



Health and social care needs of the Armed Forces Community in Northamptonshire

June
2018





Contents

Summary	2
Key findings	4
Recommendations	10
Response to recommendations	11
Background	12
Method	13
What people told us	15
Demographics and information about service	15
Children and caring	33
Housing and employment.....	36
Health and support	40
Adapting to civilian life.....	48
Bereavement support	54
Other comments	55
Effect of military service on family - Focus group feedback.....	63
Thanks and acknowledgements	64
About Healthwatch Northamptonshire.....	65
Appendix - Survey questions.....	66
Contact us	69



Summary

The Armed Forces Covenant¹ is a promise from the nation that those who serve or have served in the British Armed Forces, and their families, are treated fairly. In Northamptonshire the covenant is administered by nineteen partners from across the county, who work closely together to ensure the covenant aims are upheld².

Currently, there is a lack of information about the Armed Forces community in Northamptonshire, including their health and social care needs. Therefore, Healthwatch Northamptonshire carried out a survey on behalf of the Armed Forces Covenant Northamptonshire to find out more about these needs so they can be addressed by commissioners and service providers, and help highlight potential projects going forward. We also asked people for demographic data that will enable the University of Northampton to further explore any links between this and health and care needs.

We sought the views and experiences of people living in Northamptonshire who were currently serving or a reservist in the British Armed Forces, or were a veteran of the British Armed Forces. We also asked people who are married to someone, in a relationship with someone, or related to someone serving or a veteran, or who had been bereaved by the death of someone who served.

Our survey was shared widely and, after removing responses that did not fall into these categories, 454 people answered two or more survey questions. Ten people gave us further information at a focus group.

Over half of the people who took part in the survey were veterans and 11% were currently serving or a reservist. Most of these had served, or were serving in, the Army. Over half of the veterans had left the Armed Forces over 21 years ago and 22% had left with the last ten years.

Most people had not used the health and care services we asked them about, but nearly one-third (29%) told us they had struggled to access one or more service. GP and Mental Health services were those that people had the most difficulty accessing. Additional comments highlighted that a lack of understanding by healthcare professionals about the Armed Forces Covenant or the link between

¹ www.armedforcescovenant.gov.uk

² www.afcnorthamptonshire.co.uk



services and health issues/conditions were barriers to veterans accessing health and care services.

One-fifth of veterans thought they had a mental health need relating to their military service, Post-Traumatic Stress Disorder (PTSD) was mentioned the most, followed by depression and anxiety. These issues also affected the families of veterans. Only 21% of veterans had been spoken to directly by a healthcare professional about their mental health since leaving the Armed Forces.

One-quarter of veterans told us they had a physical health need relating to their military service, arthritis, joint and back pain, and hearing problems were the most mentioned. Only one-third of veterans said a healthcare professional had spoken to them directly about their physical health since leaving the Armed Forces.

Nearly half of veterans found it relatively difficult to adapt to civilian life, with work, social life and finances being the most difficult things to adapt to. People told us civilian life was very different because services were not 'on tap' and the work ethic of people varied from what they were used to. Further comments also highlighted issues with a lack of preparation for transition to life outside of the Armed Forces.





Key findings

Demographics

- **Over half (56%)** of those who completed the survey were **veterans**, i.e. someone that had previously served in the British Armed Forces. This is 254 people.
- Only **11%** were **currently serving (5%)** or a **reservist (5%)**.
- One-third (33%) were related to someone who had served, or was serving, in the Armed Forces. A small number of people, 16 (3%), said they were a spouse, child or parent bereaved through service.
- People lived across Northamptonshire, with **39%** living in Northampton. There were **more respondents from Northampton and East Northamptonshire** and fewer from South Northamptonshire and Daventry.
- **Most** currently serving (76%), reservists (90%) and veterans (85%) **were male**.
- The largest age group of **currently serving (29%)** and **reservists (32%)** was **41-45 years old**. Approximately **half (53% and 58% respectively)** were **41 and older**.
- Only **13% of veterans were under 40 years old**. Two-thirds (67%) were over 50 and one-third (39%) over 60 years old.

Service background

- **More people** had served, or were serving in, **the Army** than other armed forces - **76%** of those currently serving or reservists and **59%** of veterans.
- Approximately **half the reservists (57%) had been a regular** in the British Armed Forces.
- **Half of those currently serving (50%)** have been **serving for 22 years or more**.
- **Half of the veterans (51%) served for less than ten years**. The longest length of service was 44 years and three people served for less than one year.
- **Over half of the veterans (54%) had left the armed forces over 21 years ago** and **22% less than ten years ago**.
- A wide range of military units and ranks were represented by veterans.
- **Less than half** of currently serving (37%), reservists (45%) and veterans (35%) were in a **cadet force**.



Health and support

General Practitioner (GP)

- **Less than half (42%) had made their GP aware of their or their family's military history: half of those currently serving (50%), 70% of reservists and nearly half of veterans (46%).** This percentage decreased with time since leaving but was still only 58% for those who had left the armed forces within the last ten years.

Accessing services

- **Nearly one-quarter (23%) said they had used at least one of the services we listed or another service they specified in the last 12 months. The most commonly used service for all groups was mental health (12%).**
- **Less than one-third (29%) said they'd had trouble accessing one or more of the services we listed, or another service. 24 people had struggled to use between two and six of the listed services.**



Mental health

- **GPs (14%) and Mental Health services, including bereavement counselling (11%) were the most selected as being difficult to access.**
- **Most people (82%) did not think they had any mental health needs relating to their, or their family member's, military service. Veterans (20%) and their spouses (23%) reported having the most mental health needs.** This rose to 30% for veterans who had left service less than ten years ago.
- **Post-Traumatic Stress Disorder (PTSD) was the most mentioned issue (45% of those who reported a mental health need). Depression and anxiety were also common issues for veterans and their spouses.** Spouses also mentioned how mental health issues can affect the wider family.



“Depression, black periods, stressed, alcohol to help sleep and iPod on to block out mind.” - Veteran

“My husband is depressed but would never admit to it. He drinks in excess ... but would never look for help as he doesn't think it is a problem ... He is withdrawn from the family, talks only about work, and is generally grumpy. I know that this is common behaviour for veterans.” - Spouse of veteran



- Only 21% of veterans said a health care professional had spoken to them directly about their mental health since returning to civilian life. This was the same for veterans who had left service within the last ten years.

Physical health

- Nearly one-quarter (23%) said they did have physical health needs relating to their military service, rising to 26% of veterans and 32% of veterans who had left the armed forces within the last ten years.
- Arthritis or joint issues were the most mentioned, (45% of those with a physical health need). Hearing (29%) and back (19%) problems were also common issues.
- Only 35% of veterans said a health care professional had spoken to them directly about their physical health since returning to civilian life. This figure was the lower for veterans who had left within the last ten years



Adapting to civilian life

- The average rating of how easy or hard it was, or currently serving people thought it would be, to adapt to civilian life out of ten was 5.7. It was similar for each group, including those currently serving (6.1) and veterans (5.6). The most given score was 8 (21%). 44% scored between one and five and 56% between six and ten.
- Nearly half of veterans (45%) found it hard to adapt, scoring between seven and ten. On the other hand, 23% found it relatively easy, scoring between one and four. Veterans who left the armed forces more recently found it slightly harder than those who left longer ago.
- Currently serving personnel and reservists were asked what, if any, preparation they'd had for returning to civilian life. Around two-thirds of both those currently serving (67%) and reservists (62%) said they had not been prepared in any of ways we listed. 'Work' was the aspect the most people (23%) said they had been prepared for.
- Veterans were asked what the hardest thing to adapt to when returning to civilian life was. 'Work' and 'Social life' (both 24%) were found to be the hardest things to adapt to from the list given, followed by 'Money/finances' (16%).
- Adapting to civilian life, particularly the different attitudes and ways of working, was mentioned as being difficult by 11 people (5%).

“Civilian attitudes, having to adjust thinking and dealing with lack of team work, work ethic and camaraderie.” - Veteran



-
- Others struggled with the loss of armed forces community and relationships, or having health and other services provided for them.

“Just being out on a limb with no visible or easy ways to access anything. While in the service as a serving person and a spouse everything was on tap.” - Veteran

Bereavement support

- We asked those that had been bereaved by the death of a family member if they had access to the correct support after the death of their family member and where it had come from. Two bereaved spouses answered this question and felt unsupported.

“I was too young to qualify for widow’s allowance as it was then called. I felt that as I worked full time and was too young to qualify for widows benefit I was deemed as not needing help of any kind and was ignored by organisations.” - Bereaved wife

Other comments about access to health and care

- We gave people the opportunity to tell us anything else about access to health and care services relating to your military experience. The most common themes were Access to services, Lack of understanding, and Lack of support.

Access to services

- The most common issues relating to access to services were difficulties accessing GPs, dentists or medical centre and accessing mental health services.

“Health care in the military is far easier to access and is all free. Dental treatment outside the military can be provided by NHS or privately but both come with a financial charge. Prescriptions are all free in the military but not in civilian life.” - Veteran

Lack of understanding

- Many people mentioned that healthcare professionals either did not understand/take notice of the Armed Forces Covenant, or did not understand or appreciate the needs of veterans and the link between service and conditions.



“Although I have told my GP about my military background it doesn’t seem to count for much. Only one Doctor has commented on it and he was a locum.” - Veteran

“Health services are not fully aware of the long-term issues that ex-service personnel can have both physical and mentally. Also, that retired ex-forces can suffer once retired and not working.” - Veteran

- Some people thought that **some veterans were not aware of the Covenant and the help they could get.**

“I was unaware that medical services were interested in my military background and would not mention it.” - Veteran

Lack of support

- Some felt that there was **not enough support for people with the transition to civilian life** or that they were **unsupported as soon as they were discharged**

“Once you leave the armed forces from the moment you hand in your ID card no one cares what happens to you. The only help is from groups organised by the troops themselves or third-party charities.” - Veteran



- Four people mentioned a **lack of housing support**, two suggested there was more **support or help dealing with combat stress.**

“When I left I was homeless, I spent 3 months on the streets.” - Veteran

Effect on the family

- Five people mentioned the **effect the struggles of veterans have on other family members** and one highlighted the **difficulties spouses face** and how there can be a **lack of understanding** about them.

“I’m pleased that my husband is now receiving the [mental health] help he so vitally needed years ago. Our marriage and family life was almost destroyed.” - Spouse of veteran



Children and caring

- **One-third (33%)** said they had children who were dependent on them. People who are **currently serving or reservists (64%)**, their **spouses or partners (60%)**, and **bereaved children (60%)** had the **highest proportion of dependent children**. Half of all people with dependent children (50%) were veterans and 20% were currently serving/reservists or their spouse/partner.
- **One-third of people with school-aged children (34%)** said they had made the school aware of their family's military background. This rose to **54%** of people **currently serving or reservist** and **83%** of spouses or partners of someone currently serving. **The one bereaved spouse had also informed the school. Only 28% of veterans had made the school aware.**
- **Eleven people (10%)** said they had applied for **Pupil Premium**. Seven of these were currently serving or their spouses - i.e. **21% of currently serving families with school-aged children.**
- **The proportion of people saying they had a caring role** for an adult or child with a long-term illness or disability (11%) **was similar for people currently serving, reservists and veterans**, and was in line with the proportion of carers in Northamptonshire.

Housing and employment

- **Nearly half (46%)** live in Northamptonshire because they or their spouse/partner **are originally from the county. One-quarter (25%) moved to the county for work.** Other people were attracted to the county by lower house prices or housing availability.
- **Most people (70%)** said they were **home-owners.**
- **One person married to someone serving in the armed forces** said they were **homeless**, as did **one veteran.**
- **Over half (56%)** told us they were **employed full-time**. All currently serving and reservists were employed (or between jobs). **Most veterans (64%)** were **employed** and **29%** were **retired.**
- **More people had made their current employer or educator aware of their/their family's military background than hadn't - 64%.** All reservists had made their employer aware and **over three-quarters of veterans (76%)** and spouses or partners of those currently serving (78%). 90% of veterans who had left the armed forces within the last ten years had told their employer and this percentage decreased with time since leaving.





Recommendations

The purpose of this survey and report was to highlight previously unknown health and care needs of the Armed Forces community in Northamptonshire. This data will feed into further work undertaken by the Northamptonshire Armed Forces Covenant Partnership and contribute to wider recommendations. However, the following recommendations can be made from the finding presented here:

1. **Awareness of the Armed Forces Covenant** - All healthcare professionals, particularly GPs, should be made aware of the Armed Forces Covenant and the potential needs of the Armed Force Community. As well as being told about it, they should actively work to provide for the distinct needs of the Armed Forces Community and ensure that veterans feel they are listened to and their needs taken seriously. All members of the Armed Forces community should be made aware of the Covenant by local health or care services.
2. **Mental health** - Many veterans have mental health needs relating to their military service, particularly PTSD, and struggle to get help. Some are also reluctant to seek help. Veterans should be able to access mental health support that is tailored to their needs in a timelier manner.
3. **Transition to civilian life** - There is a need for further preparation for transition with serving members of the Armed Forces, to raise awareness of the difficulties adapting to civilian life. More support at the point of discharge would make it easier for veterans to adapt to life outside of the Armed Forces.





Response to recommendations from the Northamptonshire Armed Forces Covenant Partnership

1. Awareness of the Covenant

All partners on the Covenant Board are working hard on awareness and training but this needs to be expanded beyond the partners and be regularly updated particularly within Health to ensure the importance of this is not lost and that our Armed Forces community do not slip through the net. Active work has only begun in the last two years and hopefully over time this will be embedded throughout our services. Noting that funding and human resource will determine how far we can spread the message.

2. Mental Health

Nationally NHS England, through Ministry of Defence funding, have commissioned a new Veterans Mental Health service - The Transition, Intervention and Liaison service³. It will work with local partners and will need a coordinated approach within each county and the Covenant Partnership Board fully support the service. It will support serving personal through transition into civilian life, in addition to our current veteran population, to specific and timely support for all types of mental health issues.

3. Transition into Civilian life

Issues with this process has also been echoed in the recent SSAFA report⁴, 'The Nation's Duty: Challenging society's disservice to a new generation of veterans'. The transition team within the Ministry of Defence need to have a more localised approach and work directly with covenant officers and local authorities to ensure they are aware of what is going on in each area and signpost personnel appropriately. Expectations need to be managed effectively and education about civilian life increased prior to discharge. It also needs to ensure medical discharges and those choosing to leave before a natural time limit do not slip through the net and engage properly before discharge.

³ www.england.nhs.uk/commissioning/armed-forces/veterans-mental-health-services/

⁴ www.ssafa.org.uk/duty (SSAFA - the Armed Forces charity, formerly known as Soldiers, Sailors, Airmen and Families Association)



Background

In 2011 the Ministry of Defence created the Armed Forces Covenant. The Armed Forces Covenant⁵ is a promise between the government, the military and the nation to ensure that our military community is treated fairly and is not disadvantaged by their service.

Northamptonshire signed up to the Armed Forces Covenant in 2013, then named as the Community Covenant until it was renamed in 2016. The Northamptonshire Armed Forces Covenant Partnership currently has members from across the county, who work closely together to ensure the Covenant aims are upheld⁶.

There are an estimated 65,000 members of the Armed Forces Community in Northamptonshire⁷. This includes current and ex-service men and women (Regulars or Reservists), their spouses, partners, and children. Of the 65,000, 30,000 of them are veterans (someone who has served for one day or more in the British Armed Forces as a regular or a reservist).

In June 2018 the Armed Forces Covenant for Northamptonshire was re-signed, serving as a further promise to the military community that local service providers are invested in the Covenant.

There are no large military bases in Northamptonshire, although there are just across the borders with neighbouring counties. Regular and Reservist troops are based out of the Clare Street Army Reserve Centre in Northampton, which is home to the 103 Royal Electrical Mechanical Engineers (REME) Battalion and the 118 REME Battalion reserve unit.

There is a lack of data on the health and social care needs of the Armed Forces community in Northamptonshire. Therefore, Healthwatch Northamptonshire were commissioned on behalf of the Armed Forces Covenant Northamptonshire to complete a survey to discover the health and social care needs of the local Armed Forces community so these can be addressed, staffed trained appropriately and commissioners and service providers made aware of local needs. It will also help members of the Armed Forces community to input into the shape of local services.

⁵ www.armedforcescovenant.gov.uk

⁶ www.afcnorthamptonshire.co.uk

⁷ Royal British Legion Household Survey 2014, www.britishlegion.org.uk/get-involved/campaign/public-policy-and-research/the-uk-ex-service-community-a-household-survey/



Method

Survey design

Healthwatch Northamptonshire designed a user-friendly survey that would be available in two formats: online and a paper version to ensure the survey could be shared widely. The survey was piloted with a focus group that had been set up by the Armed Forces Covenant, at the Clare Street Army Barracks in Northampton in January 2018. The survey ran from the beginning of February to the end of May.

Survey distribution

To ensure the survey was distributed as widely as possible, we worked with Healthwatch Northamptonshire's contacts and partners of the Armed Forces Covenant, including First for Wellbeing, Jobcentre Plus, The Royal British Legion, Northampton General Hospital NHS Trust, Kettering General Hospital NHS Foundation Trust, Northamptonshire Healthcare NHS Foundation Trust and others.

The survey was promoted on local radio (BBC Radio Northampton) and was featured in the local press. We shared the survey link on social media along with a short film we made to explain the project.

Partner organisations gathered responses at regularly running groups they held specifically for the armed forces community. This helped us to gain a wide age-range of respondents.

We also attended various locations across the county to capture the views of people who may not attend groups:

- The Swansgate Shopping Centre, Wellingborough
- The Grosvenor Shopping Centre, Central Northampton
- Corby Cube
- Weston Favell Shopping Centre, Northampton East
- Towcester Forum (including library)





Focus group

We attended a regular meeting of the armed forces community, held in Northampton in March 2018, to find out more about some of the issues affecting the armed forces community, particularly regarding transition to civilian life. Ten people gave comments.

Data analysis

Overall 483 people took part in the survey. We removed 29 responses as these people had no connection with the armed forces or had completed the survey more than once.

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

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

More data was collected than can be presented in this report. The full data set will be shared with the University of Northampton for further analysis and to feed into the full Armed Forces Covenant Northamptonshire report.

Limitations

A small number of people, 16 (3% of total) said they were a bereaved spouse, child or parent. From the answers it was not possible to distinguish between those that had been bereaved by an in-service death and those that had been bereaved later in life when a veteran they were related to passed away.

The online surveys used filters so that questions could be worded appropriately for different types of respondents, and questions not appropriate for a group could be removed (or other added in, such as for reservists or bereaved family members). Less variation was possible on the paper survey so some people answered slightly differently worded questions.

Where the survey asked about pupil premium, it did not ask which type of pupil premium parents had applied for (although very few service children are eligible for pupil premiums other than SPP⁸). It is possible that respondents who are a child of a veteran and some of the veterans are referring to non-service pupil premiums.

⁸ Army Families Federation - aff.org.uk/advice/education-childcare/service-pupil-premium



What people told us

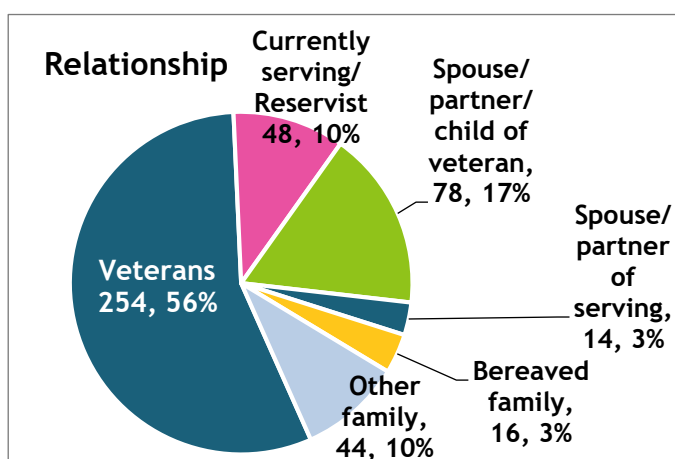
- Overall 483 people took part in the survey. We removed 29 responses as these people had no connection with the armed forces or had completed the survey more than once, leaving 454 responses.
- 78 people (16%) only answered the first two questions (about where they live and their relationship to the Armed Forces).
- 13 people lived outside of Northamptonshire so these responses were removed from all questions after residence, leaving 441 responses.
- 71% of the remaining people completed the survey
- 10 people gave some additional comments at the focus groups.
- All figures given are percentages of the answers received for each question, unless otherwise specified.
- Data has been grouped into categories for this report due to the large number of respondent categories.

Demographics and information about service

Relationship to Armed Forces

The majority of people who completed the survey (56%, 254 of 454 respondents) were veterans, i.e. someone that had previously served in the British Armed Forces. Only 11% were currently serving (5%, 24) or a reservist (5%, 24).

The remaining 33% (152) were related to someone who had served, or was serving, in the Armed Forces. A small number of people, 16 (3%), said they were a bereaved spouse, child or parent.



