

Have you served in the Armed Forces?

November 2018

The CVS Community JSNA team undertook a Veterans' Project in 2011, looking at how well services for returning military personnel were able to meet health and wellbeing needs. This follow-on project was undertaken to identify any continuing gaps and opportunities for improvement in service provision, to meet the needs of those who have served.

Contents	Page
Key messages	2
How many people who have served in the Armed Forces live in Cheshire East?	3
Project respondent profiles	4
Cheshire East veterans: Employment and education	5
The Veteran's Voice: what ex-Forces Personnel said about the positives and negatives of having served	6
Needs of Cheshire East veterans: what service users and providers told us	7
Health needs of Cheshire East veterans	8
Needs of Cheshire East veterans: Are there differences by age, gender, or military rank?	9
What is currently provided? Current service delivery	10
Diagram of different types of support available from VCFS organisations	11
Diagram of referral pathways and working partnerships	12
What difference has support made to the health and wellbeing of ex-Forces Personnel in Cheshire East?	13
Barriers/Gaps in Services	14
Opportunities for Improvement: Clinical Commissioning Groups	17
Opportunities for Improvement: Armed Forces Network and CVS Cheshire East	18
Opportunities for Improvement: All providers and Cheshire East Council	19
What we don't know but would like to know	20
Resources, reports and events	21
Appendix: Claimants of the Armed Forces Pension and Compensation within Cheshire East	22
Version Control	23

Key messages

The following key messages emerged from the findings of the project.

- Most veterans successfully transition to civilian life and 74% of working age veterans and 54% of veterans aged 65+ would describe their health as 'good' or 'very good' (from the Annual Population Survey, 2017).
- The top needs, according to service providers and service users, are: mental and physical health, housing, employment and finances.
- It can be difficult to identify ex-forces personnel and this can affect the services on offer and how well peoples' needs are identified and met. The use of the term 'veteran'; how the issue is raised with ex-forces personnel; and the wording of questions are important.
- Homeless veterans can experience difficulties in accessing healthcare support e.g. registering as a patient with a GP surgery without a permanent address.
- There are opportunities for GPs to encourage people to identify as having served in the Armed Forces and to work towards creating veteran-friendly GP surgeries.
- Service providers can find it a struggle to identify suitable venues to hold workshops and support sessions throughout the region. A CVS venues directory is available and opportunities exist to use the growing number of connected community centres and to link in with Cheshire Connect who can help identify venues.
- Public transport can be an issue for some veterans. Some may benefit from travel training from mentors.
- There are a number of organisations within the region providing the same or very similar support services. Confusion regarding what is available and frequent cross-referrals are common. Greater partnership working would help to reduce the complexity of referrals, reduce costs and facilitate joint applications for funding.
- There is currently confusion amongst VCFS support organisations about the provisions of the Cheshire East Armed Forces Covenant and a perception among some veterans that the Covenant provisions do not make a difference.
- The Armed Forces Networks could evolve into a Covenant Working group to address barriers or issues with individual cases and to monitor and help implement the Covenant and the opportunities for improvement arising from this JSNA.
- There is a need to appoint an Armed Forces Lead within Cheshire East Council.

How many people who have served in the Armed Forces live in Cheshire East?

November 2018

Using the Annual Population Survey (2017), it can be estimated that there are 13,366 Veterans resident in Cheshire East. Of these, 12,032 (90%) are male and 1,334 female. Approximately 5,000 (37%) veterans are of working age (16-64)

The vast majority (98%) of Veterans in Cheshire East are White British. This is significantly different from the general population, which is 92% White British.

The table on the right gives the age structure of the estimated veteran population within Cheshire East. The higher number of males in the older age groups reflects the Second World War (1939-1945) and compulsory National Service (1949-1963). The number of veterans in the UK is predicted to decline over time as these cohorts age. These figures are based on the proportion of veterans by age band and sex in the former county of Cheshire.

Pension and Compensation Schemes

It is important to note that the APS Survey only surveys veterans living in households so excludes those homeless and living in communal establishments, such as care homes and prisons.

Armed Forces Pension Scheme (AFPS) **pensions** are paid to armed forces personnel upon leaving services, not upon reaching a certain age, so these will not necessarily be older people.

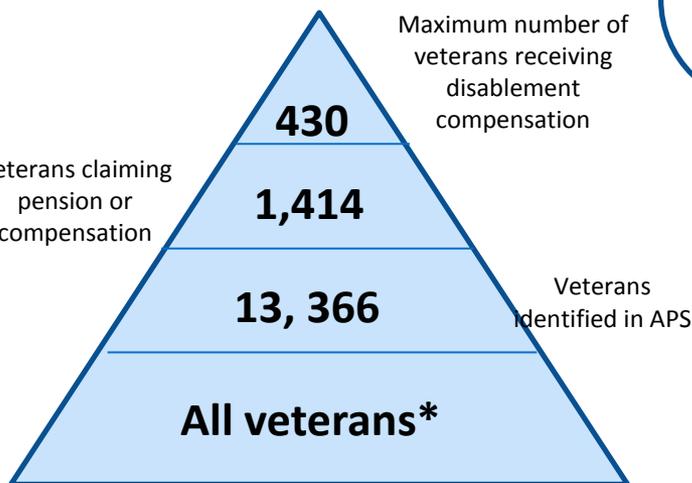
There are 249 more pension and **compensation** recipients in NHS South Cheshire CCG than in NHS Eastern Cheshire CCG. It is unclear why this should be the case, but it may be connected with the proximity to the former Cheshire regiment Headquarters in Chester.

Please see the appendix for further information.

