



**ARMED FORCES
COVENANT**

THE ARMED FORCES COMMUNITY WITHIN THE SOLENT



**A Needs assessment prepared on behalf of the
Solent Armed Forces Covenant Partnership Board**



**ARMED FORCES
COVENANT**

Section	Title	Page
	Acknowledgements and Contributions	1
	Executive Summary	4
	Recommendations	6
	Introduction	
1.1	The Armed Forces Covenant	10
1.2	The Covenant across Portsmouth, Southampton, Gosport and Isle of Wight	10
1.3	The Armed Forces Covenant across the South, South East and South West	11
1.4	Background to this Needs Assessment	11
1.5	Definitions	12
1.6	Scope	12
1.7	Methodology	13
	The Armed Forces community in the Solent	
2.1	Military Locations and Personnel in the Solent	13
2.2	Service Leavers	15
2.3	The Size of the Ex-Service community in the Solent	16
2.4	Estimating the size of the Armed Forces Community	17
2.5	Veterans living in the Solent Area at the time of the 2011 Census	18



**ARMED FORCES
COVENANT**

2.6	Pension & Compensation Payments	19
2.7	Demographic information	20
2.8	Foreign and Commonwealth	21
2.9	The Location of the Ex-Service community in the Solent	21
2.10	Expected demographic changes to the Service personnel Profile	22
2.11	Reserve 2020	23
2.12	Local Awareness and Opinion	24
	Health and wellbeing	
3.1	Context	25
3.2	The role of the NHS	26
3.3	Serving personnel	26
3.4	Medical Discharges	26
3.5	Transition into local NHS services	27
3.6	Hospital care	29
3.7	Access to treatment	30
3.8	Veteran's Health	31
3.9	Older Veterans	33
3.10	Spouses, Civil Partners and Dependants	33
3.11	Reservists	34
3.12	Mental Health	35
3.13	Domestic Abuse	38
3.14	Causes of death	40



**ARMED FORCES
COVENANT**

3.15	Alcohol Use and Misuse	43
3.16	Health & Wellbeing Conclusion	45
4	Children and Young People	
4.1	Context	46
4.2	The Early Years	46
4.3	Child Care	47
4.4	Education	48
4.5	Service Pupil Premium	49
4.6	Attainment	50
4.7	Exclusions and Absences	52
4.8	Special Education needs	53
4.9	School support for service children	54
4.10	Further Education	55
4.11	Welfare	55
4.12	Children and Young People conclusions and recommendations	57
5	Housing	
5.1	Context	58
5.2	Service Accommodation	58
5.3	Support for Service Personnel or Service Leavers to find accommodation	59
5.4	Veteran-specific Housing	57

5.5	Social Housing	62
5.6	Homelessness	63
5.7	Finance and Life skills	64
5.8	Housing and Finance conclusions and recommendations	67
6	Employment	
6.1	Context	68
6.2	Spousal and civil partner employment	68
6.3	Reservists	69
6.4	Moving into civilian employment	70
6.5	Members of the Armed Forces employed within Solent Councils	72
6.6	Setting up a Business	73
6.7	Out of work benefits	74
6.8	Defence Employers Recognition Scheme	75
6.9	Employment Conclusion and recommendations	76
7	Resettlement	
7.1	Context	76
7.2	Families during resettlement	77
7.3	Administrative discharge	78
7.4	Veterans in the criminal justice system	80
7.5	Veterans in HM Prisons	81

7.6	Local Arrest data	81
7.7	Case study	83
7.8	Conclusion and Recommendations	83
8	Community and Specialist Support	
8.1	Context	84
8.2	Support Pathways	85
8.3	Services available locally	85
8.4	Peer Support	86
8.5	Funding for support services	86
8.6	Conclusion and Recommendations	87
9	Cross Cutting Themes	
9.1	Context	88
9.2	Early Service Leavers	88
9.3	The reluctance to ask for help	88
9.4	The need to 'Ask the question' is someone is ex-Armed Forces	89
9.5	Limitations of the Data and Evidence Base	89
	Appendices	90
	Military Locations in the Solent	90
	Maps	91
	Local Voluntary Community organisations providing support to the Armed Forces Community	98
	References	111

Acknowledgements and Contributions

This assessment would not have been possible without the support of a great number of agencies and individuals. Whilst they are too numerous to name here in entirety, the Solent Armed Forces Covenant Partnership Board would like to thank the following individuals and organisations for the pivotal roles they played in supporting us to understand the Armed Forces community within the Solent.

Methodology:

Duncan Fortescue-Webb, Specialty Registrar, Public Health, Portsmouth City Council

Simon Bryant, Associate Director of Public Health & Consultant in Public Health, Hampshire County Council

Phil Deakin, Armed Forces Covenant Project Worker, Coventry, Solihull and Warwickshire

Dr Sarah Hennelly, Post-doctoral researcher, Oxford Brookes University

For advice and support provided to consider the assessment structure, and information sources.

Data collection and Analysis:

Mr Matthew Wallace, DBS Knowledge & Information, Ministry of Defence

Dr Kate Harrison, Defence Statistics Health, Ministry of Defence,

Jim Hawkins, Specialist Public Health Intelligence Analyst, Portsmouth City Council

Jane Leech, Public Health Development Manager, Public Health Portsmouth

Dan King, Service Lead: Intelligence and Strategic Analysis, Southampton City Council

Danika Barbra, Senior Public Health Analyst, Isle of Wight Council

Jenny Bowers, Principal Public Health Intelligence Specialist Hampshire County Council

Sam Graves, Community Safety Researcher, Portsmouth City Council

Adrian Keeble QVRM, Information Analyst, Hampshire County Council

Dr Andrew Holden, GP representative, & Lisa Baker, Primary Care Development Officer, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups

Blanka Wood, Primary Care Transformation Project Officer, Portsmouth Clinical Commissioning Group

Louise Wells, Senior Commissioning Manager (Primary Care), Isle of Wight Clinical Commissioning Group

Phil Aubrey-Harris, Head of Primary Care Commissioning, and Tina Woodcock, Primary Care commissioning Development Manager, NHS Southampton Clinical Commissioning Group.

Penny Farrelly, Strategic Information Manager, Education Service, Portsmouth City Council.

Specialist knowledge:

Health and Wellbeing

Dr Elizabeth Fellows, CCG Executive, Portsmouth Clinical Commissioning Group

Dr Alastair Brown, Portsmouth Public Health Team, Portsmouth City Council

Jon Watson Chief Executive, and Kath Hutton General Manager, Veterans Outreach Support (VOS)

Shonagh Dillon, Chief Executive Officer, and Nina Turner, Armed Forces Advocate Aurora New Dawn LTD,

Darren Carter, Manager Portsmouth Day Service, Society of St James

Vicky Dry, Veterans Substance Misuse Case Management Service, Combat Stress

Children and Young People

Samantha Guy, Nursery Manager, Little Paws

Andy Hayes, School Improvement Manager, Hampshire County Council

Mike Stoneman, Deputy Director Children, Families and Education, and Neil Stevenson, Admissions, Attendance, Exclusions & Reintegration Service Manager, Portsmouth City Council

Nicola Thompson, Families Engagement Officer, Naval Families Federation

Vanessa Hicks, Head teacher, Gurnard Primary School

Julie Whittingham, RNRMW Community Development Worker, HMS Nelson, Portsmouth

Housing and Finance

Elaine Bastable, Housing Options Manager, Portsmouth City Council

Liz Slater, Service Lead, Assessment, Planning and Options, Housing, Adults and Communities, Southampton City Council.

