings from these discussions were then grouped into the following key themes:

- Definition
- Transition
- Community and relationships
- Loneliness and social isolation
- Employment, education, and skills
- Finance and debt
- Health and wellbeing
- Discussion on mental health
- Housing
- Homelessness

#### What is a Veteran?

This discussion was on whether participants identified with the MOD definition of “veteran” (for definition, see **Error! Reference source not found. Error! Reference source not found.**) or whether they preferred alternative terminology.

The Value of the Veteran Identity and Community

- Being identified as a veteran still mattered to people. “*Know what a veteran is, prefer veteran, and understand it!*” Participants said they were proud to be a veteran and even today, they abide and live by military values. All agreed with the MOD definition of a veteran and wished for the phrase ‘Armed Forces’ to remain within the current definition.
- More needs to be done to recognise the contribution of ex-service personnel and make people feel valued. More positive media coverage and stories are needed to showcase the positive outcomes of what the Armed Forces can achieve
- Historically, there was a perception that the term veteran refers to someone older. There is a whole age range of veterans out there in the community, including aged veterans in care home settings. “*Veterans come in all shapes and sizes.*”
- For many, the Armed Forces community, the regiment or branch they served in was their military family and for some people, this still is the case today.
- Over and beyond the Armed Forces breakfast clubs, many disparate, independent led, veteran support groups, associations, and charities have surfaced. These being self-sufficient organisations, operating as close-knit family support networks inclusive of ex-service personnel and military families, supporting each other and giving back to the community in many ways.

## **Transition**

This discussion was on understanding challenges in transition faced by those who have served in the Armed Forces, their views and lived experiences.

### Preparation for Transition

- There is a huge difference in what constitutes as 'transition' into civilian life 10 years ago and the present time. A MOD transition service is now in place, which was not available to service leavers over a decade ago. However, there is still room for improvement.
- Many people were not well prepared for transition in any form and struggled to make the lifestyle changes. People were faced with many barriers, i.e. accommodation, managing PTSD, relationships, financial support, life skills, employment, etc.
- They had trouble with basic things such as knowing how to get a GP and dentist, paying a cheque, cooking and feeding themselves. They felt lost. The Armed Forces had previously taken care of everything and the skills people needed in civilian life were different.
- The lifestyle in the Armed Forces, the humour and banter, are completely different to civilian lifestyle. In the Armed Forces, there were laws and rules that included “*how you behave and where you could travel to and not.*” People felt lost without a formal structure. “*...Joined at 16, knew nothing about civilian life. Which left me not prepared in anyway shape or form.*”
- Some were fortunate to have a better experience due to their ranking. People left the Armed Forces with different resettlement packages, and therefore different levels of support.
- Some struggle with the lifestyle change and re-join the forces as reservist.

### Networks and Hubs to Help Transition

People said their main barriers with transition were finding suitable employment, accommodation, and financial support. Having some form of support network and timely access to advice and information in the early stages of transition can make a big difference to people's experience and mental wellbeing, and support a smooth transition into civilian life.

This could include:

- A more coordinated and streamlined service, such as a dedicated support and focal point at the council, where Armed Forces leavers can visit. For example, someone to talk to, such as a council recruiting officer, who can direct people to the right place, first-time.
- A veterans' hub where people can feel comfortable, safe, and interact with other ex-service personnel.
- Life skills training or workshops to develop different life skills/ interpersonal skills to support transition into civilian life.
- The military providing resettlement support for those coming to the end of their service.
- Events/gatherings for veterans to obtain information and support.

### **Community and Relationships**

There was discussion on community and relationships to understand how the civilian population treated ex-service personnel when they came out of the Armed Forces.

#### Treatment and Bias in Civilian Life

People's experiences were mixed:

- Some people found it positive and were treated with respect, appreciation and shown gratitude. "*Being ex-military does sometimes aid and open doors.*"
- Whereas others stated they were badly treated, and did not otherwise feel respected or that they benefited from serving in the Armed Forces. Many people encountered some form of prejudice and faced challenges, especially after the last two Gulf Wars.
- Others felt they were treated "*no different to anyone else*", "*just another person*".
- Experience varied in different parts of the country, with a few participants saying that they were treated much better in places like York, Staffordshire, and Plymouth, than they were in Birmingham.

