



- [Home](#)
- [People and Places](#)
- [People](#)
- [People and Places](#)
- [People with autism](#)
- [Learning Disabilities](#)
- [Eye Health and Sight Loss](#)
- [Veterans and ex-service personnel](#)

[Home](#) > [People and Places](#) > [People](#) > [Veterans and ex-service personnel](#)

Veterans and ex-service personnel



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Introduction

There are currently around 175,000 people serving in the Armed Forces and around 20,000 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 dependents 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. An action plan is being developed by [Blackpool's Armed Forces Champion](#).

As part of the covenant, local authorities across the country are offering veterans priority to affordable housing, running training courses and back-to-work programmes and allocating priority school places to the children of families of military personnel before they move to an area. Also eligible for support are the ever-growing number of voluntary reservists who currently make up 14% of the Navy, Air Force and Territorial Army. Veterans are also able take advantage of debt advice, financial crisis support, free access to gym facilities and bus fare discounts. Councils are working with local charities to protect vulnerable former soldiers from social isolation and to offer support and counselling to those suffering from mental health or physical problems

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 or civilian personnel located within it although Weeton Barracks in Fylde is very close to the town. It is not possible to determine the exact number of armed force personnel within Blackpool but a measure was provided by the 2011 census. The census table [QS121EW Armed Forces](#) classifies members of the Armed Forces as residents and estimated that there were **183** armed force personnel living in Blackpool.

There are significant problems with estimating the size of the veteran population. There is no single reliable data source, and the best estimates based on surveys can only state that there are an estimated 3.8 million veterans in England³ though this is predicted to decline over the next 15 years as the final National Service generation reach old age.

It is also difficult to know the exact number of ex-service personnel who retire back to the locality as there is no agreed single process that tracks all service leavers. The Services Careers Transition Partnership track a percentage of their service leavers for up to 2 years, while the Service Personnel Veterans Agency track those veterans who have approached them. Currently Services Resettlement Officers should identify vulnerable service leavers and track their progress.

Based on ONS forecasts of the veteran population in England³, local modelling suggests there are approximately **7,400** veterans in Blackpool which makes up about 6% of the local population (**Figure 1**). The largest number of veterans is in the over 75 age group, approximately two fifths, though almost a third (29%) are in the 45-64 age group.

Figure 1: An estimate of the veteran population in Blackpool

	Males		Females	
	Resident pop. 2014	Estimated no. veterans	Resident pop. 2014	Estimated no. veterans
16-24	7,610	244	7,609	30
25-34	8,252	243	8,388	106
35-44	8,216	524	8,269	67
45-54	10,766	1,031	10,564	112
55-64	8,648	879	8,358	172
65-74	7,493	916	7,928	155
75+	5,288	2,681	7,773	266
Total	56,273	6,518	58,889	908

Source: ONS, *An estimate of the veteran population in England, Population Trends 138, Winter 2009*

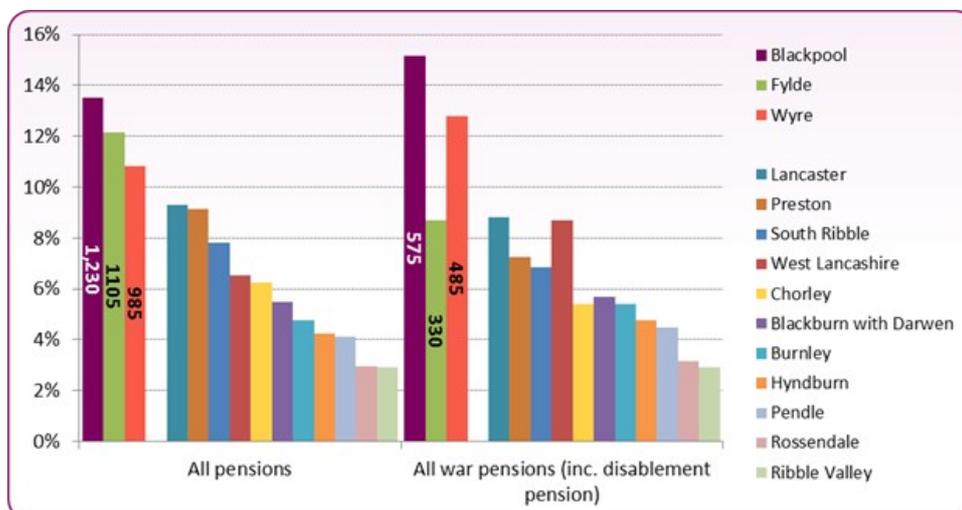
Data from the Ministry of Defence provides information on the location of armed forces pension and compensation recipients. **Figure 2** shows the number of recipients of the various armed forces pensions and there are over 1,100 ex-service personnel claiming their pension in Blackpool; the town has the highest number of ex-service personnel of any of the 14 districts in Lancashire and more than a third (36%) live on the Fylde Coast, that is, in Blackpool, Fylde or Wyre. As **figure 2** shows, there are 500 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 3** 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 or the wider Fylde coast area.