Sara Williams, NBCP-EXEC Accommodation and Facilities Manager, Royal Navy.

Yana Preston, Manager, Alabaré Housing for Homeless Veterans.

Sharon McKnight, Housing Manager, HAIG Housing.

Sam Cook, Deputy Head of Projects, Care after Combat

Sandy O'Neil, Chief Officer, Citizens Advice Portsmouth

Housing and Finance continued...

Rob Bosshardt, Chief Executive and Phil Shuttleworth MBE, Beneficiary Support Co-ordinator, Royal Naval Benevolent Trust

Alan Crawford MBE, Head of Individual Grants, ABF, The Soldiers' Charity

Jim France, Royal British Legion, Area Manager Dorset, Hampshire & Isle of Wight

Employment

Gina Spacy, Engagement Manager South, Vocational Rehabilitation & Training Services, Royal British Legion Lifeworks

Leonie Hill, Business Development Manager, Department for Work and Pensions

Nicola Thompson, Families Engagement Officer, Naval Families Federation

Kate Lole, South East Regional Employer Engagement Director, Defence Relationship Management, South East Reserve and Cadet Force Association.

Resettlement

Lucy Heaver, Transition Liaison, Naval Families Federation

Liz McGill, Mental Health Commissioning Manager, Hampshire County Council,

Nick Pemberton, Veterans in Custody Support Officer, HMP Winchester,

Ernie Grendall, Volunteer & Veteran Peer Mentor Coordinator, Hampshire and Isle of Wight Community Rehabilitation Company

Hampshire Constabulary.

Community and specialist support

Jon Watson Chief Executive, Veterans Outreach Support (VOS)

Gary Weaving, Chief Executive, Forgotten Veterans UK

Ernie Grendall, Volunteer & Veteran Peer Mentor Coordinator, Hampshire and Isle of Wight Community Rehabilitation Company

Kate Wood and Vic Thorn, Southampton Veterans Breakfast Club

Executive Summary

The Armed Forces Covenant is a promise from the nation that those who serve or have served in the British military and their families will not be disadvantaged by their service.

Portsmouth, Southampton, Gosport and the Isle of Wight are signatories to the Covenant and in 2016 these local authorities (LA's) came together to form the Solent Armed Forces Partnership Board (SAFPB). This provides strategic governance for local delivery within the region.

The needs assessment has been drafted to reflect the SAFPB's desire to understand the Armed Forces community within the Solent region. The scope of this report considers this community in relation to 'Health and Wellbeing, Education and Children's care, Housing, Employment, Transition, Community and Specialist Support', including mental health care.

There is no recorded data for the size of the Armed Forces community, locally, regionally or nationally. In addressing this we have used a collection of data sources to estimate that in excess of 76,000 adults and children in the Solent are members of this community. Veterans' data is challenging to evidence. Some data presented within this assessment, derived from linking the MOD service leaver's database with the 2011 census for England and Wales provides some local insight.

The health of the Armed Forces community is generally similar to the general population. However, the inherent nature of being in the Armed Forces means that service personnel are likely to be fitter than their civilian equivalents and the emphasis on healthy lifestyles has resulted in a significantly lower mortality rate than the rest of the UK population.

Local work to consider the health of veterans registered with General Practices in the region has highlighted the need to ask patients if they have a military connection as they may have a higher prevalence of some common conditions. Health needs of reservists are highlighted in respect of deployment. The role of the reservist does not appear to be well understood by family, friends or work colleagues.

Domestic abuse including sexual violence and harassment is as likely to be found in the service community as in the civilian community. Local intelligence has highlighted some aspects of service life which can influence behaviours within an abusive relationship.

The Local Government Association estimates that around 8% of children aged 0 - 15 are Armed Forces (current or ex serving). These children tend to be more mobile than the general population and have to deal with some unique challenges associated with military life. Local evidence has identified 2,423 children aged 4-16 years registered for service pupil premium (SPP) within the Solent region. These children's educational achievement appears to be broadly in line with that of their peers, however more work is needed to understand service children and their needs, particularly those aged under 4 and over 16 years.

The 'Naval Families Federation' (NFF) commissioned research to consider the impact of child care in service families. This research identified a number of issues including access to out of hours care, and operational deployment where changes may have to be made at very short notice.

There is a perception that veterans have a disadvantage particularly in relation to housing. Many veterans own or privately rent their own home. Local councils in the region have policies to support the Armed Forces community to access social housing. A number of providers also offer veteran specific accommodation. Most of this supports older single veterans. Support is available 24/7 via the Veteran's Gateway to enable the veterans to search the region for veteran specific accommodation, however more work is needed to make providers and the community aware of this search provision.

A relatively recent survey has highlighted that some working age veterans live on a household income that is significantly lower than the average household income of working age people in the general population; leading some veterans to reported reliance on food banks while others experienced homelessness, offending or had contemplated suicide. There are a number of local service charities that provide financial assistance to service personnel. More needs to be done to understand the drivers for financial hardship locally and to advertise the support available.

The majority of service leavers find work quickly, however a small but significant number struggle to find employment that appropriately matches their skills. Levels of spousal employment are increasing but remain below that of the general population. Councils in the region are engaged with the Careers Transition Partnership (CTP) and other activities to support members of the Armed Forces community into employment. More work is needed to promote the value of reservists within the local workforce.

In conclusion, lack of awareness that the Armed Forces Covenant exists, what it means in practice, and knowing where to get support has been a consistent feature within this assessment. Recommendations have been made to further strengthen the delivery of the Covenant within the Solent region. At the heart of these recommendations is a need to ask if people accessing services have a military connection, think what this may mean in terms of service delivery, make 'Thinking Forces' a part of business as usual, and make more effort to work together to share information and develop support pathways that are accessible across the region.

Recommendations

This assessment has arrived at the following recommendations. These recommendations focus on providing direction to local authorities within the Solent partnership but apply to all agencies signed up to the Armed Forces Covenant and/or who provide support to the Armed Forces community within the Solent.

1. Local Authorities need to be proactive about using their existing systems to understand the size of the local Armed Forces community.
2. More work is required to understand the needs of foreign and commonwealth members of the Armed Forces Community within the Solent.
3. More work is needed to encourage GP's practices and members of the Armed Forces community to record military connections.
4. NHS agencies need to be made aware of the specialist treatment, compensation and support services available to members of the Armed Forces community.
5. Specific support for veterans around healthy life style and comorbid health problems would be prudent.
6. A proactive approach needs to be taken to ensure that family members understand the need to register their military connection with their GP.
7. A proactive approach is needed to ensure Reservists understand the need to register their military connection with their GP.
8. Health professionals need to be aware that a reservist has equivalent status to a veteran in regard to the Covenant in accessing health services.
9. Targeted messaging to reservists in relation to smoking, alcohol consumption and stress related health problems would be prudent.
10. Work with employers to increase support for Reservists pre and post deployment to reduce stress associated with sudden mobilisation and feelings of isolation upon returning to work.
11. A proactive approach is needed to ensure completion of the Armed Forces indicator within IAPT monitoring.
12. Front line staff need to be enabled to recognise veterans presenting with mental health issues so that they can be supported to access appropriate services.
13. The development of a Solent referral pathway for veterans experiencing mental health issues would ensure timely access to the full range of services available.
14. A Solent Communication campaign is needed to raise awareness of veteran specific mental health services available and reduce the stigma associated with asking for help.

