

Search



- Home
- People and Places
- People
- People and Places
- Community insight
- Autistic People
- Learning Disabilities
- Eye Health and Sight Loss
- Hearing loss
- Veterans and ex-service personnel
- Adult Social Care

Home > People and Places > People > Veterans and ex-service personnel

Veterans and ex-service personnel



Last Modified 17/12/2025 14:18:40

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Introduction

There are currently around 198,000 UK services personnel in the Armed Forces, around 135,000 of whom are full-time trained. Approximately 14,000 people leave the Armed Forces each year¹. Supporting existing veterans and those in transition back to the community is a national priority set out in the Armed Forces Covenant and for the NHS.

The veteran's community is a wide and disparate population and as an individual's circumstances change over time, the needs of veterans will be determined by factors such as their experience before, during and after their military service, including their transition from military to civilian life.

The veteran's community can be divided into three broad groups, those veterans who:

- Following a successful career, return successfully to civilian life.
- Have suffered ill health or injury as a result of service. In cases of death, their widows and dependants should receive proper support from the government or community.
- Have been unable to make a successful transition to civilian life.

When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. All veterans are entitled to priority access to NHS hospital care for any condition, as long as it's related to their service², whether or not they receive a war pension. Blackpool was the first council in the North West to show its commitment to the armed forces by signing the Armed Forces Community Covenant which is the town's way of formally acknowledging that relationship and building on it for the benefit of the whole community. **Blackpool's Armed Forces Covenant**, together with support from a council officer, works to promote and deliver a local action plan.

As part of the covenant, local authorities across the country are offering veterans a range of prioritised services and support. In Blackpool there is a range of organisations supporting the armed forces community, and services for veterans can be found via The Armed Forces Covenant.

Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

Members of the Armed Forces and Veterans in Blackpool

Blackpool does not have any regular service personnel centres located within it, though Weeton Barracks in Fylde is very close to the town. An Army Reserve Centre is located on Parkinson Way in Blackpool, supporting Reservists from The Duke of Lancaster's Regiment and Army Medical Services.

It is not possible to determine the exact number of armed forces personnel within Blackpool but a measure was provided by the 2011 census. The census classifies members of the Armed Forces as residents and estimated that there were 183 armed forces personnel living in Blackpool (2021 census data to follow).

In 2020, the Ministry of Defence estimated there to be 2 million UK armed forces veterans in Great Britain, though this is predicted to decline to 1.64 million by 2028 as the final National Service generation reaches old age. In 2016 the veteran population represented 5% of household residents aged over 16, and this is projected to decrease to between 2% and 3% by 2028. Though the overall number of veterans is expected to decrease, the percentage of veterans who are of working age is projected to increase from 37% in 2016 to 44% by 2028^{3,4}.

In the 2021 Census, 1,853,112 people in England and Wales reported having previously served in the UK armed forces (3.8% of the 16+ population). 76.3% of these had served in the regular forces, 19.5% in reserve forces, and 4.3% in both regular and reserve forces. 1.7 million households (7% of all households) had one or more people who had served in the UK armed forces.

In Blackpool, the 2021 Census found that 5,981 people reported having previously served in the UK armed forces (5.1% of the population). 4,861 (81.3%) had served in the regular forces, 900 (15%) in reserve forces, and 200 (3.7%) in both regular and reserve forces. 5,613 households (8.7% of all households) had one or more people who had served in the UK armed forces. 174 veterans in Blackpool (2.9% of veteran population) live in communal establishments, higher than the national average of 2%.

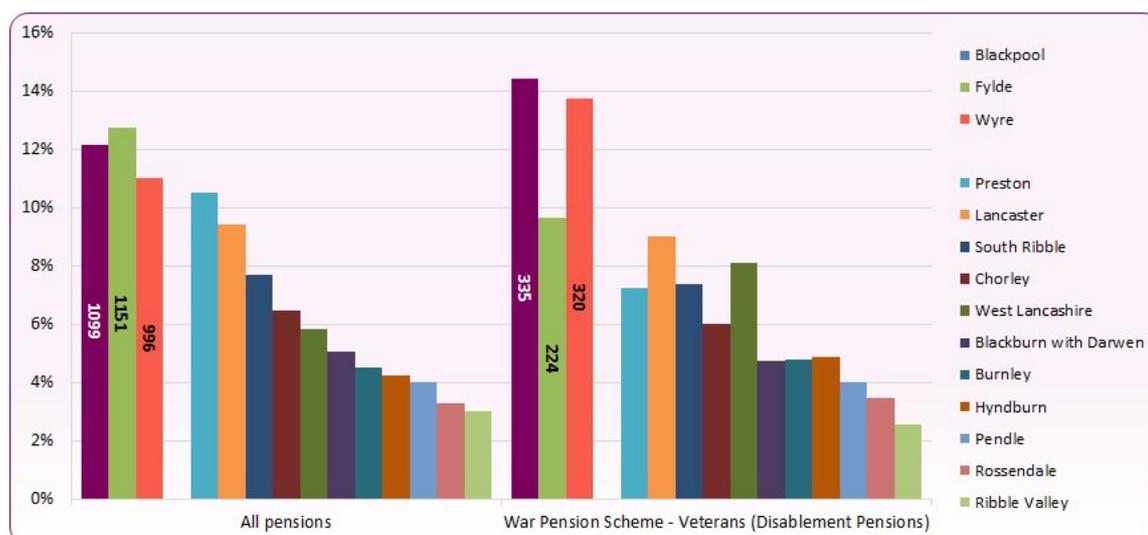
The Ministry of Defence provides information on the location of armed forces pension and compensation recipients⁵. **Figure 1** shows the number of recipients of the various armed forces pensions and there are over 1,000 ex-service personnel claiming their pension in Blackpool; the town has the second highest number of ex-service personnel of the 14 districts in Lancashire (behind Fylde), with more than a third (36%) living on the Fylde Coast. As **Figure 1** shows, there are 335 people living in Blackpool who receive a disablement pension which indicates they were injured whilst serving in the Armed Forces. It can be hypothesised therefore, that these veterans are likely to be those with the most acute health and social care needs. **Figure 2** shows the proportion of Armed Forces pension claimants by district in Lancashire as a proportion of Lancashire's total and it can clearly be seen that the majority of claimants are in Blackpool and the wider Fylde coast area.

