UK Armed Forces and Veterans Profile for Suffolk 2016

Suffolk County Council, Public Health and Protection and Business Development
June 2016
Version 7
Executive Summary

- Estimates indicate approximately 3,300 serving armed forces personnel in Suffolk.
- The estimated size of the veterans/ex-forces community in Suffolk is between 33,000-37,000.
- There are a higher proportion of male veterans, and the majority of veterans are 55+.
- National trend data indicates the profile of the adult ex-Service community is changing with an increasingly elderly population.
- There are approximately 6,000 claimants in Suffolk (Armed Forces Pension Scheme (AFPS), War Pension Scheme (WPS) or Armed Forces Compensation Scheme (AFCS)).
- Suffolk has a higher proportion of AFPS, WPS and AFCS claimants compared to the East of England average.
- The veteran population is getting older, with the national service cohort contributing to the large proportion of older veterans. This age cohort is also more likely to live alone.
- Improvements in trauma medicine in the last decade have been significant, with an associated improvement in survival rates. People survive with serious injuries that would have been life-ending 30 years ago, which may mean that more care is needed for these life changing injuries. This may increase need within the population of armed forces and veterans, as more specialist care may be required.
- Recently published Healthwatch information notes that NHS England currently provides 12 dedicated services for veterans in other areas of the country, but no dedicated service is provided for veterans in Norfolk and Suffolk.
- The Royal British Legion (RBL) note there are ‘myths’ that that prevail in relation to veterans: e.g. increased suicide risk, many are sleeping rough and many are in prison. They note that whilst these issues do affect a proportion of ex-Service personnel, this may not be as high as perceived by the general population.
- Elevated levels of heavy drinking appear to be an issue (Thandi et al. 2015), and depression was also highlighted as being higher in the RBL survey findings.
- The mixed evidence for the increased prevalence of mental ill-health in armed forces personnel and veterans appears to persist. These issues are complex and difficult to untangle, as with the general population. However, there appears to be two specific cohorts that are more at risk of Post-Traumatic Stress Disorder (PTSD); Early Service Leavers (ESL) and younger recruits.
1. Background

Scope of this report
In order to understand the needs of the armed forces community, a greater understanding of the local armed forces population is needed. This brief overview report is split into two main research areas; serving UK armed forces; and veterans (or ex-forces). Younger veterans may more associate or readily connect with the term ex-forces.

Why is this important for Clinical Commissioning Groups (CCGs), councils, employers and others?

CCGs are responsible for commissioning:
- All secondary and community services required by armed forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised. The bespoke services for veterans, such as veterans’ mental health services, will be commissioned by CCGs either individually or collectively.
- Emergency care services on a geographical basis which can be accessed by anyone present in their defined geographical boundary e.g. accident and emergency services, emergency ambulance services and other emergency health services. Serving members of the armed forces and their families (where registered with DMS Medical Centres) will have full access to these services.
- Health services for those groups stationed overseas who return to England to receive NHS care.

Who is included in the armed forces community?

The Armed Forces Covenant (Ministry of Defence (MOD) 2011), highlights that for the purposes of the Armed Forces Covenant, the armed forces community “includes all those towards whom the nation has a moral obligation due to service in the HM Armed Forces”. Definitions used within the Covenant are provided below:

“Regular Personnel: Individuals currently serving as members of the Naval Service (including the Royal Navy and Royal Marines), Army or Royal Air Force.

Reservists: Volunteer Reservists, who form the Royal Navy Reserve and Royal Marine Reserve¹, Territorial Army², and the Royal Auxiliary Air Force, and Regular Reservists, who comprise the Royal Fleet Reserve, Army Reserve and Royal Air Force Reserve.

Veterans/ Ex-Forces: Those who have served for at least one day in HM Armed Forces, whether as a Regular or Reservist.

Families of Regular Personnel, Reservists and Veterans: The immediate family of those in the categories listed above. This is defined as spouses, civil partners and children for whom they are responsible, but can where appropriate extend to parents, unmarried partners and other family members.

Bereaved: The immediate family of Service Personnel and veterans who have died whether or not that death has any connection with Service.”

Source: MOD (2011)

Why are these definitions important?

These definitions are important in defining the ‘person, place and time’ elements of this piece of research. This document forms part of the Joint Strategic Needs Assessment (JSNA) for Suffolk. It aims to identify and provide a clearer picture on two specific cohorts mentioned above: serving personnel (regular and reserve); and veterans.

¹ Together these form the Maritime Reserves
² Now referred to as the Army Reserve
How do regular personnel and reservists access health services?

- **Regular personnel:** Armed forces personnel and family members (spouses, partners and children). For regular serving personnel the majority of health and wellbeing services are provided through the Military of Defence (MOD). However, the services for spouses and children of service personnel are the responsibility of statutory services (i.e. doctors, dentists, therapy).

- **Reserve personnel:** Armed forces personnel and family members (spouses, partners and children). For reservists who are serving personnel, their spouses and children are the responsibility of statutory services (i.e. doctors, dentists, therapy) – they are essentially civilians. The MOD does offer some service provision to reservists when in role (training or deployments). Reservists join the armed forces for a number of reasons and it is common for them to travel or commute across county borders to serve with the reserve unit of their choice. Reserve units may have a headquarters in a particular town or city but have sub-units or detachments located across a region, therefore the service provision will be delivered locally to where they and their family live – although this can prove challenging.

- **Veterans / ex-forces:** In the UK, the NHS is responsible for delivering healthcare for the families of those serving and veterans. Veterans can also access services run by the Veterans and Reserves Mental Health Programme (VRMHP). All veterans are entitled to priority access to NHS hospital care for any condition, as long as it’s related to their service and subject to the clinical need of others.

**Research limitations**

National data about the serving armed forces community in relation to population and demography is available. Some local information can be found online and can be sourced through cooperation with military units.

We are aware that the Office for National Statistics (ONS) is looking to categorise armed forces in their datasets. However, there is uncertainty as to whether this will apply to serving military personnel or veterans. In order to improve data collection on the Veterans community, the Royal British Legion launched their ‘Count them in’ campaign in May 2016 to encourage the Office for National Statistics (ONS) to add questions related to Veterans to the 2021 census (RBL 2016).

Whilst we understand the importance and vital contributions of the wider armed forces community (e.g. family members/ dependents/the supporting civilian community), we were
unable to include them in detail in this piece of work due to the vast scale of the research required. This will be an area to look at in more detail in the future.

There is no ‘one stop shop’ for veterans data, thus information has been collated from a range of sources. This may also mean that there is some overlap in data. The MOD Covenant Fund (2016/17 budget) will fund a pilot project to set up a 24/7 Veterans Gateway service. The aim is to provide a single point of contact via one telephone number and a fully transactional website, together providing an information “clearing house” which takes into account the needs of all veterans wherever they may be located. For more information see this link: https://www.gov.uk/government/collections/covenant-fund

The presence of the two largest US Air Force bases in the UK (Lakenheath and Mildenhall) in Forest Heath, provides employment for many, as do the UK Armed Forces bases at Honington, Wattisham and Woodbridge. It is important to note that in early 2015 the United States Airforce announced their withdrawal from Mildenhall, which is likely to impact upon the economy over the next four years (Suffolk County Council 2015). US personnel are not included within this piece of work, but some may continue to reside in Suffolk post discharge from the US military.

**UK Armed Forces Covenant**

The Armed Forces Covenant sets out the obligations that the Government, the Nation and the Armed Forces Community – those who serve, whether regular or reserve; veterans; and their families – have to one another. The UK Armed Forces Covenant has two principles which are:

- The armed forces community should not face disadvantage compared to other citizens in the provision of public and commercial services;
- Special consideration is appropriate in some cases, especially for those who have given most, such as the injured and the bereaved.

In December 2015, the UK government extended the Armed Forces Covenant to include members of the Royal Fleet Auxiliary (RFA) and the Merchant Navy who have served on a civilian vessel while it was supporting HM Armed Forces. Many Armed Forces charities already recognise serving and retired RFA and Merchant Navy personnel and their families as being eligible for access to their services.

**Suffolk Armed Forces Community Covenant**

The Suffolk Armed Forces Community Covenant was established in October 2012. This agreement is a voluntary pledge of mutual support between Suffolk’s civilian community and its local armed forces community. This agreement includes Suffolk County Council; all the District
and Borough councils; voluntary and community sector organisations (military and civil); and armed forces units (regular or reserve) stationed in or linked to the county.

The Covenant exists to develop closer links between the community and armed forces personnel, their families, and service veterans. It has a number of aims:

- To encourage local communities to support the armed forces community in their areas and to nurture public understanding and awareness among the public of issues affecting the armed forces community;
- To recognise and remember the sacrifices faced by the armed forces community;
- To encourage activities which help to integrate the armed forces community into local life;
- To encourage the armed forces community to help and support the wider community whether through participation in events and joint projects, or other forms of engagement.