15. Front line staff needs to be supported to understand some of the unique challenges of military life and the impact this can have on relationships.
16. Local domestic abuse services need to be encouraged to monitor rates of referrals involving members of the Armed Forces community so that prevalence of need in the Solent can be properly understood.
17. Information relating to the specific needs of the Armed Forces community should be incorporated into existing strategies for reducing domestic abuse within the Solent.
18. Explore with Coroner's office how veteran status can be better identified and recorded, to enable better targeting of prevention activities.
19. Targeted messaging to Veterans about risky driving to complement MOD safety campaign would be prudent.
20. It would be prudent for agencies to work together to ensure that dedicated veterans' substance misuse services continue to be available within the Solent.
21. Health and Early help services need to engage with Armed Forces families, particularly those with children aged 0 - 5 years with local child health services to ensure that these families know and can access the local offer.
22. Health and Early help service need to centrally record contacts they have with members of the Armed Forces community to enable trends to be understood and services to be targeted.
23. Work with local childcare providers to develop a network of Service Family Friendly providers within the Solent.
24. Localised information about schools, including availability, numbers of other Service children in attendance or what the school does to support Service children would be helpful for service families moving into the area.
25. Solent councils need to ensure that exclusion and absence guidance provided to parents and schools reflects their commitment to the Armed Forces Covenant.
26. The Solent partnership needs to consider how to support further and higher education establishments across the Solent in 'Thinking Forces'.
27. A marker to identify children of serving personnel or veterans within children's service triage and/or MASH systems would enable better targeting of support to this community.
28. Veteran-specific housing providers within the Solent need to be encouraged to register their vacancies on the Veterans Gateway housing support service.
29. More work is needed to understand demand for further and future veteran-specific accommodation within the Solent; especially in relation to younger veterans, families and areas without existing veteran-specific accommodation.

30. More work is needed to embed the process of asking the question and clarify the local housing offer to the Armed Forces community.
31. Solent Councils need to demonstrate that they are taking a proactive approach to reducing rough sleeping within the Armed Forces community.
32. More work is needed to understand and address drivers for veteran financial hardship in the Solent and understand barriers to accessing support services available.
33. An employment strategy that enables Reservists to be seen as business assets across all Council departments needs to be developed.
34. Solent councils need to be proactive in advertising the range of local employment support and opportunities available to members of the Armed Forces community.
35. Solent councils' work experience offer may be better utilised as part of a co-ordinated approach to address veteran unemployment in partnership with existing local services.
36. More work is needed to enable staff to be aware of the opportunity to self-identify and the benefits of doing so.
37. Solent councils need to consider how they are encouraging veteran owned businesses within their supply chain as part of wider work to promote diversity within the procurement process.
38. Solent councils to need to clarify their position on extending Covenant commitments to cover resettlement moves.
39. Solent councils to need to ensure they provide specific information for personnel and families in resettlement about local post service support they can receive.
40. Solent councils need to work with Tri-service resettlement services to understand need and develop pathways for linking those being administratively discharged with local support services.
41. More work is needed to ensure veterans serving in Solent prisons and their families have information about the local offer.
42. Local service information for the Armed Forces community needs to be provided to local custody staff.
43. Referral and support pathways are needed to ensure veterans experience a 'no wrong door' approach to accessing services in the Solent.
44. Use of peer support roles within existing and new services supporting the Armed Forces community should be considered to increase engagement
45. There is demand for a VCS Armed Forces network to bring together Armed Forces specific support services.

46. Early Service Leavers are a distinct group of veterans who need additional consideration.
47. New and existing services need to be encouraged to utilise peer support and involve families in breaking down barriers to accessing support.
48. All agencies within the Solent partnership need to be asking about military connection and have recording mechanisms in place to evidence the impact of this.
49. A broad agreement in relation to data collection and high level information sharing within the Solent partnership would enable better strategic analysis.

Introduction

1.1 The Armed Forces Covenant

The Armed Forces Covenant is a promise from the nation that those who serve or have served in the British military, and their families, will not be disadvantaged by their service.

The Armed Forces Community Covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community (including veterans). It encourages local communities to support the service community in their area by:

- Nurturing public understanding and awareness of issues affecting the armed forces community
- Recognising and remembering the sacrifices faced by the armed forces community
- Encouraging the integration of the armed forces and resident local communities through a range of activities and joint projects¹.

1.2 The Covenant across Portsmouth, Southampton, Gosport and Isle of Wight

Portsmouth, Southampton, Gosport and Isle of Wight are four of 407 local authorities nationally who have signed the Covenant since its launch in 2011².

All four councils have strong military connections:

- Portsmouth is the home of the Royal Navy with several active military sites/units;
- Gosport has over 800 years of military heritage and three active military sites;
- Southampton is a maritime city noted for its historical association with the Spitfire plane and the Merchant Navy and;
- The Isle of Wight has an active reserve unit, and is estimated to have the highest percentage of resident veterans in the South east³.

In 2016 these four councils came together to adopt a partnership approach to delivering the covenant within the Solent region of the wider County of Hampshire. Entitled Strengthening Local Covenant delivery, the aim of this partnership is to:

- Raise awareness among serving personnel, reservists and veterans of the support they can expect from local authorities;
- Provide a broader understanding of the needs of the local veteran population as well as serving personnel during transition to civilian life;

¹ Aims of the covenant for communities, accessed 19th October 2017, from:

<https://www.gov.uk/government/publications/armed-forces-community-covenant/armed-forces-community-covenant>

² Who has signed the covenant?, accessed 19th October 2017, from: <https://www.armedforcescovenant.gov.uk/get-involved/who-has-signed-the-covenant/>

³ 8% of the total population aged over 16 years, in comparison to 6% of the total population aged over 16 years in Hampshire.

- Evaluate the impact of these initiatives.

The Solent Armed Forces Covenant Partnership Board representing Portsmouth, Southampton and Gosport, and the Isle of Wight Civil Military Partnership Boards provide strategic governance for local delivery of the Covenant.

1.3 The Armed Forces Covenant across the South, South East and South West

The Solent sits within the wider geographical footprint of the county of Hampshire where work to develop local understanding and support for the Armed Forces Covenant is well established through the Hampshire Civil Military Partnership Board⁴.

The introduction of specific Covenant funding available to support Local Authorities to strengthen delivery of the Covenant, has resulted in a number of multi Council partnerships. The Solent partnership is neighboured by two such projects: Forces Connect SE and South West Armed Forces Covenant Project.

Forces Connect SE is a cross border partnership comprising Surrey, Kent, East Sussex and West Sussex County Councils, Brighton and Hove, Medway Councils and Sussex NHS. The scheme will involve training hundreds of frontline staff across the region to meet the needs of the Armed Forces community. Other strands include developing an app to make it quick and easy for members of the Armed Forces community to find the right support, and establishing a mentoring programme to help those making the transition from military to civilian employment⁵.

South West Armed Forces Covenant Project is a cross board partnership comprising of Wiltshire, Cornwall, Devon, Gloucestershire, Somerset County and District Councils and Bristol and Plymouth Councils. Its intent is to ensure that veterans, reservists and their dependants that need help are known; that public, private and non-service voluntary & community sector organisations give appropriate support when, where and how it is needed, and underlying causes of issues are identified, and preventative measures implemented⁶

1.4 Background to this Needs Assessment

This needs assessment reflects the Strengthening Local Covenant delivery partnership's desire to understand the armed forces community within the Solent and will create the platform for the Solent Armed Forces Covenant and Civil Military Partnership Board's 2018/20 action plan.