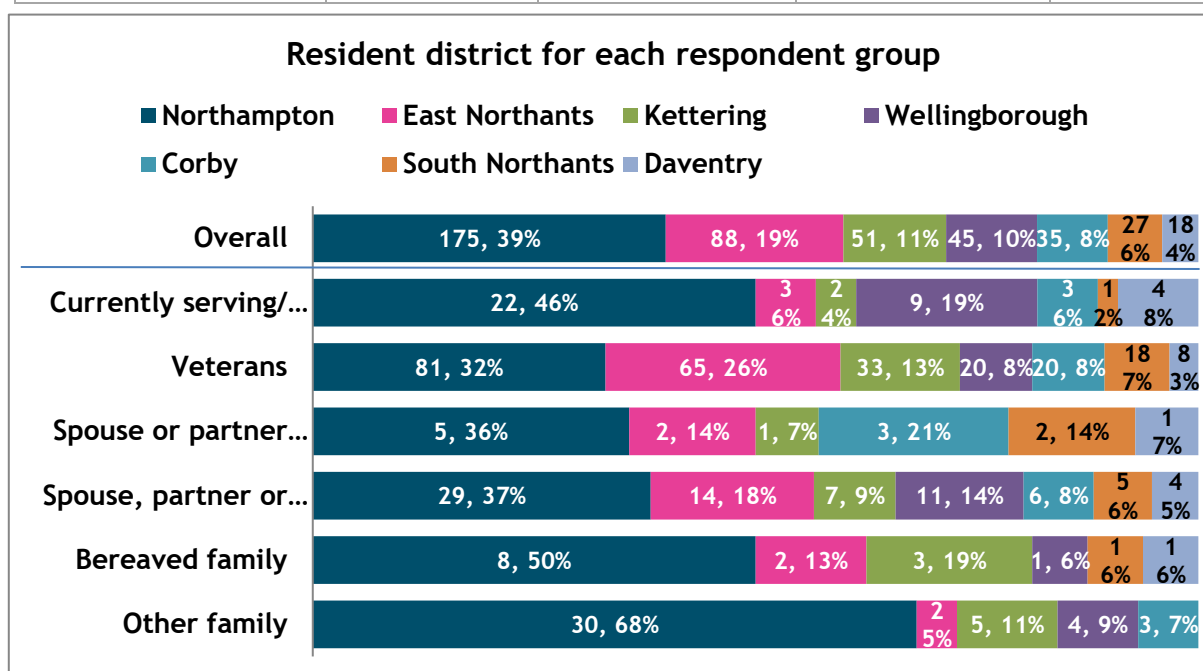
From the answers it was not possible to distinguish between those that had been bereaved by an in-service death and those that had been bereaved later in life.



Residence

Just over a third of people (39%, 175 of 454) lived in Northampton. Compared to the general population of Northamptonshire aged 16 and above⁹, there were more respondents from Northampton and East Northamptonshire and fewer from South Northamptonshire and Daventry.

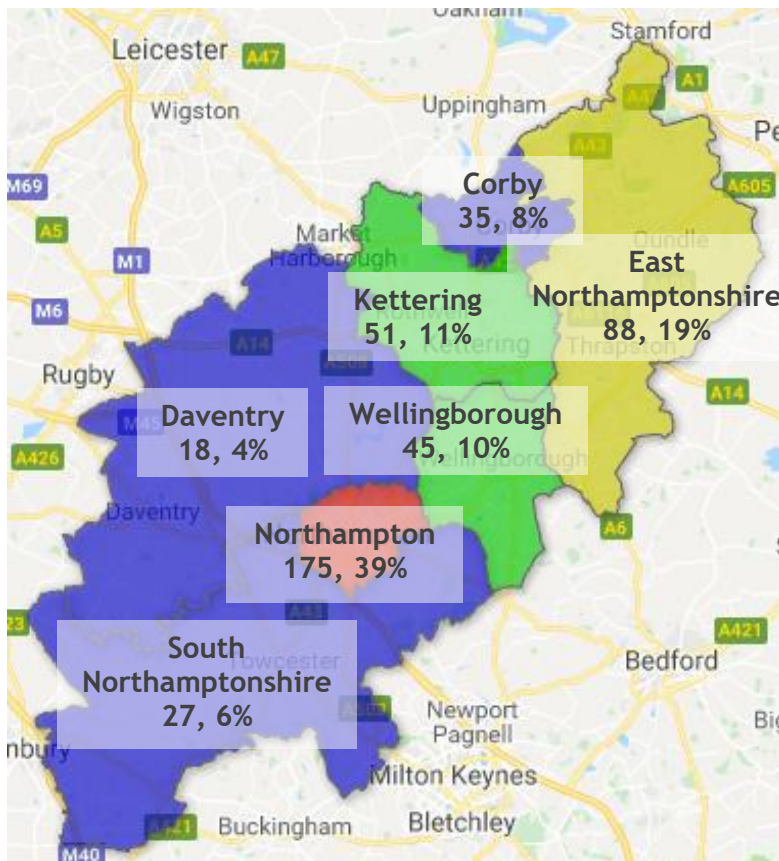
District	Number of respondents	Percentage of N'hants respondents /district	N'hants population 16+ /district (2016)	Variance
Northampton	175	39%	30%	+9%
East N'hants	88	19%	13%	+6%
Kettering	51	11%	13%	-2%
Wellingborough	45	10%	11%	-1%
Corby	35	8%	9%	-1%
South N'hants	27	6%	12%	-6%
Daventry	18	4%	11%	-7%
North N'hants (unknown district)	1	0%		
<i>N'hants total</i>	<i>440</i>	<i>97% (of total)</i>		
Homeless	1	0%		
Neighbouring county	5	1%		
Other county	8	2%		



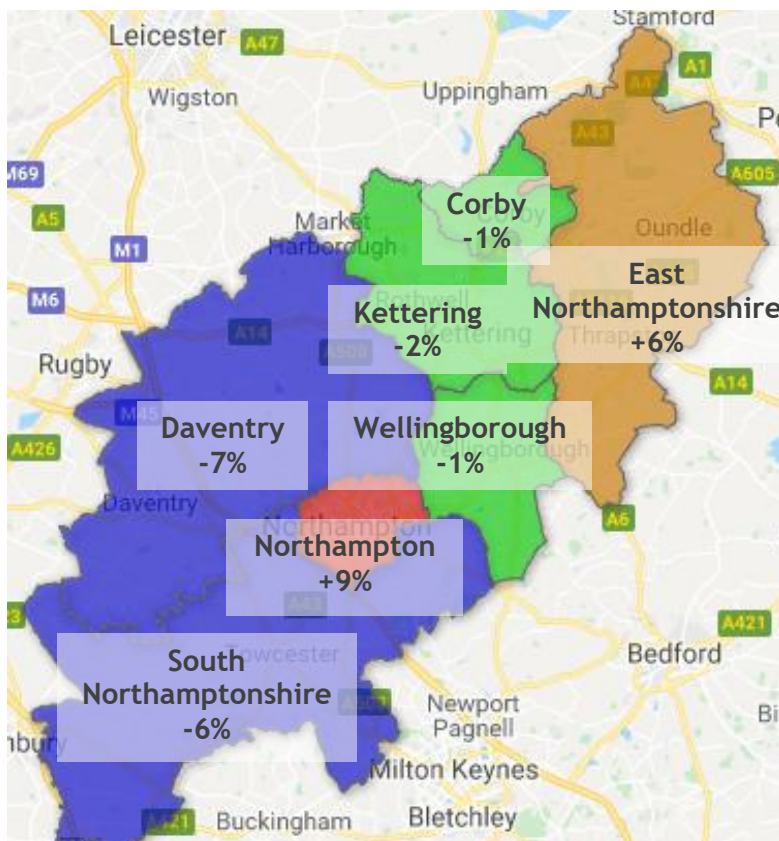
⁹ Northamptonshire Analysis, www.northamptonshireanalysis.co.uk



Overall responses from each district:

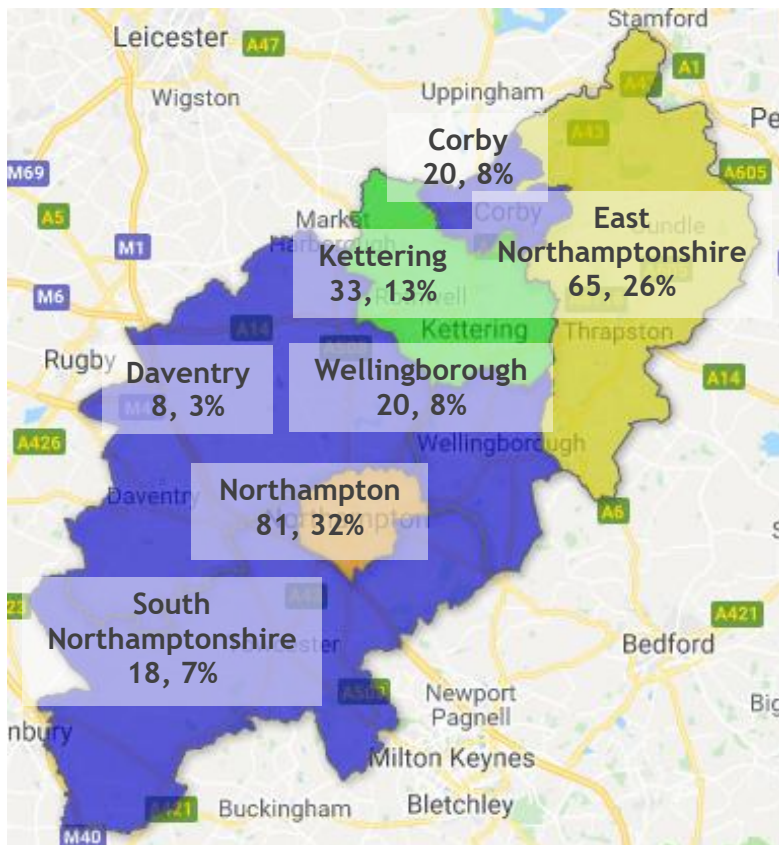


Overall proportion from each district compared to population:

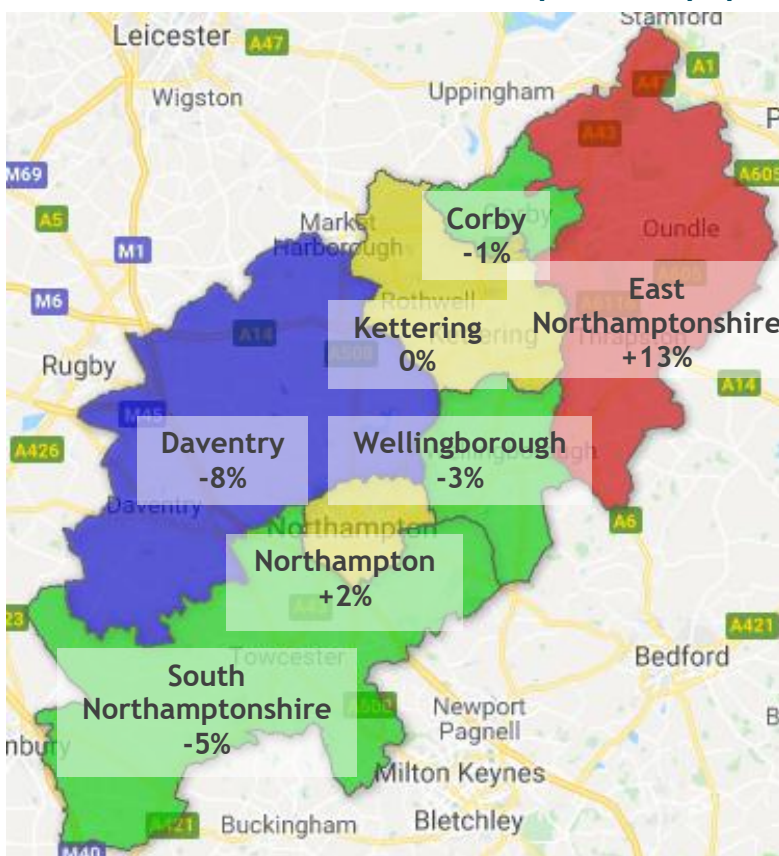




Number of veterans from each district:



Proportion of veterans from each district compared to population:

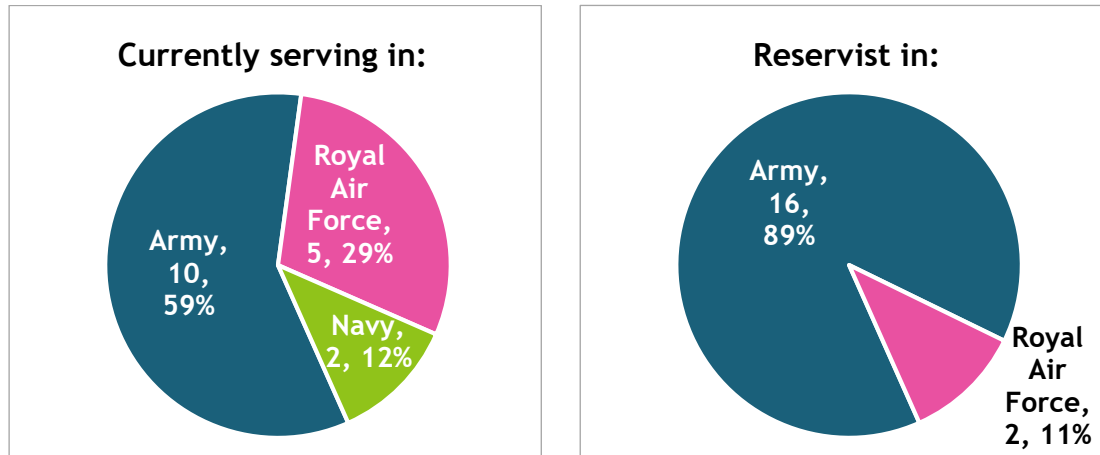




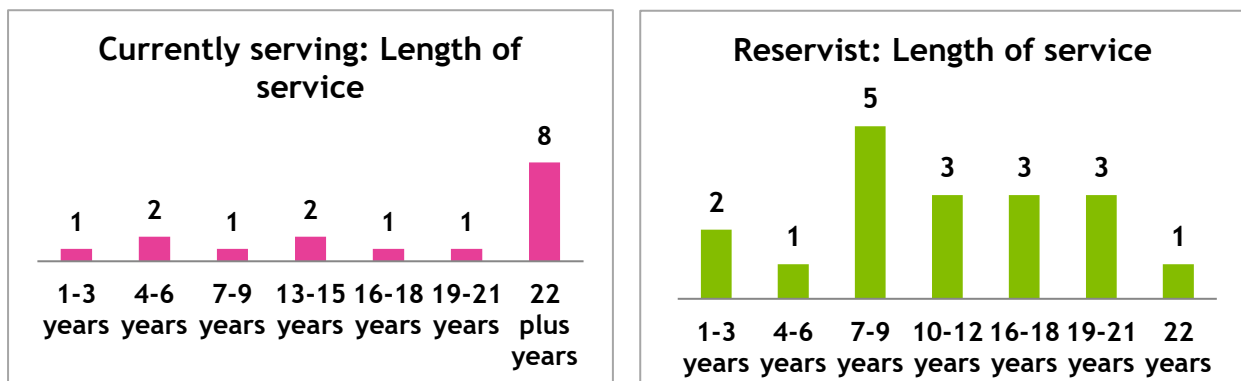
Currently serving and reservists

As expected, due to Northamptonshire only having a reservist Armed Forces base, only 10% were currently serving (5%, 24) or a reservist (5%, 24). Two reservists live outside of Northamptonshire so their answers are not included below.

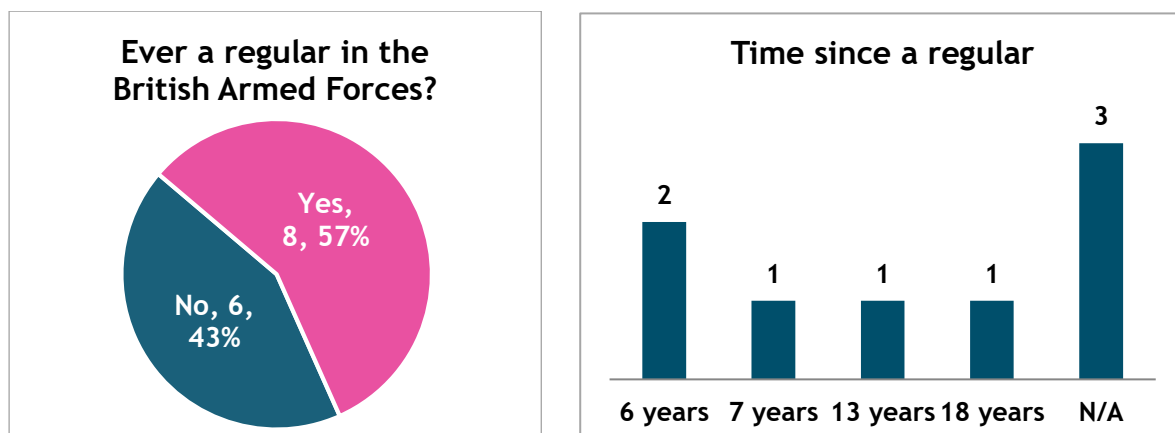
Most (76%, 26 of 35 answers) were current serving or a reservist in the Army.



Half of those currently serving (50%, 8 of 16 answers) have been serving for 22 years or more (ranging from 22-36 years).



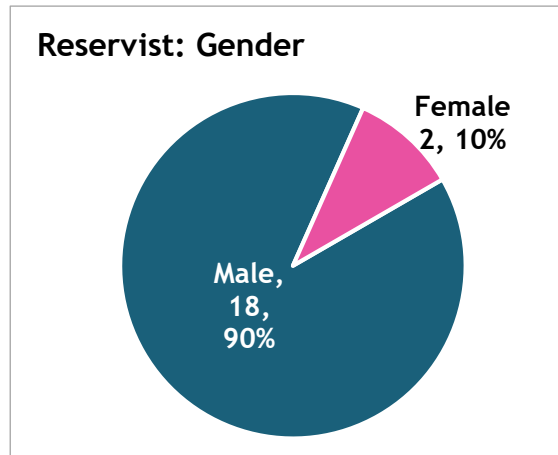
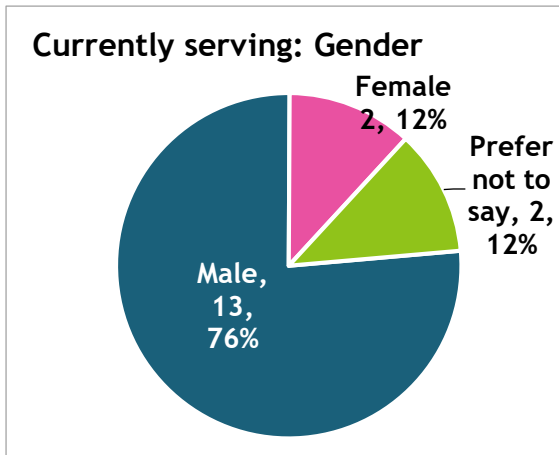
Approximately half the reservists (57%, 8 of 14 answers) have been a regular in the British Armed Forces.



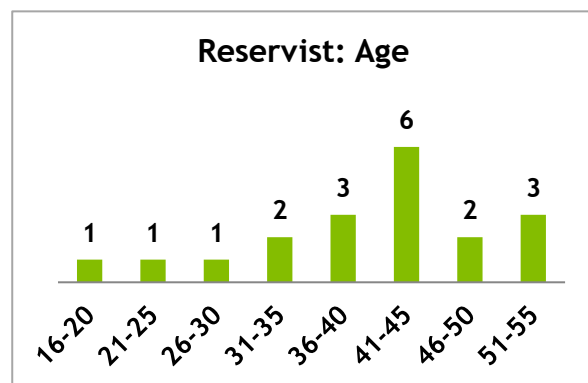
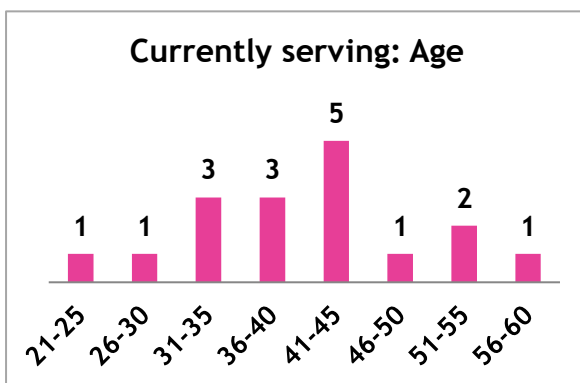


Gender and age

Most currently serving (76%, 13 of 17) and reservists (90%, 18 of 20) were male.



The largest age group of currently serving (29%, 5 of 17) and reservists (32%, 6 of 19) was 41-45 years old. Approximately half (53% and 58% respectively) were 41 and older.