Many participants experienced bias in various areas of civilian life due to their services background, such as:

- Housing
- Employment/work
- Education and skills
- Social services/ benefits
- Communication style (military banter)
- Welfare associations
- Service entitlements

*“Left military, went to Washwood Heath Centre and said these are the services we are entitled to - refused them, laughed in the face.”*

- A few people stated they did not feel Armed Forces charities were supportive towards them because of their ethnic background.
- A few felt that they had been fortunate because of their education, training, or skills, particularly if they had a trade background in areas such as engineering or nursing.
- Stigma still exists in disclosing that they are a veteran or ex-military. Many ex-servicemen choose not to say or bring it up. Participants felt more needed to be done to address stigma, in the workplace and in the community, to enable people to seek support.

### Community Involvement & Engagement

Many participants told us they were actively involved in their local communities:

- Many were involved in a range of community activities. Examples included: breakfast clubs, youth work, church groups, Royal British Legion and similar organisations, other charities, etc.
- *“For a period of two years, I didn't want to get engaged and just find my feet. I now give back to community, work with aspiring young black people, am the soldier mentoring in military career.”*
- Some participants were active veteran connectors or in a position of responsibility, taking the lead in running and managing a veteran support association, charity, or group.
- Those supporting other veterans through work or support groups requested information on services. *“It would be good to know about point of referral and in addition, knowing about various services and signposting individuals.”*

Those who weren't actively engaged in their local communities:

- Struggled with civilian life, choosing to distance themselves from the community.
- Took a while until they felt ready to connect.
- Found organisations were not receptive and welcoming, especially to ethnic minorities.
- Wanted to be left alone to rebuild their own life.
- Were not aware of what was available in their local community.

Most participants who were not actively engaged in their local community thought that they couldn't be encouraged to engage. However they did still want to be made aware of what was available and to have that choice

### **Loneliness and Social Isolation**

A discussion followed on loneliness and social isolation to determine who the participants turned to for support, and to understand any experiences that they had with Armed Forces charities, social care, or the voluntary sector for that support.

### Social Isolation and Connections

- This ties in with difficulties around transition, where an effective support network is key, and social isolation has a negative impact on transition to civilian life.

- Without a good social network in place, veterans tend to experience social isolation and loneliness within the first 6 to 12 months of their transition. “I was *left quite isolated, and it was hard to maintain close relationships outside military, having been away for long periods.*”
- Some struggled to reconnect with their families and talk about their military experience – “*what they have been through and seen.*” Some even experienced relationship breakdown.
- Employment and social connections can help reduce social isolation and loneliness. More proactive and better coordinated support is needed, including for military wives and families. “*Civilians don’t understand what you have been through, husband away and bringing kids up alone.*”
- In terms of positive experience, some were able to talk to a range of health and voluntary sector organisations, associations, including their veteran peer support network or group. Some had established support networks with friends who were also veterans or still serving.

### Fragmented Networks

- The veteran community is diverse and disconnected. More is needed to bring the community together as a whole to reduce fragmentation.
- The military system is also very fragmented. The Armed Forces and local authorities need to improve interfaces and communication with each other.

### Community and Organisation Support

- Experience and use of Armed Forces charities and voluntary organisations is varied.
- Barriers still exist amongst the veteran community in asking for help. “*Pride is stopping people*”.
- There is a perception that drop-in support centres are “*all closing.*” Combat Stress have had their funding stripped and are not taking on new referrals. Veterans are struggling to access the service and refer ex-service personnel. There is not enough government funding helping relevant charities and support groups - “*people are having to raise funds themselves.*”
- There should be work done to connect organisations, Armed Forces charities, social care, council, voluntary sector, and veteran network groups so they have integrated communication.
- Recommendations for tackling social isolation were very similar to those for tackling transition, with an emphasis on one-stop hubs and websites for guidance and support, support for learning life skills, more positive media coverage, and events to bring veterans together and raise awareness.

### **Employment, Education, and Skills**

This discussion was about participants’ experience of looking for work on leaving the Armed Forces, and what support they accessed for it.

Experience of looking for work varied. A minority secured jobs easily, especially those with skills suitable for specific trades, but this was not the case for everyone. Many people faced several barriers with employment and transition, trying numerous jobs before they found a

suitable match or trade. Some retrained to have better career prospects but found this does not always guarantee employment.