This needs assessment will build upon previous Armed Forces needs assessments for Portsmouth, Gosport and Southampton, and will be the first such assessment for the Isle of Wight. It will consider local implications of national research and evidence in relation to key covenant commitments and areas of need identified within the Armed forces Community. In doing this, this assessment will define a new baseline of Solent wide understanding, establish the value of further

⁴ Telephone communication with Hampshire County Council (AL) and PCC dated 24th August 2017

⁵ Forces Connect South East, retrieved from <https://www.hants.gov.uk/community/armedforces/forcesconnect-se>

⁶ Private Communication with Wiltshire Council (DW) and PCC dated 3rd March 2018.

specific thematic reviews and identify how ongoing assessment of this recognised minority can be sustainably incorporated into business as usual across the Solent.

1.5 Definitions

The armed forces are defined as Royal Navy, Royal Marines, Royal Air Force and Regular Army and associated Reservists⁷.

The armed forces community is defined as: anyone who is or has served for at least 1 day in the armed forces (regular or reserve, including national service) 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. The armed forces community also includes spouses, civil partners and dependent children of those who currently are or have served for at least 1 day, even if the serving person is now deceased⁷.

Within this assessment the term 'veteran' will be applied to all former regular and reservist armed forces personnel, in recognition that this is the definition set out by the Ministry of Defence. The term 'Service leaver' is used for someone who is in transition from, or has ceased to be a member of HM armed forces; this term will be used to describe identified groups including early service leavers and those within resettlement processes⁸.

Within this assessment the term Solent will be used to refer to the geographical area covered by Portsmouth City Council, Southampton City Council, Gosport Borough Council and Isle of Wight Council.

1.6 Scope

The scope of this report covers the Armed Forces community within the Solent. The experience of the armed forces community will be considered in relation to:

- Health & Wellbeing; Education and Children's care; Housing; Employment; Transition; Community and Specialist Support.

These are areas prioritised within the UK Armed Forces Families Strategy 2016-20⁹ as necessary for ensuring the Armed Forces Community have everything they need to thrive within society.

⁷ FiMT (2016) Our Community, Our Covenant Report

⁸ MOD (2017) Veterans Key Facts, retrieved from: <https://www.armedforcescovenant.gov.uk/wp-content/uploads/2016/02/Veterans-Key-Facts.pdf>

⁹ GOV (2016) UK Armed Forces Families Strategy, retrieved from: <https://www.gov.uk/government/publications/uk-armed-forces-families-strategy>

1.7 Methodology

The methodology for this assessment includes collection, collation and analysis of:

- National and local data, where this is available from ONS, MOD and other sources;
- National and local research such as the Royal British Legion UK Household survey (2014), NFF Transition Study (2018), and locally Portsmouth CCG commissioned Veterans Needs Health Survey (2016).
- Reviews on behalf of the government including FiMT Transition Mapping Study [TMS] (2013, 2016 & 2017), and The Phillips Review (2014): A Review into Former Members of the Armed Forces in the Criminal Justice system.

Limited UK research has resulted in some conclusions being drawn from international research. Within this needs assessment  is used to highlight the need for further research.

The Armed Forces community in the sub-Solent

2.1 Military Locations and Personnel in the Solent

15 Military locations have been identified across the Solent (see map overleaf). The majority of these are located within Portsmouth and Gosport. Southampton and Isle of Wight do not have any regular military bases, but do have active reserve units and recruitment centres. In addition to regular and reserve military locations there are **28** cadet units within the Solent.

As of 1st October 2017, there were approximately **8,170 regular serving personnel** based within the Solent: 6,340 Portsmouth, 1780 in Gosport, and 50 Southampton¹⁰: **95%** Royal Navy/Royal Marine, 4% Regular Army, and 1% Royal Air Force.

¹⁰ MOD (2018) Location of UK Regular and civilian personnel quarterly statistics, retrieved from: <https://www.gov.uk/government/collections/location-of-all-uk-regular-service-and-civilian-personnel-quarterly-statistics-index>

Military Locations in the Solent



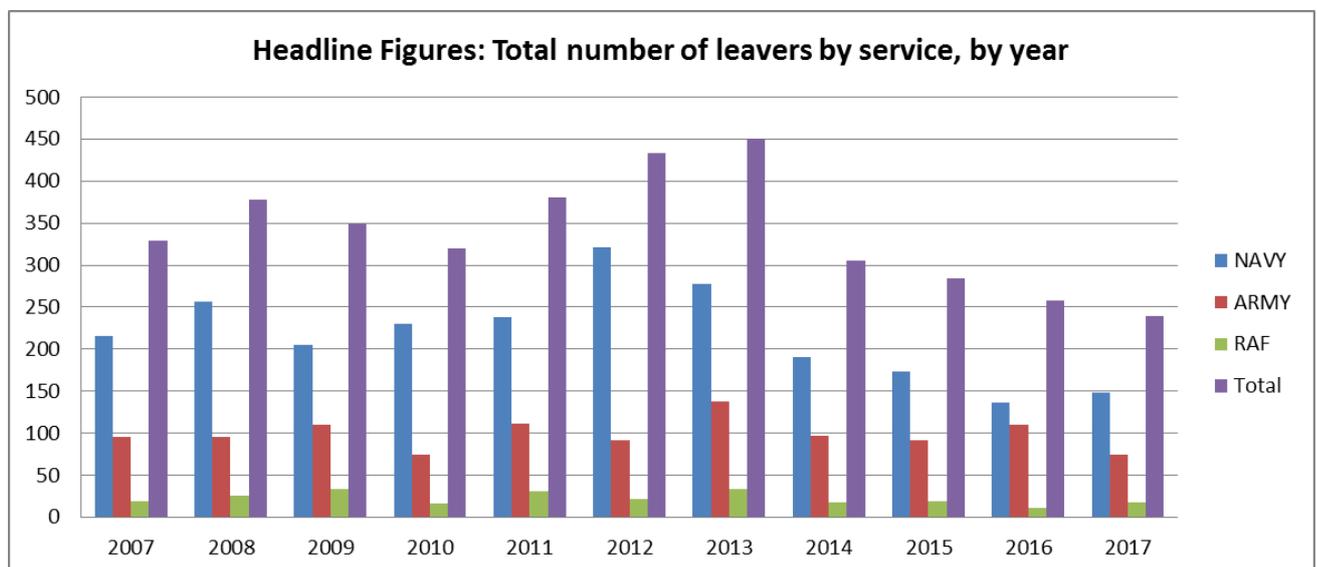
2.2 Service Leavers

In 2016/17 **15,047** people left the Armed Forces nationally¹³. A business as usual request¹¹ to the MOD has enabled us to identify that **3728** trained and untrained personnel left The Royal Navy, Airforce, Marines and Army between 1st April 2007 and 1st September 2017 with a Solent permanent home address at the point of exit; an average of **339** per year. (See appendix 2, Table 2).

Most were Naval, with home addresses in Portsmouth and Gosport; reflective of the location of bases. The vast majority of these (83%, 3094/3728) were trained personnel indicating a baseline of skill and likelihood of having undertaken some qualification in a chosen trade. Untrained personnel¹² accounted for 17% (634/3728). Untrained personnel have been as the most at risk of poor outcomes³³.