Age	Males	Females	Persons
16-19	13	1	14
20-24	72	8	80
25-29	225	25	250
30-34	270	30	300
35-39	294	33	327
40-44	442	49	492
45-49	714	79	793
50-54	842	93	936
55-59	851	94	946
60-64	782	87	869
65-69	895	99	995
70-74	783	87	869
75-79	1844	204	2048
80-84	2215	246	2461
85-89	1166	129	1296
90+	622	69	691
Total	12032	1334	13366

Data Source: Annual Population Survey 2016; ONS Single Year Of Age (SYOA) population estimates, mid-2016

Have you served in the armed forces JSNA Page 3 of 23



* It is estimated that between 93 and 154 Cheshire East veterans live in care homes and that 3-6% of the homeless population are veterans

For the purposes of this project, 'veterans' were defined as "anyone who has served for at least one day in HM Armed Forces (Regular or Reserve) or Merchant Mariners who has seen duty on legally defined operations" (MOD). Other terms used include: 'ex-forces personnel', 'those who have served', and 'ex-military personnel'.

35 veterans completed the Community JSNA survey, which was available online and in print format. This fairly low response rate may be linked to veterans being unwilling to ask for help; or it may be that they feel that they have no needs linked to their service, so the survey was not relevant to them. Not all of the 35 respondents answered every question.

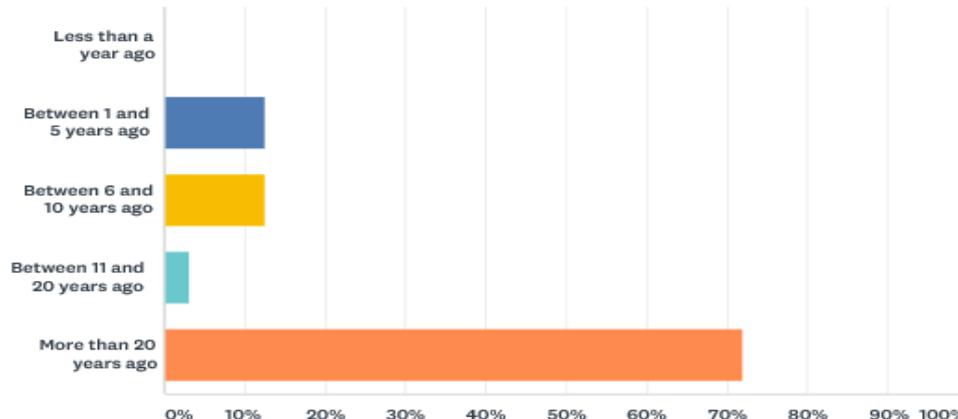
NOTE: The survey is most likely to have been answered by those veterans already accessing support services or who have issues they want to raise, therefore it is less likely that respondents would have had no needs.

Of the 35 respondents:

- 6% were aged 25-34
- 15% were aged 35-49
- 52% were aged 50-64
- 18% were aged 65-74
- 9% were aged 75-84
- 88% were **male**
- 97% were **white British**

The majority of veterans (52%) who completed the Community JSNA survey were aged between 50 and 64, which means that the views and experiences of older (64+) and younger (under 50) veterans are under-represented in our findings.

- 69% were **British Army**, 19% **Royal Navy**, and 13% **Royal Air Force**. There were no Royal Marines. There was also one **Women's Royal Army Corps**, one **Women's Royal Naval Service** and one **Territorial Army** respondent
- The majority served between **6 and 20 years** in a diverse range of roles in the British Army.



When did you leave the Forces?

The majority of survey respondents (72%) left the Armed Forces more than 20 years ago. However, all respondents (regardless of when they left the service) said that they needed help with transition from the Services to civilian life, and that they needed more information (such as an information pack) upon leaving the Services.

Cheshire East veterans: Employment and education

The Veterans' Transition Review of 2014 reports that the majority of ex-forces personnel successfully transition to civilian life.

The above national Review stated that: "Despite the widespread public belief to the contrary, relatively few experience serious problems... Labelling the majority does a disservice to Service personnel and veterans as a whole, restricts their prospects and diffuses efforts that should be applied to those who most need support." (Lord Ashcroft)

Employment

All veterans in Cheshire East

According to Cheshire East data, an estimated **3,900 (78%) of veterans in the region are in employment**. Around 4% (200) are unemployed and 19% (900) are economically inactive*

**this includes all those who may be unavailable to work because of family commitments, retirement, study, sickness, or disability.*

Veterans are **significantly more likely to work in the 'Public Administration and Defence Industry'** than non-veterans.

Community JSNA Survey respondents

Of the 35 veterans who participated in the 2018 Community JSNA survey, **50%** were employed; **44%** retired; **3%** were not in paid work, and **3%** were undertaking voluntary work.

Education

Veterans are more likely to:

- Finish their formal education at 15-18 years of age.
- Gain qualifications through work and hobbies.

Service leavers can also receive Resettlement Training Grants at the conclusion of their military career.

Source: Ministry of Defence: Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016.

The Veteran's Voice: what ex-Forces personnel said about the positives and negatives of having served

November 2018

At an Armed Forces Day event in Crewe, one veteran declined to fill in a survey, saying: *"It was the best time of my life, I wouldn't do anything differently if I had the time again."*

King's Centre for Military Health Research (VOICE, 2018) found that the majority of older veterans were positive about their military experiences – attributing their post-service resilience (e.g. when faced with illness or bereavement) to the challenges they experienced while serving.

"It made a man of me"

"Sense of direction and belonging"

"Difficulties readjusting to civilian life"

"Dealing with disturbed sleep and anger issues"

"It taught me right from wrong"

"Physical and mental stamina"

"Lower status in the civilian workplace"

"Feelings of loss and isolation"

"Gave me self-respect and discipline"

"I didn't want to leave, but I'd used up all my chances of surviving"

"Ability to organise and prioritise"



The emotional impact of leaving service: *"I don't want to be a civvy any more. I never wanted to leave"*

"I struggled to take responsibility for things that had always been done for me in the Forces"

"Character"

"Skills"

"Teamwork"

"Pride" and "respect"

One ex-Forces individual who is now involved in providing services had the following to say about his own identification and transition:

"You ask me what I am, I say soldier... a veteran. But... I've never made the transition [into civilian life]. And I don't want to, thank you. I don't really want to be a civilian. From 15 years of age I've been in the military."