### Barriers and Issues

- Military skills and qualifications are not always easily transferable or understood, and are often undervalued. *“Left military. All military qualifications not valued in civilian life.”*
- Struggling to fit in with the work culture, not being able to be themselves, as it was so different from their military culture, such as different senses of humour.
- Stigma and negative perceptions from being in the military.
- Complex mental health issues, including PTSD.
- Support varies depending when ex-service personnel left the Armed Forces, with different resettlement packages based on service length. *“Younger recruits not getting help.”*
- Not enough support for ex-service personnel to network, to seek employment opportunities, and be made aware of what is available. Government funding cuts impacted not just community support but employment, too.
- Some people told us they did not access any support, were not offered any, or didn't even know about it.

### Tailored Career Support and Raising Awareness

- Transition support has improved, but individuals still need dedicated and tailored career support. There should be appropriate training that helps with gaining long-term opportunities. *“Some 60-year olds are being trained in plumber trade, short term.”* Career support for military wives was important, too.
- Employers need more awareness and appreciation of veterans' transferable skills. *“Make civilian aware what military bloke have to offer and vice versa, i.e. graft skills. Communication and mutual respect.”*
- Another suggestion was for the council to run job fairs focused on helping ex-military, inviting companies to guide and advise. Some veterans may be better suited to getting support in setting up their own business.

Even if they secured a job, some struggled with managing the cost of civilian life on a lower income than what they had been used to. This will be further discussed in the Finance and Debt section.

### **Finance and Debt**

This discussion was to understand how prepared people were for managing the costs of civilian life (i.e. housing repairs, commuting, and dental treatment).

### Transition Issues

- As with the other aspects of transition, many people were not well prepared for managing the cost of civilian life and struggled. Suitable employment and accommodation came up as critical success factors when it comes to civilian life and health and mental wellbeing.

- Lots of participants faced many challenges in leaving a secure military environment and having to fend for themselves. Putting food on the table for their families and surviving. Many did not have previous experience in even basic budgeting and were overwhelmed with the complexity of daily living costs, from paying rent to dealing with house repairs, to the cost of travel and taxes. “... *Taken me 15 to 16 years to be on my feet again.*”
- They struggled to budget on less money compared to their military salary and housing provision, and some veterans went into deep debt.
- A small proportion didn't struggle financially with the transition to civilian life.

#### Impact of Debt

- Debt has had a significant effect on ex-service personnel, their families and their health and mental wellbeing. Participants have experienced family breakdowns, divorce, unhealthy habits, mental ill health, and even homelessness.
- There are some who cannot cope and develop alcohol, drug, gambling addictions; behaviours which impact both their mental health and their finances. “*Employment came out low wage, and rubbish jobs, and then drinking, and so hard for budget.*”
- Participants mentioned that some ex-service personnel are in denial over their debt issues – they “*run away from it or ask for help rarely.*”

#### Government and Charity Support

- There is a lack of information and awareness of what support is available for veterans to access and what to expect when leaving the Armed Forces. Advice is fragmented and inconsistent across the system and regions. “*No consistency, post code lottery of what you access, different across different regions i.e. Coventry, Birmingham, or up north.*”
- Some participants are aware of Armed Forces charities supporting veterans with debt and financial issues, including the Combat Stress and SAFFA organisations.
- Some participants believe that there is more of a support system in place to help asylum seekers, migrants, and refugees, than veterans.

#### Awareness and Access to Advice

- More work is required to raise awareness and streamline advice, support, and information so veterans can more efficiently access services when they need it, such as dedicated support for war pension claims, or a one-stop shop to provide support with getting work.
- Support Armed Forces leavers (in advance) to think about and prepare for key aspects of civilian life, e.g. renting or buying a property, living on a tighter budget.
- Support financial upskilling by providing more training on budgeting. The Armed Forces could consider a budgeting service as part of the transition pathway.

#### **Health and Wellbeing**

This discussion was aimed at understanding participant experiences accessing health systems, e.g. GPs and hospitals. As with all topics, participant experiences of accessing the

health system varied. A minority of participants experienced no major issues, but most struggled and found it difficult.

### Health Issues

Many participants reported that they had faced some form of health issue(s) since leaving the Armed Forces. A few people mentioned service-related injuries and having multiple co-morbidities. *“Knee, right knee, asthma caused by military. In military any issues get you sorted and get you back on your feet. Suffering because of that.”* Types of health issues included:

- Mental health, e.g. stress, anxiety, depression, complex PTSD.
- Drinking, drugs, and gambling addictions.
- Physical issues including asthma, musculoskeletal problems, limb injuries, hearing difficulties, etc.