Figure 1: Number of people in receipt of one or more pension and/or compensation scheme as at 31 March 2021

	England	Lancashire County Council	Blackpool
All	332,813	7,487	1,099
- Veterans	308,021	7,057	1,044
Armed Forces Pension Scheme Recipients	259,552	5,583	840
War Pension Recipients			
- Veterans (Disablement Pensioners)	63,481	1,881	335
-War Widow(er)s	9,278	216	29
Armed Forces Compensation Scheme			
- Serving Personnel	15,361	210	23
- Veterans	22,981	583	41

Source: Ministry of Defence / Gov.uk, Location of armed forces pension and compensation recipients:2021⁵

Figure 2: Claimants of Armed Forces pensions by district in Lancashire (% of Lancashire's total claimants), 2020/21



Source: Ministry of Defence / Gov.UK, Location of armed forces pension and compensation recipients:2021⁵

A Royal British Legion survey of the size, profile and needs of the ex-Service community conducted in 2014⁶ found that veterans aged 16-64 were more likely than the general population to report long-term illnesses that limit their activities, including:

- Depression (10% compared to 6% of the general population)
- Back problems (14% compared to 7%)
- Problems with legs and feet (15% compared to 7%)
- Problems with arms (9% compared to 5%)
- Heart problems (12% compared to 7%)
- Diabetes (6% compared to 3%)

- Difficulties hearing (6% compared to 2%)
- Difficulties seeing (5% compared to 1%)

The study also found that 60% of members of the ex-Service community were in work, compared to 72% of the general population, with 32% economically inactive compared to 22% of the general population. Almost one in four (23%) members of the ex-Service community had unpaid caring responsibilities compared to 12% in the general population.

Younger members of the ex-Service community (aged 16-34) were found to be more likely to have experienced difficulties prior to joining the military (such as school expulsion or parental drug / alcohol problems), with three-quarters reporting six or more adverse experiences. This age group is more likely than their peers to have a caring responsibility and a "substantial proportion" were grieving the loss of a friend or relative. One in ten of the 16-44 age group reported difficulty integrating into society, rising to 16% for those discharged in the last five years. The 'middle-aged' ex-Service community (aged 35-54) was found to be particularly vulnerable to a range of difficulties including depression, exhaustion and pain, finances and fuel poverty, and employment difficulties. Older ex-Service community members reported many of the problems faced by the UK's elderly population as a whole: isolation, physical health difficulties, mobility and care. 14% reported turning the heating off to save money even though it was cold⁶.

A 2019 report by Northumbria University also identifies Blackpool as a 'hot spot' within the North West for Navy and RAF veterans in receipt of financial hardship funding⁷.

The incidence and prevalence of mental health needs amongst the veteran population is difficult to accurately assess due to variations in the methods used in different studies, and incidence and prevalence are likely to differ according to age, gender and occupational status. A systematic review conducted in 2020⁸ found that common mental disorders, anxiety and fear related disorders, and post-traumatic stress disorder continue to be some of the most common mental health conditions among veterans, with rates higher than the general population. Prevalence also tends to be higher in deployed military personnel, particularly those experiencing combat. Pre-service adversity or trauma are also linked to later mental health problems, both in-service and post-service.

A 2018 study by King's College, London and the University of Liverpool⁹ found that:

- Male veterans were more likely to report probable mental health problems than male non-veterans of the same age (23% compared to 16%), though there was no significant difference between females
- Both male and female veterans were more likely to report drinking at a hazardous level than the general population, with male veterans more likely than female veterans to report symptoms of more problematic drinking behaviours (17.9% were dependent drinkers compared to 11.1% of the general male population)
- Veterans who were younger were more likely to have both a common mental disorder and post-traumatic stress disorder
- Veterans who were single were more likely to have a post-traumatic stress disorder, and those who were separated, divorced or widowed were more likely to abuse alcohol
- Veterans who were unemployed or unable to work due to illness or disability were more likely to have a common mental disorder

The study goes on to highlight the importance of improved awareness of mental health and alcohol misuse problems among veterans, together with access to support services, including co-occurring alcohol misuse and mental health problems.