Needs of Cheshire East veterans: what service users and providers told us

November 2018

Service providers stated that the top three needs of their service users were:

1. Mental health
2. Housing
3. Finances

Veterans Of the 33 (out of 35) respondents from the user survey who answered this question, **33%** said they did not have service-related needs.

Nevertheless, two-thirds of respondents said that they were left with **physical** and **mental health** needs, and **practical** needs such as housing and employment.

Physical needs:

- Physical strain or injury (25%); disturbed sleep (22%) (SU).
- Alcohol addiction and rehabilitation (SP).

Welfare needs:

- Finance management (debts & benefits); form-filling; housing; transport (SP).
- Criminal Justice system: better identification procedures to help veterans access the available support (SP).
- Home adaptations (SU).

Dependants:

- Help with relationships: partners and children (SP).
- Advice for families and an increased awareness of what services are available (SP).

Emotional needs:

- Depression and post-traumatic stress disorder (PTSD) 19%; general feeling of stress (16%) (SU).
- Social isolation; loneliness; loss of companionship (SU).
- Individuals have said they need help forming friendships outside of the Forces (SU).
- There is a different ethos in the Forces to civilian life and regular/heavy drinking can be the norm.

Employment needs:

- Help with CV writing, interviews and applications; numeracy and literacy skills; and help to build/recognise transferable skills (SP).
- The civilian workplace: difference in work ethic – need for work mentors (SP).

Needs

SP = Service Provider feedback SU = Service User feedback

"We get an awful lot of debts. An awful lot...They just don't know how to deal with money...They get everything provided. Even if they've got accommodation, it's taken out of their wages..."
Service Provider

The Royal British Legion (2018) recently published a report exploring veterans' experiences of loneliness and isolation in more detail. See the resources page for further information.

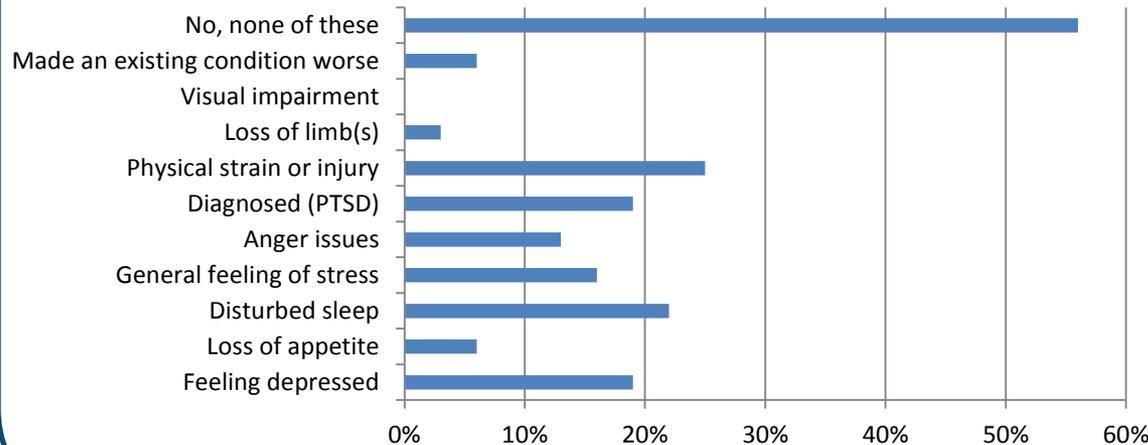
SSAFA spends around **a third of its budget on health and social care (32%)**; a fifth on welfare and specialist services such as supporting veterans in the criminal justice system (18%); 8% on housing; and 28% on direct grants to veterans in need.

In 2017 SSAFA's Forcesline, a free helpline for the Armed Forces community, received the most calls about: **housing, physical and mental health, and debt.**

Source: SSAFA (2017) Impact report

What service users told us:

Has your own health been affected because of your service in the forces?



Note: respondents could select more than one option in answer to this question

“Alcohol is a cultural thing, you get sent down the mess and if you’ve had a good day or bad day then you go for a drink. So habits are ingrained... they tend to use every other coping strategy apart from the one that is going to have long-term benefits.”
Military Service Support Organisation

The Royal British Legion Household Survey (2014) found that veterans aged 16-64 are **more likely than the general population to report a long-term illness that limits their activities** (24% vs, 13%), particularly: depression, and problems with their back, legs, feet or arms.

According to the APS national survey, a significantly lower number of veterans in both age categories (16-64 and 65+) rate their general health as ‘good’ and a significantly higher number rate their general health as ‘bad’, when compared with non-veterans. Veterans are also significantly more likely to have a health condition expected to last twelve months or more and to suffer problems affecting their hands and arms, legs and feet, back or neck, hearing or speech as well as progressive illnesses. Despite this 74% of working age veterans and 54% of veterans aged 65+ would describe their health as ‘good’ or ‘very good’. This equates to around 3,692 and 4,556 veterans respectively in Cheshire East. (Annual Population Survey, 2017). Homeless veterans and those living in care homes or prisons may have different needs compared to all veterans.

32 of the 35 service user survey respondents gave the following information about how their health has been affected (if it has) because of their service in the forces:

- **25%** of respondents **experienced physical strain or injury**
- **22%** experienced **disturbed sleep**
- **19%** had been diagnosed with **PTSD**
- **19%** were feeling **depressed**
- **56%** said their health had been **unaffected by their service**.

Hearing loss was another issue mentioned by a survey respondent as being attributable to their time in the Forces.

Needs of Cheshire East veterans: Are there differences by age, gender, or military rank?

November 2018

Needs

King's Centre for Military Health Research (2018) Veteran and Occupation Impact Evaluation (VOICE) Study – explores health issues in older veterans, asking which are likely to be due to their service, and which are common across all members of their age group (>65 years old).