Numbers of service leavers within the Solent were higher in 2012 - 2013 (see [Figure 1](#)). This appears to correlate with a peak in national outflow rates for the regular forces which also went up during these years¹³. Cross referencing this information with reasons for outflow provided within UK service personnel statistics, indicates higher than average numbers of trained personnel choosing to leave voluntarily during these years, whilst end of term, other and redundancy numbers remained consistent with previous years¹⁴. There is no official reason why this would have occurred.📖

[Figure 1: Regular Personnel resettling with a registered home address in the Solent 1st April 2007 - 1st September 2017](#)



¹¹ MOD (2017) DBS Knowledge & Information, RE: 20171122-MISR0002199_Output-2-Leavers data for needs assessment-OS dated 24 Nov 2017.

¹² Untrained personnel are those who have not completed their basic military training for a range of reasons including choosing to leave, being medically discharged or deemed unsuitable.

¹³ House of Commons (2017) Briefing paper Number CBP7930, 21st November 2017, retrieved from <http://researchbriefings.files.parliament.uk/documents/CBP-7930/CBP-7930.pdf>

¹⁴ GOV (2017) UK Armed Forces Monthly Service Personnel Statistics: October 2017 available from: <https://www.gov.uk/government/statistics/uk-armed-forces-monthly-service-personnel-statistics-2017>

Table 1: Service Leavers by Local Authority, by year

Authority Area	Grand Total	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Gosport	1587	147	154	133	138	157	209	236	120	105	92	96
Isle of Wight	334	28	28	32	~	37	~	~	~	29	30	~
Portsmouth	1678	137	178	166	151	171	182	181	142	139	123	108
Southampton	129	17	18	18	~	15	~	~	~	11	13	~
Grand Total	3728	329	378	349	320	380	434	450	306	284	258	240

~ Denotes a value <10. In some instances a value greater than 10 has been suppressed to avoid the column total revealing the values that were less than 10 in other areas, in these cases ~ values were the next lowest.

. Denotes a null value

* Veterans Health Needs Assessment 2012 (version 1.0) states a total of 78 service leavers with a permanent home contact address in Southampton postcode left service 1st April 2010 - 31st March 2011. This disparity cannot be rationalised as data used into 2012 is no longer available.

2.3 The Size of the Ex-Service community in the Solent

The MOD do not maintain personnel address information once personnel have completed the resettlement process, making it extremely difficult to know how many veterans, and their family members live within our communities. The Solent is not alone in this challenge. In 2016, The Royal British Legion launched the 'Count them in Campaign'¹⁵ which has been at the forefront of lobbying for questions regarding military status to be included in the 2021 census. In October 2017 the Office for National Statistics (ONS) confirmed their intention to recommend the inclusion of a question on the Armed Forces community in the next census in England and Wales. This means that from 2023 onwards it should be significantly easier to accurately quantify the local armed forces community and understand local need.

In 2016, the MOD's Annual Population Survey [APS]¹⁶ estimated that the GB veteran population numbered 2.50 million (down from 2.56m in 2015). The decline in estimated numbers being mainly due to reduction of people in the older age groups of 65-74 and 75+ years. Within the APS local population estimates were adjusted to reflect the reduction in older veterans. Hampshire (from which Gosport, Portsmouth and Southampton are surmised) dropped from 7.6% in the 2015 APS¹⁷, to 6% in 2016¹⁶, whilst the Isle of Wight saw a slight increase from 7.8%¹⁷ to 8%¹⁶.

Local Authorities need to be proactive about using their existing systems to understand the size of the local Armed Forces community.



¹⁵ RBL(2017) Count them in: Making the Census Count, retrieved from: <http://www.britishlegion.org.uk/get-involved/campaign/count-them-in/>

¹⁶ GOV (2017) Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016, retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/654734/20171023_-_APS_2016_Bulletin.pdf

¹⁷ GOV(2016) Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2015, retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559369/20161013_APS_Official_Statistic_final.pdf

2.4 Estimating the size of the Armed Forces Community

There is no single data source for estimating the size of the Armed Forces community, locally or nationally. It is possible to crudely estimate the size of this community by drawing together a range of information sources combined with estimation calculations.

Drawing together data from the MOD, Naval Families Federation and Facilities Accommodation Office with local estimation guided by the APS¹⁶ and The Royal British Legion Household Survey⁹⁰ we estimate the size of the size of the Armed Forces community within the Solent to be somewhere in the region of **76,207** adults and children; equating to **11.5%** of the population of Portsmouth, **9.1%** of population of Southampton, **12.9%** of population of Gosport and **12.2%** of the Isle of Wight when calculated against ONS mid-year population data. Actual numbers may be higher or lower. The Table below provides a breakdown of this estimated number.

Table 2: Estimated size of the Armed Forces community within the Solent

Local Authority	Veterans (1)	Veteran Spouses (2)	Veterans dependents (3)	Navy personnel (4)	SFA (5)	Based Personnel (6)	Reservists (7)	War Widow (ers)(7)	Total
Portsmouth	10,510	6,411	2,021	1,533	1,690	2,166	270	121	24,722
Southampton	12,549	7,654	2,414	470	.	11	140	.	23,238
Gosport	4,158	2,536	800	1373	2,022	61	140	.	11,090
Isle of Wight	9,421	5,746	1,812	118	.	.	60	.	17,157
Total	36,638	22,347	7,047	3,494	3,712	2,238	610	121	76,207

1. Veterans: APS¹⁶ population estimates calculated using ONS mid-year population estimates.
 2. Veteran's spouses and civil partners calculated at a rate of 61% as per APS¹⁶ 2017 rate.
 3. Veteran's dependants: dependent calculations from RBL household survey⁹⁰
 - 4 Navy Personnel: Those identified by the Naval Families Federation (NFF) as having a registered home address in the area²⁰
 5. Service Family Accommodation: Service personnel and immediate family members, as per Service Accommodation data, assumed to be at 87% capacity.
 6. Based Personnel: MOD location of regular service personnel data¹⁰, with subtraction of those already accounted for in service accommodation¹⁸, those away on active deployment¹⁹, and those already accounted for within NFF data²⁰ for caution, and personnel assumed to be commuting into the area²¹.
 7. The current number of Volunteer Reservist, called out Reservists and sponsored Reservists who have a registered home address within the Solent²²
 8. Widow (ers): pension and compensation data²³.
- . Denotes a null value

Limitations

The actual concentration of veterans in Portsmouth, Southampton and Gosport may vary from APS regional population estimate. Extrapolation of national data and/or estimates at a local level

¹⁸ PSA of addresses in the sub-Solent and occupancy advice provided by JHO (SW) March 2018

¹⁹ Calculated at 3.6% of total strength as per MOD (2017) Defence in Numbers report.

²⁰ Email and Discussion with Naval Families Federation (JT) and PCC 18th October 2017

²¹ ONS 2011 census analysis that 55% of those within Public Administration and defence travel less than 20k daily for work, mapped to sub-Solent area.

²² MOD Defence statistics request dated 4th May 2018

²³ Table 5- Number of recipients of an occupational pension under the AFPS (75 or 05), an ongoing pension under the WPS, and or/ those awarded compensation under the AFCS, by postcode district, as at 31 March 2017.

may not always reflect local demographics and therefore should be treated as illustrative rather than absolute.

2.5 Veterans living in the Solent Area at the time of the 2011 Census

Defence Statistics Health has provided summary information on veterans living in the Solent area (identified as Gosport, Portsmouth, Southampton and the Isle of Wight) at the time of the 2011 England and Wales Census²⁴. The data presented has been derived from linking the MOD veterans' leaver's database with the 2011 census for England and Wales. The numbers presented are an estimate. For veterans of working age (under 65 years), the MOD is confident that the numbers are reliable; this accounts for 84% of the veterans linked. However for veterans of retirement age (over 65 years) they have cautioned that these estimates are not reliable and should not be used as a population estimate²⁵.