### Access to GPs

The Armed Forces Covenant is not working in terms of access to healthcare with GPs:

- GP appointments proved difficult to obtain. Some veterans struggle when registering with a GP and seek support from fellow veterans in order to do so. Other veterans go straight to hospital instead.
- *“Struggled with GP access, conflict with GP.... Four months later refer to mental health psychologist in the surgery upstairs. GP wasn't aware within the surgery. Refer to mental health TILS complex team. GP doesn't know how to do to referrals for mental health.”*
- The priority code for GP access does not always work for Armed Forces veterans. This can lead to a delay in accessing the services that they're entitled to. Increasing awareness of the priority code amongst GPs will help veterans to access care more effectively.

### Accessing Mental Health & Other Services

Participants reported having trouble accessing other health services too, such as mental health, dental, trauma and addiction services, hearing loss, and armed forces organisations for treating combat stress.

- Accessing mental health service issues included long waiting times, difficulty booking counselling, and not being able to have enough sessions due to lack of funding. People are *“falling through the cracks”*. Those with complex PTSD and addiction problems need more support.
- There were similar issues with access for hospital appointments.
- The complexity of processes for accessing health services means more conversations are needed with veterans and military families so they have more knowledge and feel safer.
- The health system is fragmented and confusing. A tick box process with too many forms and bureaucratic processes. Participants suggested multiple touch points for veterans to access services and provide a more streamlined service.



- Relevant organisations need to improve interfaces and strengthen partnership working.

As with other key themes, a central council-run point, hub or 'one stop shop' with information for veterans was recommended.

### **Discussion on Mental Health**

Part of the Health & Wellbeing key theme, Enigma's analysis had a separate section on mental health, looking at whether participants believe that certain groups are more at risk and why this may be happening.

#### Impacts on Mental Health

- There are certain groups within the Armed Forces at greater risk of poor mental health. These include those who have been on tours, on the frontline engaging in close action and who have seen live action/war. *"A lot of things happen on tours, not hear about it, not reported, see and hear a lot. Being bombarded is going to have an effect and no rest on tour."*
- Other groups who are vulnerable include those in prison, or who work in prison or emergency services, those with injuries, younger veterans who were early leavers. People felt that suicide is an issue for younger veterans, who have less experience in dealing with and processing negative experiences.
- Many veterans' mental health has been impacted during the pandemic due to: lack of a support network, social isolation and loneliness; being unable to go out; family conflict/tension; being furloughed.

#### PTSD and Other Mental Health Issues

- As well as PTSD, many veterans have also experienced sleep issues, suicidal tendencies, self-harm, and alcohol abuse related issues.
- Access to mental health services is problematic. More proactive care and support in the community is required. Those with PTSD and other mental health issues are often falling through gaps in the system and missing out on treatment.
- Early recognition of PTSD is needed. There is variation in healthcare professionals' understanding, recognition, and management of PTSD. Not all take it seriously enough. Prejudice exists within services; people feel let down and do not trust easily.

#### Mental Health Stigma

- The Armed Forces culture is getting better at speaking about PTSD. Historically, this was not the case.
- It is important to address the stigma around asking for help with mental health in order to encourage people to reach out. *"It is OK to be not OK!"* There needs to be proactive care in the community to raise awareness and intervene earlier, rather than relying on individuals to reach out: *"Make them aware, we can help."*

## Supporting Veterans with Their Mental Health

Several improvements are mentioned that could support veterans and military families to support their mental wellbeing and feel safe, such as:

- A central point, hub or one-stop shop that is a safe space, “*a sanctuary*”.
- A dedicated website with advice and guidance.
- A booklet with relevant contacts.
- A veteran ambassador or spokesperson.
- Meaningful voluntary and community work.

## **Housing**

This discussion was based on participant experiences of finding housing after leaving the armed forces.

### Different Experiences of Housing

Participants reported a varied experience of housing choices upon leaving the Armed Forces, which impacted their direction in life, including:

- Renting private accommodation.
- Living with family either in Birmingham or elsewhere in the country.
- Relying on family or partner to arrange social housing for them as they didn't know how.
- Traveling for some, or finding work abroad.
- Buying their own house

Veterans' experiences of housing is dependent on individual circumstances, such as: suitable employment, family, relatives, relationship breakdown, social networks and financial support entitlement based on their years of service. Many didn't have financial reserves to place a deposit for temporary accommodation or put towards a mortgage.

A minority had no problems with housing on leaving, some did not prepare well but eventually secured accommodation, and others found it a stressful and challenging experience. A number of people didn't have the relevant knowledge or support to secure accommodation, such as finding references.