National and local strategies

Supporting existing veterans and those in transition back to the community is a national priority set out in the UK Government's 2018 'The Strategy for our Veterans: Valued. Contributed. Supported', building on the [Armed Forces Covenant](#) (see also the [Armed Forces Covenant webpage](#)). The strategy, together with its supporting [Veteran's Strategy Action Plan: 2022 to 2024](#), identifies a range of intended outcomes, including:

- Improved collaboration between organisations in order to provide coherent support
- Coordinated provision is consistent across the UK, ensuring veterans, their families, and the bereaved are treated fairly compared to the local population
- Enhanced collection, use and analysis of data builds an evidence base to effectively identify and address Veteran's needs
- The UK population values veterans and understands their diverse experience and culture
- Veterans feel that their service and experience is recognised and valued by society
- Veterans are able to build healthy relationships and integrate into their communities
- Veterans enter appropriate employment and can continue to enhance their careers throughout their working lives
- Veterans leave the Armed Forces with sufficient financial education, awareness and skills
- All Veterans enjoy a state of positive physical and mental health and wellbeing
- Veterans have a secure place to live
- Veterans leave the Armed Forces with the resilience and awareness to remain law-abiding civilians

These policies are reflected within the [NHS Long Term Plan](#) and the NHS report [Healthcare for the Armed Forces Community: A Forward View \(2021\)](#), which sets out a series of commitments to supporting veterans and their families' physical and mental health.

Supporting documentation includes:

- [The Armed Forces personnel in transition, Integrated Personnel Commissioning for Veterans Framework \(IPCV4\)](#) - a personalised care approach for Armed Forces personnel with complex and enduring physical, neurological and mental health conditions attributable to in-service injury
- [RCGP Veterans Healthcare Toolkit](#) provides accreditation and guidance for General Practitioners.
- [The role of health visitors and school nurses: Supporting the health and wellbeing of military families](#) (under review) - guidance to support work with key stakeholders, including early years and education providers, in identifying children of military families and to work with parents to improve outcomes.

Risks

Every council across the country has now voluntarily signed the Armed Forces Covenant, however, in 2017 the Local Government Association (LGA) described implementation as inconsistent, with understanding of the covenant mixed¹⁰. A study of areas receiving the Covenant Fund¹¹ highlighted lessons for both Government and councils going forward, including:

- The importance of high-quality data and intelligence in order to design and deliver high quality services, and understand level of need
- The need for greater collaboration with service providers during, before and after transition which could help to meet the needs of the Armed Forces Community and prevent them from needing longer term and expensive state support
- The important part councils can play in encouraging local employers and businesses to sign the Armed Forces Covenant and deliver Covenant pledges
- The contribution that personal experience of service life can bring to the design and delivery of services

The [Armed Forces Act 2021](#) further enshrines the Armed Forces Covenant into law to help prevent service personnel and veterans being disadvantaged when accessing public services. The 2021 Act amends the previous 2006 Act to introduce a duty to have regard to the Armed Forces Covenant in relation to:

- the unique obligations of, and sacrifices made by, the armed forces
- the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces
- the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces

This new duty will apply to specified persons, or bodies, including councils, when exercising certain housing, education or healthcare functions, and statutory guidance is expected to be published in 2022¹².

[1] Ministry of Defence, [Quarterly Service Personnel Statistics 1 October 2021](#).

[2] Ministry of Defence (2011) [The Armed Forces Covenant](#).

[3] House of Commons Library (2022) [Support for UK Veterans: Research Briefing](#).

[4] Ministry of Defence, [Population Projections: UK armed forces veterans residing in Great Britain, 2016 to 2018](#).

[5] Ministry of Defence, [Location of armed forces pension and compensation recipients: 2021](#).

[6] Royal British Legion (2014) [A UK Household Survey of the Ex-Service Community](#).

[7] Northumbria University (2019) [Evidence based findings about the veteran population in England's North West](#). The Northern Hub for Veterans and Military Families Research.

[8] NatCen Social Research (2020) [The mental health needs of serving and ex-Service personnel: A systematic review](#).

[9] Rhead, R., Fear, N., Greenberg, N., Goodwin, L., & MacManus, D. (2020) [The mental health and treatment needs of UK ex-military personnel](#). Forces in Mind Trust

[10] Shared Intelligence / Force in Mind Trust / Local Government Association (2017) [Our Community - Our Covenant: Improving the delivery of local Covenant pledges \(Second edition\)](#).

[11] Shared Intelligence (2019) [Delivering the Armed Forces Covenant Locally: Case studies and key lessons from Covenant Fund Grants in 10 council areas](#).

[12] Local Government Association, Armed Forces Act 2021: background, implications for councils and practical steps to get ready for the Act.

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