Unit and rank

Currently serving: Unit

Army	9
Royal Electrical and Mechanical Engineers/Royal Engineers*	6
Adjutant General's Corps (AGC)	1
Royal Army Medical Corps (RAMC)	1
Royal Logistic Corps (RLC)	1
Navy	2
Fleet Hydrographic and Meteorological Unit	1
Naval Careers Service - Central and Eastern England	1
Royal Air Force	5
RAF Central Band	2
Logistics	1
Survival equipment	1
British Forces Cyprus Head Quarters (BFC HQ)	1

* Some specified 118 Recovery Company and 104 BN REME



Currently serving: Rank

Army	9
Craftsman	2
Sergeant	2
Warrant Officer class 1	2
Lieutenant Colonel	1
Warrant Officer class 2	1
Private	1

Navy	2
Leading Hand	1
Warrant Officer	1
Royal Air Force	5
Sergeant	3
Flight Lieutenant	1
Corporal t	1

Reservists: Unit

Army	18
Royal Electrical and Mechanical Engineers/Royal Engineers*	12
Royal Logistic Corps (RLC)	2
Adjutant General's Corps (AGC) (SPS)	1
Royal Army Medical Corps (RAMC)	1
Craftsman	1
Undisclosed 'corps'	1
Royal Air Force	2
4626 Squadron	1
RAF Wyton	1

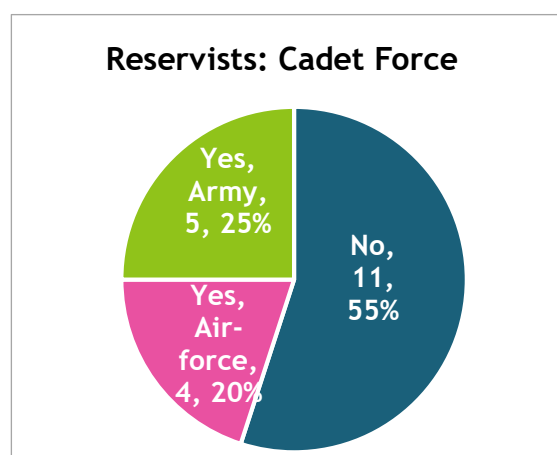
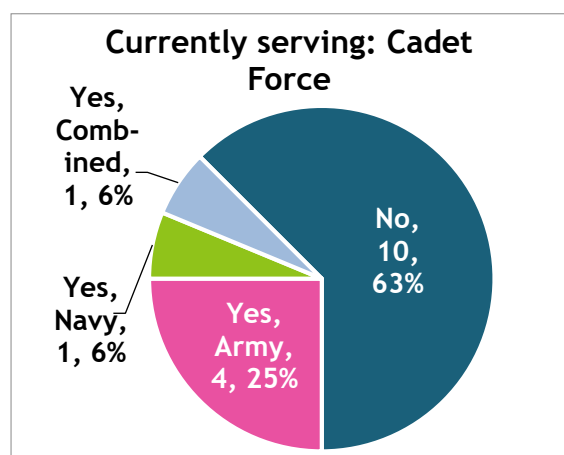
Reservists: Rank

Army	16
Sergeant	7
Corporal	2
Lance Corporal	2
Private	2
Craftsman	1
Warrant Officer class 2	1
Warrant Officer class 1	1

Navy	2
Leading Hand	1
Warrant Officer	1
Royal Air Force	5
Sergeant	3
Flight Lieutenant	1
Corporal	1

Cadet Force

Less than half of currently serving (37%, 6 of 16) and reservists (45%, 9 of 20) were in a cadet force.





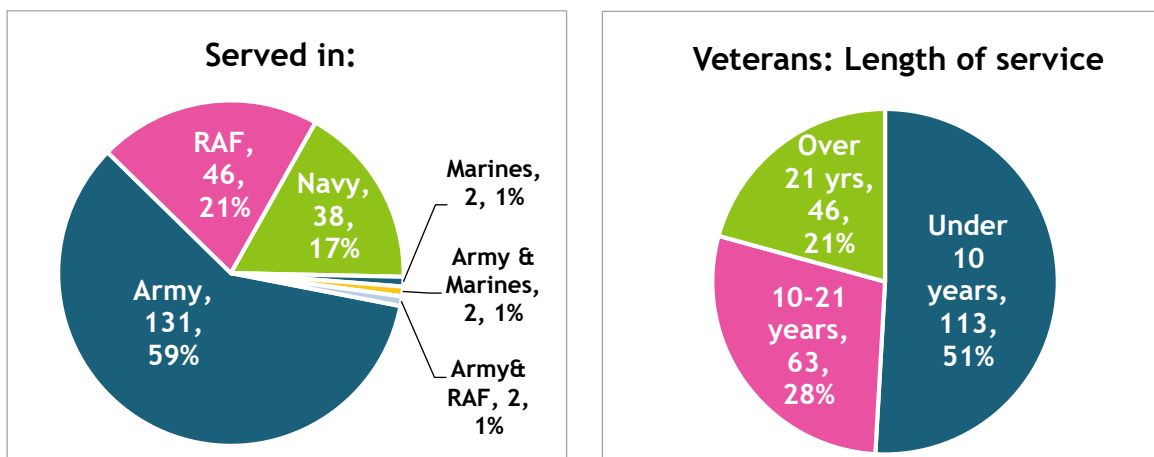
Those who had been in a cadet force serviced in one for between one and ten years.



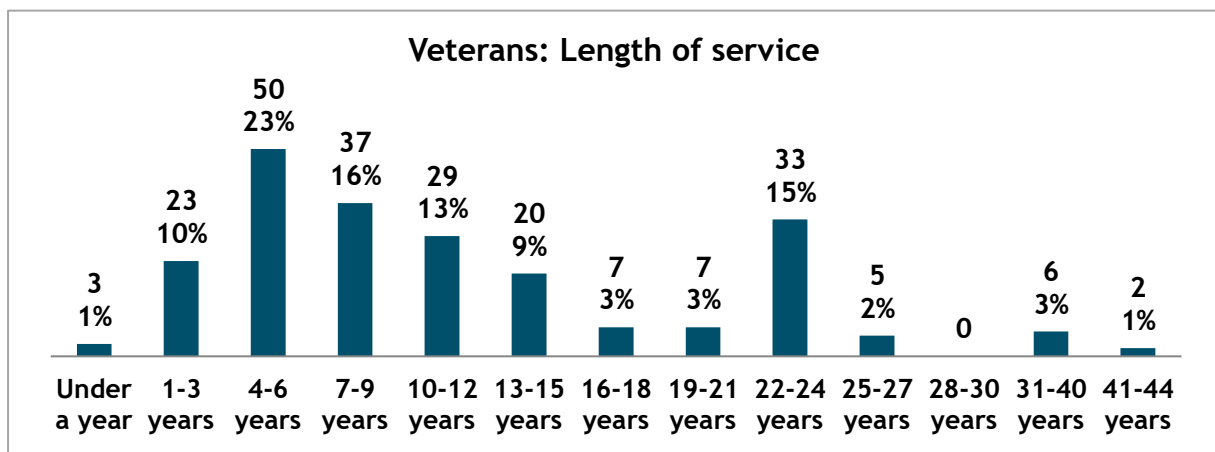
Veterans

Over half of the survey respondents (56%, 254 of 454) said they were veterans. Eight veterans live outside of Northamptonshire so their answers are not included below.

Most (59%, 131 of 221 answers) served in the Army.

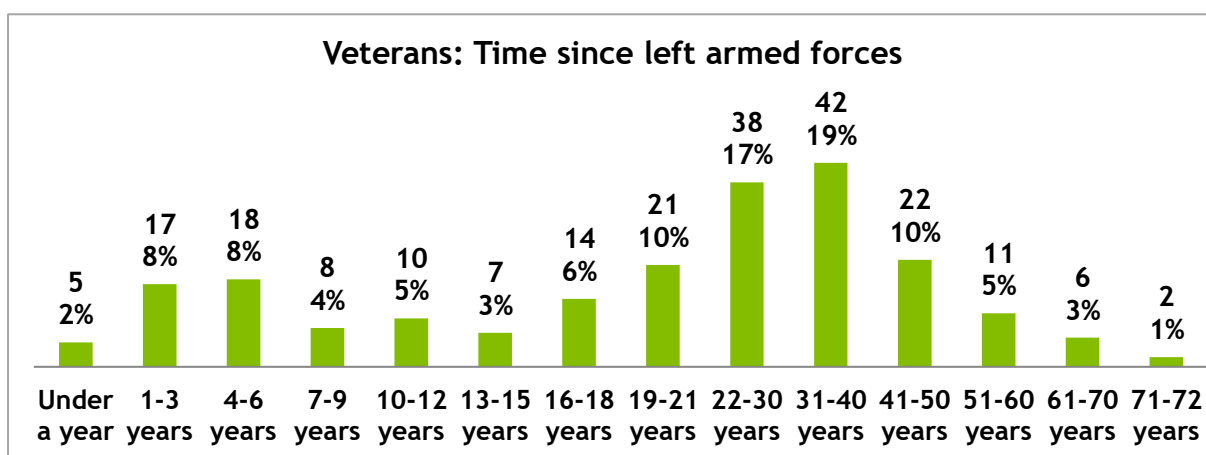
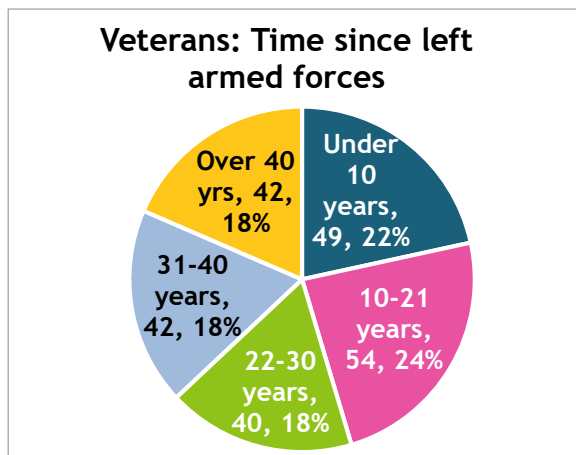


Half of the veterans (51%, 113 of 222) served for less than ten years. The longest length of service was 44 years and three people served for less than one year.





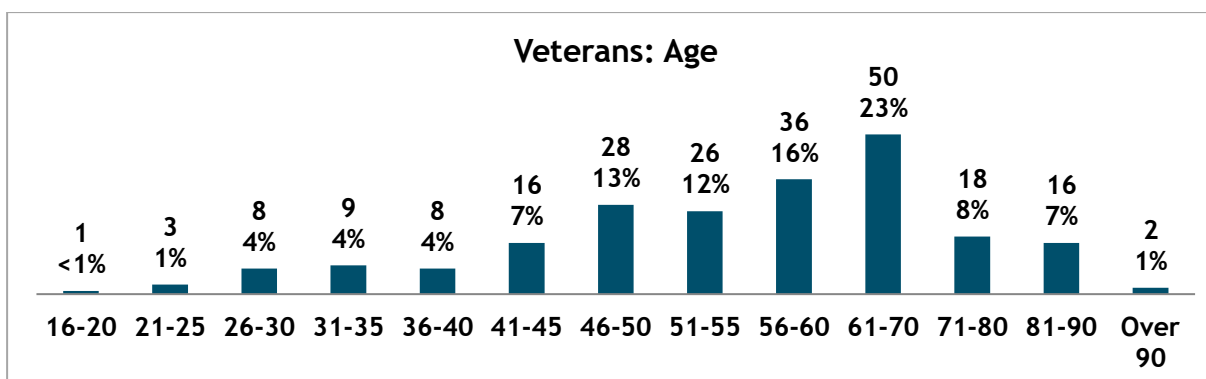
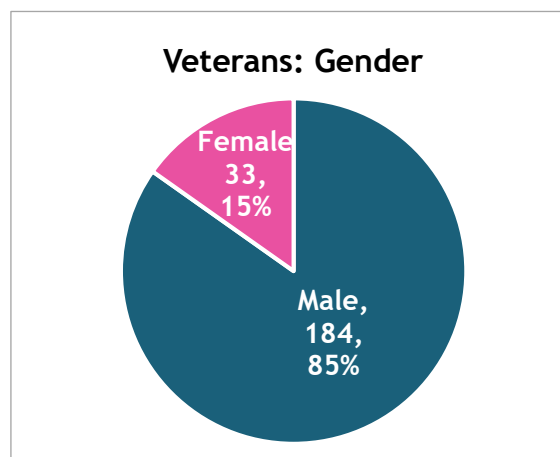
The length of time since the veterans left the armed forces varies considerably, from less than a year (2%, 5 of 227) to over 70 years (1%, 2 of 227). 54% had left the armed forces over 21 years ago and 22% less than ten years ago.

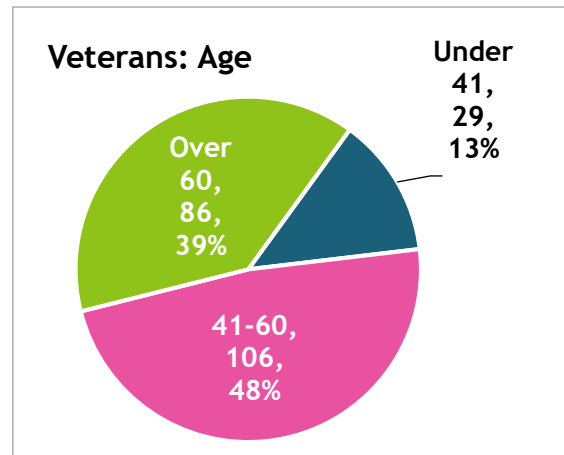
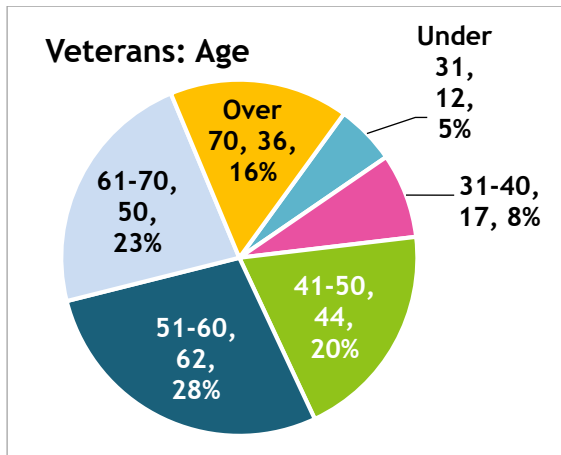


Gender and age

Most veterans (85%, 184 of 217) were male.

Only 13% (29 of 221) were 40 years old or less. Over one-third (39%, 86 of 221) were over 60 and two-thirds (67%, 148 of 221) were over 50. One veteran was between the ages of 16 and 20 and the oldest veteran was 93 years old.





Unit and rank

Veterans gave a wide range of answers to describe their last rank and unit/regiment/corp/ship, etc.

The most common unit categories were:

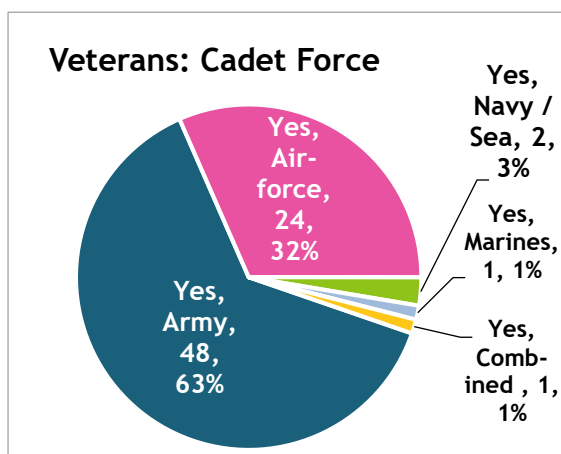
Army	128	Navy	35
Royal Logistic Corps (RLC)	16	Various HMS	26
Royal Anglian	14	Royal Air Force	40
Royal Engineers (RE)	13	Various RAF bases	30

The most common rank categories were:

Army	128	Navy	35
Private, or equivalent	43	Leading Hand/Seaman/Rating/Wren	12
Lance Corporal	20	Able Seaman/Rating	8
Corporal	17	Royal Air Force	46
		Senior Aircraftsman/Aircraftswoman	11
		Sergeant	11
		Corporal	9

Cadet Force

Less than half of veterans (35%, 76 of 218) were in a cadet force.





Family

One third of people (33%, 152 or 454) were related to someone who had served, or was serving, in the Armed Forces.

Immediate family of serving

A small number of people (14, 3% of total) said they were the spouse or partner of someone serving in the armed forces:

Married to someone serving	8
In a relationship with someone serving	6
Total	14

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

Married to someone serving

Three of the seven spouses who answered were married to someone serving in the Army. The units and ranks varied. The length of service ranged from 7-9 years to 21 years.

The spouses were almost all female and ranged in age from 26-30 years old to 41-45 years old. They lived across Northamptonshire.

Serving in:	
Army	3
Navy	2
Royal Air Force	1
Marines	1
Total	7

Length of service:	
7-9 years	1
10-12 years	1
13-15 years	1
16-18 years	2
21 years	1
Total	6

Unit:	
2 Royal Artillery (Army)	1
33 Engineers (Army)	1
Royal Signals (Army)	1
Northamptonshire Regiment (Marines)	1
RAF Halton (RAF)	1
HMS (Navy)	1
Total	6

Rank:	
Corporal (Army)	1
Acting staff sergeant (Army)	1
Captain (Army)	1
Lieutenant (Marines)	1
Squadron Leader (RAF)	1
Sub Lieutenant (Navy)	1
Total	6

District:	
Northampton	2
East Northants	2
South Northants	2
Corby	1
Daventry	1
Total	8

Age:	
26-30 years old	1
31-35 years old	1
36-40 years old	2
41-45 years old	2
Total	6

Gender:	
Female	5
Male	1
Total	6



Three people said their spouse had been in a cadet force (Army, Marine and Airforce) for between two and four years.

In a relationship with someone serving

Two people said they were in a relationship with someone serving in the Army and two in the Navy. The units and ranks varied. The length of service ranged from 4-6 years to 13-15 years.

The partners that gave a gender were all female and ranged in age from 21-25 years old to 51-55 years old. They lived in Northampton, Corby and Kettering.

Serving in:	
Army	2
Navy	2
Total	4

Length of service:	
4-6 years	1
7-9 years	1
10-12 years	1
13-15 years	1
Total	4

Unit:	
Royal Logistics (Army)	1
Pioneers (Army)	1
HMS Iron Duke (Navy)	1
Submarine service (Navy)	1
Total	4

Rank:	
Sergeant (Army)	2
Leading Hand (Navy)	1
Lieutenant (Navy)	1
Total	4

District:	
Northampton	3
Corby	2
Kettering	1
Total	6

Age:	
21-25 years old	1
26-30 years old	1
36-40 years old	1
51-55 years old	1
Total	4

Gender:	
Female	3
Total	3

One person said their partner had been in the Navy cadet force for six years.

Immediate family of veterans

Half of the family category (78, 17% of total) said they were the spouse, partner or child of someone who had served in the armed forces:

Married to a veteran	37
In a relationship with a veteran	13
Child of a veteran	28
Total	78

As the entitlement of a spouse is different to that of a partner, these will be treated separately. Two children of veterans live outside of Northamptonshire so their answers are not included below.



Married to a veteran

Most of the 31 spouses who answered were married to someone who served in the Army. The units and ranks varied. The length of service ranged from 4-6 years to 26 years.

The spouses that gave a gender were all female and ranged in age from 26-30 years old to 70 years old. They lived across Northamptonshire.

Serving in:	
Army	24
Navy	3
Royal Air Force	4
Total	31

Length of service:	
4-6 years	5
7-9 years	4
10-12 years	5
13-15 years	8
16-18 years	2
19-21 years	2
22-26 years	5
Total	31

Army unit:	23
Royal Electrical and Mechanical Engineers/Royal Engineers	6
Royal Corps of Transport	3
Royal Anglian	2
Royal Logistics Corp	2
Royal Signals	2
Duke of Lancashire	1
Infantry	1
Parachute Regiment	1
Pioneer Regiment	1
Royal Army Service Core	1
Scots Guards	1
Special Communications	1
Royal Army Ordnance Corps	1
Navy unit:	3
Amazon	1
HMS Brave	1
HMS Leander	1
RAF unit:	3
56 Squadron	1
No.1 Air Control Centre	1
Technical	1
Total	29

Army rank:	22
Lance Corporal	4
Corporal	3
Private	3
Warrant Officer Class 1	2
Sergeant	2
Driver	2
Captain	1
Warrant Officer Class 2	1
Warrant Officer	1
Staff Sergeant	1
Colour Sergeant	1
Guardsmen	1
Navy rank:	3
Petty Officer	1
Leading Seaman	1
Seaman	1
RAF rank:	3
Corporal	1
Flight Lieutenant	1
Senior Aircraftman	1
Total	28



District:	
East Northants	10
Northampton	9
Wellingborough	5
Corby	4
Kettering	4
South Northants	4
Daventry	1
Total	37

Age:	
26-30 years old	1
31-35 years old	1
36-40 years old	2
41-45 years old	3
46-50 years old	1
51-55 years old	8
56-60 years old	7
61-65 years old	2
66-70 years old	4
Total	29

Gender:	
Female	28
Total	28

Seven of 29 people said their spouse had been in a cadet force (Airforce - 4, Army - 2, Navy -1) for up to five years.

In a relationship with a veteran

Most of the 10 people who answered said they were in a relationship with someone who served in the Army. The units and ranks varied. The length of service ranged from 4-6 years to 22 years.

The partners that gave a gender were all female and ranged in age from 21-25 years old to 51-55 years old. They lived in Northampton, Wellingborough and Daventry.

Serving in:	
Army	6
Royal Air Force	2
Marines	1
Army and Marines	1
Total	10

Length of service:	
4-6 years	2
7-9 years	6
16-18 years	1
22 years	1
Total	10

Army unit:		5
Royal Electrical and Mechanical Engineers	1	
East Anglian	1	
Household Calvary	1	
Royal Logistics Corp	1	
Signals	1	
Marines unit:	1	
40 Commando	1	
RAF unit:	1	
RAF Police	1	
Total	7	

Army rank:		5
Corporal	2	
Lance Corporal	2	
Private	1	
Marines rank:	1	
Royal Marine	1	
RAF rank:	2	
Corporal	1	
Sergeant	1	
Total	8	



District:	
Northampton	7
Wellingborough	4
Daventry	2
Total	13

Age:	
21-25 years old	1
26-30 years old	3
31-35 years old	1
41-45 years old	2
46-50 years old	2
51-55 years old	1
Total	10

Gender:	
Female	9
Total	9

Three people said their partner had been in a cadet force (Army - 2, Airforce - 1) for between three and five years.