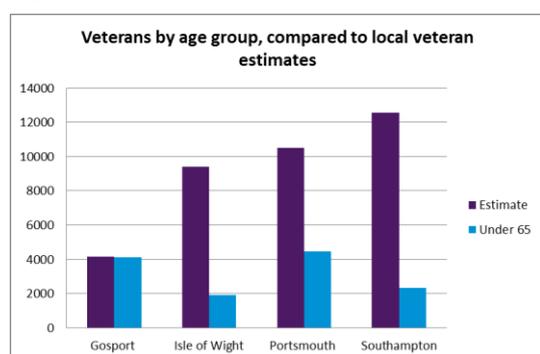
Table 3: Council/Local Authority for Veterans by age group, numbers

Council/LA	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	ALL
Gosport	122	309	360	431	585	733	921	648	758	423	621	5,911
Isle of Wight	47	93	126	173	304	415	443	322	329	262	237	2,751
Portsmouth	179	388	451	467	672	822	859	628	617	400	481	5,964
Southampton	151	228	194	235	321	423	449	335	323	194	177	3,030

1. Low reliability for veterans aged 65+

Accounting for years passed since the last census, and applying this information to existing veteran population estimates would suggest that 35% of veterans residing within the Solent are of traditional working age (under 65 years). This is a crude estimate that takes no account of movement of veterans in or out of the area. Cross referencing this information to individual council populations highlights further limitation to the population estimates within this assessment; demonstrated by Gosport where the total veteran estimate nearly equals the numbers of veterans <65 years. This estimate would suggest that higher proportions of veterans aged over 65 are more likely in Southampton and the Isle of Wight.

Figure 2: Veterans of working age, compared to local veteran estimates



²⁴ ONS 2011 Census for England and Wales / MOD Veterans leavers linked dataset

²⁵ Private Communication between MOD (KH) & PCC dated 19th December 2017.

2.6 Pension & Compensation Payments

As of 1st April 2017 **10, 626** individuals within the Solent were in receipt of a pension and/or compensation payments. The limitations on this information make it unhelpful for understanding veteran population sizes within the Solent. However it could be of use when considering the needs of our local Armed Forces community. Within this data 2635 payments are coded as War Pension Scheme (WPS) and/or Armed Forces Compensation Scheme (AFCS) payments. Being in receipt of a war pension or compensation does not necessarily mean that an individual requires on-going specialist medical support, care or assistance, but it may indicate a cohort of individuals more likely to require additional medical care and carer support, as they age. Particularly if the condition they are being compensated for degrades further with age. Individuals with an existing condition are also more at risk of developing additional secondary health conditions.

Table 4: MOD Compensation and/or pension payments²⁶

Area	All ¹	Of which veterans	All AFPS ²	All WPS	Veterans (DP) ³	War Widow(er)s	All AFCS	Serving Personnel	Veterans ⁴
Gosport	4,526	4,275	4,090	681	561	~	242	135	107
Portsmouth	3,779	3,496	3,174	634	507	121	345	165	180
Southampton	980	914	767	257	216	~	62	26	36
Isle of Wight	1,341	1,268	1,051	375	316	~	39	15	24
Total	10,626	9,953	9,082	1,947	1,600	~	688	341	347

1. Subtotals can't be summed as an individual may be in receipt under more than one scheme.
2. Includes ex-serving personnel who are in receipt of their pension. Does not include pensioners in receipt of AFPS 15.
3. Includes Disablement Pensioners in receipt of an ongoing war pension as at 31 March 2017.
4. Includes individuals awarded compensation under the AFCS after leaving Service, and in-Service recipients of compensation who had later left Service as at 31 March 2017.
5. ~ denotes numbers lower than 10.

Pensionable service varies according to the individual's personal circumstances and which scheme they are a part of but as a rule, starts at the age of 40 years, with the standard qualification period for a military pension (not a War Disablement Pension for injury) being 16 years, or aged 38 years whichever comes first for an officer, or 22 years for non-commissioned personnel. Those who served for more than 12 years, but less than standard qualification period are entitled to apply for a deferred pension, payable when they reach the age of 55²⁷.

Personnel can only receive WPS and AFCS if they have been injured as a result of service. These payments can start as soon as someone is identified as eligible. Unlike pensions there is no minimum age to receive these payments, and recipients do not need to have completed their service, although the vast majority will have been medically discharged as result of their injuries²⁷.

²⁶ MOD (2017) Location of armed forces pension and compensation recipients: 2017, as at 31st March 2017.

²⁷ Private communication with Royal British Legion (RBL) (JF) and PCC dated 4th December 2017

There is likely to be a high proportion of veterans who will not be in receipt of a pension:

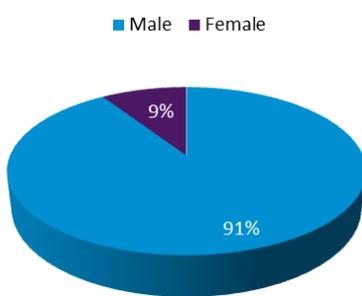
- Not all deferred pensions have been claimed.
- Veterans who completed National Service only receive a pension if they had been injured during their service and the injury was attributable to that service, otherwise they do not qualify for a military pension.
- Veterans, who served less than 12 years prior to 2012, do not qualify for a military pension.
- Veterans who served more than 12 years, but less than the standard qualification, and are aged under 55 years, will not be in receipt of a pension.

Between October 2012 and April 2017 all eligible civilian employees were automatically enrolled into workplace pension schemes as part of a national initiative. Normally no employer is exempt from the regulation however there are limited exemptions, such as members of the Armed Forces and one person companies where the individual is also a director.

2.7 Demographic information

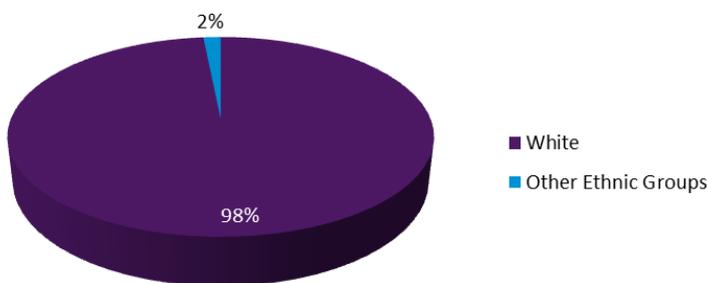
The latest APS¹⁶ estimates veterans to be predominantly white (98%), male (90%) and/or aged 65 and over (63%). BAME veterans now make up 2% (n: 40,000) of the veteran population, up from 1.2% (n: 31,000) the previous year. In comparison the UK general population is 8% BAME. Information on veterans living in the Solent at the time of the 2011 Census provided by Defence Statistics mirrors the national veteran data²⁴ in relation to gender and ethnicity.

Figure 3: Veterans by gender in the Solent as per Census 2011 data



Council/LA	Male	Female	ALL
Gosport	5242	669	5911
Isle of Wight	2560	191	2751
Portsmouth	5417	547	5964
Southampton	2806	224	3030

Figure 4 Veterans by ethnicity in the Solent as per Census 2011 data



Council/LA	White	Other Ethnic Groups	ALL
Gosport	5834	77	5911
Isle of Wight	2736	15	2751
Portsmouth	5848	116	5964
Southampton	2963	67	3030

As with the information provided on Veteran numbers by age, the population estimates for gender and ethnicity should be considered a minimum, and only reliable to describe the demographic profile of the working age veteran living in the Solent area at the time of the 2011 census.