Soldiers, Sailors, Airmen and Families Association (2018) Younger SSAFA Veteran Journeys – explores the experiences of younger veterans (SSAFA clients aged 18-49), the challenges of negotiating civilian life, and the services they have found most useful.

See the resources page for further information.

Most users of support services within the region are male. Of the 11 service users who initially agreed to follow-up conversations, only two continued with the engagement: both were female. It may be that women are more willing to discuss any problems at an earlier stage, but there is no data to support this.

Research exploring veterans' experiences suggests that there is an association between **having experienced adverse experiences early in their life, prior to military service, and experiencing problems as a veteran.** *Source: Royal British Legion (2014) Household Survey*

"In my experience officers have much lower levels of PTSD. The officers I have dealt with tend to have issues with debt and alcohol. There is an assumption that they can deal with forms themselves, but it can be hard if they are struggling."

Service provider

Those service providers who felt that needs did differ according to age commented upon differences in the types of support required (although this list is not exclusive and some ex-forces personnel will have needs from both columns):

Younger veterans

- Alcohol
- Relationships
- Employment
- Financial support
- Housing/homelessness*
- General life skills (filling in forms, registering for a GP, benefits)
- Mental health issues

Older veterans

- Age-related physical health challenges
- Sight or hearing loss
- Addiction (mainly alcohol)
- Isolation
- Technology
- Adaptations and help with physical activities e.g. home and garden maintenance
- More concerned about stigma of mental health issues
- Less likely to seek support

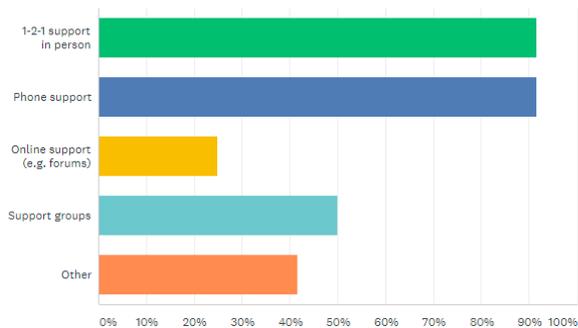
*A review by the Royal British Legion found that **homeless veterans tend to be older than the general homeless population.** However, there has been little research examining homelessness outside London, suggesting further research into regional differences would be valuable.

Note: there is no quantitative data to confirm the above insights: this variation has been identified by service providers through their own assessment of the needs of veterans, informed by their experience of supporting the ex-services men and women who have come to them for help.

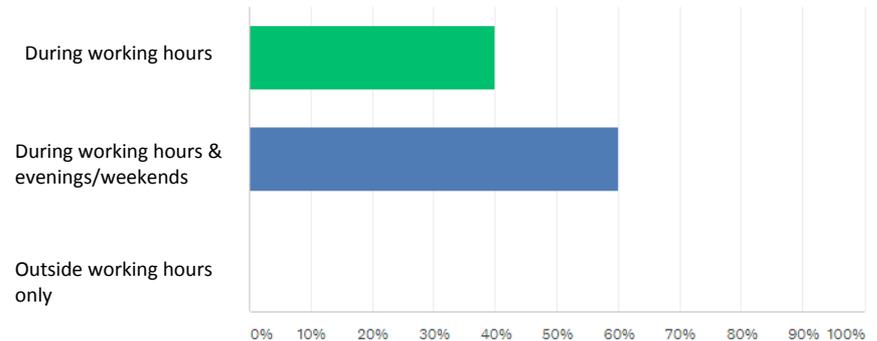
What is currently provided? Current service delivery

VCFS support services by type:

What forms of support does your organisation provide? Please tick all that apply.



When is the offered support available:



Assets

List of service providers within the region who engaged with this project:

- Age UK Cheshire East
- Blind Veterans UK
- Combat Stress
- Cheshire East Council Homelessness and Home Choice
- Defence Medical Welfare Services (DMWS)
- Help for Heroes
- LOL Foundation
- Project Nova
- PTSD Resolution
- The RAF Association
- Royal British Legion
- SSAFA
- Veteran to Veteran Counselling

Unfortunately, the Project was unable to engage with the commissioned NHS Veterans in Mind service. A number of Cheshire East service providers work with and/or refer into the Veterans in Mind service.

The project was also unable to engage with the Armed Forces Support Hub in Warrington. Commissioners advised that they provide breakfast clubs, drop-in sessions and peer-led support and therefore it appears that local services are duplicated.

Location of VCFS services

- Age UK (Macclesfield; community based)
- Blind Veterans (community based)
- Combat Stress (treatment centres in Crewe & Shropshire; community based)
- CEC Homelessness and Home Choice (Macclesfield)
- DMWS (community based)
- Help for Heroes (community based)
- LOL Foundation (Congleton; Alsager)
- Project Nova (community based)
- PTSD Resolution (UK-wide clinics; community based)
- Royal Air Force Association (RAFA) (community based)
- Royal British Legion (branches across the region; community based)
- SSAFA (community based)
- Veterans to Veterans Counselling (community based)

All providers serve the whole of Cheshire East, few services operate from a fixed location; most provide a community-based service.

The most support offered to those who have served is through community and welfare support services.

Three support service providers offer specialist criminal justice support and this provision appears to be sufficient.

There is some duplication of services offered and some services reported capacity issues and waiting lists.