Figure 2: Number of people in receipt of one or more pension and/or compensation scheme as at 31 March 2014

	England	Lancashire County Council	Blackpool
All	340,500	7,370	1,230
-Veterans	315,410	6,785	1,145
All Armed Forces Pension Scheme	253,660	4,920	795
All War Pension	108,495	3,005	575
-Disablement Pension	90,745	2,535	500
-War Widow(er)s	17,260	455	70
All Armed Forces Compensation Scheme	16,890	330	35
-In Service	8,700	135*	10
-Post Service	8,190	185	25

Source: Gov.UK, *Location of armed forces pension and compensation recipients*⁴

Figure 3: Claimants of Armed Forces pensions by district in Lancashire (% of Lancashire's total claimants)



Source: Gov.UK, *Location of armed forces pension and compensation recipients*

Research into the welfare needs of the ex-Service community undertaken by the Royal British Legion⁵ found:

- 16-44 year olds are more prone to mental health problems.

- 16-44 year olds have higher prevalence of musculoskeletal complaints.
- 45-64 year olds are more prone to cardio-vascular or respiratory conditions.
- Men aged 45-64 who are economically inactive are significantly more likely to have any long-term health problems in the ex-Service community than in the general population.
- Likewise, women who are economically inactive and aged under 65 are significantly more likely to report ill-health in the ex-Service community than in the general population.
- 65-74 year olds in the ex-Service community are less likely than their peers nationally to be afflicted with the most common conditions, ie. musculoskeletal or heart/circulatory problems.
- In contrast, they are more likely to cite mental or sensory disorders.
- Those aged 75 and over are more likely to cite mental health problems or difficulty hearing.

The incidence and prevalence of mental health needs amongst the veteran population is challenging to assess accurately due to variances in the methods used in different studies. It is also important to note that incidence and prevalence are likely to differ according to age, gender and occupational status⁶. However, some key indicators from the available research suggests that:

- Those aged between 16 and 54 are more likely to experience common mental health problems e.g. depression and anxiety than comparable age groups in the general population.
- Veterans are almost twice as likely to experience alcohol problems as those in the general population.
- Veterans who have experienced combat are more likely than other veterans to experience PTSD and there is growing evidence that some PTSD amongst veterans involves the late onset of symptoms.
- There is likely to be an association between physical health problems such as musculoskeletal problems, chronic pain and unspecific symptoms and the experience of common mental health problems and/or alcohol and drug use.
- The mental health problems of family members including children and carers are sometimes associated with living with a veteran who has mental health and related problems, and the needs of family members including children are often under-identified or over looked.
- Pre-service vulnerabilities play a part in subsequent incidence and prevalence of mental health and related problems including early childhood deprivation, poor educational attainment and parental neglect or abuse.
- Mental and related health problems amongst veterans and family members are often aggravated or associated with social care needs including debt, housing and employment.

National and local strategies

Supporting existing veterans and those in transition back to the community is a national priority set out in the [NHS England Business Plan 2015-2016](#) and in the [Armed Forces Covenant](#).

[Meeting the Healthcare Needs of Veterans](#) provides guidance for General Practitioners.

As identified in the [Murrison report 'Fighting Fit - a mental health plan for servicemen and veterans'](#) there is a recommendation for an uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity.