The Suffolk Community Covenant’s most recent annual report highlighted the following information:

“This is the third year of the Suffolk Community Covenant and continues to build upon the greater understanding of issues and needs of the local UK armed forces and veterans community. Visibility through practical action is very important and it’s pleasing to see an increasing number of civil community /armed forces partnership projects that have secured funding come to fruition. Whilst local military units have been busy training and rerolling post Afghanistan, they have coordinated or supported numerous community engagement initiatives or events; most notably the Suffolk Show and the Queen’s Longest Reigning Monarch event – the support of the public is very much appreciated.

Strategically there has been an emphasis on increasing the awareness and practical understanding of the Armed Forces Covenant and Community Covenant in the minds of local and statutory authorities. The community covenant partnership provides a valued communication channel with the armed forces community and the action plan highlights a range of themes and issues that need to be understood and considered; ideas for further initiatives or engagement are always welcome”.

Source: Suffolk Military Covenant (2015)
2. Armed forces presence in Suffolk

Please find below a list of all units in Suffolk and their location.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Navy</td>
<td>Wattisham</td>
</tr>
<tr>
<td>Regular Naval Detachment at 7 Aviation Support Battalion Royal Electrical and Mechanical Engineers.</td>
<td>Wattisham</td>
</tr>
<tr>
<td>Armed Forces Careers Office</td>
<td>Ipswich</td>
</tr>
<tr>
<td>Army</td>
<td>Woodbridge</td>
</tr>
<tr>
<td>Regular 23 Parachute Engineer Regiment</td>
<td>Wattisham</td>
</tr>
<tr>
<td>3 Regiment Army Air Corps</td>
<td>Wattisham</td>
</tr>
<tr>
<td>4 Regiment Army Air Corps</td>
<td>Wattisham</td>
</tr>
<tr>
<td>Reserve 7 Aviation Support Battalion Royal Electrical and Mechanical Engineers, and 132 Aviation Supply Unit Royal Logistics Corps</td>
<td>Wattisham</td>
</tr>
<tr>
<td>Armed Forces Careers Office</td>
<td>Ipswich</td>
</tr>
<tr>
<td>3rd Battalion The Royal Anglian Regiment, BHQ and HQ Coy and Platoon</td>
<td>Bury St Edmunds</td>
</tr>
<tr>
<td>202 Transport Squadron (Sqn), 158 Regiment Royal Logistics Corps</td>
<td>Ipswich</td>
</tr>
<tr>
<td>3rd Battalion The Royal Anglian Regiment, 1 x Platoon from A Coy</td>
<td>Lowestoft</td>
</tr>
<tr>
<td>6 Regiment Army Air Corps: RHQ, HQ Sqn, 677 Sqn (A Flight)</td>
<td>Bury St Edmunds</td>
</tr>
<tr>
<td>6 Regiment Army Air Corps: 677 Sqn (C Flight)</td>
<td>Ipswich</td>
</tr>
<tr>
<td>RAF</td>
<td>RAF Honington</td>
</tr>
<tr>
<td>Regular 1, 2, 15, 26, 27 Sqn. RAF Regiment</td>
<td>RAF Honington</td>
</tr>
<tr>
<td>20 Wing (Wg) RAF Regt (Def CBRN Wg)</td>
<td>RAF Honington</td>
</tr>
<tr>
<td>RAF Police Headquarters and Number 3 Police Wing Headquarters</td>
<td>RAF Honington</td>
</tr>
<tr>
<td>RAF Force Protection Force Headquarters; Force Protection Centre, Support Wing and Training Wing</td>
<td>RAF Honington</td>
</tr>
<tr>
<td>Armed Forces Careers Office</td>
<td>Ipswich</td>
</tr>
<tr>
<td>Reserve 2623 Sqn Royal Auxiliary Air Force Regiment and 3 (Royal Auxiliary Air Force) Tactical Police Squadron</td>
<td>RAF Honington</td>
</tr>
</tbody>
</table>

There are a number of Cadet forces in the county; to find out more please visit the East Anglia Reserve Forces and Cadets Association (click)

Source: Suffolk Military Covenant (2016)
UK Regular Forces Data

The MOD UK armed forces annual personnel report was last published in May 2014. Subsequent releases have been cancelled (MOD 2015). However, the 2014 report (MOD 2014) identified that at 1 April 2014:

- There were 159,630 UK regular forces personnel, of whom 27,850 were officers and 131,770 were other ranks;3
- The percentage of women in the UK regular forces was 9.9%;
- Black and Minority Ethnic (BME) personnel comprised 7.1% of the UK regular forces; continuing a long term gradual increase in the proportion of BME personnel;
- 55.9% of Army personnel were aged under 30, compared with 48.4% of the Naval Service and 39.2% of the RAF;
- 1.1% of UK regular forces were under the age of 18, and 26.6% were under the age of 25.

More recent (but less detailed data) indicates that as at 1 December 2015, the trained and untrained strength of the UK regular forces was 151,700, of whom 138,310 were trained personnel (MOD 2016).

Figure 1 below provides detail on the number of UK regular forces based in Suffolk over time. This includes both trained and untrained personnel but excludes Gurkhas, full time reserve service personnel and mobilised reservists.

Figure 1: UK Regular Forces in Suffolk local authority area as at 1 October 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Army Total</th>
<th>RAF Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Apr-12</td>
<td>2560</td>
<td>1450</td>
</tr>
<tr>
<td>01-Jul-12</td>
<td>2520</td>
<td>1460</td>
</tr>
<tr>
<td>01-Oct-12</td>
<td>2540</td>
<td>1400</td>
</tr>
<tr>
<td>01-Jan-13</td>
<td>2480</td>
<td>1410</td>
</tr>
<tr>
<td>01-Apr-13</td>
<td>2400</td>
<td>1390</td>
</tr>
<tr>
<td>01-Jul-13</td>
<td>2,350</td>
<td>1,340</td>
</tr>
<tr>
<td>01-Oct-13</td>
<td>2,330</td>
<td>1,370</td>
</tr>
<tr>
<td>01-Jan-14</td>
<td>2,170</td>
<td>1,390</td>
</tr>
<tr>
<td>01-Apr-14</td>
<td>2,100</td>
<td>1,400</td>
</tr>
<tr>
<td>01-Jul-14</td>
<td>1,970</td>
<td>1,410</td>
</tr>
<tr>
<td>01-Oct-14</td>
<td>1,850</td>
<td>1,460</td>
</tr>
<tr>
<td>01-Jan-15</td>
<td>1,830</td>
<td>1,630</td>
</tr>
<tr>
<td>01-Apr-15</td>
<td>1,810</td>
<td>1,610</td>
</tr>
<tr>
<td>01-Jul-15</td>
<td>1,810</td>
<td></td>
</tr>
<tr>
<td>01-Oct-15</td>
<td>1,720</td>
<td></td>
</tr>
</tbody>
</table>

Source: MOD (2015a)

3 UK Regular Forces does not include Gurkhas, Full Time Reserve Service (FTRS) personnel and mobilised reservists
Trend data above indicates a decline in the total number of serving army personnel in Suffolk, from 2,560 in April 2012 to 1,720 in October 2015. Conversely, the numbers of RAF personnel have increased slightly.

Table 2 below shows that regular UK forces are based in three local authorities: Mid Suffolk, St Edmundsbury and Suffolk Coastal.

Table 2: Local authority data for regular forces in Suffolk, October 2015

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Armed Force</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid Suffolk</td>
<td>RN/RM Total</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Army Total</td>
<td>1,200</td>
</tr>
<tr>
<td></td>
<td>RAF Total</td>
<td>40</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>RN/RM Total</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Army Total</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>RAF Total</td>
<td>1,580</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>RN/RM Total</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Army Total</td>
<td>490</td>
</tr>
<tr>
<td></td>
<td>RAF Total</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: MOD (2015a) *rounding may mean data does not sum
(RN/RM = Royal Navy/Royal Marines)

**Reserve presence in Suffolk**

UK reserve forces units are located across Suffolk (see table 1 on page7). Individuals who join the reserve may choose to serve with a military unit outside of their county or region, depending upon the job and unit role. Click here to find out more about the national reserve presence and the Future Reserves 2020 (FR20) programme monitoring.

3. **Suffolk veteran estimates**

Armed forces personnel are not required to register as a veteran upon leaving the UK Armed forces, and there is no formal mechanism for registering veterans in localities. Their engagement with armed forces associations, charities or social media channels is personal decision. Evidence suggests the longer an individual served, the more likely they are to maintain contact with their respective veteran/ex-forces community.