### Social Housing

- Some veterans had to rely on other options when they could not get social housing, and others are still having issues with social housing. The process to obtain council housing is difficult: “*the council has a point system in place, which requires you to get points and bid against others.*”
- Many people told us they have faced issues in accessing social housing because of their service and some still do.
- More support should be provided to Armed Forces personnel with proving who they are, to help with references for council housing, obtaining a mortgage, or renting.

## Government & Council Support

- The Armed Forces covenant is not working, and veterans should be given priority housing.
- There is a perception that communication is poor between the council and military and needs to be improved.
- Many veterans were unaware of the *Armed Forces' Help to Buy scheme* and they wanted more information. A different scheme was in place when they transitioned.
- As discussed in Finance & Debt, people believe that there is more of a support system in place to help asylum seekers, migrants, and refugees in comparison to veterans.

## **Homelessness**

This discussion was about the public perception of homelessness being a major issue for veterans and whether homeless veterans are over-represented.

### Are Veterans Over-represented?

- There were differing views on whether veterans are over-represented in homelessness or not, including some participants feeling they had no idea either way.
- Some thought it was likely those who weren't military would claim to be, whereas actual military would "*feel too embarrassed*" to seek support.
- Others thought that veterans' lack of willingness to ask for help, or not knowing where to go for support, would make it more likely for them to experience homelessness when vulnerable. Too many veterans fall through gaps and fail to access the required support.
- The issues that veterans face transitioning to civilian life (finances, relationship breakdown, finding work) also contribute to being over-represented for homelessness.
- Some thought that veterans were over-represented in terms of suicide because of issues with homelessness and unemployment.
- Participants reported concerns over the validity of the data used to measure veteran homelessness, with a potential undercount. Many are being missed as they are not on the streets but are still homeless, such as those couch-surfing or being supported by other veteran families or independent veteran peer support groups. Methodology and classification of homelessness data should be reviewed, making it more robust, open, and transparent.
- Recording statistics specifically on veterans in terms of suicide and mental health would help identify veterans' needs in this area.

### Support for Homeless Veterans

- Raise awareness of support available to homeless veterans. The council needs to identify them earlier in the process and help navigate them towards support.
- There is no support system in place or any follow-up checking on veteran welfare. Consider a follow-up 6 to 12 months after the veterans have left the Armed Forces.

- Several options on how to make appropriate housing available for veterans to help prevent or relieve homelessness were offered by participants:
  - Use surplus military or council properties
  - Take US best practice and “*use hotels and camps, camps are being converted for those that are homeless.*”
  - Provide a transition living area/camp that provides tailored, structured advice and guidance.
- Provide a list of key contacts to signpost people to independent veteran-led support organisations, associations, charities and groups: “*To point in the right direction, then go from A to B.*”

Suggestions were made on how to identify homeless veterans – they look tidy, are much cleaner, and are mainly younger men living under bridges where it’s “safe”, with women veterans tending to couch surf.

### **Conclusions and Recommendations (from Enigma Consulting)**

People do identify themselves as a veteran and are proud and happy to be a veteran. However, there are many challenges faced by veterans and military families in the city.

Transitioning to civilian life has caused many issues. Social housing, finances, adequate employment, suitable employment trades and skills, and mental health, are all still a challenge. More is required to tackle the cultural issues and address stigma both in the workplace and the community. Many people struggle with adapting to civilian life and as a result, some join back with the forces as a reservist.

There is a strong view among participants that the *Armed Forces Covenant* commitment has not been upheld in Birmingham and that more awareness is needed across the whole system around the Priority Code.

Communication, interfaces and partnership working across the Armed Forces, the council, and other public sector organisations needs to be improved. People want more clarity on what the council are offering in terms of veteran support. Participants reported that the main barriers were around access to timely information, support and advice. They reported not knowing where to go to access support, and not knowing what support and social benefits are available to veterans from the council. Other challenging aspects included accessing health services, i.e. GPs, dentists, and other health systems, (including getting mental health support for PTSD and addictions).

Primary care providers and others on the frontline of healthcare should be given education on the process of transition and how to help, including understanding what veteran support is available. This would help veterans to access the relevant services and address their mental wellbeing and physical health matters more promptly.

There are psychological barriers that prevent veterans from accessing services, particularly related to pride. Seeking support from Armed Forces charities is not seen as a military behaviour. Also, many choose not to identify as a veteran due to fear of being stigmatised.

Participants did not feel they were given priority or valued for their contributions. More appreciation is needed across the system, such as priority access to services, schooling,

housing, and employment opportunities. Also, more community wellbeing events and training are needed to educate and empower this community around life skills, health, and mental wellbeing.