Child of a veteran

Half of the 17 people who answered said they were the child of someone who served in the Army. The units and ranks varied. The length of service ranged from 1-3 years to 36 years.

The children that gave a gender were mostly female and ranged in age from 21-25 years old to 61 years old. They lived across the county.

Serving in:	
Army	9
Royal Air Force	6
Navy	2
Total	17

Length of service:	
1-3 years	2
4-6 years	3
7-9 years	1
10-12 years	3
13-15 years	1
19-21 years	3
22-36 years	4
Total	17

Army unit:	6
Royal Anglian	2
Royal Army Ordnance Corps	1
Royal Engineer	1
Royal Pioneer Core	1
Small Arms School Corps	1
Navy unit:	2
HMS Albion	1
HMS Trowbridge	1
RAF unit:	3
RAF Lyneham	1
Education	1
Mechanics	1
Total	11

Army rank:	8
Corporal	2
Sergeant Major	2
Lieutenant Colonel	1
Warrant Officer class 2	1
Sergeant	1
Private	1
Navy rank:	1
Officer	1
RAF rank:	5
Sergeant	2
Wing commander	1
Squadron Leader	1
Flight Sergeant	1
Total	14



District:	
Northampton	13
East Northants	4
Kettering	3
Corby	2
Wellingborough	2
Daventry	1
South Northants	1
Total	26

Age:	
21-25 years old	1
31-35 years old	3
36-40 years old	1
41-45 years old	2
46-50 years old	4
51-55 years old	1
56-61 years old	5
Total	17

Gender:	
Female	13
Male	4
Total	17

Two people said their parent had been in a cadet force (Army - 1, Airforce - 1).

Bereaved family

A small number of people, 16 (3% of total) said they were a bereaved spouse, child or parent. From the answers it was not possible to distinguish between those that had been bereaved by an in-service death and those that had been bereaved later in life when a veteran they were related to passed away.

Bereaved spouse	5
Bereaved child	10
Bereaved parent	1
Total	16

Bereaved spouse

Three of the four who answered were married to someone who served in the Army. The units and ranks varied. The length of service ranged from 2 years to 24 years.

The spouses that gave a gender were female and ranged in age from 46-50 years old to 80 years old. They mostly lived in Northampton.

Serving in:	
Army	3
Royal Air Force	1
Total	4

Length of service:	
1-3 years	2
12 years	1
24 years	1
Total	4

Unit:	
Parachute Regiment (Army)	1
Royal Logistic Corps (Army)	1
Total	2

Rank:	
Private (Army)	2
Lance Corporal (Army)	1
Flight Sergeant (RAF)	1
Total	4

District:	
Northampton	4
Kettering	1
Total	5

Age:	
46-50 years old	1
56-60 years old	1
70 years old	1
80 years old	1
Total	4

Gender:	
Female	3
Total	3



None said their spouse had been in a cadet force.

Bereaved child

Five of the seven who answered were children of someone who served in the Army. The units and ranks varied. The length of service ranged from a short service commission to 52 years.

The children that gave a gender were mostly male and ranged in age from 36-40 years old to 78 years old. They mostly lived across the county.

<i>Serving in:</i>	
Army	5
Royal Air Force	1
Navy	1
Total	7

<i>Length of service:</i>	
Short service commission	1
17 years	1
19-21 years	2
22 years	1
52 years	1
Total	6

<i>Unit:</i>	
Royal Anglian (Army)	1
Royal Engineers (Army)	1
HMS Lochinvar (Navy)	1
Various (Army)	1
Total	4

<i>Rank:</i>	
Company Sergeant Major (Army)	1
Captain (Army)	1
Lance Corporal (Army)	1
Sergeant (RAF)	1
Chief Petty Officer (Navy)	1
Total	5

<i>District:</i>	
Northampton	4
Kettering	2
East Northants	2
South Northants	1
Daventry	1
Total	10

<i>Age:</i>	
36-40 years old	1
46-50 years old	2
51-55 years old	1
71-75 years old	2
78 years old	1
Total	7

<i>Gender:</i>	
Male	5
Female	2
Total	7

One parent had been in the Army cadet force for 6 years and one trained cadets.

Bereaved parent

The one bereaved parent had a child who served the Army as a Gunner in the Royal Horse Artillery. Their child was in the Army cadets for 3 years.

Other family

The remaining 44 family members were parents, siblings, or more distantly related relatives (e.g. grandchildren, aunts, uncles).



Parent/sibling of veteran	18
Aunt/Uncle/Cousin/Grandchild/Niece/Nephew	10
Parent of serving	7
Unspecified parents/sibling	7
Ex-spouse/partner	3
Unknown	1
Total	46*

* Two were classified as more than one type of relative as they had more than one relative who had served in the armed forces.

These will be treated as one group but a full breakdown is available.

Most of the 23 who answered were related to someone who served in the Army. The units and ranks varied. The length of service ranged from 1-3 years to 19-21 years.

Two-thirds were female and they ranged in age from 26-30 years old to 81 years old. They lived across Northamptonshire but most lived in Northampton.

Serving in:	
Army	18
Navy	3
Royal Air Force	3
Total	24*

* One answered about two relatives

Length of service:	
1-3 years	6
4-6 years	7
7-9 years	4
10-12 years	3
13-15 years	1
16-18 years	1
19-21 years	1
Total	23

Army unit:		18
Royal Anglian		6
Royal Logistics		2
Royal Signals		2
Grenadier Guards		2
Mercian Regiment		1
Queen Alexandra's Royal Army Nursing Corps		1
Queen's Regiment		1
Royal Electrical and Mechanical Engineers		1
Royal Artillery		1
Ordnance		1
Navy unit:		2
Collingwood and Yeovilton		1
HMS Marlborough		1
RAF unit:		2
Gibraltar		1
RAF Fire Service		1
Total		22

Army rank:		15
Lance Corporal		6
Captain		3
Private		3
Corporal		1
Colonel		1
Staff Sergeant		1
Guardisman		1
Navy rank:		2
Leading Hand		1
Sub-Lieutenant		1
RAF rank:		3
Sergeant		1
Airman		1
Total		20



District:	
Northampton	30
Kettering	5
Wellingborough	4
Corby	3
East Northants	2
Total	44

Age:	
26-30 years old	6
31-35 years old	1
41-45 years old	2
46-50 years old	2
51-55 years old	4
56-60 years old	3
61-70 years old	2
71-81 years old	3
Total	23

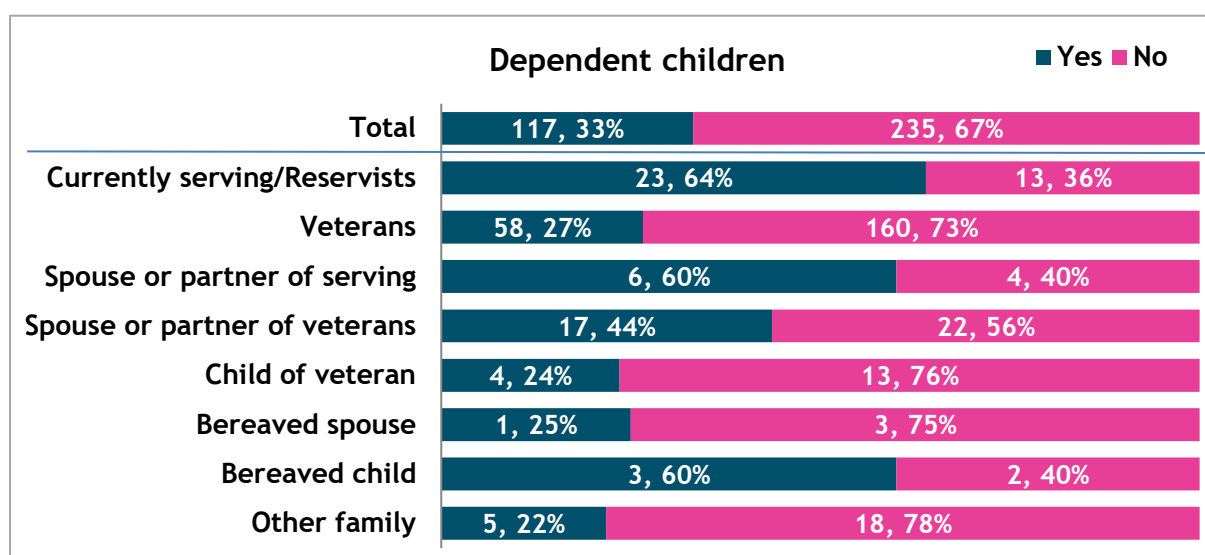
Gender:	
Female	15
Male	7
Total	22

Four of 23 people said their relative had been in a cadet force (Army - 3, Airforce - 1) for between one and five years.

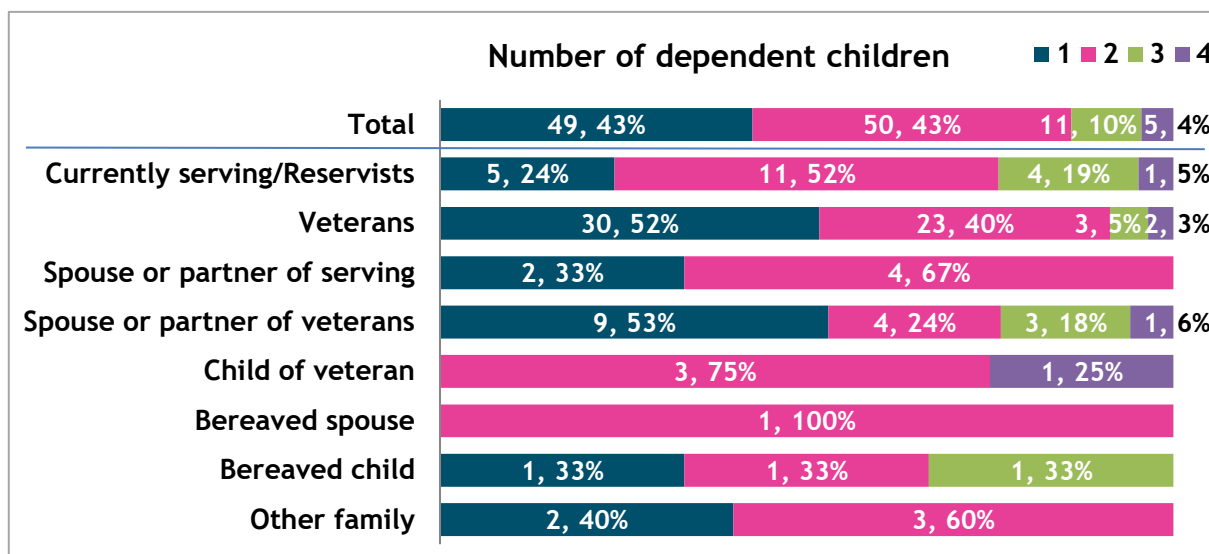
Children and caring

Dependent children

One-third of people who answered the question (33%, 117 of 352) said they had children who were dependent on them. People who are currently serving or reservists (64%, 23 of 36), their spouses or partners (60%, 6 of 10), and bereaved children (60%, 3 of 5) had the highest proportion of dependent children. Half of all people with dependent children (50%) were veterans and 20% were currently serving/reservists or their spouse/partner.

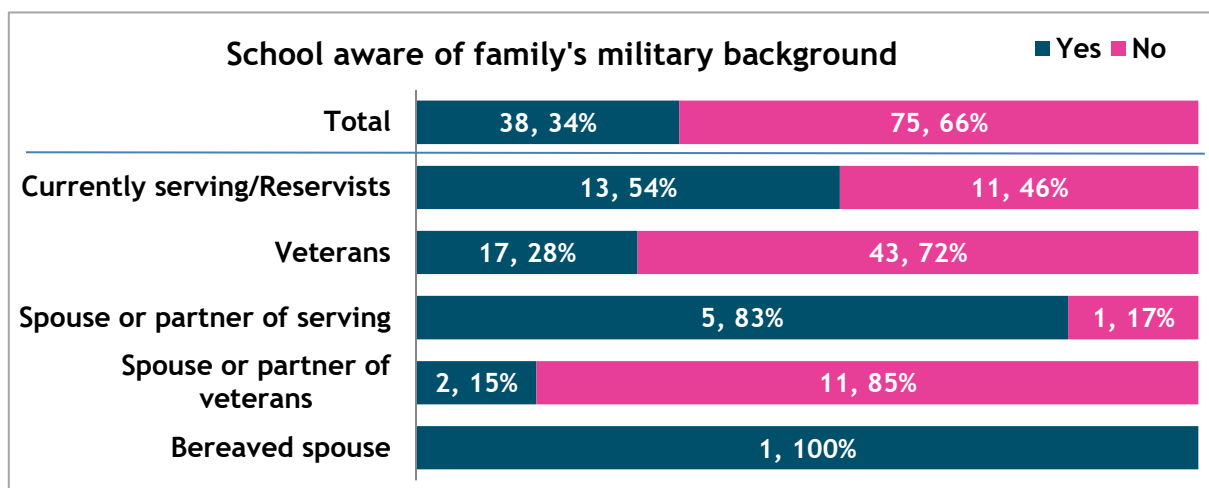


Most people (86%, 99 of 115) had one or two dependent children.



School-aged children

One-third of people with school-aged children (34%, 38 of 113) said they had made the school aware of their family's military background. This rose to 54% (13 of 24) of people currently serving (7 of 10) or reservist (6 of 14) and 83% (5 of 6) of spouses (4 of 5) or partners (1 of 1) of someone currently serving. The one bereaved spouse had also informed the school. Only 28% of veterans (17 of 60) had made the school aware.



Pupil Premium

In April 2011 the Service Pupil Premium (SPP) was introduced in England under the Armed Forces Covenant in recognition of the impact of service life on children. State schools, academies and free schools in England, which have children of service families in school years Reception to Year 11, can receive the SPP funding. It is designed to assist the school in providing the additional support that these children may need and is currently worth £300 per service child who meets the eligibility criteria. Children are eligible if:

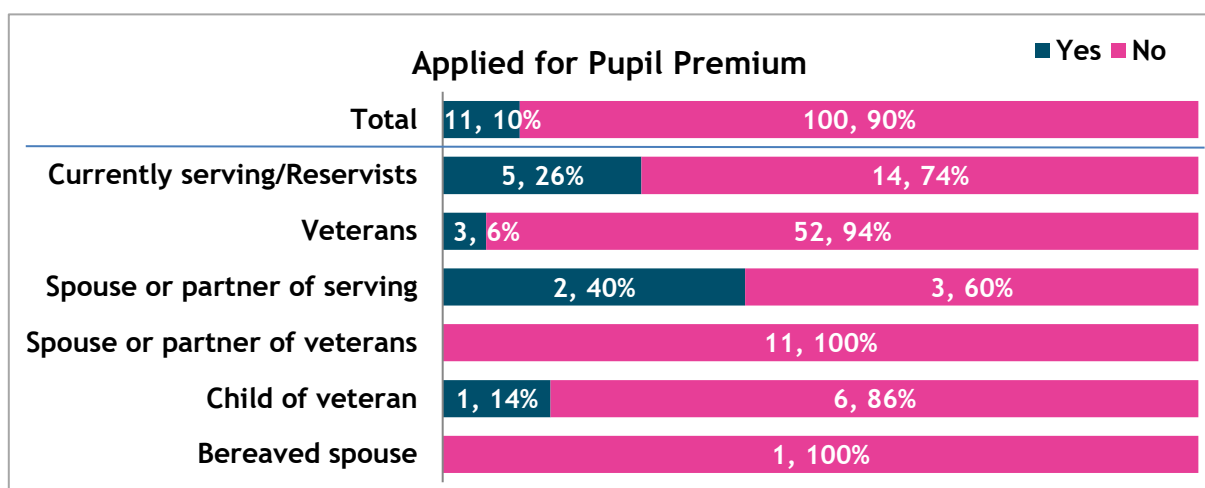


- one of their parents is serving in the regular armed forces
- they have been registered as a ‘service child’ in the school census at any point since 2011
- one of their parents died whilst serving in the armed forces and the pupil receives a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme
- pupils with a parent who is on full commitment as part of the full-time reserve service are classed as service children.

Pupil Premiums are also paid to schools for who are looked after by the local authority and for those who have been eligible for free school meals at any point in the last six years.

Eleven of 108 people (10%) said they had applied for Pupil Premium. Seven of these were currently serving (5 of 19) or their spouses (2 of 5) - i.e. **21% of currently serving families with school-aged children.**

Where the survey asked about pupil premium, it did not ask which type of pupil premium parents had applied for (although very few service children are eligible for pupil premiums other than SPP¹⁰). It is possible that respondents who are a child of a veteran and some of the veterans are referring to non-service pupil



premiums.

Caring responsibility

In line with the 2011 census data for Northamptonshire¹¹, 11% of people (40 of 354) said they had a caring role for an adult or child with a long-term illness or disability. This proportion for people currently serving, reservists and veterans were similar to the overall proportion.

¹⁰ Army Families Federation - aff.org.uk/advice/education-childcare/service-pupil-premium

¹¹ 10% of the Northamptonshire population identified as carers in the 2011 census. Northamptonshire Analysis, www.northamptonshireanalysis.co.uk



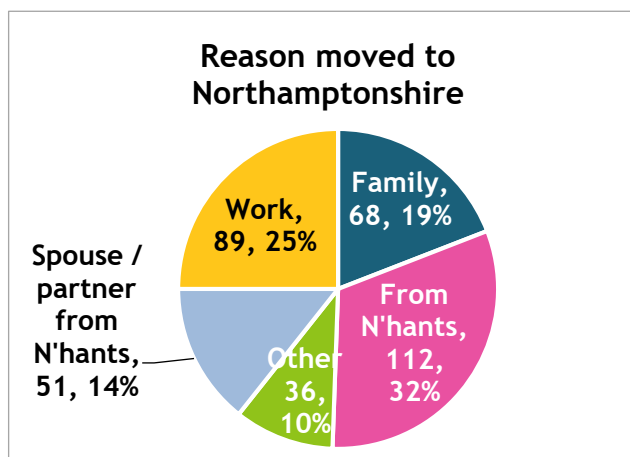
Carer for adult or child with long term illness or disability		Yes	No
Total	40, 11%	314, 89%	
Currently serving/Reservists	4, 12%	30, 88%	
Veterans	25, 11%	194, 89%	
Spouse or partner of serving	1, 10%	9, 90%	
Spouse or partner of veterans	5, 13%	34, 87%	
Child of veteran		17, 100%	
Bereaved spouse	1, 25%	3, 75%	
Bereaved child	1, 13%	7, 88%	
Other family	3, 13%	20, 87%	

Housing and employment

Reason moved to Northamptonshire

Nearly half those who answered (46%, 163 of 353) live in Northamptonshire because they or their spouse/partner are originally from the county.

One-quarter (25%, 89 of 353) moved to the county for work.



Reason moved to Northamptonshire	Reason moved to Northamptonshire				
	Family	Originally from Northamptonshire	Spouse / partner from Northamptonshire	Work	Other
Total	14, 27%	20, 38%	3, 6%	12, 23%	3, 6%
Currently serving	4, 24%	5, 29%	4, 24%	2, 12%	2, 12%
Reservist	5, 25%	6, 30%	3, 15%	5, 25%	1, 5%
Veteran	34, 16%	65, 30%	39, 18%	55, 25%	25, 11%
Spouse or partner of serving	3, 30%	5, 50%		2, 20%	
Spouse or partner of veteran	8, 21%	11, 28%	2, 5%	15, 38%	3, 8%
Child of veteran	7, 35%	5, 25%	2, 10%	5, 25%	1, 5%
Bereaved spouse		3, 75%	1, 25%		
Bereaved child	2, 29%	1, 14%		4, 57%	
Other family	5, 24%	11, 52%		3, 14%	2, 10%



The most common other reasons to move to the county were **house prices** (8), buying a property (3) and house availability (1) (3% of all answers, 12 of 353). The ‘other’ reasons for serving families (including spouses/partners) and veteran families (including spouses/partners) are summarised below:

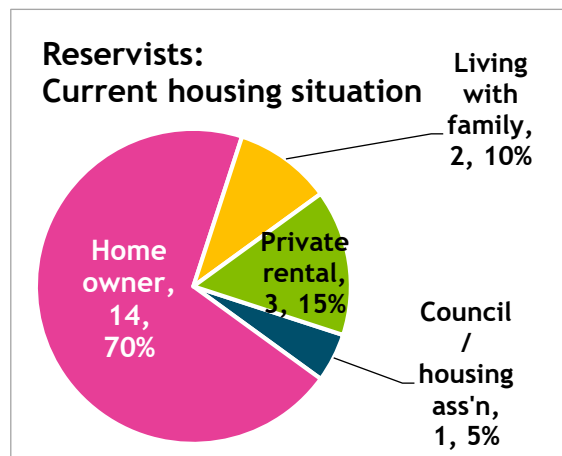
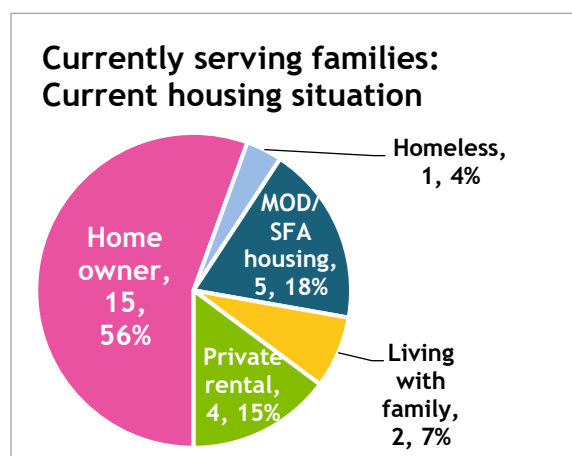
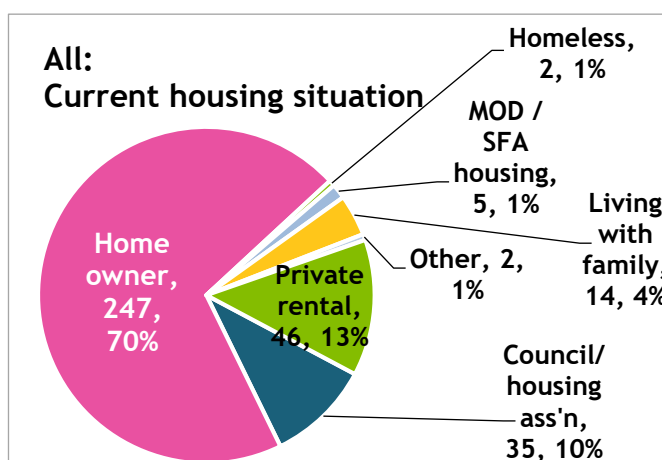
Other reasons given	All	Serving families	Veteran families
House prices/availability/bought a property	12	1	11
Good location/opportunities	5	2	2
Retirement	5		5
Personal reasons	3		2
Posting	2	1	
Placed by the Army following leaving the service	1		
Evacuated in the war	1		1
Medical needs	1		1
Friends	1		1
Total	31	4	23

One spouse of a veteran gave details about why they moved to Northamptonshire in a later question:

“In 1973, my husband was medically discharged. In a magazine my husband had there was an advert saying Northampton are kind to ex-army personnel (the woman's magazine).”