**Veterans’ badges**

Individuals can apply to the Medal Office for a medal or veteran’s badge if they have served in the UK armed forces and are eligible. Individuals can apply if they were in the:

- Army;
• Royal Navy;
• Royal Marines;
• Royal Air Force (RAF);
• Volunteer or regular reserves.

Anecdotal evidence from the Royal British Legion in Suffolk suggests that take up of the veteran’s badge issued by Veterans UK (Veterans Agency) has been good. Basic data on local applicants has been requested but is unavailable. Future access to this data may help in developing a more accurate estimate of veterans in Suffolk.

Royal British Legion (RBL) survey
In 2014 the RBL published the largest survey to date of the UK ex-Service community, looking at its size, profile and needs (RBL 2014). Key findings include:

• The ex-Service community has reduced in size by 42% in the last 9 years from 10.17m in 2005 to 5.91m in 2014. Veterans make up just under half of the total community, with their dependants accounting for just over half.

• Compared with the 2005 survey, the size of the community has reduced in all age bands, apart from those aged 85 or over, who have increased in absolute numbers. The largest decline has been in the number of 65-74 year olds. The primary explanation for this is that the National Service cohort has moved into the next age band, and some of them have died in the interim or moved into communal establishments (and therefore not counted within the residential household population).

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

• The average age of the adult ex-Service community is 67 years, compared with 47 years for the general adult population, and therefore the ex-Service community is heavily skewed to those of retirement age - with 64% aged 65+.

• In 2014, 46% of the adult ex-Service community were aged 75+, compared with 28% in 2005. In contrast, only 10% of the UK population were aged 75+.

• Because there are so many aged 75+, members of the ex-Service community are more likely to live alone than adults in the general population.

Source: RBL (2014)

As the above points note, the profile of the adult ex-Service community is changing, and is older than it was nine years ago. This may have implications for care needs. The report highlights that for the ex-Service community as a whole (see figure 2 for an age pattern summary):
• 40% of the adult ex-Service community has some difficulty with health or wellbeing, equivalent to 2,090,000 people;
• These are most likely to be health issues (physical or mental) reflecting the self-care and mobility problems affecting older members of the community;
• Isolation and mental health issues particularly affect those aged 35-54;
• One in five has unpaid caring responsibilities, which is higher than the national average, particularly among those aged 16-24;
• One in 20 reports some unmet need for support, rising to one in four among the unemployed.

Table 3 highlights that there has been a general decrease in the number and proportion of the ex-Service community, and this trend is likely to continue.

Table 3: Change in ex-Service population from 2005-2014, UK

<table>
<thead>
<tr>
<th></th>
<th>2005 (millions)</th>
<th>2014 (millions)</th>
<th>% of UK population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total UK population</td>
<td>60.69m</td>
<td>64.51m</td>
<td>68.8%</td>
</tr>
<tr>
<td>Veterans</td>
<td>4.80m</td>
<td>2.83m</td>
<td>8.0%</td>
</tr>
<tr>
<td>Dependent adults</td>
<td>3.63m</td>
<td>2.09m</td>
<td>6.0%</td>
</tr>
<tr>
<td>Dependent children</td>
<td>1.74m</td>
<td>0.91m</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total ex-Service community</td>
<td>10.17m</td>
<td>5.91m</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Table 4: Survey estimate numbers for the ex-Service population, UK 2014

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

Source (both): RBL (2014)

Figure 2: Summary of age patterns in difficulties (themed) experienced in last year by the ex-Service community

Source: RBL (2014)
The RBL report indicates that just over 5% of the UK adult population are veterans, but this varies markedly by gender and age cohort. Applying this estimate to the 2014 Suffolk population aged 16+ gives an estimated Suffolk veteran population of between 33,000-37,000 (RBL 2014, ONS 2015). Table 8 uses the RBL veteran estimates by age band, and apportions them to the mid-2014 population estimates for Suffolk. The table shows a clear gender divide, with a much higher proportion of male veterans. The highest numbers of veterans are in the 75-84 age group.

Table 5: Approximate veteran count by age band in Suffolk, 2014

<table>
<thead>
<tr>
<th>Age band</th>
<th>% veterans within age band</th>
<th>Suffolk estimated veteran number</th>
<th>% Male veterans</th>
<th>Suffolk estimated male veteran numbers</th>
<th>% Female veterans</th>
<th>Suffolk estimated female veteran numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 16+ pop.</td>
<td>5.4%</td>
<td>32,664</td>
<td>9.9%</td>
<td>29,306</td>
<td>1.1%</td>
<td>3,398</td>
</tr>
<tr>
<td>16-24</td>
<td>0.5%</td>
<td>362</td>
<td>0.9%</td>
<td>342</td>
<td>0.1%</td>
<td>34</td>
</tr>
<tr>
<td>25-34</td>
<td>1.1%</td>
<td>942</td>
<td>1.7%</td>
<td>745</td>
<td>0.4%</td>
<td>167</td>
</tr>
<tr>
<td>35-44</td>
<td>2.8%</td>
<td>2,449</td>
<td>4.4%</td>
<td>1,901</td>
<td>1.1%</td>
<td>487</td>
</tr>
<tr>
<td>45-54</td>
<td>4.2%</td>
<td>4,390</td>
<td>7.4%</td>
<td>3,818</td>
<td>1.1%</td>
<td>582</td>
</tr>
<tr>
<td>55-64</td>
<td>5.1%</td>
<td>4,696</td>
<td>8.3%</td>
<td>3,699</td>
<td>1.6%</td>
<td>760</td>
</tr>
<tr>
<td>65-74</td>
<td>6.8%</td>
<td>5,962</td>
<td>12.2%</td>
<td>5,195</td>
<td>1.9%</td>
<td>857</td>
</tr>
<tr>
<td>75-84</td>
<td>25.3%</td>
<td>13,216</td>
<td>56.3%</td>
<td>13,514</td>
<td>2.0%</td>
<td>565</td>
</tr>
<tr>
<td>85-94*</td>
<td>23.7%</td>
<td>5,430</td>
<td>60.1%</td>
<td>4,918</td>
<td>4.1%</td>
<td>604</td>
</tr>
</tbody>
</table>

Source: RBL (2014), ONS (2015) Note figures may not sum due to rounding
* ONS counts are only provided up to 90 years.

It is likely that the above estimate is modest in relation to the total number of veterans. This is because the above estimate excludes ‘hidden’ members of the ex-Service community who were beyond the scope of RBL survey because they are not living in private residential dwellings, these include people living in the following settings:

- Residential homes or nursing homes;
- Hospitals;
- Prisons;
- Rehabilitation centres;
- Temporary accommodation such as hostels, and;
- Armed Forces bases;
- Those sleeping rough are also likely to be ‘hidden’.

(RBL 2014)
It is also important to note that this process applies national estimates to the local level, so can only really provide a proxy indicator/indicative results. As mentioned previously, this lack of precise data is reflected in the RBL campaign ‘Count them in’, which is lobbying to add questions that would identify members of the Armed Forces community to the 2021 Census (RBL 2016). Furthermore, very recently published data (May 2016) from the Annual Population Survey (Ministry of Defence, 2016b) highlighted that “due to the larger sample size of the Annual Population Survey (APS) (N = 319,717) compared to the RBL 2014 Household Survey (N = 20,698), the results presented in their report provide more reliable estimates of the veteran population”. For this reason the APS survey will be looked at in more detail below.

This 2016 bulletin provides estimates of the size and socio-demographic characteristics of the UK Armed Forces veteran population living in households in England, Scotland and Wales using responses provided in the 2014 Annual Population Survey (APS). The analysis aims to gain a better understanding of UK Armed Forces veterans residing in Great Britain (Ministry of Defence, 2016b). It is a new bulletin following the inclusion of veteran questions in the 2014 Annual Population Survey.

The first main finding of this report was that it estimated that there are 2.6 million UK Armed Forces veterans residing in households across Great Britain in 2014, lower than the 2.8 million estimated in RBL survey. This equates to a veteran population estimate for Great Britain of 5.2%. However, regional estimates were also provided, and the East of England estimate was 5.6% - when applied to the Suffolk 16+ population this suggests an estimated Suffolk veteran population of 34,000 (n = 33,874) (Ministry of Defence, 2016b). This is lower than the RBL estimated Suffolk veteran population of between 33,000-37,000 from the 2014 survey.