A review of veterans and family members mental and related health needs assessments in England '[Call to mind: a framework for action](#)' was designed to support meeting the health needs of armed forces personnel and veterans through the single operating framework for commissioning. In addition, the project seeks to support wider NHS partners such as Public Health England, Clinical Commissioning Groups (CCGs) and Local Authorities to better meet the mental and related health needs of veterans and their families.

PHE have published professional guidance '[Supporting the health and wellbeing of military families](#)' for health visitors and school nurses to work with key stakeholders, including early years and education providers, in identifying children of military families and to work with parents to improve the health outcomes, particularly in terms of emotional health and wellbeing.

Risks

The Local Government Association (LGA) said every council across the country has now pledged support to their local armed forces personnel by signing Community Covenants but are warning the impact of them will be limited unless government keeps a more complete picture of all those who have served. This should be made available at a local authority level so that all councils have the

information they need to fulfil their duty of care to the armed forces as set out in the military covenant. Because veterans are largely hidden in the general population, specific and practical information about how their health experiences and health needs differ from those of the general population is patchy, even at a national level. Current identification of veterans in the general population is ad hoc at best.

There is no reliable evidence as to the long-term physical effect of military service. It has been theorised that for many individuals military service is, at least in the short-term, a positive intervention. Certain standards of fitness are required prior to recruitment, and these are then maintained throughout service. A physically active job, regular balanced meals, and regular health checks mean that routine service can contribute towards a healthier lifestyle than many would have experienced in civilian life. The alternative perspective acknowledges the 'toxicity' of war. Military personnel are exposed to extreme conditions, chemicals, and trauma, both mental and physical.

Recent research suggests:

- A small minority of veterans do experience difficulties post Service, these tend to manifest themselves on average 10 years post discharge. The presentation of common mental health problems or encounters with the criminal justice system is at a rate less than that in the general population.
- The longer you serve, the less likely you are to have problems.
- Early Service leavers are more likely to have adverse outcomes (e.g. suicide, mental health problems) and risk taking behaviours (e.g. heavy alcohol consumption, suicidal thoughts) than longer serving veterans.
- Adverse outcomes in veterans are more commonly associated with pre-service adversity/vulnerabilities rather than a consequence of Service life or combat experience.

For the large cohort of elderly veterans, their significant physical health problems are likely to be age-related rather than due to their previous service. The usual cross-section of the chronic diseases of old age will be represented in this veteran population.

For younger veterans, it is very difficult to unpick whether military service has contributed to any observed ill-health. Recruitment is disproportionately from individuals with deprived backgrounds and poor educational achievement. Both these factors are independently associated with poor health and lower life expectancy. The majority of young men are recruited into the infantry and an average service career is 3.7 years and as such early service leavers receive limited support and there is a risk they do not register with a GP.

Recommendations for consideration

Priorities for action should focus on improving pathways and access to a range of services for veterans. Addressing the gap in the knowledge/evidence base to improve identification and quantification of veterans in Blackpool could be undertaken in the first instance by:

- Ensuring that Primary Care effectively uses available systems to record veteran status.
- Ensuring that other commissioned services effectively record and submit information on veteran status of service users.

The North West Military Veterans Mental Health Mapping Project⁷ established what services were being provided across the North West for veterans and identified gaps in services. They found the weakest areas of veteran based support to be in older people's services (but which are unlikely to be service related), drug and alcohol services and family support, in particular children. Their **15 recommendations** aim to ensure veterans and their families don't feel services are complex and challenging but work together in meeting their needs

Effectively meeting the welfare needs of veterans is very important in the prevention and management of mental health problems, so ensuring effective systems and pathways to support veterans' welfare needs should be a priority.

[1] MOD, [Life after leaving the UK's Armed Forces](#)

[2] MOD, [Armed Forces Covenant: guidance and actions](#)

[3] Office for National Statistics. An estimate of the veteran population in England, Population Trends 138, Winter 2009

[4] MOD, [Location of armed forces pension and compensation recipients](#)

[5] Royal British Legion, Profile and Needs of the Ex-Service Community 2005-2020, September 2006

[6] Community Innovation Enterprise, Call to mind: a framework for action, June 2015

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