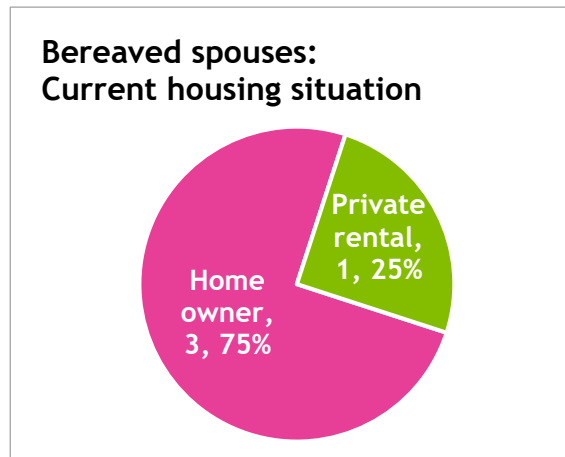
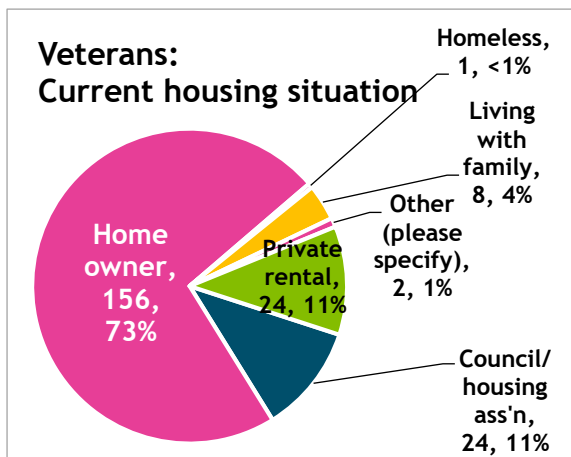
Current housing situation

Most people (70%, 247 of 351) said they were **home owners**, and this was the most common situation for each group of respondents. The results for currently serving families (including spouses and partners), reservists, veterans and bereaved spouses are shown below.





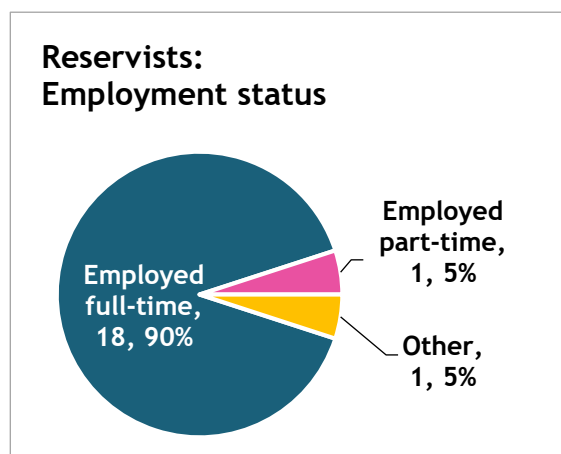
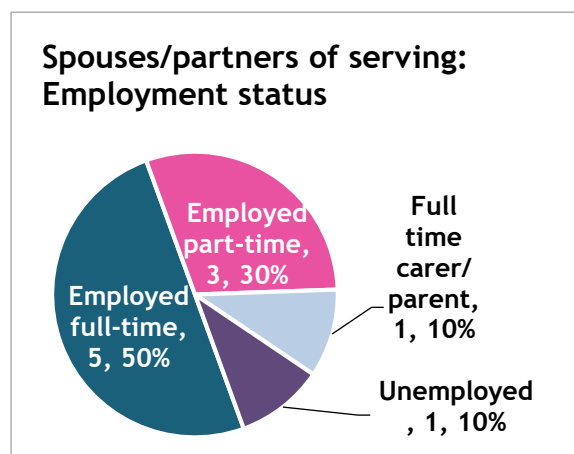
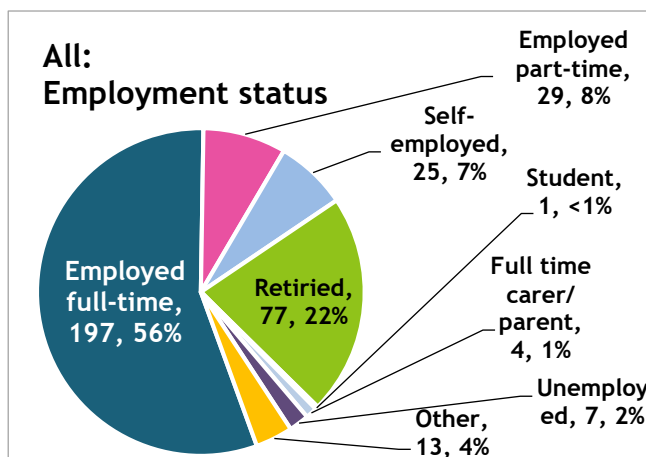
Five of the 27 currently serving families (18%) live in Ministry of Defence housing or Service Family Accommodation. Of note, one person married to someone serving in the armed forces said they were homeless, as did one veteran.



The two 'other' types of accommodation given by veterans were: 'grace and favour' housing, and living with a partner.

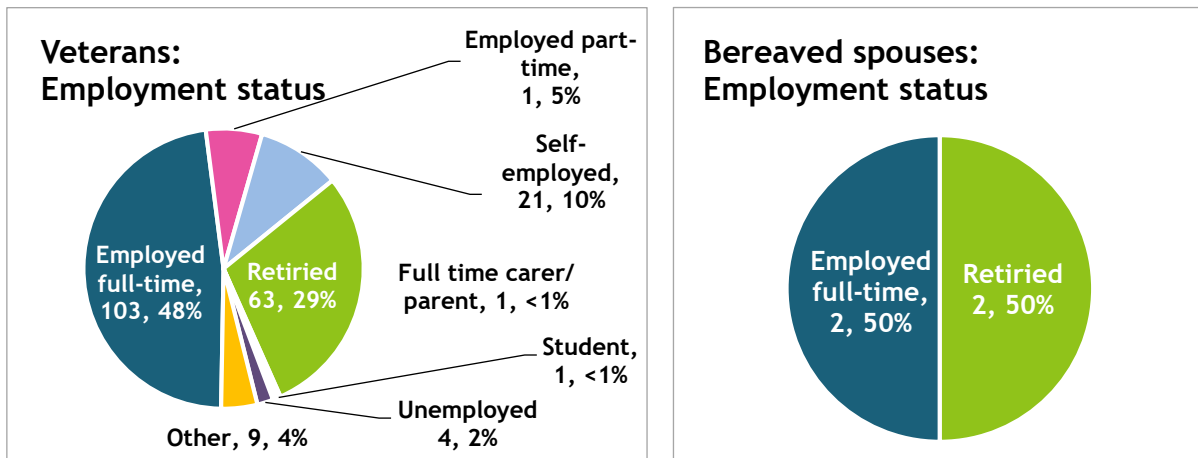
Employment status

Over half (56%, 197 of 353) of all who answered told us they were **employed full-time**. All currently serving and reservists were employed (or between jobs). **Most veterans (64%, 138 of 216) were employed** and **29% (63 of 216) were retired**. The results for spouses and partners of currently serving personnel, reservists, veterans and bereaved spouses are shown below.

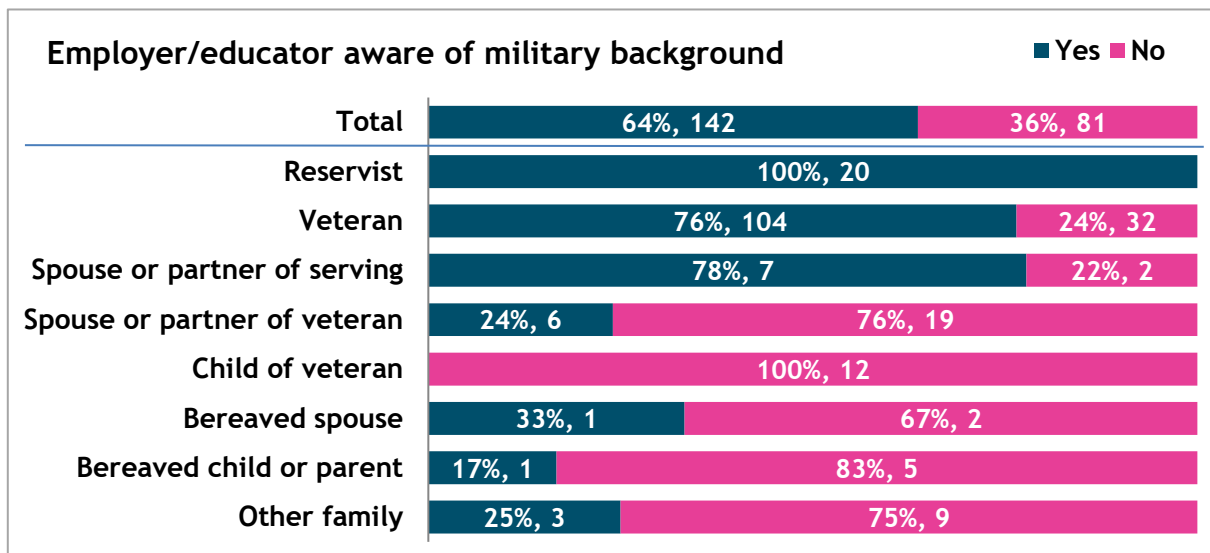




Nine of the 'other' answers given were by veterans, seven of whom were on long-term sickness benefits or early retirement for medical reasons. One was on short-term sick leave after knee surgery and one was an agency worker.



More people had made their current employer or educator aware of their/their family's military background than hadn't - 142 people in total, 43% of all answers (331) or 64% of all answers excluding those saying the question was not applicable (223). All reservists had made their employer aware and over three-quarters of veterans (76%) and spouses or partners of those currently serving (78%). 90% of veterans who had left the armed forces within the last ten years had told their employer (38 of 42). This percentage decreased with time since leaving (10-21 years, 73%, 30 of 41; 22-40 years, 69%, 33 of 48).

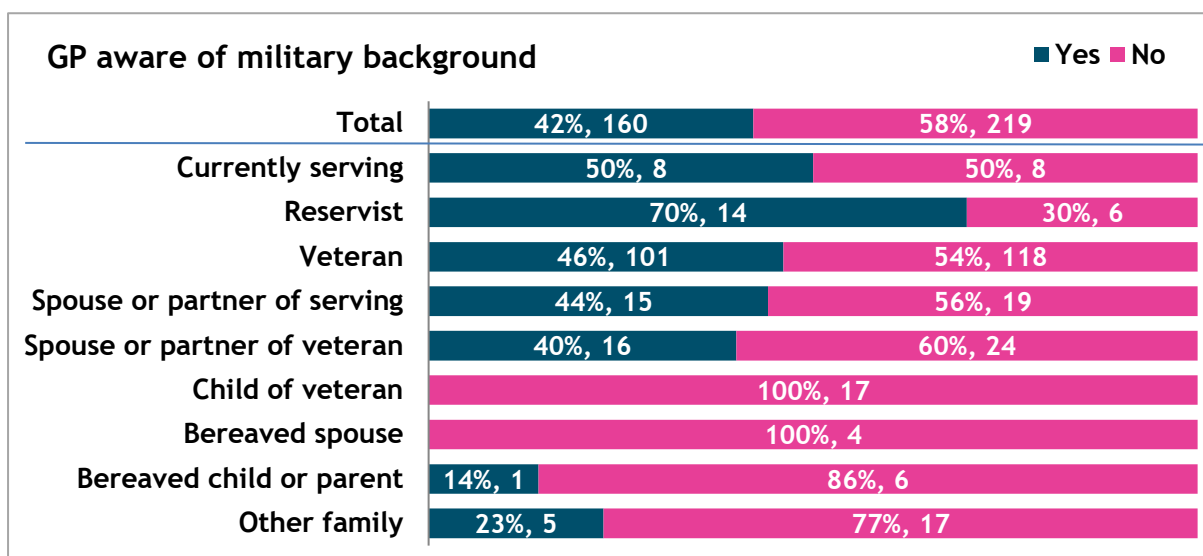




Health and support

General Practitioner (GP)

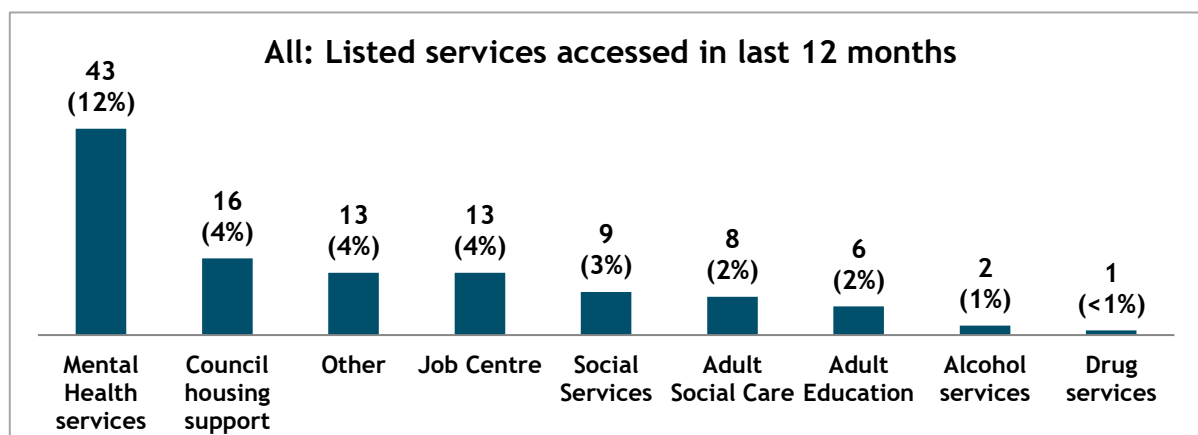
Less than half of those who answered (42%, 149 of 355) had made their GP aware of their or their family's military history. Half of those currently serving (50%, 8 of 16) and 70% of reservists (14 of 20) had told their GP. Nearly half of veterans (46%, 101 of 219) had told their GP. This percentage decreased with time since leaving but was still only 58% (28 of 48) for those who had left the armed forces within the last ten years (10-21 years, 48%, 25 of 52; 22-40 years, 42%, 33 of 78; over 40 years, 35%, 14 of 40).



When asked which services they had wanted or tried to access but struggled, 47 people (14% of 339 answers) said they had wanted or tried to use their GP. See more below.

Use of services

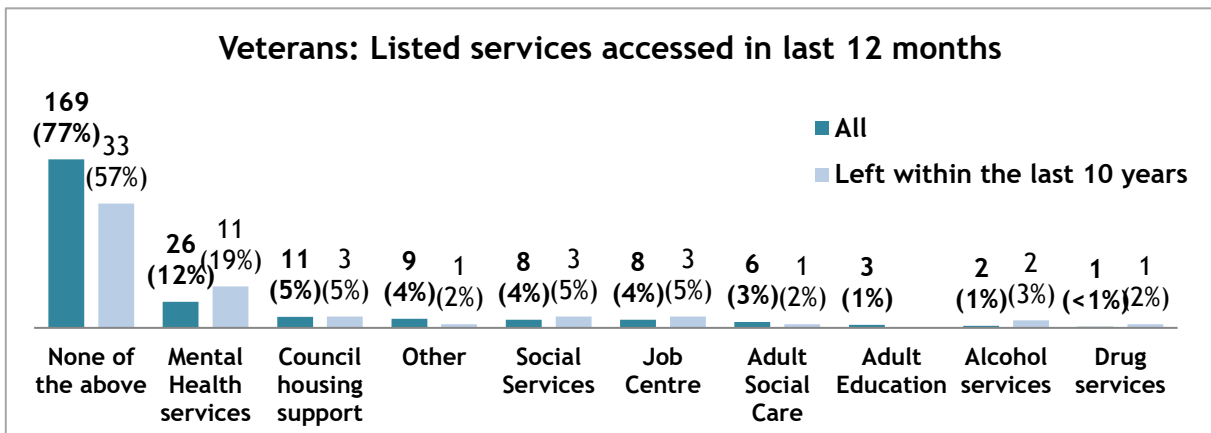
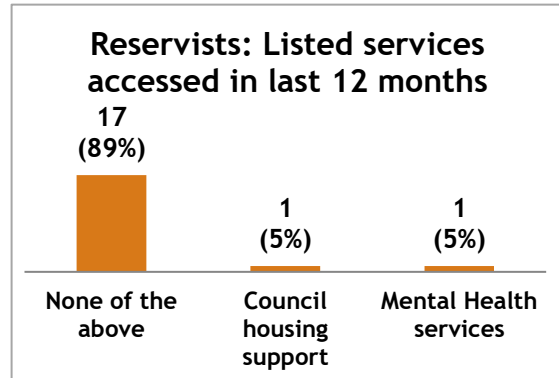
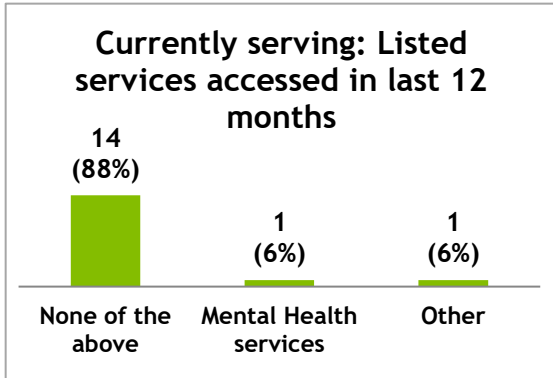
Nearly one-quarter of people who answered (23%, 82 of 350) said they had used at least one of the listed services or another service they specified in the last 12 months. 23 people had used between two and four of the listed services.





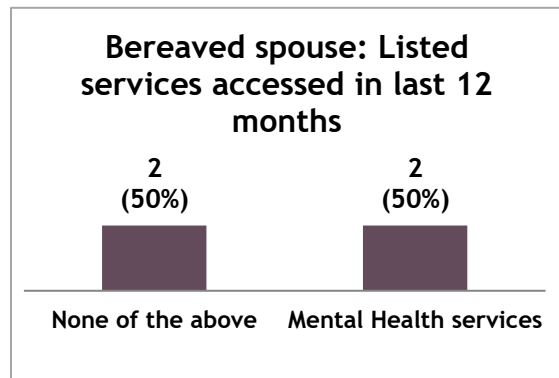
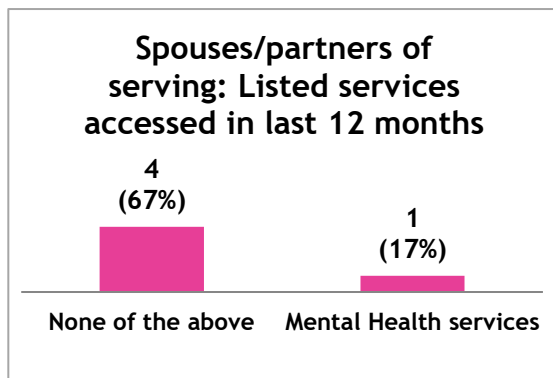
The most commonly used service was mental health (12%, 43 of 350). (Percentages are of the number of people answering and total is greater than 100% as some people used more than one service.)