Regional age breakdowns were not available, however a breakdown of the Great Britain estimate applied to the Suffolk population is provided in Table 6 below. The values provided in table 6 vary the greatest from table 5 in the older age cohorts – specifically those in the 75-84 and 85+ age cohorts, where the estimates in table 6 are considerably lower. It is important to take these differences into consideration, as a lower number of older veterans may have a significant impact on care need. The APS data was found to provide more reliable estimates of the veteran population due to the larger sample size (Ministry of Defence, 2016b).
Table 6: Approximate veteran count by age band in Suffolk, 2014 from APS data

<table>
<thead>
<tr>
<th>Age Band</th>
<th>%</th>
<th>Estimated number of veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20</td>
<td>0.1%</td>
<td>33</td>
</tr>
<tr>
<td>20-24</td>
<td>0.8%</td>
<td>311</td>
</tr>
<tr>
<td>25-29</td>
<td>1.6%</td>
<td>693</td>
</tr>
<tr>
<td>30-34</td>
<td>2.0%</td>
<td>848</td>
</tr>
<tr>
<td>35-39</td>
<td>2.1%</td>
<td>833</td>
</tr>
<tr>
<td>40-44</td>
<td>4.0%</td>
<td>1,912</td>
</tr>
<tr>
<td>45-49</td>
<td>5.1%</td>
<td>2,715</td>
</tr>
<tr>
<td>50-54</td>
<td>6.5%</td>
<td>3,334</td>
</tr>
<tr>
<td>55-59</td>
<td>6.4%</td>
<td>2,949</td>
</tr>
<tr>
<td>60-64</td>
<td>5.7%</td>
<td>2,623</td>
</tr>
<tr>
<td>65-69</td>
<td>6.9%</td>
<td>3,511</td>
</tr>
<tr>
<td>70-74</td>
<td>6.9%</td>
<td>2,539</td>
</tr>
<tr>
<td>75-79</td>
<td>21.4%</td>
<td>6,438</td>
</tr>
<tr>
<td>80-84</td>
<td>16.4%</td>
<td>3,633</td>
</tr>
<tr>
<td>85-89</td>
<td>9.5%</td>
<td>1,350</td>
</tr>
<tr>
<td>90+</td>
<td>4.8%</td>
<td>418</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>34,138</td>
</tr>
</tbody>
</table>

Source: Ministry of Defence, 2016b and ONS (2015)

4. Armed Forces Pension and Compensation recipients

Pension types and compensation schemes

Pension and compensation schemes for the armed forces, veterans and their families are vital for many. They also provide a way of identifying populations who have served in the armed forces. There are several types of pension, but broadly speaking the amount of the pension will depend on: rank; length of service; age at joining (Citizens Advice 2016).

If an individual is injured during service, there are compensation schemes to assist them. Schemes are also available for the dependants of a member of the armed forces who died in service. Compensation schemes depend on:

- type of service;
- when an individual served and duration of service;
- the type of help needed.

Health problems due to armed forces service may also entitle an individual to payments under the War Pension scheme (pre 6 April 2005) or the Armed Forces Compensation Scheme (post 2005) (Citizens Advice 2016). Claims can range from relatively minor fractures to amputations and other more serious conditions, including mental disorders.
Types of pension scheme

Eligibility to join an Armed Forces Pension Scheme (AFPS) will depend upon when someone served and there are now 3 types of Armed Forces Pension Schemes available to service leavers (MOD 2016):

- **AFPS 75**
- **AFPS 05**
- **AFPS 15**

Click on the links above to find out more or see appendix A.

The Armed Forces Compensation Scheme (AFCS) is for all members of the regular and reserve forces. It provides compensation for all injuries, ill-health and death due to service on or after 6 April 2005 (MOD 2016a). The AFCS provides compensation, irrespective of fault, across the full range of circumstances in which illness, injury or death may arise as a result of Service. Compensation can be claimed by personnel who are still serving. Tax free lump sum awards, up to £570,000, for injury can be paid in service, with an additional guaranteed income payment available for the most seriously injured on leaving the armed forces. The War Pension Scheme (WPS) applies to ex-Service personnel who sustained injury, illness or death in service prior to 2005. The AFCS replaced this in 2005.

The Chancellor’s budget announcement for 2016 confirmed that, from 2017, injured veterans in England will no longer have to surrender their military compensation to pay for their social care (Royal British Legion, 2016a). War pensions given to injured soldiers, sailors and airmen will no longer be counted as income towards care such as nursing and home-help. However, the Royal British Legion (RBL) note that whilst this will make a huge difference to residents within England, it will create an uneven playing field across the UK (Royal British Legion, 2016a).

National reports

As at 31 March 2015 data indicates:

- There were 479,460 recipients of an occupational pension under the AFPS, an ongoing war pension under the War Pension Scheme (WPS) and /or compensation under the AFCS;
- 446,505 (93%) of these were veterans;
- 404,830 (84%) were living in the UK with over a third of the UK recipients located within the South West or South East of England;
- 12,965 (3%) were located overseas with over one quarter of the overseas residents resident in Australia.
Local data

Information within table 7 indicates that, based on population estimates, Suffolk has a higher proportion of AFPS, WPS and AFCS claimants than the East of England average. Suffolk has the third highest proportion of claimants, and the fourth highest number of claimants, when looking at counties in the East of England.

Table 7: Location of AFPS, WPS and AFCS recipients by, region, county and local authority, numbers, as at 31 March 2015:

<table>
<thead>
<tr>
<th>Area</th>
<th>All</th>
<th>Veterans</th>
<th>All AFPS</th>
<th>All WPS</th>
<th>All AFCS</th>
<th>ONS 2014 population estimate (16+ years)</th>
<th>% of claimants based on 16+ population / ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedfordshire</td>
<td>2575</td>
<td>2375</td>
<td>2,005</td>
<td>635</td>
<td>125</td>
<td>509,417</td>
<td>0.51%</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>7615</td>
<td>7205</td>
<td>6,505</td>
<td>1,495</td>
<td>310</td>
<td>671,478</td>
<td>1.13%</td>
</tr>
<tr>
<td>Essex</td>
<td>7085</td>
<td>6275</td>
<td>4,665</td>
<td>2,395</td>
<td>785</td>
<td>1,437,588</td>
<td>0.49%</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>2975</td>
<td>2640</td>
<td>1,990</td>
<td>1,080</td>
<td>130</td>
<td>921,480</td>
<td>0.32%</td>
</tr>
<tr>
<td>Norfolk</td>
<td>8930</td>
<td>8355</td>
<td>7,340</td>
<td>2,060</td>
<td>355</td>
<td>730,421</td>
<td>1.22%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>6055</td>
<td>5490</td>
<td>4,570</td>
<td>1,515</td>
<td>505</td>
<td>604,897</td>
<td>1.00%</td>
</tr>
<tr>
<td>East of England*</td>
<td>35235</td>
<td>32340</td>
<td>27,075</td>
<td>9,180</td>
<td>2,210</td>
<td>4,875,281</td>
<td>0.72%</td>
</tr>
</tbody>
</table>

Source: MOD (2015b) *NOTE: Figures may not sum to totals due to rounding. Unitary authorities (e.g. Thurrock contained within their geographical larger border e.g. Essex).
AFPS - Armed Forces Pension Scheme
AFCS - Armed Forces Compensation Scheme introduced on 6 April 2005
WP - War Pension (compensation scheme that ran up to 5 April 2005)
Table 8 shows that generally, Mid Suffolk, St Edmundsbury and Suffolk Coastal have higher veteran recipient counts than other LAs within Suffolk. This may in part be due to the location of military bases within or near their LA boundaries – for example RAF Honington in Bury St Edmunds. Ex-forces populations may remain in the area post service. Based on 16+ population estimates, the proportion of claimants are also highest in these areas, with the percentage of claimants in Mid Suffolk nearly twice that of the national claimant percentage.

Table 8: Location of AFPS, WPS and AFCS recipients in the UK by country, region, county and local authority, numbers, 31 March 2015:

<table>
<thead>
<tr>
<th>Area</th>
<th>All</th>
<th>Of which veterans</th>
<th>All AFPS</th>
<th>All WPS</th>
<th>Disablement Pension total</th>
<th>War Widow(er)s</th>
<th>Other*</th>
<th>All AFCS</th>
<th>In-Service</th>
<th>Post-Service</th>
<th>ONS 2014 population estimate (16+ years)</th>
<th>% of claimants based on 16+ population / ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>All UK</td>
<td>404,830</td>
<td>374,750</td>
<td>302,820</td>
<td>125,325</td>
<td>105,765</td>
<td>18,975</td>
<td>580</td>
<td>23,120</td>
<td>11,095</td>
<td>12,025</td>
<td>52,443,290</td>
<td>0.8%</td>
</tr>
<tr>
<td>England Total</td>
<td>333,725</td>
<td>308,485</td>
<td>251,265</td>
<td>100,015</td>
<td>83,920</td>
<td>15,630</td>
<td>455</td>
<td>19,880</td>
<td>9,625</td>
<td>10,255</td>
<td>44,013,062</td>
<td>0.8%</td>
</tr>
<tr>
<td>East of England**</td>
<td>35,250</td>
<td>32,355</td>
<td>27,080</td>
<td>9,190</td>
<td>7,365</td>
<td>1,790</td>
<td>30</td>
<td>2,215</td>
<td>1,110</td>
<td>1,105</td>
<td>4,875,281</td>
<td>0.7%</td>
</tr>
<tr>
<td>Suffolk**</td>
<td>6,055</td>
<td>5,490</td>
<td>4,570</td>
<td>1,515</td>
<td>1,210</td>
<td>310</td>
<td>0</td>
<td>505</td>
<td>265</td>
<td>240</td>
<td>604,897</td>
<td>1.0%</td>
</tr>
<tr>
<td>Babergh</td>
<td>715</td>
<td>640</td>
<td>535</td>
<td>205</td>
<td>155</td>
<td>50</td>
<td>0</td>
<td>50</td>
<td>30</td>
<td>20</td>
<td>73,243</td>
<td>1.0%</td>
</tr>
<tr>
<td>Forest Heath</td>
<td>370</td>
<td>345</td>
<td>300</td>
<td>90</td>
<td>75</td>
<td>15</td>
<td>0</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>50,353</td>
<td>0.7%</td>
</tr>
<tr>
<td>Ipswich</td>
<td>700</td>
<td>640</td>
<td>525</td>
<td>195</td>
<td>150</td>
<td>45</td>
<td>0</td>
<td>40</td>
<td>20</td>
<td>20</td>
<td>108,170</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mid Suffolk</td>
<td>1,215</td>
<td>1,120</td>
<td>970</td>
<td>210</td>
<td>180</td>
<td>35</td>
<td>0</td>
<td>120</td>
<td>60</td>
<td>60</td>
<td>81,576</td>
<td>1.5%</td>
</tr>
<tr>
<td>St Edmundsbury</td>
<td>1,160</td>
<td>1,025</td>
<td>850</td>
<td>235</td>
<td>185</td>
<td>50</td>
<td>0</td>
<td>160</td>
<td>90</td>
<td>75</td>
<td>91,901</td>
<td>1.3%</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>1,135</td>
<td>1,015</td>
<td>835</td>
<td>320</td>
<td>255</td>
<td>65</td>
<td>0</td>
<td>90</td>
<td>55</td>
<td>35</td>
<td>103,590</td>
<td>1.1%</td>
</tr>
<tr>
<td>Waveney</td>
<td>760</td>
<td>705</td>
<td>555</td>
<td>260</td>
<td>210</td>
<td>50</td>
<td>0</td>
<td>25</td>
<td>5</td>
<td>15</td>
<td>96,064</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Source: MOD (2015b)
*Other includes: War orphans, war parents, adult dependent, unmarried dependent, child allowance, allowance for Lowered Standard of Occupation (ALSO).
**NOTE: Figures may not sum to totals due to rounding.

As the AFCS provides compensation for any injury, illness or death which is caused by service on or after 6 April 2005, recipients are generally likely to be younger than those receiving WPS- for example those engaged in the conflicts in Iraq or Afghanistan. However, all current and former members of the UK armed forces, including reservists, may submit a claim for compensation for up to 7 years post injury/illness.
Improvements in trauma medicine in the last decade have been significant, with an associated improvement in survival rates (Penn-Barwell et al. 2015). For example in 2011, British army medics expected to save 90% of combat casualties brought into Camp Bastion, the highest figure in the history of warfare (Mosely 2011). People also survive with serious injuries that would have been life-ending 30 years ago, which may mean that more care is needed for these life changing injuries. This may increase need within the population of armed forces and veterans, as more specialist care may be required.

Data for the Clinical Commissioning Groups (CCGs) that cover the Suffolk area indicates that Ipswich and East Suffolk CCG has the highest claimant numbers. Percentage claimant counts indicate that Ipswich and East Suffolk CCG has the highest percentage of claimants based on the proportion of claimants from the total 16+ population.

Table 9: Clinical Commissioning Group (CCG) location of AFPS, WPS and AFCS recipients for Suffolk, numbers, 31 March 2015:

<table>
<thead>
<tr>
<th>CCG</th>
<th>All</th>
<th>Veterans</th>
<th>All AFPS</th>
<th>All WPS</th>
<th>ALL AFCS</th>
<th>ONS 2014 population estimate (16+ years)</th>
<th>% of claimants based on 16+ population / ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Great Yarmouth &amp; Waveney</td>
<td>1,380</td>
<td>1,275</td>
<td>1,005</td>
<td>465</td>
<td>40</td>
<td>176,979</td>
<td>0.8%</td>
</tr>
<tr>
<td>NHS Ipswich and East Suffolk</td>
<td>3,635</td>
<td>3,240</td>
<td>2,710</td>
<td>825</td>
<td>415</td>
<td>325,344</td>
<td>1.1%</td>
</tr>
<tr>
<td>NHS West Suffolk</td>
<td>1,660</td>
<td>1,545</td>
<td>1,305</td>
<td>435</td>
<td>70</td>
<td>183,489</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: MOD (2015b)

As mentioned at the beginning of the report, CCG data is important to include as CCGs are responsible for commissioning:

- All secondary and community services required by armed forces’ families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised;
- Emergency care services on a geographical basis which can be accessed by anyone present in their defined geographical boundary e.g. accident and emergency services, emergency ambulance services and other emergency health services;
- Health services for those groups stationed overseas who return to England to receive NHS care.

Figures 4 and 5 show total AFPS claimants, and war pension and AFCS claimants, in Suffolk as at 31st March 2015 by postcode district. When looking at all AFPS claimants, the highest numbers are found in postal area IP14, this covers the Stowmarket area. When looking at War Pension and AFCS claimants, the highest numbers are found in the IP7 postal area (Hadleigh and Hitcham). It is worth noting that postcode districts are subject to continuous change (e.g. new housing developments etc.), therefore populations within these districts will vary. Further work may be useful to determine the rate of claimants per district.

Figure 4: Number of all armed forces pension scheme claimants, Suffolk, March 2015

Armed Forces Pension Scheme claimant data for Suffolk Veterans in figure 4 also contains some out of area post code that surround county boundaries. This is in order to consider claimants living in a neighbouring county whose neighbourhood shares the same Outward Post Code designation (first 3 or 4 alpha numeric characters).

War Pension and Armed Forces Compensation Scheme claimant data for Suffolk Veterans is presented in figure 4 collectively, as their entitlements will be linked to physical health and mental wellbeing issues. Again this data has been presented on a map of Suffolk by post-code area. The post code areas around the county boundaries also take into consideration claimants living in a neighbouring county whose neighbourhood that shares the same Outward Post Code.
designation (first 3 or 4 alpha numeric characters). This subset has been identified as it more closely related to veteran claimants, as opposed to the all claimants data in figure 4 which will include counts for the wider armed forces community (for example war widow(er)s and war orphans).

Figure 5: Claimants by scheme, Suffolk, March 2015

Source: MOD (2015b)

5. Service Leavers Data

A Service Leaver is a member of the UK Armed Forces who is preparing to leave the armed forces and transition to civilian life. Upon leaving the armed forces they become a veteran or member of the ex-Forces community. A veteran by definition is someone that has served a minimum of one day in the armed forces. Anecdotal evidence suggests younger veterans may identify more with the term ‘ex-forces’ rather than ‘veteran’. Research suggests that only 50% of all veterans described themselves as ‘veterans’ (Burdett et al. 2012). This is an important as, if ex-Service personnel don’t readily identify with ‘veteran’ status, then they may not access services targeted in this manner. As Burdett et al (2012) note:
An Early Service Leaver (ESL) has completed less than 4 years’ service when they leave, or has been compulsorily discharged. They:

- May have not completed basic training (may have been deemed unsuitable or withdrawn on personal choice);
- May have been medically discharged during training or early in their career (could have served in combat or been injured during pre-deployment training);
- May have been discharged compulsorily.

When members of the UK armed forces leave their respective unit at the end of service they are requested to provide a permanent home address on departure. This might be for the purpose of forwarding post and also encouraging them to keep in contact with regards to employment services support such as those provided by the Regular Forces Employment Agency. The key issue with single younger service leavers is they often provide a parental address and then move out for various reasons. Medical records may also be unavailable – which could be vital, for example if a service leaver was discharged due to ill health.

ESLs are included as veterans, as by definition UK government policy defines a veteran as someone who has served at least one day in the UK Armed Forces (Burdett et al. 2012). However, they are an important subset to explore in more detail as they fall in to a highly vulnerable group of service leavers that tend to struggle most, yet get the least help (Lord Ashcroft 2014).

ESLs tend to receive only the most basic support in relation to transition, and yet they are the most likely to experience unemployment and other problems (ibid). A recent study has also found that ESLs were more likely to self-report symptoms of common mental disorders, probable PTSD, fatigue and multiple physical symptoms, compared with non-ESLs after having left Service (Buckman et al. 2013).