A central point, hub, or single point of access (SPA) at the council could make it easier and more efficient for people to access advice, support, and information. There are many charities and organisations across Birmingham - information needs to be more coordinated and streamlined to prevent people from being passed around several organisations, reducing multiple touch points.

When commissioning and designing services for veterans, their family's perspective should be taken into account so that their needs can also be focused upon.

More proactiveness in terms of early intervention and community support is required to tackle veteran homelessness and suicide. The system should navigate people towards accessing support much sooner and earlier in the process, instead of waiting until it gets to the sectioning stage. However, there is recognition that many choose not to come forward which means that mental health issues are often undetected.

Work is required to build trust and bridges with the veteran community. Several suggestions include:

- Establishing a local forum for veterans to come together to support the Armed Forces Champion. Roles could include informing policy and contributing to service re-design.
- Running an annual or bi-annual veterans welfare exhibition and conference in the city.
- Establishing a tri-services veteran centre within the city centre, providing a permanent presence within the city for those veterans in immediate need and a friendly place to meet, eat and have a coffee.
- Creating a permanent point of contact in the council for veteran welfare matters.

Participants felt let down and frustrated, but there is broad recognition that things have advanced in terms of transition support for current Armed Forces leavers, when compared to what was received by those who left service ten years ago or more. However, there is still considerable room for improvement to make the transition smoother and easier.

## **5.4. Engagement Questions**

### What is a veteran?

- Do you identify with the MoD definition of “*veteran*”?
- Do you prefer the term ex-service personnel or something different?

### Community and relationships

- How did the civilian population treat you when you came out of the Armed Forces?
- Have you experienced any bias because of your service?
- Are you involved with your local community? If so, how? If not, what would make you more likely to engage?

### Exploration of loneliness and social isolation.

- What makes a good support network?
- Who can you talk to?

- Have you used Armed Forces charities, social care, or the voluntary sector for support? If so, what was your experience?

#### Employment, education, and skills

- What was your experience of looking for work on leaving the Armed Forces?
- What support (if any) did you access?
- Did you have the support you needed?
- Did you find that your skills were valued by civilian employers? What would improve this?

#### Finance and debt

- How prepared were you for managing the costs of civilian life? e.g. housing repairs, commuting and dental treatment.
- What was your biggest challenge with budgeting?
- Have you, or any ex-service personnel you know, had difficulty with debt following transition? What effect did this have?

#### Health and wellbeing

- How have you found accessing health systems e.g. GPs, hospitals?
- What are the main health issues you and fellow ex-service personnel have faced since leaving the Armed Forces?
- Do you believe certain groups are more at risk of poor mental health?
- What have been the main causes of poor health for you or other ex-service personnel?
- What would help you to stay healthy?

#### Housing

- What was your experience of finding housing after leaving the Armed Forces?
- Have you, or other ex-service personnel, found it difficult to access social housing because of your service?
- Have you used the Forces *Help to Buy* scheme? If so, what was your experience?
- There is a public perception of homelessness being an issue for ex-service personnel but there is no evidence to suggest that veterans are overrepresented. What do you think about this?

## 6. Gaps in Provision/Unmet Need

In this section we discuss the gaps and unmet needs that have been identified through the deep dive process.

### 6.1. Veteran Data

The main gap is the lack of data on veterans in the city, which is also a nationwide problem. An accurate representation of the population and their health and wellbeing needs is not fully known. Improved data collection should develop our access to relevant data in the future for better insight. Enhanced data collection has been a cross-cutting factor in the 2018 Veterans Strategy and the development of the veteran friendly GP accreditation scheme. However, health professionals still rely upon veterans being willing to self-report in order to be registered correctly and it's also possible that organisations may be using the wrong terminology because many young veterans may not identify themselves as veterans, due to believing the term to refer to older ex-personnel.

Focus group discussions highlighted that vulnerable veteran groups, such as those who are homeless, and/or living with mental health issues, needed improved data collection to identify the scale of their needs and to tackle their issues more effectively.

### 6.2. Housing

Social housing is available to veterans, including those at risk of offending.<sup>133</sup> This service also provides wrap-around support relating to wellbeing and routes into employment.

Focus group research noted that data on homeless veterans needs to be developed further in order to identify the full scope of homelessness needs and to plan for more effective services in the future.