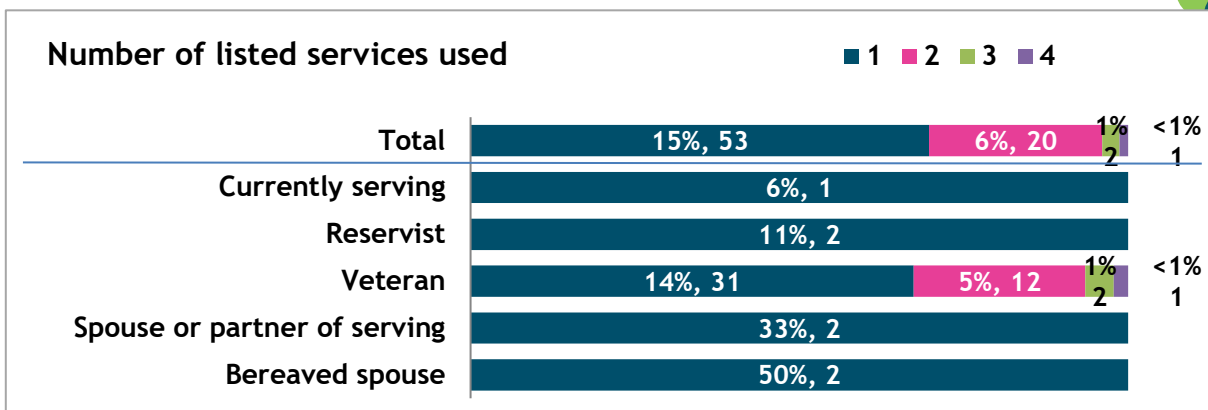
The results for currently serving personnel, reservists, veterans, spouses and partners of currently serving personnel, and bereaved spouses are shown below.



The other service used by someone currently serving was “GP and Hospital clinic for my child”.

The other the services mentioned by veterans were: the NHS in general (3), NHS hospital, GP for mental health referral, medical services for Army disablement, RNIB, BlindVets, Royal British Legion, Sexual Health, and Social Services. One of the users of the NHS said they were disabled due to accident whilst in service.



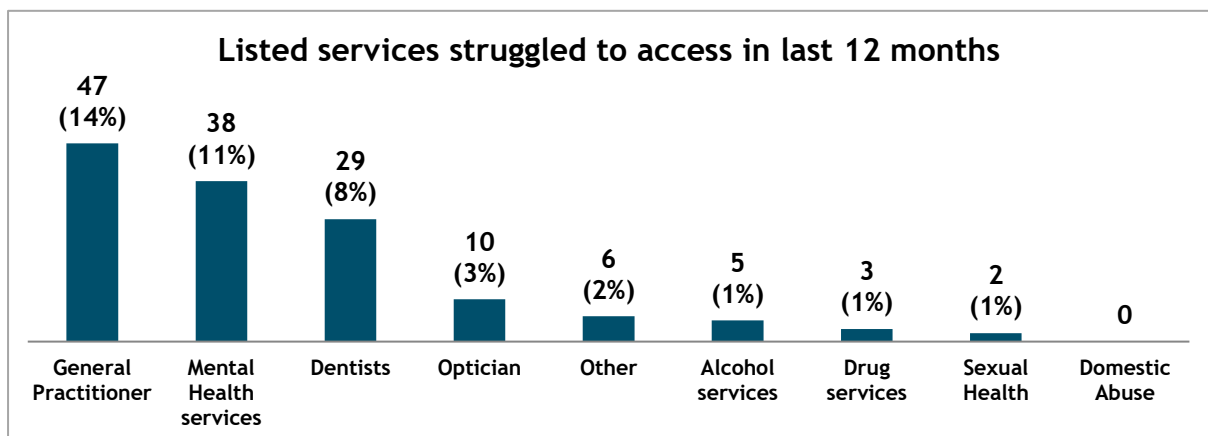


Difficulties accessing services

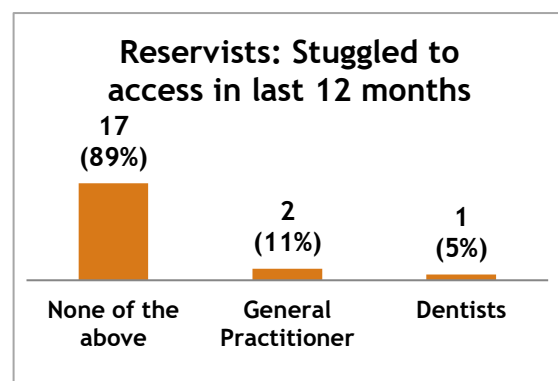
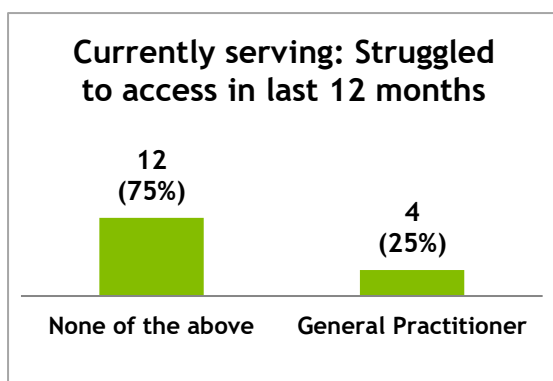
We asked people if there had been any healthcare or support services that they had wanted to or tried to access but struggled, in the last 12 months.

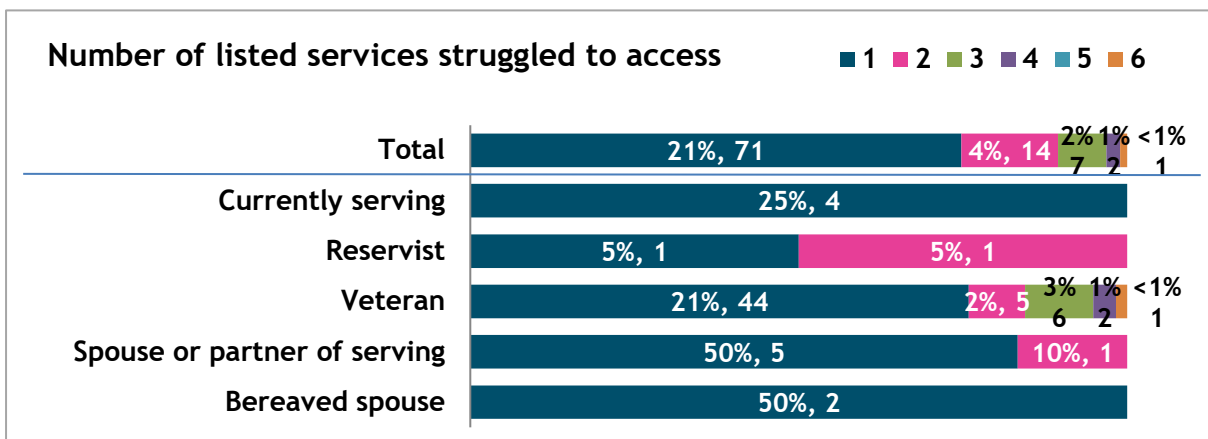
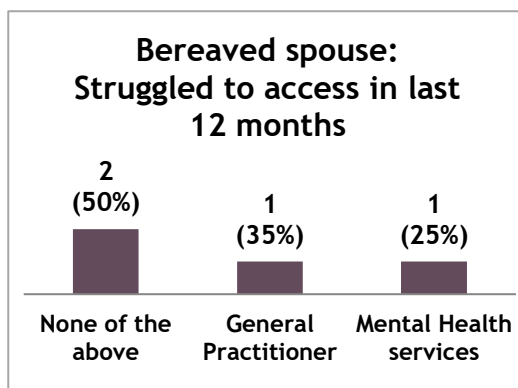
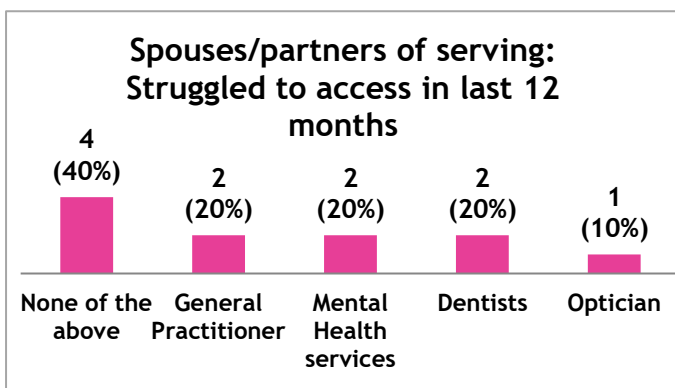
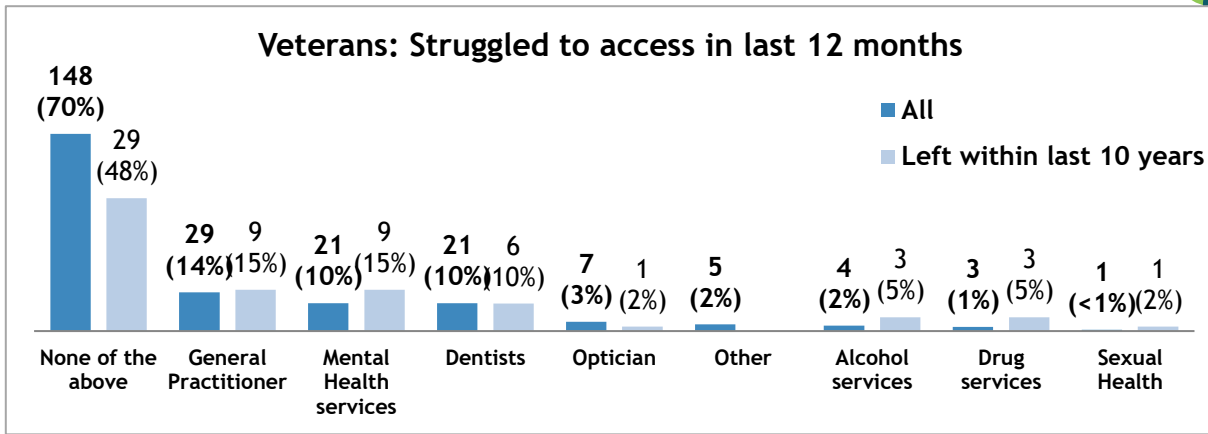
Less than one-third (29%, 98 of 339) said they'd had trouble accessing one or more of the services listed, or another service. 24 people had struggled to use between two and six of the listed services.

GPs (14%, 47 of 339) and Mental Health services, including bereavement counselling (11%, 38 of 339) were the most selected as being difficult to access. (Again, percentages are of the number of people answering and total greater than 100% as some people used more than one service.)



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

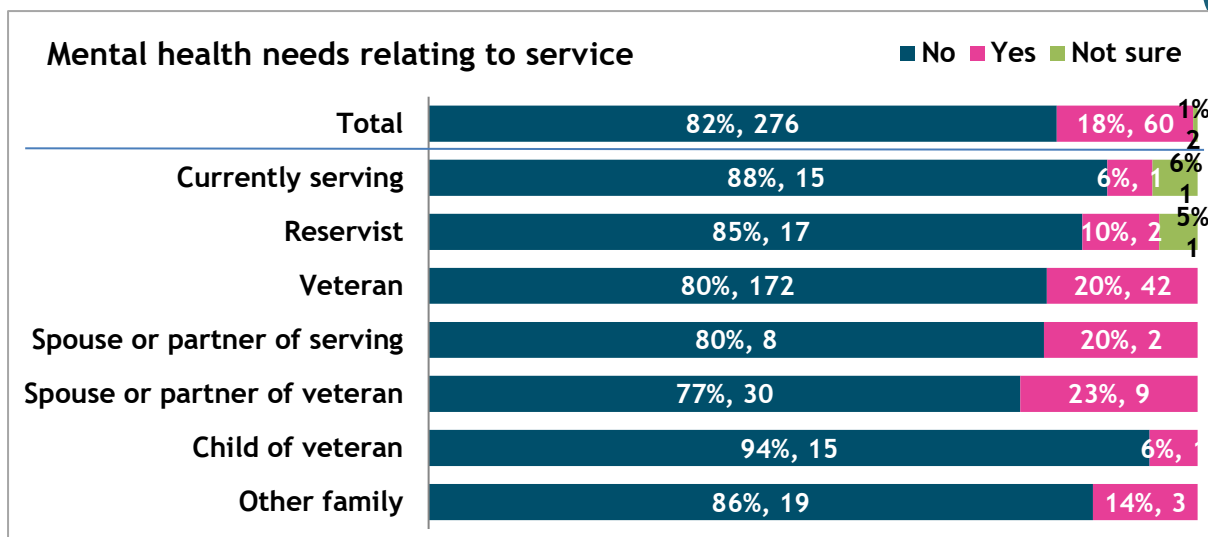




The other services mentioned by veterans were: Adult Social Care, GP referral to a consultant for shoulder trouble, hospital appointments - keep being cancelled by Rheumatology, Podiatry and Orthopaedic for foot.

Mental health

Most people (82%, 276 of 338) did not think they had any mental health needs relating to their, or their family member's, military service. (Bereaved family members were not asked this question but were instead asked about how they were supported, see below.). Veterans (20%, 42 of 214) and their spouses (23%, 9 of 39) reported having the most mental health needs. This rose to 30% (14 of 47) for veterans who had left service less than ten years ago. None of the people in a relationship with someone serving or a veteran reported having any related mental health needs, those 11 who did were all married to someone serving or a veteran.



Post-Traumatic Stress Disorder (PTSD) was the most mentioned issue, 27 of the 69 issues shared by 60 people (45% of those who answered ‘yes’). Depression (10) and anxiety (6) were also common issues for veterans and their spouses. Four of the 11 spouses of veterans mentioned issues that their veteran husband had and three ‘other family members’ also mentioned the needs of their relatives.

Details of mental health issues:

Currently serving:	1	Spouse of serving	2
Don't want to say	1	Anxiety	1
Reservists:	2	Depression	1
PTSD	2	Spouse of veteran	11
Veterans	49	PTSD (veteran husband)	3
PTSD	20	Depression	2
Depression	8	Short-term memory problems (husband)	1
Anxiety	5	Mental Health problems (husband)	1
Stress	3	Self-medicating (husband)	1
Self-manage/coping	2	Depression (husband)	1
Nightmares	2	Anxiety and conversion disorder (because of husband's PTSD)	1
Don't want to say	1	Feeling of having ‘no home’	1
Self-medicating	1	Child of veteran	1
Bullying	1	Traumatized by being a child of war	1
Adjustment Disorder	1	Other family	3
Short-term memory problems	1	PTSD (son/son-in-law)	2
Pain management	1	Brain trauma (son)	1
Struggles adjusting	1		
Deafness from gunfire	1		
Don't want to say - causes flashbacks	1		



A few people gave comments that gave more details about their mental health issues relating to military service:

Veterans:

“**Depression, black periods, stressed, alcohol to help sleep and iPod on to block out mind**”

“**Rather not discuss as it makes me get flash backs**”

“**Possibly after demob couldn't get to grips with civvy street**”

Spouse of veteran:

“**Husband has undiagnosed PTSD amongst other things. GP useless. Combat Stress useless.**”

“**My husband is depressed but would never admit to it. He drinks in excess of 100 units per week but would never look for help as he doesn't think it is a problem. I have tried talking to him but I am ‘nagging’. He is withdrawn from the family, talks only about work, and is generally grumpy. I know that this is common behaviour for veterans.**”

“**Yes, have suffered anxiety and conversion disorder trying to live with husband who suffered from PTSD then became addicted to alcohol.**”

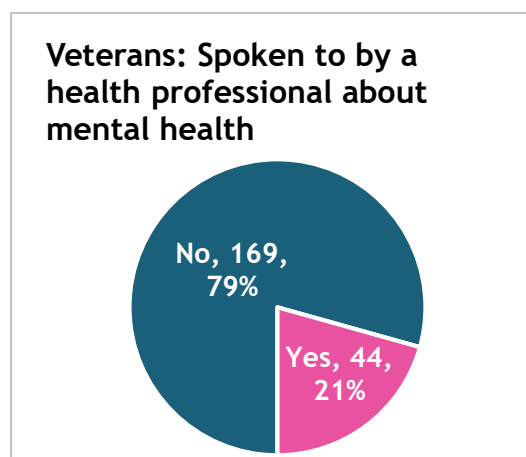
“**Only in that I feel I have no ‘home’; we moved so much I'm not attached and have no roots.**”

Child of veteran:

“**Yes, myself and dysfunctional siblings have mental health problems, all traumatised by war, abuse, neglect and death.**”

38% (16 of 42) of the veterans who had a mental health issue were over 50 years old, less than the proportion of veterans over 50s who took part in the survey (67%). This *may* indicate that mental health issues are more prevalent in younger/more recently discharged veterans, but there are not enough responses to confirm this.

Only 21% of veterans (44 of 213) said a health care professional had spoken to them directly about their mental health since returning to civilian life. This was the same for veterans who had left service within the last ten years (19%, 9 of 47).





Focus group feedback

The focus group looked at the issue of mental health by asking ‘Have you had to access any mental health services?’ and ‘What worked well/would you improve?’. A few different issues were raised, including **issues affecting spouses and examples of lack of support.**

Mental health issues (5):

“**Social disconnect, you become different to the environment you are in.**”

“**Very specific mental health conditions to the military communities.**”

Spouses (3):

Military wife: “**Postnatal depression. I did not want to disclose to midwife as asked wrong questions. Services in Northamptonshire are not great. It was a waste of my time.**”

“**Spouses mental health gets overlooked massively.**”

“**I didn't want to become another army wife statistic. In a new country... no family, no friends, new baby... ‘got depression’.**”

Lack of support (2):

“**A member of staff tried to commit suicide over Christmas. I couldn't get them into a GP or find any service to help them. None of the numbers worked as it was out of hours.**”

“**No support/questions asked by medical staff when leaving.**”

Possible causes of issues (3):

“**National Service servicemen were more visible, more places to socialise. Bigger military support.**”

“**Sometimes some people jump on the band wagon with PTSD.**”

“**The definition of trauma is blurred.**”

Things to improve (1):

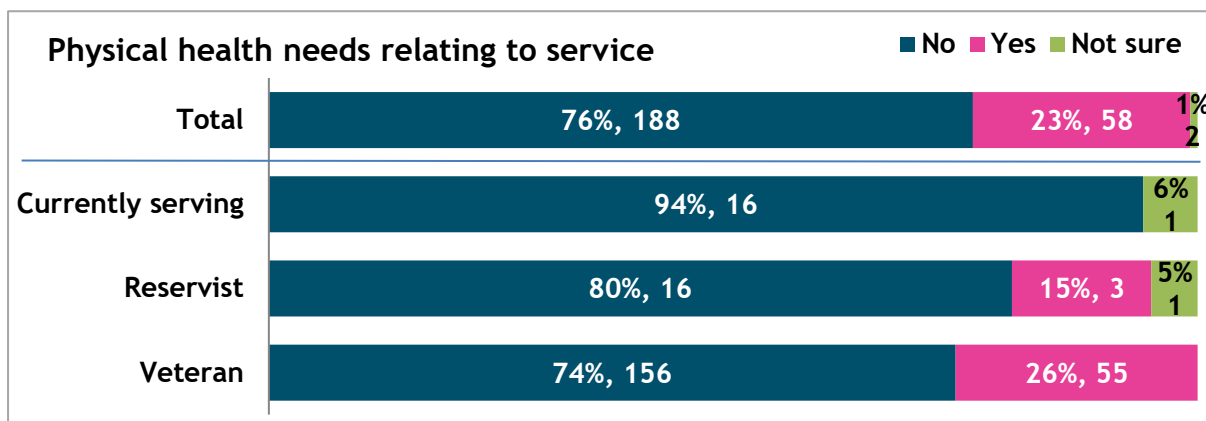
“**Would improve information and access.**”



Physical health

Currently serving, reservists and veterans were asked if they had any physical health needs relating to their military service. **Nearly one-quarter (23%, 58 of 248) said they did have physical health needs**, rising to **26% of veterans (55 of 211)** and **32% of veterans (15 of 47) who had left the armed forces within the last ten years**.

Arthritis or joint issues were the most mentioned, 26 of the 71 issues shared by 58 people (45% of those who answered 'yes'). **Hearing (29%, 17 of 58) and back (19%, 11 of 58) problems** were also common issues.



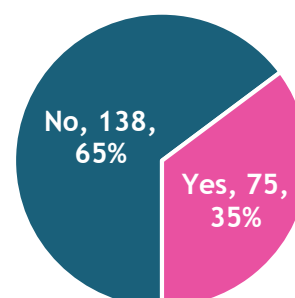
Details of physical health issues (18 people mentioned more than one issue):

Reservists:	4	Various	2
Arthritis/joint issues	2	May not be attributable to service	2
Back problems	1	Kidneys/bladder	1
Hearing issues	1	Non-freezing cold injury	1
Veterans	67	Neck problems	1
Arthritis/joint issues	24	Asthma	1
Hearing issues	16	Disability	1
Back problems	10	Amputee	1
Other limb problem	3	Not certain, still being investigated	1
Chronic condition	2	Don't want to say	1

65% (36 of 55) of the veterans who had a physical health issue were over 50 years old, in keeping with the proportion of veterans over 50s who took part in the survey (67%). 51% of veterans with a physical health issue left the armed forces over 21 years ago.

Only **35% of veterans (75 of 213) said a health care professional had spoken to them directly about their physical health since returning to civilian life**. This figure was lower for veterans who had left within the last ten years (23%, 11 of 47).