2.8 Foreign and Commonwealth

Whilst veteran numbers of those identified as other ethnic groups are low within the Solent. Royal Navy, Royal Marine Welfare (RNRMW) has identified Fijian and St Vincent, Nepali and Caribbean serving personnel living within Portsmouth, Gosport and Southampton.

There is a lack of information pertaining to the needs of the St Vincent and Caribbean communities within the Solent. Hampshire's 2015 needs assessment⁴¹ included a focus on the ex-Gurkha and Nepali community; concluding that whilst the needs of these communities, are similar to those in the general veteran population. This community experience specific issues that need to be considered:

- higher rates of some diseases and medical conditions such as TB and diabetes;
- Health issues relating to living in houses of multiple occupancy and fire risks
- specific issues around accessing healthcare and other services due to language barriers; And;
- are less likely to report or seek help for issues such as drugs, alcohol and domestic violence

More work is required to understand the needs of foreign and commonwealth members of the Armed Forces Community within the Solent.



2.9 The Location of the Ex-Service community in the Solent

Maps in appendix 2 have been created using MOD data to attempt to better understand which particular areas of the Solent personnel have resettled to. Postcode information received was by total number, trained and untrained; not by service or year. The small numbers and distribution of untrained service personnel resettling in the Solent made the creation of maps for untrained personnel alone unviable, however it is possible to distinguish some differences between the maps illustrating the postal sectors of trained personnel and those depicting trained and untrained service leavers. There is no way of knowing how long service leavers remained within the Solent post discharge, or if they resettled here at all.

Summary of mapping work:

Within Portsmouth higher numbers of both trained and untrained personnel have provided a main residential address in the Eastney Craneswater area. This may indicate an area of higher recruitment; untrained service leavers having served less than 10-14 weeks, are more likely to return to a previous home address than a new area. Lower numbers of trained personnel resettle to the Charles Dickens and St Thomas Ward areas of the City which may reflect the aspirational conditions which are prevalent within those wards.

In Gosport, Rowner and Holbrook and Lee West appear to be hot spots for trained and untrained personnel, possibility indicating areas of intergenerational service. Rowner and Holbrook has been ranked as one of the 10% most deprived areas in England²⁸. Lower numbers of trained personnel had addresses in Anglesey, and Alverstoke; the grading of these areas remained unchanged in the all personnel map suggesting limited resettlement of untrained personnel to these wards. Anglesey and Alverstoke are the most affluent wards in the Borough.

Southampton had significantly lower numbers of personnel with a registered home address within the city at the time of resettlement compared to Gosport and Portsmouth. One postal sector in particular that stands out from the rest is SO14 6 in Bevios. SO14 6 is the lesser deprived section of the ward. At the time of the last Census in 2011 41% of residents in Bevios Ward were identified to be ethnic minority, and 39% had been born outside of the UK²⁹.

On the Isle of Wight small numbers of service leavers (only 334 in the 10 years) make it difficult to distinguish any particular hot spots using the same scaling as the other areas. However when the scaling is localised, it is possible to identify slightly higher numbers of trained personnel resettling with residential addresses in Cowes and Ryde; particularly the Ryde West and North West areas. As well as being close to good transport links to the mainland, Ryde also ranks within the 20% most deprived areas in England³⁰.

2.10 Expected demographic changes to the Service personnel profile

It's estimated that currently up to two thirds of veterans are aged 65+ (63%)¹⁶. This is a result of the Second World War, and subsequent National Service which ended in 1960¹⁶. It is forecast that the total number of veterans in England will decline by 29.4% during this decade (2017 - 2027) with the main reduction being in the percentage of veterans aged over 75 years whilst numbers of younger veterans remain more constant³¹.

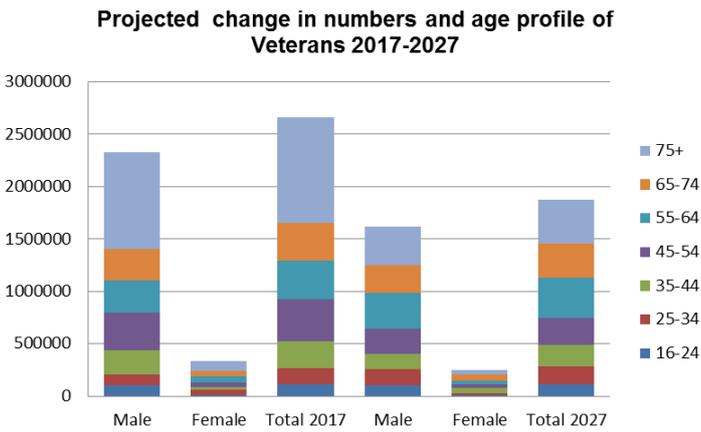
²⁸ Hants Web, [The 2015 Index of Multiple Deprivation](#).

²⁹ Private Communication with SCC Public Health (DK) and PCC Dated 4th April 2018

³⁰ IOW [Joint Strategic Needs assessment 2015](#).

³¹ Woodhead C et al (2009) An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, ONS London.

Figure 5: Projected Change in numbers and age profile of veteran population of England 2017-2027



Woodhead C et al (2009) An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, ONS London.

2.11 Reserve 2020

Numbers of personnel within the Royal Navy, Regular Army and Air Force is reducing as part of a national strategy that will see Reserve Forces become an integral and integrated part of the Armed Forces³². This is a strategy designed to reflect the changing needs of national security in which there are many strategic uncertainties alongside a diverse range of risks. The total requirement of the Reserve 2020 agenda only represents 0.15% of the overall UK workforce, and therefore will have limited overall impact on the future profile of the Armed Forces community in the Solent; which is set to remain dominated by male veterans from the Regular services for the foreseeable future.

Current numbers of reservists in the South East:



234 Royal Navy Reservists
40 Royal Marine Reservists



2,451 Army Reservists



930 RAF Reservists

³² MOD (2013) Reserves in the Future Force 2020: Valuable and Valued, presentation to Parliament by the Secretary of State for Defence July 2013.

Table 5: The current number of Volunteer Reservists, called out Reservists and sponsored Reservists who have a registered home address within Portsmouth, Southampton, Gosport and Isle of Wight by Service (Royal Navy, Royal Marine, Army, and Airforce)²².

Local Authority Area	ARMY	RAF	RNRM	Grand Total
Gosport	50	10	90	140
Isle of Wight	40	~	10	60
Portsmouth	140	10	130	270
Southampton	90	10	30	140
Grand Total	320	30	260	610

~ Denotes a value <10

. Denotes a null value

Information obtained from the MOD has indicated a proportionally high number of Royal Navy, Royal Marine reservists reside within the Solent. It cannot be assumed that all of these reservists are assigned to South East units, however given that the attendance commitment for the reserve forces includes weekly evening activities the probability is high. The number of reservists resident within the Solent represents 0.13% (650/458,678) of all residents aged 16-64years, putting the Solent slightly below national projections for percentage of reservists within the workforces; assuming all reservists resident within the area are locally employed. Local authorities as employers themselves have a role in enabling the Solent to reach the 0.15% target, by encouraging staff to consider reserve opportunities.