### 6.3. Healthcare

There is a lack of awareness within primary care about the healthcare needs of veterans. A random sample of GPs in the city were asked whether they used the recommended Read code '*History Relating to Military Service*': Xa8Da in their computer systems. The survey found that very few GPs were using this code. Only 20 practices in Birmingham are registered as Veteran Friendly.

Mental health service access and treatment overall was an issue with focus group participants, with concerns over lack of funding and cuts to services, as well as attitudes towards veterans' specific issues. Participants with PTSD commented that there was an inconsistent approach and understanding of the disorder in the healthcare system, with issues around prejudice and lack of trust.

The *House of Commons mental health report*<sup>134</sup> highlighted that some veterans who need mental health care are facing barriers to seeking help or receiving low standards of care. Availability of care varies depending on where they live. There was a concern in this report

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<sup>133</sup> Impact Pathways. Organisation: Fry Housing Trust. <https://www.ipwm.org.uk/Fry-Housing-Trust/Pathway-Services/> Accessed 22 April 2021.

<sup>134</sup> House of Commons Defence Committee. Mental Health and the Armed Forces, Part Two: The Provision of Care. <https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/1481/1481.pdf> Accessed 20th May 2021.

that outreach centres are too “*city centric*” in places like Birmingham, and that veterans in more remote areas struggle. Beyond that, there is no Birmingham-specific analysis on the quality of veteran-centred care.

Health officials and clinicians reported that “*insufficient capacity*” was a key reason why some veterans were having to wait longer than they should for assessment and treatment.

Lack of resources may be impacted by: “*no clear and agreed understanding across the sector of what the full scale of the mental health problem is across serving personnel and veterans*” and therefore “*the Government is unable to determine the resources required to care for those who need it.*”

This shows how overall issues around lack of veteran data (as discussed in 6.1) impacts specifically on mental health funding and priority in provision.

#### **6.4. Transition and Community Services**

There is a potential lack of a joined-up approach and co-ordination between MOD, relevant charities and the public sector. Veterans in focus groups showed concern over this failed offering which delays access to key services for managing housing, employment support and education, budgeting, counselling, etc. and may impede their long-term transition to civilian life.

The *House of Commons Mental Health Report* discussed a similar theme, showing inconsistent experiences with Armed Forces charities. Whilst some found it positive, some veterans also had negative experiences, particularly in accessing care. This was deemed due to the charity’s limited capacity and subsequent limits on the treatment they could provide.



## 7. Opportunities for Action

This section identifies 'areas of need' to address through commissioning or other actions by local organisations.

### 7.1. What Would We Like to Achieve?

We would like to see the vision and principles of the *Veterans Strategy* implemented across the city. The city should understand and value the contribution made by those who have served in the UK Armed Forces, and their families. The transition back into civilian life should be smooth and take into account the unique nature of service in the Armed Forces.

We would like to ensure that the promise of the *Armed Forces Covenant* – '*that all those who serve or who have served in the Armed Forces, and their families, are treated fairly*' - is understood and implemented across the city.

We recommend that the *Birmingham's Armed Forces Community Covenant* should be refreshed in line with the recommendations of this deep dive.

### 7.2. Key Findings and Recommendations

Here we set out the findings from the JSNA deep dive and make recommendations as to how local partners can help us achieve our local ambitions.

#### **Key Finding 1: There is currently insufficient data to allow a full understanding of the size and composition of the local veteran population.**

Most data on veterans is available only at a national or regional level and it is not believed to be entirely reliable. The current data is cross-sectional and fails to give a robust estimate of the number of veterans in the Birmingham area. The reason for this is that routine data (e.g. GP records) is incomplete due to under-reporting. This is caused by the question not always being asked in service delivery, lack of self-reporting by veterans, and that younger veterans do not always identify as being a veteran, sometimes preferring the term ex-service man or woman. The veteran population is changing with national trends showing the number of older age veterans decreasing. However, without robust data sources on the demographic and protected characteristic information, it will be difficult to provide relevant services to meet their needs.

#### Recommendations:

In order to improve our understanding of the local veteran population. We recommend:

- GPs be proactive in identifying veterans within their practice population.
- Organisations capture data on employees and service users by asking and documenting "*have you ever served in the Armed Forces or Reserves?*"
- Protected characteristic information be collected and retained on veterans e.g. age, gender, disability, sexual orientation.
- Using local organisations and specialist veteran funded projects to collate aggregated data on veterans for a centralised database, e.g. such as British Royal Legion's work with veteran's homeless, in line with data protection guidelines.