Welfare Support

(Needs assessments, finances, adaptations, grants)

Housing

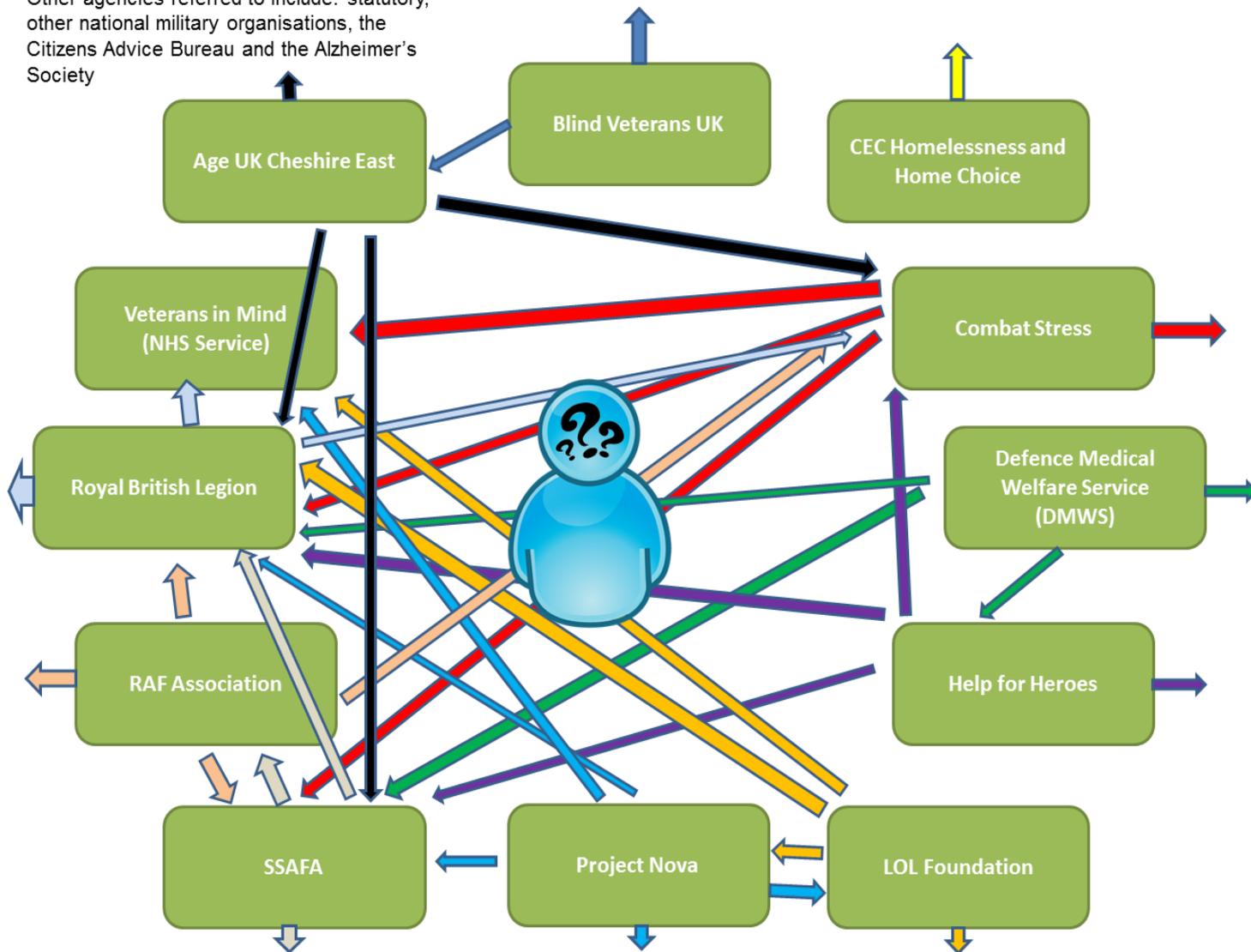


NOTE: If a service is featured wholly within one box, it only provides that type of support. Overlapping boxes show the different types of support provided.

Diagram of referral pathways and working partnerships

November 2018

Other agencies referred to include: statutory, other national military organisations, the Citizens Advice Bureau and the Alzheimer's Society



This diagram represents the service providers and the pathways for cross-referrals between organisations, which can lead to confusion for service users and duplication of some of the services outlined on the previous slide.

What difference has support made to the health and wellbeing of ex-Forces Personnel in Cheshire East?

November 2018

The difference support has made to veterans' lives:

"Calmed me down a lot to think before I act"

"Made me more stable"

"Counselling and medication have made massive improvements"

"Enabled me [to have] a reasonably good life"

"The help I received made a massive difference, it put food on the table for me and my child"

"The military ones are invaluable"

"I don't think I'd be here [otherwise]. People from the military understand, they know you're not lying and you can trust them"

Saves money which would otherwise be spent upon processing veterans within the Criminal Justice system e.g. custody costs and time spent in jail

Project Nova

"Even though you can potentially have served in different times in the army... you come back and you have a bit of a laugh, you get on with each other and you take the mick out of each other... And then they've got that sense of achievement again, they're leading someone again... So it incorporates the teamwork and things as well."

LOL Foundation (on adventure training)

"If somebody comes in and says 'help', sit down and have a chat. And we'll do whatever we can."

Royal British Legion – Crewe branch

Reduces reoffending numbers in those who have been through the Criminal Justice system

LOL Foundation

"This one lad had a lot of issues going on at the time, we took him abseiling. And for that hour of abseiling, he was smiling, laughing and joking."

LOL Foundation

"18 months ago, [our] occupational therapists started a nationwide occupational therapy workshop which has been really well-received and our outcomes are really, really positive."

Combat Stress

"...we can offer quite specialist aids and adaptations to people that cost thousands of pounds if they were to buy them themselves."

Blind Veterans UK

One service provider commented that sometimes veterans can resist help:
"I've got a lad elsewhere, dreadful PTSD, he's told the Veterans Agency not to give him his disabled pension. So he doesn't get it. Because he feels he doesn't deserve it, because he thinks it's his fault that his friend got shot, because he didn't react fast enough. He might think he doesn't deserve help from us, but he's getting it!"

When seeking support from services, **less than half of survey respondents would seek help from a military charity first**, but preferences vary with some finding veteran-specific support invaluable (as they feel that others who have served "understand"); whereas others value an outside viewpoint from others outside the Armed Forces and "support is support, no matter where it comes from".