These issues may be compounded if individuals have lost their eligibility or entitlement to resettlement provision (e.g. those that have been compulsorily discharged), or if they are not entitled to any pension benefits (for example those with less than two years’ service). However, the Career Transition Partnership (CTP) Future Horizons resettlement programme is open to all ESLs across all the services.
**Suffolk service leavers**

We were fortunate to source some basic data on service leavers who gave Suffolk as their intended address post discharge over the last 5 year period.

In terms of year of birth data capture, we have split these into groups. The definition of an early service leaver applies to those aged up to 30. 44% of Suffolk Service Leavers are aged 40 years of age or over. This may indicate that those who have settled in Suffolk have served in the armed forces for the maximum Colour Service / Extended Service period available. They are likely to have undertaken multiple tours of duty and are likely to be eligible for resettlement benefits and pensions.

### Table 10: Suffolk service leavers – (over the period Aug 2009 - July 2014)

<table>
<thead>
<tr>
<th>Gender/age</th>
<th>0-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
<td>366</td>
<td>299</td>
<td>451</td>
<td>103</td>
<td>6</td>
<td>1234</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>30</td>
<td>35</td>
<td>20</td>
<td>4</td>
<td>0</td>
<td>89</td>
</tr>
<tr>
<td>Not specified</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>396</td>
<td>334</td>
<td>471</td>
<td>108</td>
<td>6</td>
<td>1324</td>
</tr>
</tbody>
</table>

Source: SCC/MOD (2014)

We further interrogated this data to review service leavers over the last two years as a series of Armed Forces redundancies phases have taken place during this period.

### Table 11: Suffolk service leavers over the 2 year period (Aug 2012 - July 2014)

<table>
<thead>
<tr>
<th>Gender/age</th>
<th>0-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>199</td>
<td>174</td>
<td>202</td>
<td>43</td>
<td>3</td>
<td>622</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>16</td>
<td>21</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1</td>
<td>215</td>
<td>195</td>
<td>216</td>
<td>45</td>
<td>3</td>
<td>675</td>
</tr>
</tbody>
</table>

Source: SCC/MOD (2014)

Of the 1,324 Suffolk Service Leavers over this five year period, nearly 51% have left the armed forces over the last two years and of these 52% left in the 12 month period between Aug 2013 and July 2014. This is likely to be due to the redundancies within the regular armed forces personnel and a shift to reservist positions.
Table 12: Suffolk service leavers over the period Aug 2013 - July 2014

<table>
<thead>
<tr>
<th>Gender/age</th>
<th>0-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>0</td>
<td>124</td>
<td>91</td>
<td>97</td>
<td>17</td>
<td>1</td>
<td>330</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>6</td>
<td>11</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>130</td>
<td>102</td>
<td>104</td>
<td>18</td>
<td>1</td>
<td>355</td>
</tr>
</tbody>
</table>

Source: SCC/MOD (2014)

Estimates indicate that, on average, Suffolk is the chosen place of discharge for between 200-250 UK armed forces personnel each year. Although this is a small number, it is notable as this cohort may have specific needs, for example in terms of ESL as mentioned above.

6. Service families

Service member’s families are an integral component of the wider armed forces community. Although it was not possible to cover this area in detail within the scope of this profile, an overview is provided below.

The UK armed forces families’ strategy was published in January 2016, [https://www.gov.uk/government/publications/uk-armed-forces-families-strategy](https://www.gov.uk/government/publications/uk-armed-forces-families-strategy). The strategy is designed to provide direction to officials who are responsible for policy development in the areas that make up the ‘offer’ to service families. It acts as the starting point for the supporting action plan which will operationalise the strategy’s vision and deliver associated change. The action plan will be published in 2016.

**Armed Forces Families (Regular)**

**Royal Navy**

Whilst Suffolk does not have a Royal Navy Station, there are an estimated 40 families living in the county. It is common that Royal Navy personnel who have civilian husbands, wives or partners serve unaccompanied, thus family members and dependants may continue to reside in an area (for example their home area) where they have roots rather than relocating to a new area where their partner/family member is based.

**Army and Royal Air Force**

Service families are entitled to Married Families Accommodation. This may be within or just outside a military base, or due to availability, some miles away with the service person having to
commute. It is common for service personnel who are married or have partners to serve unaccompanied and travel ‘home’ during weekends/days off.

Some children of service personnel will attend boarding school and therefore reside out of county, but return to their parents’ home during holiday periods. In order to settle their families, service personnel may purchase their own private properties and live amongst the civil community. Non married personnel may rent property and also live amongst the civil community.

Useful link: Tales of the Service Kids – Royal Navy movie clip:  
https://www.youtube.com/watch?v=r3SBGi2I_Do

**Armed forces families (Reserves)**
Families of Reservists are not provided with Military Family Accommodation and live in their own housing amongst the civil community. Whilst there is a drive to recruit more reservists, anecdotal evidence highlights that many reservist families don’t see themselves as part of the Armed Forces community in the same way families of regular armed forces personnel do.

**Service children pupil premium**
Each service child attracts £300 through the Pupil Premium. For pupils in maintained primary schools, maintained secondary schools, maintained special schools and Pupil Referral Units (PRUs), funding is passed on via the local authorities. For pupils in academies, special academies and Alternative Provision (AP) academies, the Education Funding Agency (EFA) passes funding directly to the setting. For pupils in AP settings, funding is allocated to local authorities who decide whether to pass on funding to the education settings, or to hold back funding to manage services centrally for the benefit of those pupils it has responsibility for. Final service child premium allocations will be based on pupils recorded on the January 2014 School, AP and PRU Census who are either:

- recorded as a Service Child in either January 2011, January 2012, January 2013, January 2014 or January 2015 (known as Ever 5); or
- are in receipt of a War Pension Scheme (WPS) or Armed Forces and Reserve Forces Compensation Scheme (AFCS) pension from the Ministry of Defence (MoD) as a result of injury, illness or death caused by Service.
Data for Suffolk indicates that there were a total of 1,863 pupils eligible for the Service Child Pupil Premium in 2015/16. £558,875 of funding was allocated in respect of these children (EFA 2016). This is broken down by constituency (where available) in table 12 below.

Table 13: Suffolk - Service Child Pupil Premium

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number of pupils eligible for the Service Child Pupil Premium</th>
<th>Pupil Premium Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bury St. Edmunds</td>
<td>496</td>
<td>£148,800</td>
</tr>
<tr>
<td>Central Suffolk and North</td>
<td>114</td>
<td>£34,200</td>
</tr>
<tr>
<td>Ipswich</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ipswich</td>
<td>121</td>
<td>£36,300</td>
</tr>
<tr>
<td>South Suffolk</td>
<td>290</td>
<td>£87,000</td>
</tr>
<tr>
<td>Suffolk Coastal</td>
<td>162</td>
<td>£48,600</td>
</tr>
</tbody>
</table>

Source: EFA (2016)

This data gives an indication of the number of dependents of armed forces families. There is a much higher number in Bury St. Edmunds when compared to other areas of Suffolk. This may be an important factor to consider in relation to service need/ community initiatives.

As mentioned within the Community Covenant section, following the government’s announcement in December 2015, the Armed Forces Covenant will be extended to encompass the Royal Fleet Auxiliary and the Merchant Navy communities. The Bridge Report published by the Royal Merchant Navy Education Foundation in September 2015 highlights the issues facing the families of current and former personnel in The Merchant Navy, and aims to raise awareness of the issues that Merchant Navy families face: [http://rmnef.org.uk/news/bridge-report/](http://rmnef.org.uk/news/bridge-report/)

7. Potential needs

Considerations in relation to the New Employment Model

The introduction of the New Employment Model over the coming years will result in major changes in the way all the armed forces are employed and managed (Business Insider 2015, St George’s House 2014, Whitehead, Prince, & Smith, 2015). For example, there will be significantly less regular movement of army personnel and their families from base to base, and a growth in the number of army reservists. Changes in civilian life will inevitably occur in conjunction with this – such as finding suitable housing, and schools for those with dependants (St George’s House 2014). All these changes will affect the transition issues service leavers (veterans) have to tackle. Some
issues may in fact be easier—for example less frequent moves. However, St George’s House (2014) notes that these changes will not help employers to understand the relevance of military training and accreditation in relation to their own businesses; nor will they make the military voluntary sector easier to navigate from ‘the outside’. As mentioned earlier in the document, successful implementation of the veterans’ gateway pilot may help.