## **Key Finding 2: Some veterans' needs are not being sufficiently met due to structural and cultural differences between the Armed Forces and civilian society.**

Evidence suggests that veterans are likely to suffer the same range of health and welfare issues as the general population and most do make a successful transition to civilian life. However, service in the Armed Forces is different to other occupations, and serving and veteran personnel, as well as their families, experience unique factors as a result of their time in service. This experience is often misunderstood by the civilian population leading to difficulties. A minority experience complex issues that are often compounded by wider determinants of health such as social isolation, crime, housing and income.

### Recommendations:

In order to provide services that meet the needs of the local veteran population, we recommend:

- Local GPs are encouraged to achieve accreditation as “*Veteran Friendly*” practices through the *Royal College of General Practitioners (RCGP) scheme*.
- The findings of this JSNA Deep Dive be used to inform the refresh of *Birmingham's Armed Forces Community Covenant*.
- Health and care professionals are made aware of the *Armed Forces Covenant* and understand their duties arising from this.
- Examples of best practice are shared e.g. West Midlands Police peer support network.
- A performance measure that relates to Birmingham's covenant aims is set.

## **Key Finding 3: Emerging evidence suggests a greater need for supporting Early Service Leavers, young recruits and female veterans.**

A House of Commons<sup>135</sup> report highlighted early service leavers (ESLs), young recruits under the age of 18, and female personnel as potentially more vulnerable to developing mental health conditions as other veterans and research has also suggested that these veteran groups also have an elevated risk of suicide.<sup>136</sup> Anglia Ruskin University undertook research<sup>137</sup> on whether there were gender differences in barriers to mental healthcare support and found that more women reported facing additional barriers accessing mental health support due to their gender. The focus groups believed that early service leavers were more vulnerable to mental health issues, including suicide, due to lack of support, life experiences, and that homeless female veterans were more likely to be invisible and therefore not receive support due to couch-surfing instead of rough sleeping. However, more data is needed to gain insight into these groups' needs.

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<sup>135</sup> House of Commons Defence Committee. Mental health and the Armed Forces, Part One: The Scale of mental health issues: Government Response to the Committee's Eleventh Report. <https://publications.parliament.uk/pa/cm201719/cmselect/cmdfence/1635/1635.pdf> Accessed 21 May 2021.

<sup>136</sup> Kapur, et al. Suicide after Leaving the UK Armed Forces – A Cohort Study. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650723/> Accessed 16 June 2021.

<sup>137</sup> BMJ. Anglia Ruskin University. Female military veterans face additional barriers accessing mental health support. <https://www.bmj.com/company/newsroom/female-military-veterans-face-additional-barriers-accessing-mental-health-support/> Accessed 21 May 2021.

Recommendations:

In order to more effectively understand the level of need amongst potential high-risk groups of veterans, we recommend:

- Local surveys and qualitative work to understand the health needs of Early Service Leavers, young recruits and female veterans.
- Action to understand the possible barriers and inequalities faced by these and other potentially high-risk groups.
- Connecting with relevant support groups to consult on their needs and concerns, such as the Women's Royal Army Corps (WRAC) Association.
- Investigating how safe spaces for these veterans have been or can be created to share their concerns and/or access specialist resources.

**Key Finding 4: There are specific barriers that need tackling to connect veterans to resources that can support them in times of need.**

This was a strong theme across the focus groups discussion (Section 5). The barriers include the military culture that leads to some veterans being unwilling to seek help or being unable to recognise when they need help/support, and so not reaching out for services early enough or at all. There is also the issue of whether all veterans are aware of and have help accessing the resources available to them to deal with specific issues, such as job training, budgeting support, discounts, specialist health services and relevant veterans support groups.

Another aspect is that the relevant organisations may not always have the capacity to effectively connect with and support all veterans who need their help. This may be due to a lack of joined-up services across the military and public sector, or due to funding and resource issues.

Recommendations:

To sufficiently connect veterans with the services that can best meet their needs, we recommend:

- Ensuring there are clear lines of communication between MOD transition services and the council regarding military leavers locating to or residing in Birmingham.
- Creating a unified, centralised hub or service with a holistic approach that provides information about potential services to interested veterans without them having to reach out to multiple, disparate organisations.
- Establishing a more pro-active and preventative approach to veteran's mental health issues, navigating people towards accessing support much sooner and earlier in the process.
- Ensuring that key information about specialist veteran support is made available to veterans when they contact public services for different types of support (e.g., employment opportunities, housing support).