Veterans need the following barriers to be addressed, to enable them to successfully take advantage of the support on offer. These barriers include:

Internal/institutional/culture

- Findings from providers suggest that asking for help with anxiety, stress and depression whilst in the Forces is seen as a sign of weakness. There is no evidence available to know if this belief is real or perceived, and the King's Centre for Military Health Research points out that unwillingness to use mental health services is a general problem across society.
- There is a different ethos in the Forces to civilian life. Anecdotal evidence suggests that regular/heavy drinking is the norm, and that outbursts of anger are common and can be seen as normal behaviour in the Forces.
- A recommendation from the 2011 Veteran Community JSNA report has been addressed due to changes in the transition process: Armed Forces' Medical Records are now shared more efficiently with GP surgeries.

Identification

- Many ex-Forces personnel do not identify as 'veterans'. Asking the question 'have you served?' would seem to be more useful and should be asked by all front-line services and should include the context for the question e.g. that further support may be available or fast-tracked treatment.
- Ex-forces personnel can be reluctant to disclose their status when involved with the Criminal Justice system due to feelings of shame and can miss out on support services as a result.

Employment

- Ex-infantry personnel often have gaps in basic skills, including literacy, numeracy and IT, which can be significant barriers to finding employment.
- Individuals leaving the Forces, in particular the infantry, have said that being in the Forces has a negative effect when they are looking for jobs and that they learn to keep it to themselves.
- Ex-military can find it difficult to integrate into the civilian workplace. Anecdotal evidence suggest that ex-military personnel work at a quicker pace and get through work much faster, which can cause problems with colleagues and with maintaining a job.
- There can be issues regarding Employment Support Allowance (ESA), Personal Independence Payments (PIP) and 'fitness for work' assessments which can result in veterans being in the position of being unable to claim benefits or work.

A survey of 202 ex-service personnel who had still been serving in the Armed Forces in 2003 found that **only half would describe themselves as 'veterans'**.

Source: Burdett et al (2012) "Are you a Veteran?" Armed Forces and Society.

The NHS CCG Liverpool Veterans Engagement Report (2016) asked veterans why they disclosed their status to their GP.

Reasons for **not disclosing** included:

- not being asked, and
- not wanting to discuss their service.

Reasons for disclosing included:

- being prompted by a flyer/form at their GPs, and
- being on a war pension.

They also found that **veterans were unsure as to how the information of their veteran status would be used.**

GP surgeries

Providers felt that some GP surgeries were refusing to accept prospective patients without a permanent address, which can cause problems for some newly-discharged or homeless veterans. However, guidance has been issued by NHS England to say that homeless people can be registered by GP surgeries without a permanent address. Relationships between veterans and GPs can be hindered by a perceived lack of understanding of military backgrounds and the issues that veterans can face.

Service providers feel that GP surgeries are identifying more veterans than historically, but this would need further investigation. The failure of GP surgeries to record veteran data was identified in the 2011 Veteran's project, when only three of the eight GP surgeries who took part in that project stated that they determined and recorded the veteran status of their patients.

The overall experience of veterans accessing support from GPs is mixed. Of the 31 veterans who answered the question, more than 60% said that disclosing their veteran status to their GP made no difference, with only 19% saying it had made a difference. However, veteran status priority only applies for service-related health issues, so this perception may have been linked to health issues which were not applicable. The GP is seen as a significant source of support, with 54% of 26 respondents saying they had accessed support from their GP.

Mental health services

Some respondents said they needed **quicker access** to mental health services, specifically around help with:

- PTSD
- Depression
- Anxiety
- Anger issues
- Trauma
- Sleep deprivation
- Stress

This was also a finding from the 2011 Community JSNA Veteran's project, which recommended that 'Veterans with mental health issues, such as PTSD, should be fast-tracked for counselling and other psychiatric help'. However, this support is available through the Veterans in Mind service, without a waiting list. The service can also signpost to non-clinical wraparound services.

Alcohol rehabilitation support

Alcohol addiction can be a problem for ex-Forces personnel, more so than drugs. Anecdotally, rehabilitation support can be an issue, particularly as mental health care and support may not be available until any alcohol problems have been addressed (note: this is no longer the case for the Veterans in Mind service). Conversely, alcohol rehabilitation services may also not be available to people who are identified as having mental health issues.

Service providers said:

"Talking about it makes me realise how many pockets of organisations there are, and just trying to coordinate it all is a mammoth task!"

"I just wonder why we've got so many ... we have a specific role and we're always very careful who we signpost people to... If you've got somebody that's doing it and doing it properly, then why start something else?"

Research by **SSAFA** found that, for veterans aged 19-49, **re-entering civilian society was a 'culture shock'** and they would have welcomed some advice from those who had already made the same transition.
Source: SSAFA (2018) Younger Veteran Journeys.

Travel and transport

- Transport can be a major issue for ex-military personnel accessing support groups and other services. It would seem that large numbers of those who served in the Infantry leave the Army with no driving licence – this has an impact on finding employment, particularly in a semi-rural area like Cheshire East. (This has changed in recent years, with a two week driving course to obtain a licence being included within phase 2 training within the Army).

Awareness of available services and referral pathways

- There is a problem of proliferation, with veterans finding the number of available support agencies confusing and they may not be confident in knowing which referral pathways to take. This is consistent with other research, which found that over half of the veterans surveyed found the number of charities confusing (The Royal British Legion Annual Report, 2017).
- A number of national and local organisations are providing similar services: needs assessments; welfare support; signposting to other agencies. This results in duplication of services, and greater partnership-working would be of benefit to reduce the number of cross-referrals and costs involved.
- The 2011 Community JSNA Veteran's report recommended that there needed to be greater awareness of local provision and that the directory of organisations that support veterans should be promoted to GPs.