Veterans: Spoken to by a health professional about physical health



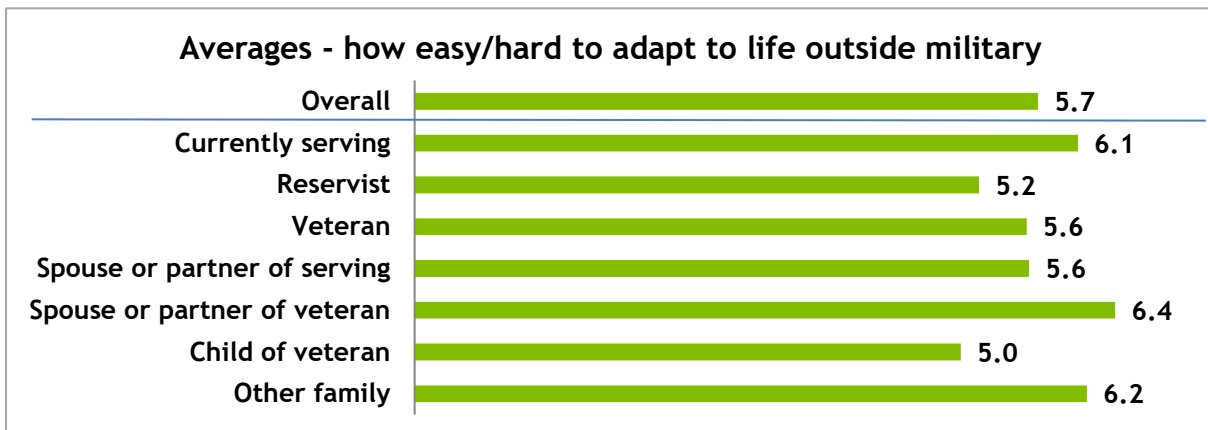
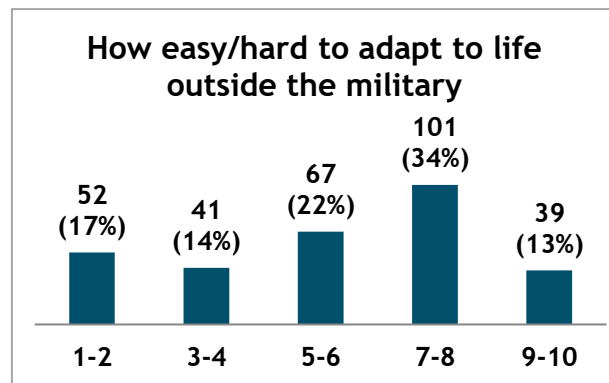


Adapting to civilian life

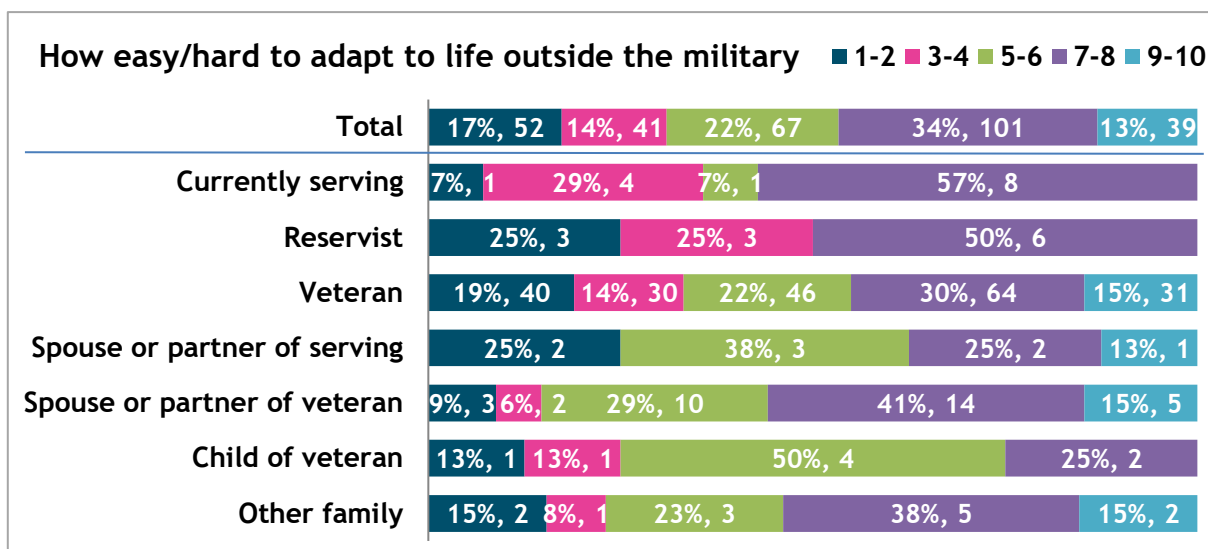
Everyone, apart from bereaved relatives, was asked to score how easy or hard it was, or they thought it would be, to adapt to life outside the military, if they felt the question applied to them. They could score from one for 'easy' to ten for 'hard'.

The average rating overall was 5.7 - just above the midpoint. The most given score was 8 (21%, 64 of 300). 44% (133 of 300) scored between one and five and 56% (167 of 300) between six and ten.

The average score differed for different groups. It was highest, 6.4, for the spouses or partners of veterans (although only eight of this group answered), followed by those currently serving (6.1)¹².



Nearly half of veterans (45%, 95 of 211) found it hard to adapt, scoring between seven and ten. On the other hand, 23% (70 of 211) found it relatively easy, scoring between one and four.



¹² These differences are not statistically significant by ANOVA or t-test, P>0.05

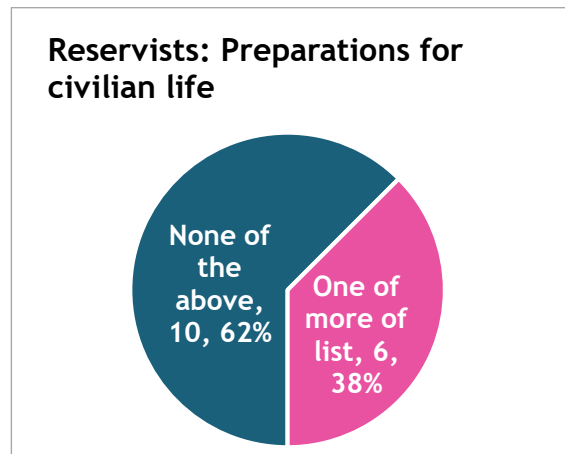
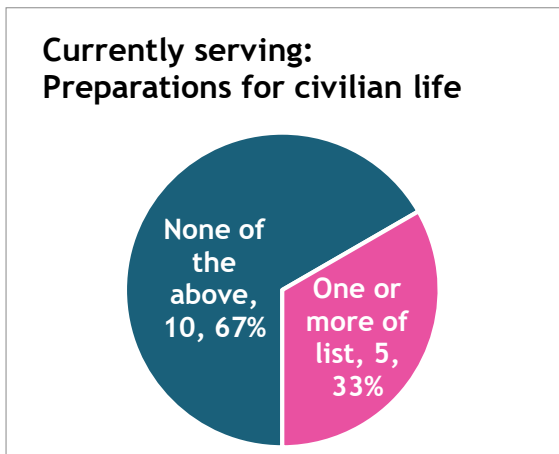


Veterans who left the armed forces more recently found it slightly harder than those who left longer ago¹³.

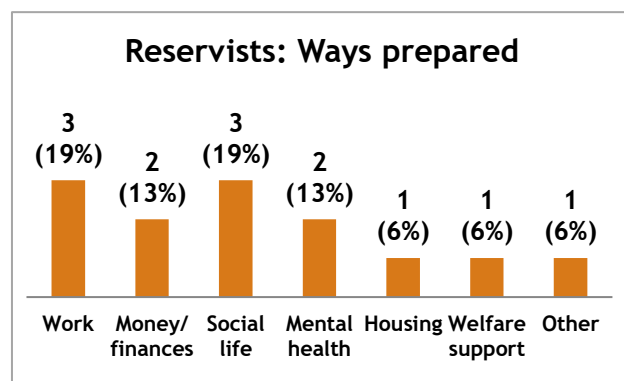
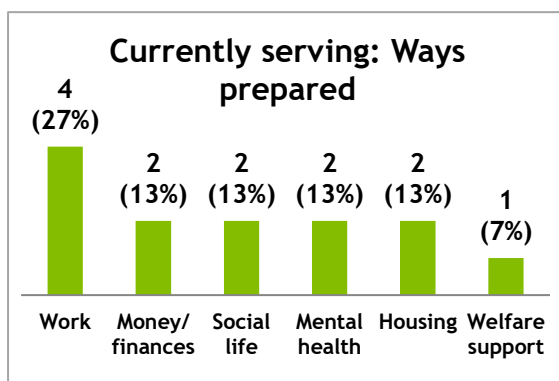
Left the armed forces...	Number of veterans	Average score
Less than 10 years ago	48	6.0
10-21 years ago	51	6.1
22-40 years ago	78	5.6
Over 40 years ago	33	4.3

Currently serving and reservists

Currently serving and reservists were asked what, if any, **preparation they'd had for returning to civilian life**. They were given a list to choose from (Work, Money/finances, Social life, Mental health, Housing, Welfare support, Other, None of the above). Around **two-thirds of both those currently serving (67%, 10 of 15) and reservists (62%, 10 of 16) said they had not been prepared in any of the listed ways.**



Five of the 11 who had been prepared, had been in more than one way (2 currently serving, 3 reservists). **The area the most people (7, 23% of 31 responses) had been prepared for was 'Work'.** (Percentages given in the graphs below are of the numbers responding to the question, rather than number of ways selected.)



¹³ P<0.05 ANOVA

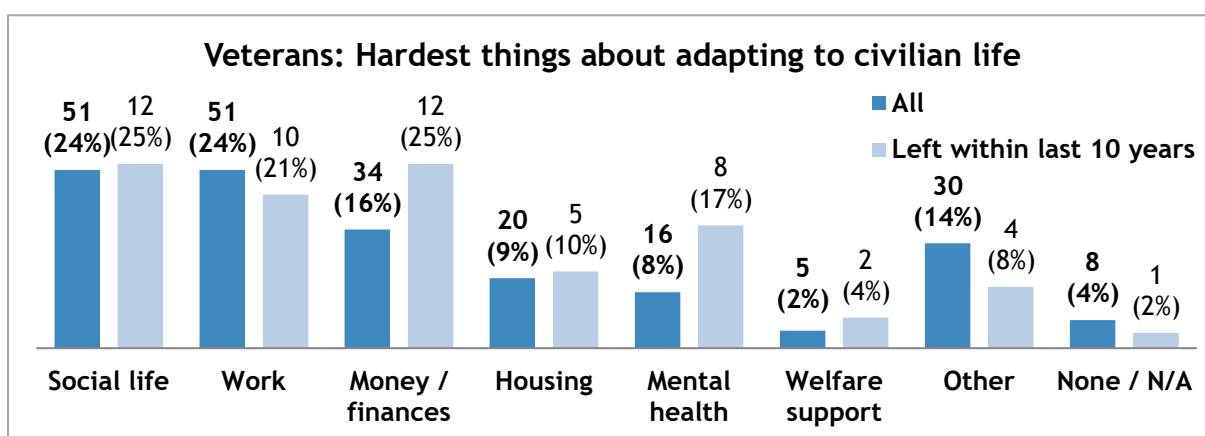


Two currently serving personnel answered a different question on the paper version of the survey. They told us what they thought would be the hardest thing to adapt to when returning to civilian life. They answered ‘Work’ and ‘Money/finances’.

Veterans

Veterans were asked what **the hardest thing to adapt to when returning to civilian life** was. They were also given a list to choose from (Work, Money/finances, Social life, Mental health, Housing, Welfare support, Other).

Eight veterans mentioned more than one aspect, 233 areas were mentioned by 211 people. **Work** and **Social life** (both 24%, 51 of 211) were found to be the hardest things to adapt to from the list given, followed by **Money/finances** (16%, 34 of 211). Eight people (4% of 211) said they did not find anything difficult to adapt to, two because they had been reservists.



Other things that were difficult to adapt to:

Civilian attitude/different way of life/work	9
Civilian life in general	2
Everything	2
Various	2
Loss of community life	2
Health problems and struggling to get support	2
Difficulty accessing services	1
Family responsibilities	1
Finding work	1

Groups of large people	1
Interpersonal relationships	1
Lack of family support	1
Learning to relax	1
Loss of old friends	1
Loss of ‘safety net’	1
Persecution	1
Security	1

Adapting to civilian life, particularly the different attitudes and ways of working, was mentioned as being difficult by 11 people (5% of 211). A further four people said that ‘everything’ or ‘various things’ were difficult.

Some of the comments illustrate these issues:

“Based on previous experience, the average ‘civilian’ couldn’t care less what sacrifices you have made for your country. He’s just glad someone else stepped up to do it so he didn’t have to.”



“Completely different way of life.”

“Different values and worries in life (first world problems are not worries!)”

“Civilian attitudes, having to adjust thinking and dealing with lack of team work, work ethic and camaraderie.”

“The attitude of co-workers, who showed no loyalty or allegiance.”

“I was targeted by a small group of individuals that hate the army.”

Others struggled with the **loss of armed forces community and relationships, or having health and other services provided for them**, for example:

“Just being out on a limb with no visible or easy ways to access anything. While in the service as a serving person and a spouse everything was on tap.”

“Losing the safety net that the Armed Forces creates.”

“Security - all aspects, job security, personal safety, car and house security are much more at risk in civilian life.”

“Not being part of something you valued any longer and feeling the need to search for something new to fill the void.”

“Being away from friends and family and having to start all over again with work, social life and no family support.”

“Medical support both physical and mental totally lacking, GPs and hospitals lack of empathy and suitable response times.”

Two of the people who did not experience any problems commented that this was due to planning ahead or having good family support:

“I had good family support and had no problems.”

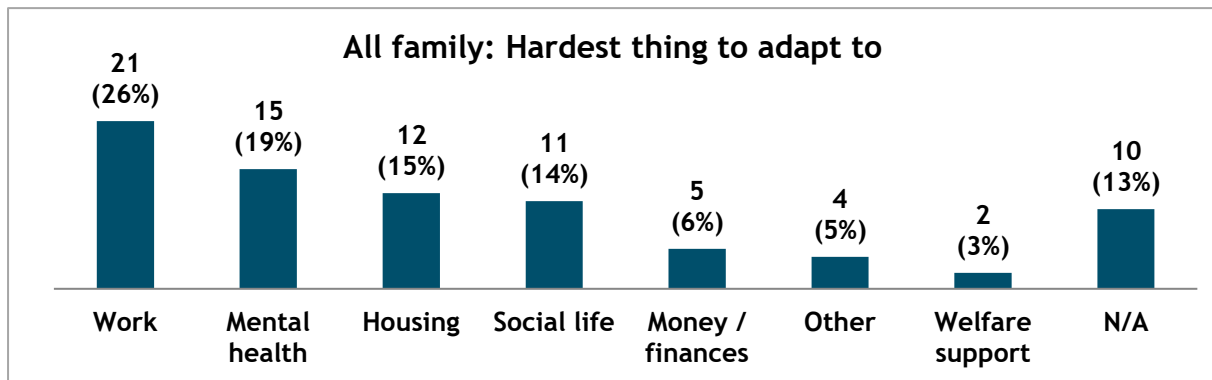
“None - planned ahead.”

Families

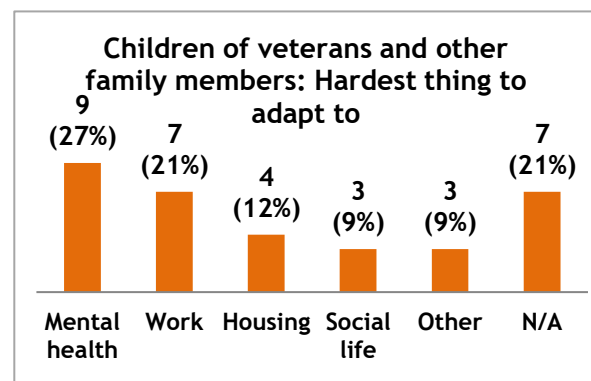
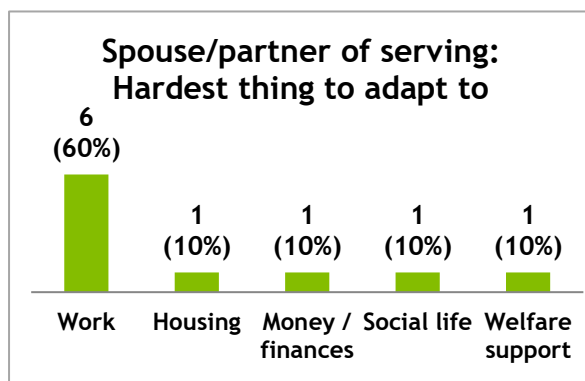
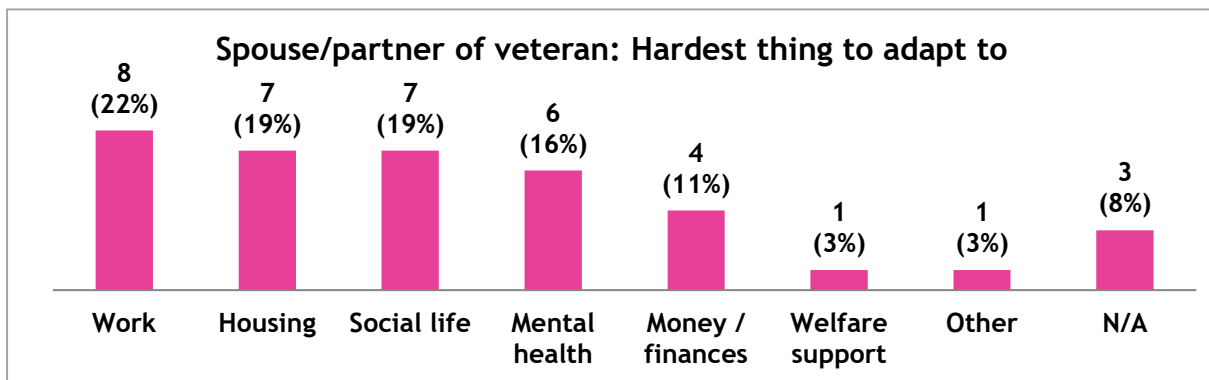
We also asked family members what they thought would be the hardest thing to adapt to, or what was in their experience. Ten people said that this question did not apply to them, e.g. one child of a veteran and one spouse of a veteran considered themselves always have been living a civilian life and one spouse married a veteran after they were discharged.



Those who did answer felt that **Work** would be the hardest thing to adapt to (26%, 21 of 80).



Spouses and partners of people currently serving (60%, 6 of 10) and veterans (22%, 8 of 37) also thought that Work would be the hardest thing to adapt to.



Three people gave ‘other’ comments that were not about why the question did not apply to them:

“Supporting my partner to adapt.” - *Relative of veteran*

“Personally, as a child of a serving member in the military, constantly moving home and schools caused issues in my early years.” - *Child of veteran*

“Coping out of the army.” - *Child of veteran*



Focus group feedback

The focus group looked at the issue of transition further by asking ‘When leaving the armed forces what support did you need the most?’. Issues were raised about schools, preparation, training, finances and mental health.

Things that they needed support for or did not help:

Schools and awareness of pupil premium and covenant (3):

“You have to tell the school about pupil premium for military families.”

“Schools - if there is no place then no priority, that's what the covenant should be. Pupil premium isn't always used for the child.”

“Schooling and harvesting help in the new area. If they are part of the covenant or not locally.”

More awareness about readjustment and preparation (2):

“When people leave they don't recognise they may struggle leaving.”

“Before leaving there needs to be an element of readjustment to civilian organisations, psychological adjustments - a period of resettlement.”

Training issues (2):

“If you're on tour, they won't post you back to complete courses.”

“Resettlement system is screwed. Courses for good skills for higher up in the ranks. Ones in the lower ranks have not earned enough for good training (plumbing, plastering etc.)”

Mental health issues (2):

“They come to the Royal British Legion when they are at crisis point.”

“No mental health resettlement officer from Ministry of Defence.”

Financial issues (2):

“Some people can end up living off their lump sum rather than having it as a nest egg for later.”

“Moving around every two years, the wife/partner tends to be the one who sorts bills, etc.”

Other support issues (3):

“Civilian life can be complex.”



“You're on your own, in the forces there is always somewhere to go.”

“Miss the comradeship.”

Things that helped with transition (4):

“Resettlement into work, guidance on what is available locally in new area.”

“Skills: skill set helped. Depends on the person and support available (friends). It's at your own back, it's down to the person you are.”

“There are some companies that are good at recruiting directly from the forces.”

“Knowing what training you will actually need. Some advice that is steered towards the area you are moving to. A link between armed forces and local area. It feels like a tick box exercise to do training before leaving.”

Bereavement support

We asked those that had been bereaved by the death of a family member if they had access to the correct support after the death of their family member and where it had come from. Only 7 of the 16 bereaved respondents answered.

Bereaved spouses

Two bereaved spouses answered this question. One told us they were not supported as they were “too young to qualify for widow's allowance as it was then called”. They went on to explain how they felt unsupported:

“I felt that as I worked full time and was too young to qualify for widows benefit I was deemed as not needing help of any kind and was ignored by organisations.”

The other felt that they only had support because they were “a SSAFA¹⁴ caseworker and had a lot of contacts”.

Bereaved children

Five bereaved children answered. Two just answered ‘no’ so presumably did not have the correct support. One said they had private counselling and one explained they were young at the time.

One person explained the lack of support in more detail:

¹⁴ SSAFA - the Armed Forces charity, formerly known as Soldiers, Sailors, Airmen and Families Association, www.ssafa.org.uk



“No - I did not have support in place following my father’s death on duty. This problem persisted throughout my childhood contributing to severe mental health problems. [It took several] ...suicide attempts before my fragile mental health was recognised. In part I attribute the problems to the Ministry of Defence handling my father’s death badly. Even [over 40 years] after the fact they will still not explain what happened.”