**Physical health**
The 2014 household survey by the RBL found that:

- Nearly half of the adult ex-Service community are over the age of 75;
- Around 630,000 members of the adult ex-Service community are likely to be experiencing problems getting around outside the home;
- Large numbers (around 720,000) experience problems with self-care, including exhaustion and pain or difficulty looking after themselves. Mobility and self-care difficulties peak among those aged 75 or over;

If we look at the whole ex-Service community within Suffolk, and apply the national RBL percentage (9.2%) to the Suffolk population:

- The overall size of the ex-Service community would be estimated to be 67,943 (mid-2014 data) (note: the ex-Service community will include veterans, adult dependants and child dependents);
- 31,254 (46%) are estimated to be over 75;
- 8,833 (13%) members of the adult ex-Service community are likely to be experiencing problems getting around outside the home in Suffolk;
- 10,191 members of the Suffolk ex-Service community are likely to experience problems with self-care, including exhaustion and pain or difficulty looking after themselves.

The RBL survey results also highlights a number of specific issues which appear to affect the working age ex-Service community disproportionately, compared with the general population:

- Veterans aged 16-64 are more likely than the general population of the same age to report a long term illness that limits their activities (24% vs 13%).
- Working age veterans report living with a number of conditions, including back problems (14% vs 7%), problems with their arms (9% vs 5%), legs or feet (15% vs 7%), difficulty hearing (6% vs 2%) and difficulty seeing (5% vs 1%), at a higher rate than the general population of the same age.

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4 The ex-Service community includes: veterans, adult dependants, (ex-)spouses/(ex-)partners, widow(er)s and dependents.
• Ex-Service community members of working-age (between 16 and 64) are less likely to be employed than the general population aged 16-64 (60% vs 73%), more likely to be unemployed (8% vs 5%) and more likely to be economically inactive (32% vs 22%).

• Altogether around 700,000 members of the working age ex-Service community (aged 16-64) are currently not in work.

Source: RBL (2014)

Furthermore, research carried out by the RBL has found that ex-Service personnel are three and a half times more likely than the general population to report difficulty hearing (RBL 2014a). There is no reason to suggest that findings for Suffolk would significantly differ from national measures.

In December 2015, The Royal British Legion’s Veterans’ Medical Funds programme was announced. The programme is funded through a five year, £13m commitment from HM Treasury using income generated from the Libor rate-fixing fines. It has two elements: support for veterans with hearing loss; and support for veterans with serious physical injury. The Veterans’ Hearing Fund provides support to veterans who acquired hearing loss during service where there is a wellbeing need that cannot be met through statutory services (e.g. the NHS). The MOD has set up measures to ensure discharged personnel with Service-attributable serious physical injury will have a clinically prescribed specialist wheelchair or orthotic equipment by their discharge date together with a five-year warranty. The Veterans’ Mobility Fund will support those veterans who have Service-related serious physical injury who fall outside this provision or whose warranty has expired.

Health findings from the Annual Population Survey bulletin
The following provides an overview of the health information provided in the APS bulletin (MOD 2016a):

• Self-perception of good health: Veterans of working age working age did not view their general health any differently to the nonveteran population; 74.2% believed they had very good or good general health compared to 77.5% respectively;

• There were no statistical difference between the working age UK Armed Forces veterans and non-veterans who reported a long-term health condition (40.2% and 35.4% respectively), nor was there any difference for each long term health condition;

• The top three reported conditions across veterans and non-veterans were consistent with that reported in with the RBL 2014 Household survey (leg or feet related conditions, heart, blood pressure or circulatory related conditions and back or neck related conditions;
• There were statistical significant differences when comparing the long-term health conditions reported by veterans and non-veterans within each of the age groups as follows:
  o At age 40-49 veterans were significantly more likely to report a leg or foot related condition compared to non-veterans (35.2% and 22.1% respectively);
  o At age 60-64 veterans were significantly more likely to report a back or neck related condition when compared to non-veterans (37.9% and 27.6% respectively).
• There was no statistical difference between retirement age UK Armed Forces veterans residing in GB feeling in very good or good general health (52.7%) when compared to non-veterans (58.8%);
• A significantly higher percentage of retirement age UK Armed Forces veterans reported suffering from a leg or foot related condition compared to non-veterans (44.9% compared to 33.9% respectively) – this may be due to the increased physical activity needed to complete military roles.

Mental health
The 2014 household survey by the RBL found that:
• Depression affects around 480,000 members of the adult ex-Service community. Around 370,000 report feeling lonely, and around 350,000 are recently bereaved.

If we look at the whole ex-Service community within Suffolk, and apply the national RBL percentage (9.2%) of ex-Service personnel to the Suffolk population:
• 6,794 members of the adult ex-Service community would be expected to experience depression, around 5,435 would be expected to report feeling lonely, and around 4,756 would be expected to be recently bereaved.

The RBL survey highlighted that depression appears to affect the working age ex-Service community disproportionately, compared with the general population (10% vs 6% prevalence).

Back to ‘Civvy Street’
It is acknowledged that the transition from military to civilian life can often be challenging. A key extract from a report from St George’s House (2014) in conjunction with the Forces in Mind Trust encompasses this:

“...it was also acknowledged that Service personnel and their families, particularly those living and working ‘inside the wire’, are “cocooned from many of the realities of civilian life”.
It was pointed out that the “cultural differences between Service and civilian life are immense”. To bring this to life, some participants highlighted how different the behaviours and social norms expected in the Services are compared with civilian society, and how behaviours which are valued within the Armed Forces do not necessarily hold the same level of value in a civilian setting.”
Source: St George’s House (2014)

Dispelling the Myths
The 2014 RBL report also looks at the common myths that prevail in relation to veterans:

- Veterans are more likely to take their own lives;
- Most Service personnel and veterans suffer from mental health problems;
- Many veterans are in prison;
- Many veterans sleep rough.

The RBL counterbalanced these ‘myths’ by asserting:

- For the majority of veterans the increased risk of suicide is not as apparent as the media purports, with research from Manchester University (Kaput et al. 2009) finding suicide was less common amongst veterans compared with the general population (apart from in young early Service leavers);
- Rates of mental health problems amongst Service personnel and recent veterans appear to be generally similar to the UK population, however elevated levels of heavy drinking appear to be an issue (Thandi et al. 2015), and depression was also highlighted as being higher in the RBL survey findings;
- The picture in regards to veterans in prison is complex, and data varies. The most reliable data indicates that between 3.5-7% of the prison population in England and Wales are ex-Service personnel – broadly similar to the percentage of veterans in the UK;
- Data and definitions of homelessness/rough sleeping vary, from the very high 1990s estimate of 20% of those homeless in London reporting to be ex-Service personnel, to a much lower 2013/14 estimate of 3% (St Mungo’s 2014).

These ‘counterbalancing’ areas are important to consider, however further research is needed to understand the experiences of Suffolk veterans. Furthermore, these ‘counterbalancers’ should not negate the importance of the issues in those affected.

In February 2015 a £500,000 grant from LIBOR banking fines to develop a Veterans Pathway, providing 65 supported accommodation units for homeless veterans in Colchester was
announced. This development is likely to begin mid-2017 and could potentially support veterans residing in South Suffolk / Ipswich.

Public Health England (Public Health England 2015) note that:

- Veterans (and reservists) who have experienced combat are more likely than other veterans or service personnel to experience post-traumatic stress disorder (PTSD);
- Veterans are nearly twice as likely to experience alcohol problems as the general population;
- The serving population is more likely to experience common mental health problems such as depression or anxiety than the general population.

The RBL (2014) also note that it is those classed as ‘younger veterans’ whose experiences significantly differ from their civilian counterparts:

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

Furthermore, working age veterans are less likely to be in work (63%) than men in the UK general population (77%) and dependants, who are mostly female, are also less likely to be in work (56%) than women in the general population (67%).

These findings are highlighted in the extract of the report overleaf. The aforementioned statements are important to note in relation to the Suffolk population. These findings may indicate that higher levels of local support are needed for working age veterans and the ex-Service community as a whole in order to secure meaningful employment that enables them to have a good standard of living and work-life balance.

This differs from the older cohort:

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

Source: RBL (2014)
More recently the Forces in Mind Trust commissioned University of York to undertake a thorough research into single veterans housing [https://www.york.ac.uk/chp/expertise/housing-health-support/veterans-supported-housing/](https://www.york.ac.uk/chp/expertise/housing-health-support/veterans-supported-housing/)

It is also worth noting however, that analysis from the APS bulletin (MOD 2016a) found that veterans aged 16-24 were significantly less likely to be economically inactive than non-veterans (11.6% and 27.5% respectively), this may be partly explained by the likelihood that fewer of them were studying when compared to non-veterans. The bulletin also found that male veterans were significantly more likely to be in employment and significantly less likely to be economically inactive compared to female veterans.