Officers

- One service user felt that officers are not given the same support with transition and employment as there is an assumption that they are capable of making their own arrangements.
- Some organisations have reported that officers are referred directly to officers' charities due to eligibility criteria, which effectively removes local mainstream veteran support.
- *"Anecdotally, the higher ranking individuals, that's what they tell me, they find it more difficult to seek help because they've always been in a role where they can't display any signs of needing help."*

The Covenant

- The provisions of the Armed Forces Covenant are not fully understood by VCFS organisations, as there was evidence of some confusion about entitlements, particularly around housing.
- The Covenant is applied differently throughout the country and there is a lack of clarity about how it can help veterans. There is a perception by veterans that the Covenant provisions do not make a difference, even when they are invoked. In relation to housing, this could be due to other eligibility criteria affecting prioritisation decisions.

Available venues

- Many of the service providers within the region provide community-based services. Some providers that cover a wide geographical region struggle in finding suitable and cost-effective venues for workshops, clinics and 1-2-1 sessions.

Opportunities for improvement: Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups

- Consider feasibility of **GPs signing up** to the Armed Forces Covenant.
- Promote the new national scheme to improve medical care and treatment for former members of the armed services that has been backed by NHS England and the Royal College of GPs (**Veteran Friendly GP surgeries**).

This involves:

- having a lead for veterans' issues;
- identifying and flagging veterans on their computer system (explore implementing a national template across Cheshire and Merseyside to ensure that veterans are recorded in a consistent way on EMIS using the agreed read codes);
- undertaking dedicated training e.g. the e-learning module developed by the Royal College of GPs;
- increasing understanding of the health needs of veterans amongst both clinical and administrative staff.

This would also address, in part, the outstanding recommendation from the 2011 Community JSNA Veteran's report that 'A GP in each town to be trained as a Forces Champion'.

- Explore how GP surgeries can raise awareness of how **homeless people** can register as a patient when they do not have a permanent address.
- Promote awareness of the **benefits of identifying** as having served in the Armed Forces, in GP surgeries e.g. displaying the currently available promotional poster.
- Publicise the Live Well Directory to GP surgeries, other statutory agencies and non-military VCFS organisations to raise awareness of support services available.

Combat Stress are members of a Covenant Ops Group which runs in Shropshire. The group meets on a monthly basis and consists of VCFS organisations; Veterans UK; the police; housing and a special interest solicitor. The Local Authority Covenant Lead chairs the meeting. The group discusses national Covenant operational updates, before discussing individuals, and works together to provide support solutions.

Armed Forces Network to:

- Ensure the **Armed Forces Network group services** are included on the Live Well directory and therefore also available to CEC Homelessness and Home Choice to assist them in easily finding local VCFS agencies in the community.
- Develop **greater partnership-working** between existing support organisations to maximise the use of services and resources, simplify service referral pathways and also to enable joint applications for future funding opportunities.
- Relevant VCFS groups to link in with the Department for Work and Pensions to help veterans into training and employment, by **accessing Job Centre funds available** for training, clothing and travel purposes.
- Improve awareness around the **use of the term 'veteran'**, which can alienate and exclude ex-forces personnel who don't identify with the term or recognise themselves as veterans. Recommend services use the terms 'ex-forces personnel' or 'those who have served' instead and include a clear context for why identification is being requested.
- Explore the potential for **local colleges to provide summer workshops** or week-long taster sessions on practical courses that ex-Forces personnel can attend to see if they would wish to enrol on formal courses e.g. building maintenance, plastering, joinery etc.
- Identify **travel training available and whether this can meet current needs**, particularly for those who are visually impaired or who have mental health needs. For example, through the use of volunteers based with social care or Transport Service Solutions (commissioned by Cheshire East Council).

CVS Cheshire East to:

- Publicise the **CVS Cheshire East venues directory** to service providers to help them find venues to deliver support services. Also facilitate contact between service providers and **Connected Communities Centres** within Cheshire East and also Cheshire Connect.

Opportunities for improvement: All providers and Cheshire East Council

Combat Stress are members of a Covenant Ops Group which runs in Shropshire. The group meets on a monthly basis and consists of VCFS organisations; Veterans UK; the police; housing and a special interest solicitor. The Local Authority Covenant Lead chairs the meeting. The group discusses national Covenant operational updates, before discussing individuals, and works together to provide support solutions.

Armed Forces Network to:

- Explore the feasibility of **establishing a Covenant Working group** along the lines of the Shropshire Covenant group (see side panel for further information), to sit beneath the strategic Cheshire Armed Forces Covenant group as an operational working group. Explore whether the **existing Cheshire East Armed Forces Network** could fulfil this role, or if a new working group would need to be convened. This could facilitate partnership working to resolve individual cases, ensure all parties are aware of Covenant provisions and service updates and review progress towards implementing opportunities for improvement. Build links with existing groups such as the CEC Homelessness and Housing panel “Hard to House”.
- Explore how best to engage with veterans to inform and develop best practice in the future and consider whether setting up focus groups in localities as recommended in the 2011 report would be useful.

Cheshire East Council to:

- Appoint a **Local Authority Armed Forces lead** for the Cheshire East area to further this work and replace the previous post-holder.

All providers to:

- Ensure **Cheshire East Armed Forces Covenant provisions are clearly publicised** to all support services and service users. For the Homelessness and Home Choice leaflet regarding housing options for veterans to be circulated to all members of the Cheshire East Armed Forces Network.

The Community
JSNA team

01270 763100

[www.cvsce.org.uk/
joint-strategic-
needs-assessment-
jsna](http://www.cvsce.org.uk/joint-strategic-needs-assessment-jsna)

- Analyse the enquiries/referrals made to the **National Veteran's Gateway** from Cheshire East residents as an indicator of need.
- More **robust data** on numbers of ex-forces personnel who are accessing services and to map service reach.
- How recent reported **changes to the transition process** within the British Army has addressed the transition issues raised within these findings.
- The **age profile** of ex-Forces personnel accessing different services. Whether there are trends which back up service providers' observations about differences in needs according to age and whether there are differences in the age groups of those accessing support compared to the age profile of all ex-Forces personnel which might indicate unmet needs.
- Whether there are **gender differences** in the willingness to ask for help.
- Research into **homeless veterans** and their needs, and any regional differences in their age profile.
- Whether **GP surgeries** are consistently asking whether new patients have served.
- More about the **SSAFA mentoring service**: does this include work and travel mentoring.
- More about the **Defence Medical Welfare Service's Forces Awareness training** which has been piloted in the Midlands to statutory healthcare providers.