Other comments

We gave people the opportunity to tell us anything else about access to health and care services relating to your military experience. 76 people gave relevant comments, some covering more than one theme. This is one quarter (24%) of the 322 people who completed the survey. 53 of the people commenting (70%) were veterans.

Comment themes:

Theme:	Number	Proportion of question respondents	Proportion of completed surveys
Access to services	32	42%	10%
Lack of understanding	19	25%	6%
Lack of support	17	22%	5%
Effects on family	6	8%	2%
Good experience	5	7%	2%
No related health needs	4	5%	1%
Cost of healthcare outside of military	2	3%	1%
Veteran lack of awareness of covenant, etc.	2	3%	1%
Better care in military	2	3%	1%
Health needs later in life	1	1%	<1%
Worse for veterans now	1	1%	<1%
Lack of information	1	1%	<1%
Reluctant employers	1	1%	<1%
Medical records transfer	1	1%	<1%
Details of mental health issues	1	1%	<1%

Most comments were from veterans (53). Seven were from spouses of veterans, three from people currently serving, four from reservists, four from other family members and two from children of veterans.



Access to services

The most common issues relating to access to services were **difficulties accessing GPs, dentists or medical centre** (some wanted to be able to use armed forces medical centres) (11), accessing **mental health services** (9), and accessing services in general (5). The example comments below illustrate this, and overlap with other themes, such as a lack of understandings, effects on family, and the reluctance of some veterans to access help:

GP, dentist or medical centre:

“Yes. I am a regular officer posted to Northamptonshire and my nearest military GP (the only GP I can have) is Birmingham!” - *Currently serving*

“After my last mobilisation I found I had to re-register with my dentist. If I ever need a GP I will probably find the same there.” - *Reservist*

“As a serving reservist, I do not have access to military ‘med centres’ as I would like to.” - *Reservist*

“Health care in the military is far easier to access and is all free. Dental treatment outside the military can be provided by NHS or privately but both come with a financial charge. Prescriptions are all free in the military but not in civilian life.” - *Veteran (left 4-6 years ago)*

“Local healthcare services [a local GP surgery] are woefully inadequate... It’s almost impossible to access a doctor for appointments. I’ve had two very serious mental health episodes and could only get to speak with a doctor by phone.” - *Veteran (left 1-3 years ago)*

“We were promised access to military hospitals for my wife and I for the rest of our lives, what happened to that promise?” - *Veteran (left 34 years ago)*

“[I have] dentistry problems as [there was] no dentist on [the] base for 61/2 years and [we were] not allowed to access NHS or private dentist.” - *Veteran (left 40 years ago)*

Mental health services:

“I had to use Combat Stress at there was nothing made available to me locally. This has been a lengthy situation that has taken over 12 months for me to be finally getting the help I need.” - *Veteran (left 4-6 years ago)*

“I was also only given a small number of mental health counselling sessions which only tackled a minor part of my PTSD because “the NHS doesn’t have the money to fund my situation”.” - *Veteran (left 13-15 years ago)*



“My husband struggled with his mental health when he left the armed forces. There was no easy way to access services and the services available did not relate to him as an ex-serviceman.” - *Wife of veteran (left 7-9 years ago)*

“It has been a struggle to access services for my husband. He is now currently under the mental health team... It was a long and upsetting battle to get this, including suicide attempts. The GP surgery was useless, it took contact with the local MP to finally get some help.” - *Wife of veteran (left 13-15 years ago)*

“I feel accessing health services in the military is very difficult and is still a taboo subject and from personal experience people from a military background are reluctant to access services once they have left.” - *Partner of veteran (left 7-9 years ago)*

“My partner went to the doctors and got no help or support whatsoever which led to me complaining and still getting nowhere. There is no help for PTSD at all. People say come and talk to us but he doesn't exactly want to just go out of his way to an office to have a chat if nothing will be done about it. Everything needs GP referrals which is something we haven't got as the doctors said... if he is still the same in 3 weeks go back. Well he's felt this way for 3 years so another 3 weeks... Just no help at all offered. And his sign off medical was physical but nothing about his mental state. He said he would have told them if they asked but felt a nuisance mentioning it.” - *Partner of veteran (left 7-9 years ago)*

“I have filled this survey in for my son, who has struggled to find help and now has been diagnosed with PTSD and still finding life extremely hard, and I have had to fund him and help him. I am disgusted with how little help there is, we have struggled for a long time to get him help, and when we did it is limited help.” - *Parent*

Other access issues:

“For many years I have tried to access appropriate healthcare due to my Armed Forces disabilities but have had an extremely hard time accessing them even though they are covered under the Armed Forces Covenant... I have had to find alternative ways of receiving the care that I need.” - *Veteran (left 13-15 years ago)*



“It took me a few years to work out how to access health services and that you had to pay for treatment.” - *Veteran (left 10-12 years ago)*

“Need access to chiropractors and someone who specialises in knee and back injuries as very common in the military.” - *Reservist*

Lack of understanding

Many people mentioned that **healthcare professionals either did not understand or take notice of the Armed Forces Covenant (8), or did not understand or appreciate the needs of veterans and the link between service and conditions (8).** Some people thought that **some veterans were not aware of the Covenant and the help they could get.** The example comments below illustrate this, and again overlap with other themes.

Professionals’ lack of understanding about covenant, etc.:

“GPs and hospital still severely lacking in providing care and assistance in a reasonable timescale. I have moved twice to try and find better support... and treatments I require. About time The Veterans Charter was recognised by ALL trusts and GPs, not me having to tell them.” - *Veteran (left 24 years ago)*

“Although I have told my GP about my military background it doesn’t seem to count for much. Only one Doctor has commented on it and he was a locum.” - *Veteran (left 25 years ago)*

“I don't think GPs want to recognise military covenant as it is not mentioned in GP practice. I do not have priority, I have to wait like everyone else.” - *Veteran (left 65 years ago)*

“The fact you have to repeat yourself to people that you are a veteran and there is the Military Covenant, and they look at you as if to say “So”!!! And then they look at you as if you think you are something special! Yes, we are special, we all wrote a blank cheque to the government of the day, for, up to and including, our lives.” - *Veteran (left 24 years ago)*

Lack of understanding about conditions and link to military service:

“Health services are not fully aware of the long-term issues that ex-service personnel can have both physical and mentally. Also, that retired ex-forces can suffer once retired and not working.” - *Veteran (left 24 years ago)*

“When you leave the forces, you start all over again and having to explain things again and again... and civilian doctors did not understand complex issues.” - *Veteran (left 19-21 years ago)*



“My experience of GPs is that they quickly dismiss any relationship between service and medical conditions that appear.” - *Veteran (left 10-12 years ago)*

Veterans’ lack of awareness of covenant:

“I worked within healthcare in the Royal Navy and was heavily involved with the TRIM [Trauma Risk Management] process. I know how to access help through a variety of veterans’ associations. Many don’t, I’m lucky but if veterans could be signposted via their GP or local mental health departments it may help them. Many don’t and they feel very alone and don’t know that they are entitled to help as a veteran by military charities and associations.” - *Veteran (left 4-6 years ago)*

“I was unaware that medical services were interested in my military background and would not mention it.” - *Veteran (left 10-12 years ago)*

Lack of support

Some felt that there was **not enough support for people with the transition to civilian life** or that they were **unsupported as soon as they were discharged** (8). Conversely, one veteran felt there was more support with transition now compared to the 90’s. Four people mentioned a **lack of housing support**, two suggested there was more **support or help dealing with combat stress** and one suggested support for being a carer. The example comments below illustrate these issues:

Lack of support with transition:

“**Once you leave** the armed forces from the moment you hand in your ID card **no one cares** what happens to you. The **only help is from groups organised by the troops themselves or third-party charities**. The Ministry of Defence has no interest in veterans.” - *Veteran (left 4-6 years ago)*

“**Since leaving the military I have only ever been contacted in order to maintain my address** for the reserve list. At no point has the military or country which I served faithfully given a damn about following up with even a welfare check. Yet I’m expected to remain on a reserve list and jump if called up.” - *Veteran (left 10-12 years ago)*

“**More time to adjust to civilian life** rather than just ‘kicked to the kerb’ when you have been ‘regimentalised’ for so long [would have helped]. **I still find this hard sometimes now dealing with civilians** as their work ethic is not the same.” - *Veteran (left 13-15 years ago)*



“When I was de-mobbed there was no help relating to re-joining civilian life. It was only available for nine years’ service or more. Hopefully this has changed now.” - *Veteran (left 41 years ago)*

“There was zero support offered when I left in 1996, unlike now where it seems veteran support is at the forefront of everyone’s minds.” - *Veteran (left 22 years ago)*

Lack of housing support:

“When I left I was homeless, I spent 3 months on the streets.” - *Veteran (left 34 years ago)*

“We struggled to find housing before we moved to Corby. We left Winchester because of that and the fact that permanent work was hard to find.” - *Wife of veteran (left 13-15 years ago)*

Other support issues:

“Father now sole-carer of his wife with acute mobility and unable to get help. As he says, looking after her has been way harder than any army exercise he experienced as it's non-stop pressure and stress.” - *Child of veteran*

“It would have helped if we were given counselling when we returned from operational tours.” - *Veteran (left 13-15 years ago)*

“Support may be needed more for military personnel who have served out in the field in order to combat stress.” - *Spouse of veteran (left 22 years ago)*

Effects on family

Five people mentioned the effect the **struggles of veterans have on other family members** and one highlighted the **difficulties spouses face and how there can be a lack of understanding** about them. For example:

“During crisis time no one really knew what to do or who to refer to, I know things have now changed but me and my teenage child have to live with consequences. Child has now been diagnosed with depression. They see their father but he remains an alcoholic, this has a wider effect than just the person who served.” - *Wife of veteran (left 13-15 years ago)*



“I’m pleased that my husband is now receiving the [mental health] help he so vitally needed years ago. Our marriage and family life was almost destroyed.” - *Wife of veteran (left 13-15 years ago)*

“My husband still does not know how to pay a bill, open a bank account, make a doctor’s appointment or any of the usual things that adults do in their general life administration. As a result, I have done this for the entire family for the last 20 something years, as well as working (mostly full time) and raising two children. Inevitably, I feel the strain!” - *Wife of veteran (left 13-15 years ago)*

“Wives and families often struggle to adjust back to normal routines. This can be after a partner returns from deployment or if the whole family does an overseas tour. Often there is a lack of understanding of these individuals, particularly as the forces community is so small.” - *Currently serving*

Other issues raised

Other individual comments suggested that care was poorer outside of the military, queried why medical records don’t automatically transfer, asked for information, or explained more about a mental health issue:

“You are a lot better cared for health wise in the military than as a civilian.” - *Veteran (left 37 years ago)*

“Health care far more expedient than in civilian environment. There was a void between the two, I was diagnosed with cancer five months before I left the service... The medication I was given by the Royal Navy was completely overturned by the surgery I attended. Explanation “it was too expensive” and never monitored by them.” - *Veteran (left 30 years ago)*

“Why do we Veterans have to ask for our medical documents to give to our GPs? Surely they should come with us when we leave.” - *Veteran (left 30 years ago)*

“Employers should have faith in giving employment as the military have been used to hard work and discipline. We found some were reluctant to give it.” - *Spouse of veteran (left 22 years ago)*

Experiencing good services or not having any issues

Nine people gave us examples of good care they had received (5) or told us that they did not have any issues accessing service (4). For example:



“Although still serving, I live at home 365 days a year for the last 14 years. I have used the surgery where I am registered as and when required and have always received a top quality and efficient service, so long as I am on the door step at 07:45 to obtain an appointment on the same day.” - *Currently serving*

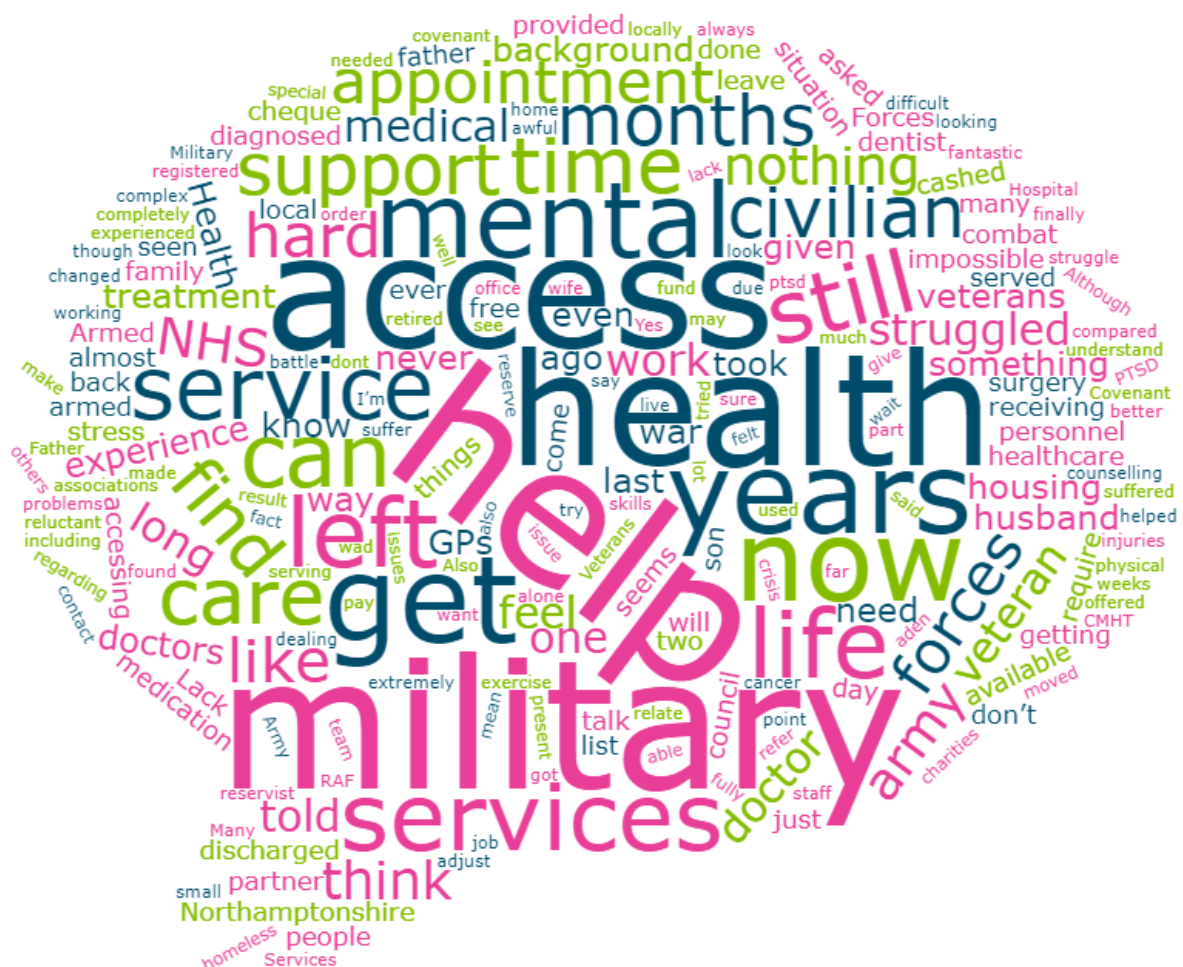
“You can talk with military because they have been through the same experiences as you and can relate to combat situations.” - *Reservist*

“I have been impressed by how I have been able to access mental health services in Northamptonshire. The only down side is the waiting list.” - *Veteran (left 7-9 years ago)*

“Royal British Legion helping with mental health. I referred myself, Military told me to.” - *Veteran (left 7-9 years ago)*

“I have settled into civilian life with no issues.” - *Veteran (left 16-18 years ago)*

Word cloud of additional comments:





Effect of military service on family - Focus group feedback

The focus group gave some additional insight about the effect of military service on families. The group was asked: 'How did you think your family was affected by your service and the transition back to civilian life?'. The stress and worry from not being near family members, and effects on children and their education were mentioned.

Stress/worry (5):

“Added stress when they are further away.”

“Mother-in-law wrote to my husband all the time. She used to wonder why he never wrote back.”

“If your parents are elderly you're just not around the corner.”

“When you sign up, you take risks. Parents don't like that risk.”

“Husband and brother both in Afghanistan and Iraq. Their mum was always worrying.”

Children/education (7, 1 positive):

“14-year-old has big gaps in education. They were 10 and had been to ten different schools. They are doing ok now.”

“Even years ago (1985), schools have had 'issues' with military kids. They want kids to conform and military kids don't always conform.”

“Stigma is that army kids are 'thick' and my child isn't.”

“I refused testing for Asperger's as I didn't want new schools seeing him as that and nothing else. He is literate. He probably does have Asperger's but he is just quirky.”

“[Child's] biggest gap is language.”

“I left before I had a family. I was not willing to have a military family.”

“My eldest child speaks German and has a good job because of it.”



Thanks and acknowledgements

Thank you to all who completed our survey and those who shared it with the public and their workforces, including:

Royal British Legion (Northamptonshire)

Northamptonshire Library's/First for Wellbeing

Northampton Jobcentre Plus

Northamptonshire Fire Brigade

Northamptonshire Police

The Swansgate Shopping Centre, Wellingborough

The Grosvenor Shopping Centre, Central Northampton

Corby Cube

Weston Favell Shopping Centre, Northampton East

Towcester Forum (including library)

Northampton 103 Battalion, 118 Battalion and staff and volunteers at Clare Street Barracks, Northampton

Nene and Corby Clinical Commissioning Groups

Northampton General Hospital NHS Trust

Kettering General Hospital NHS Foundation Trust

Northamptonshire Healthcare NHS Foundation Trust

MSO Serviced Offices

Thank you for making your voice count!!



About Healthwatch Northamptonshire

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

Our rights and responsibilities include:

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





Appendix - Survey questions

1. What area of Northamptonshire do you live in?
2. Are you:
 - Currently a serving member of the Armed Forces?
 - Currently a reservist in the Armed Forces?
 - A veteran? (by veteran we mean have you ever served, for one day or more, in the
 - British Armed Forces including a reservist)
 - Married to a serving member of the British Armed Forces?
 - In a relationship with a serving member of the British Armed forces?
 - Married to a veteran?
 - in a relationship with a veteran?
 - A bereaved parent of someone who served in the British Armed Forces?
 - A bereaved spouse of someone who served in the British Armed Forces?
 - A bereaved partner of someone who served in the British Armed Forces?
 - A child of serving member of the British Armed Forces?
 - A child of a veteran?
 - A bereaved child of someone who served in the British Armed Forces?
 - Other (please specify)
3. (Additional question for reservists: Were you ever a regular in the British Armed Forces?)
4. Were you/they or are you/they in the:
 - Army
 - Navy
 - Royal Air Force
 - Marines
5. Length of service?
6. What was / is your / their rank?
7. What Core / Regiment / Unit / Ship?
8. If you / they have left the Armed Forces, how long ago, in years?
9. Were you/they in a cadet force?
10. Length of service in cadets? (If applicable)
11. What is your gender?
12. How old are you?
13. Do you have any children who are dependent on you?



-
14. Are you in a caring role for an adult or child with a long-term illness or disability?
 15. If your child / children are of school age have you made their school aware of your family's military background?
 16. If your child / children are of school age have you applied for Pupil Premium?
 17. Why did you move to Northamptonshire?
 18. Have you told your GP about your / your family's military history?
 19. Which local services have you accessed in the past 12 months? (Please tick all that apply.)
 - Local Borough or District Council for housing
 - Job Centre
 - Adult Social Care
 - Adult Education
 - Social Services
 - Domestic Abuse services
 - Alcohol services
 - Mental Health services
 - Drug services
 - None of the above
 - Other (please specify)
 20. In the past 12 months, are there any healthcare or support services that you have wanted to or tried to access but struggled? (Please tick all that apply.)
 - Drug services
 - Alcohol services
 - Mental health services (including bereavement counselling)
 - Dentist
 - Opticians
 - General Practitioner
 - Domestic Abuse
 - Sexual Health
 - None of the above
 - Other (please specify)
 21. Do you think you have any mental health needs relating to your / your family's military service? If yes, please give details.
 22. If you are a veteran, since returning to civilian life has a health care professional spoken to you directly about your mental health?
 23. Do you have any physical health needs relating to your / your family's military service? If yes, please give details.
 24. If you are a veteran, since returning to civilian life has a health care professional spoken to you directly about your physical health?
 25. What is your current employment status?
-



-
26. Have you made your current employer / educator aware of your/your family's military background?
27. What is your current housing situation?
28. What was the hardest thing to adapt to when returning to civilian life?
- Money
 - Work
 - Social life
 - Mental health
 - Housing
 - Welfare support
 - Other (please specify)
29. If applicable, how easy / hard was it (or do you think it will be) to adapt to life outside the military, with 1 being the easiest and 10 being the hardest?
30. (Different question for bereaved family members: Did you have access to the correct support after the death of your family member? If so where from?)
31. Is there anything else you would like to tell us about access about health and care services relating to your military experience?



Contact us

Address: Healthwatch Northamptonshire
Portfolio Innovation Centre
Avenue Campus, St. George's Avenue
Northampton
NN2 6JD

Phone number: 0300 002 0010

Text message: 07951 419331

Email: enquiries@healthwatchnorthamptonshire.co.uk

Website: www.healthwatchnorthamptonshire.co.uk

Facebook: www.facebook.com/Healthwatchnorthamptonshire

Twitter: twitter.com/HWatchNorthants



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Northamptonshire 2018