Figure 6: Extract of key differences between ex-Service personnel and the UK general population

Source: RBL (2014)
Centre for Mental Health – Employment in Mind
In April 2016 the Centre for Mental Health produced the ‘Employment in mind’ report, which explored the barriers to employment faced by ex-Service personnel, and how these can be overcome. This report notes the findings of Goodwin et al (2014) that the prevalence of common mental health conditions among serving military personnel is twice that of the general working population. They note that there is evidence of mental ill health in veteran populations. The report states that:

“As with the one in four people in the general population who experience a mental health problem at any given time, it is likely that many unemployed wounded, injured or sick veterans are experiencing psychological distress.” (Carolan 2016)

Mental ill health can be both exacerbated and triggered by unemployment (Centre for Mental Health, 2013), and physical and mental health are intrinsically linked. For those leaving the armed forces, or those in the ex-Service community, there may be extra challenges (for example those outlined in figure 6), that could perpetuate a cycle of poor mental health.

Over the period 1 October 2014 - 1 October 2015 an estimated 300 veterans sought support for a range of mental health issues in Suffolk. Approximately 230 of these accessed support through local statutory services, and 70 veterans sought support from military charity mental health providers (Personal communication, 2016).

The report found that ex-Service personnel with a serious mental health condition were nearly three times more likely to find and stay in work if they are supported through Individual Placement and Support (IPS) (Carolan 2016). This reaffirms the need for continued support in times of transition, and for those most in need.

Healthwatch report
Recent work by Healthwatch Norfolk found that some veterans may have different needs to their peers in the general population and they may require a slightly different kind of service. Critically it found that all of the participants they surveyed were reluctant to engage with services, both inside and outside of the military. It also indicated that those with combat related PTSD may be less likely to engage with civilian targeted services, as they felt that civilian services wouldn’t understand them or respond to their needs (Fraser 2016). This indicates the need for specialised support, whilst there some services are available, support is heavily reliant on third sector provision.
It is also worth noting that NHS England currently provides 12 dedicated services for veterans in other areas of the country, but no dedicated service is provided for veterans in Norfolk and Suffolk (Fraser 2016).

GPs are key to accessing services, and yet often aren’t aware of veteran’s needs. Replicating the Healthwatch Norfolk work in creating a protocol to enable GPs to better identify and treat veterans would be advantageous in relation to early help in Suffolk. However, there can also be difficulties in accessing veteran’s medical records.

**Summary of potential need for mental health**
The mixed evidence for the increased prevalence of mental ill-health in armed forces personnel and veterans appears to persist. These issues are complex and difficult to untangle. For example, the 2016 APS report found that there were no statistical difference between the proportion of working age UK Armed Forces veterans and non-veterans residing in GB who reported a long-term health condition, and this included mental health. The RBL survey noted that rates of mental health problems amongst Service personnel and recent veterans appear to be generally similar to the UK population, however elevated levels of heavy drinking appear to be an issue (Thandi et al. 2015), and depression was also highlighted as being higher in the RBL survey findings.

Conversely, Public Health England (Public Health England 2015) note that the serving population is more likely to experience common mental health problems such as depression or anxiety than the general population. The Employment in Mind report specifically notes the findings of Goodwin et al (2014) that the prevalence of common mental health conditions among serving military personnel is twice that of the general working population. They note that there is evidence of mental ill health in veteran populations.

2014/15 MOD data indicated that 2.9% of UK Armed Forces personnel were assessed with a mental disorder within specialised psychiatric services (higher than the 2.4% seen within the UK general population) (MOD 2015c). They noted that this may be due to a lower referral threshold to specialist psychiatric care in the Armed Forces; compared with GPs in the general population who may be more likely to treat mental health disorders wholly within the primary care setting (MOD 2015c).

**Needs assessment and further work**
The data within this profile is only a small snapshot of the issues that need to be looked at in more detail in relation to the Armed Forces in Suffolk.
Needs Assessments have been completed in other areas such as:

- Liverpool
- Sussex
- Devon
- Southampton
- Surrey
- Hertfordshire
- Cheshire and Merseyside
- Warwickshire

**Summary**

This report is the first of its kind produced by the Suffolk Public Health and Protection Team which attempts to understand the needs of the local armed forces community in more detail.

The Suffolk Armed Forces Community Covenant was established in October 2012. Since then it has continued to build upon the greater understanding of issues and needs of the local UK armed forces and veteran communities. Visibility has increased alongside community engagement. There is a need for local services to continue to engage with the Covenant in order to maximise the positive impact we can have by working collaboratively.

CCGs also need to be aware of the size of the ex-Service community in Suffolk, due to their commissioning responsibilities. Identification of ex-Service personnel and families can prove challenging. Armed forces personnel are not required to register as a veteran upon leaving the UK Armed forces. As per the PHE suggestion (Public Health England 2015) at a local level, data may be generated via the General Practice Read Code for patients with a military background (Xa8Da), or specialist service data where these exist. Housing or education service statistics, and criminal justice service data, as well as intelligence via local armed forces charities could also be useful.

Trend data indicates a steady decline in the total number of serving army personnel in Suffolk, from 2,560 in April 2012 to 1,720 in October 2015. Conversely, the numbers of RAF personnel have increased slightly. Regular UK forces are based in three local authorities: Mid Suffolk, St Edmundsbury and Suffolk Coastal.
Data indicates we have a higher proportion of claimants (pension/compensation scheme) compared to the East of England, and this is the third highest proportion compared to East of England component areas.

Data indicates that we have the 4th highest number of veteran claimants in the East of England. Local authority data indicates that the highest number of veteran claimants are located in Mid Suffolk, St Edmundsbury and Suffolk Coastal. This ties in to the previous paragraphs and appears to support the assertion that some ex-forces personnel will continue to live where they were based whilst serving.

It is difficult to accurately estimate the number of veterans in Suffolk. The RBL report indicates that just over 5% of the UK adult population are veterans, but this varies markedly by gender and age cohort. The APS report adds more rigour to the estimates. Applying the APS regional estimate of 5.6% to the 2014 Suffolk population aged 16+ gives an estimated veteran population for Suffolk of 34,000 (MOD 2016a, ONS 2015).

In relation to wider determinants of health, there is a need to find out more in relation to Early Service Leavers (ESL) who reside in Suffolk. Although they are offered some support, this tends to be the most basic support in relation to transition, and yet they are the most likely to experience unemployment and other problems. There is also a need to unwind some of the complexities around mental ill-health in the serving, ex-serving and general populations, as mixed evidence appears to persist.

There is also a need to improve communication of data and feedback to highlight local veterans’ issues and needs, including the number of clients supported between statutory authorities with local armed forces charities.

The working age ex-Service community and the general population differ in that they are more likely to be out of work, to have unpaid caring responsibilities, to report health conditions that limit their daily activity, and they are more likely to report being depressed. This reaffirms the assertion that a way of effectively identifying the ex-Service community in Suffolk needs to occur, especially in relation to health and care.

Further work needs to be done in identifying local health need for Suffolk. More rigorous interrogation of data in relation to potential health and social care could provide a more detailed understanding of the ex-Service community within Suffolk. Therefore it may be beneficial to
complete a full health needs assessment for veterans in Suffolk. It would also be prudent to investigate whether the Annual Population Survey veteran questions can be analysed at county level.

References:


Centre for Mental Health (2013) Briefing 47 - Barriers to employment: What works for people with mental health problems. London: Centre for Mental Health


Appendices

Appendix A: Types of pension scheme

- **AFPS 75**
AFPS 75 pension benefits are based on rank and length of service. All personnel serving between 6 April 1975 and 6 April 2005 will have served under the AFPS 75 scheme.

- **AFPS 05**
AFPS 05 pension benefits are based on length of service and final salary and personnel who joined after 6 April 2005 will be serving under the AFPS 05 scheme. However, personnel serving between July 2005 and March 2006 were given the option to move to the AFPS 05 as part of the Offer to Transfer process.

- **AFPS 15**
AFPS 15 is a defined benefits career average re-valued earnings (CARE) scheme. Every year, the MOD adds an amount equal to $\frac{1}{47}$th of annual pensionable earnings for that year, to an individual ‘pension pot’.

The ‘pension pot’ starts to accumulate from the first day of paid service and is carried forward into each year where it grows slightly to ensure that it tracks inflation and maintains its value. This growth, known as indexation, is based on the Average Weekly Earnings Index and is similar to money in a bank account earning interest. This process is repeated every year until the member leaves the armed forces.

**What are armed forces attributable benefits:**
Armed forces attributable benefits are paid where the injury, illness or death was caused by service before 6 April 2005. The benefits are paid under the attributable rules of the Armed Forces Pension Scheme 1975.

**What happens if the injury, illness or death is caused on or after 6 April 2005**
The Armed Forces Compensation Scheme (AFCS) is for all members of the regular and reserve forces, providing compensation for all injuries, ill-health and death due to service on or after 6 April 2005.

All information sourced from: MOD (2016)