Events

Organised by the Forces in the Mind Trust and the King's Centre for Military Health Research, **The Veterans' Mental Health Conference** brings together charities, researchers, and medical professionals to discuss the key issues in military mental health.

The Forces in Mind Trust Research Centre Conference brings together academics, policy makers and service providers to discuss topics such as successful sustainable transition.

[Ashcroft \(2014\) The Veterans' Transition Review](#)

This report was produced after an independent review examining the process of leaving the Armed Forces and returning to civilian life. Three follow-up reports monitoring the progress of the recommendations made in 2014 were published in 2015, 2016, and 2017.

[Forces in Mind Trust \(2018\) Self-employment and the Armed Forces Community](#)

The report explores some of the barriers ex-Service men and women face in becoming self-employed.

[King's College for Military Health Research \(2018\) Veteran and Occupation Impact Evaluation \(VOICE\) Study](#)

Service providers identified a need to a) determine where there is a real demand for veteran-specific services and where it might be more appropriate to direct individuals to existing support services, and b) identify which problems and health concerns are unusually prevalent in the ex-service community. This qualitative study explores which health issues in older veterans are likely to be due to their service, and which are common across all members of their age group (> 65 years old).

[King's Centre for Military Health Research \(2018\) Mental Health of the UK Armed Forces Factsheet](#)

A brief summary of the current evidence on UK military mental health, including the prevalence of mental health problems amongst ex-service men and women.

[Ministry of Defence, 2017. Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016.](#)

[Ministry of Defence, 2018. Location of UK Armed Forces Pension and Compensation Recipients as at 31 March 2018.](#)

[NHS CCG Liverpool \(2016\) Veterans Engagement Consolidation Report](#)

A report drawing on feedback from veterans to examine how NHS CCG Liverpool might better support the health needs of veterans and their families.

[Royal British Legion \(2018\) Loneliness and Social Isolation in the Armed Forces Community](#)

Published in June 2018, this report explores veterans' experiences of loneliness and isolation, what triggers these experiences, and the barriers that prevent them from accessing support.

[Royal British Legion \(2017\) Annual Report and Accounts](#)

A summary of the Royal British Legion's activities over the last year.

[Royal British Legion \(2014\) A UK Ex-Service Community: A Household Survey](#)

A summary of the size, profile, and needs of the ex-Service community in 2014. The report also explores how the size and composition of the veteran population is likely to change in the future.

[Royal British Legion, Literature Review: UK Veterans and Homelessness](#)

[Royal British Legion, Literature Review: UK Veterans and the Criminal Justice System.](#)

[Royal College of General Practitioners: NHS Healthcare for the Armed Forces e-learning programme](#)

This e-learning programme is designed to give healthcare personnel a better understanding of military life and how they might use this knowledge to more appropriately respond to patient need.

[SSAFA \(2018\) Younger SSAFA Veteran Journeys](#)

This report identified differences in the needs of older and younger veterans. This study explores the experiences of younger veterans (aged 18-49) in more detail.

[SSAFA \(2017\) Together We're Making a Difference: Impact Report 2017](#)

A review of the support the SSAFA provides to the Armed Services community.

Appendix: How many people who have served in the Armed Forces within Cheshire East claim the Armed Forces Pension or compensation?

The table below shows Armed Forces Pension and Compensation recipients as at the end of March 2018. This source cannot be used to estimate the number of veterans as some people may be in receipt of benefits under more than one scheme and others may not qualify for the scheme despite having served in the Armed Forces. Overall in Cheshire East there were 1,507 recipients of one or more armed forces pension or compensation scheme. Of these recipients 1,414 were veterans. There is a maximum of 430 (WPS Veteran Disablement Pensioners plus AFCS Veterans) disablement pensioners and this may give some idea of the burden of ill health and disability among veterans locally.

AFPS, WPS and AFCS Recipients as at 31 March 2018

Local Authority	All ¹	Of which veterans ¹	AFPS Recipients ²	WPS Recipients			AFCS Recipients	
				Veterans (Disablement Pensioners)	War Widow(er)s	Other War Pensioners ³	Serving Personnel	Veterans ⁴
Cheshire East	1,507	1,414	1,145	385	71	4	21	45
NHS Eastern Cheshire	629	578	452	176	43	~	6	14
NHS South Cheshire	878	836	693	209	28	~	15	31

The different pension/compensation schemes are defined as follows:

- Armed Forces Pension Scheme (AFPS): A pension scheme available to members of the Regular Armed Forces who have served for a minimum of two years;
- War Pension Scheme (WPS): A no fault compensation scheme for all members of the regular and reserve force. It provides compensation for all injuries, ill health and death caused or made worse by service from WW1 in 1914 to 5 April 2005. Only eligible to claim once left the services; and
- Armed Forces and Reserve Forces Compensation Scheme (AFCS): A compensation scheme for all members of the regular and reserve forces. It provides compensation for all injuries, ill health and death attributable to service where the cause occurred on or after 6 April 2005.

Version Control

Publication date	Changes made	JSNA author	Sign-off
November 2018	New JSNA section created which has expanded on the 2011 Community JSNA project	Suzanne Thomas	Anna Whitehead

JSNA section contributors:

Armed Forces Network Group (Cheshire East)

Dawn Clark (Partnerships and Communities – Cheshire East Council), Lynn Glendenning (Homechoice and Homelessness - CEC), Nick Lane (Supported Employment – CEC)

Margi Butler (Cheshire, Warrington and Wirral Clinical Commissioning Groups)

Anna Whitehead, Sara Deakin, Rhonwen Ashcroft (Public Health)

Suzanne Thomas, Holly Higgins, Louise Daniels (Community JSNA Project Team)

VCFS Providers (see p.10 for details).