2.12 Local Awareness and Opinion

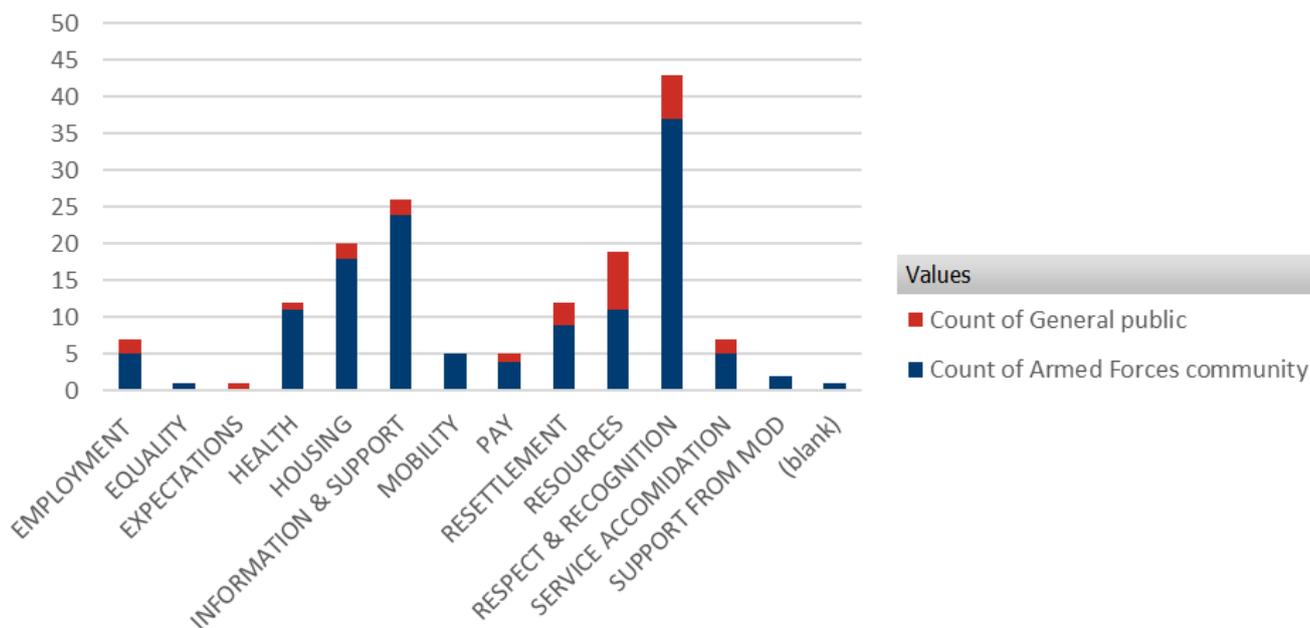
The arrival of HMS Queen Elizabeth (one of the largest warships ever built for the Royal Navy) to Portsmouth in August 2017 presented an opportunity to check public awareness of the Covenant within the Solent by asking people to complete a short survey. The survey was administered, face to face, on-line and to the Southampton People's Panel, gaining a total of 714 responses. Focused analysis of 249 responses (collected via survey monkey and face to face) showed 74% (184/249) of these self-selected respondents were members of the Armed Forces community; of these 70% (129/184) were veterans, 8% (15/184) were currently serving, 9% (17/184) were dependants and 11% (21/184) were spouses of serving personnel or veterans. 33% (81/249) of respondents declined to provide their postcode for location purposes. 28% (69/249) reported to live outside of the Solent region, mainly in Hampshire; limiting local learning we can take from this feedback.

Within this survey respondents were asked what they felt the biggest issues affecting the Armed Forces community were. This was an open question. Coding of feedback received identified thirteen categories. Six were specific to life during service including: access to or the quality of service accommodation, challenges experienced as a result of mobility, rates of pay, support available from the MOD, support provided during resettlement and Government commitment of resources to Defence (some respondents expressing concern at reduced national spending).

Not being aware that the Armed Forces Covenant exists or what it means in practice, and not knowing where to get support was also a consistent feature within the survey feedback. A lack of respect and recognition from services and the general public was the most frequently coded issue

(lack of national strategy and supportive local policy, and homeless veterans were commonly cited as rational for this opinion). Equal numbers of the general public and the Armed Forces community stated the media had influenced their opinion; highlighting the importance of having a considered communication strategy.

Figure 6: Coding of answers to question 3 Covenant survey 'In your opinion, what is the key issue facing members of armed forces community today?'



Health and Wellbeing

3.1 Context

Since 2012, repeated public consultation has identified a perception amongst the public that that it is common or very common for former Service personnel to have some kind of physical, emotional or mental health problem as a result of their time in the Forces³³. This section will consider the evidence to support this perception by reviewing what is actually known about the health needs of the Armed Forces community nationally and within the Solent.

3.2 The role of the NHS

The role of the NHS varies depending on the status of the individual. Those in regular service and reservists on active duty will receive all aspects of their medical and dental care through

³³ Lord Ashcroft (2017) The Veterans Transition Review, 3rd follow up report retrieved 2nd November 2017, from: http://veteranstransition.co.uk/vtr3_followup_2017.pdf

Defence Medical Services [DMS] in partnership with NHS England³⁴. Local NHS services are used for Veterans, Reservists not on active duty, spouses, civil partners and dependants³⁵.

3.3 Serving personnel

According to NHS England, Armed Forces personnel are typically younger and fitter than the general population. There is a low prevalence of long-term conditions which is unsurprising given that enlistment precludes a number of medical conditions including cardiovascular disease, diabetes and respiratory conditions³⁶. There is, however, a higher incidence of musculoskeletal injury in this group.

Within the Solent as of October 2017, according to NHS England **10,190** armed forces personnel and entitled civilian personnel were registered for DMS. The vast majority of these are Navy; located within Portsmouth and Gosport which is to be expected. This figure includes approximately 1,650 personnel based in HMS Collingwood in Fareham, Hampshire.

Table 6: UK Armed Forces personnel and entitled civilian personnel DMS registrations registered to relevant NHS England Clinical Commissioning Groups by Service, 1st October 2017³⁷

Area	All Persons	All Uk Armed Forces	Navy	Army	RAF	Civilian
NHS Fareham and Gosport	3,500	3,500	3,220	150	140	~
NHS Portsmouth	6,710	6,690	6,600	80	20	30
NHS South Eastern Hampshire (including Southampton & IOW)	~	~	0	~	0	0

1. In line with Joint Service Publication 200, numbers 5 or fewer have been suppressed and presented as '~'.
2. Due to rounding, please note that totals may not equal the sum of their parts.

3.4 Medical Discharges

Of the 55,956 people who left the forces April 2014 - 2017, only 13.4% (7,502) were medically discharged. Of these 7.45% (4170) were discharged due to musculoskeletal disorders or injuries. 2.37% (1331) were discharged due to a mental health condition, including 0.96% discharged due to being diagnosed with PTSD³³.

³⁴ NHS England (2015) Armed Forces Health Operational Plan 2015-2017 retrieved 2nd November 2017, from: <http://www.sussexarmedforcesnetwork.nhs.uk/wp-content/uploads/2015/08/2015-04-07-Armed-Forces-Health-Operational-Plan-V4.pdf>

³⁵ LGA (2017) Meeting the Public Health Needs of the Armed Forces community: A resource for local Authorities and Health Professionals.

³⁶ MOD (XXX) Her Majesty's Naval Service Eligibility & Guidance Notes, retrieved 2nd November, From: https://www.royalnavy.mod.uk/~media/files/cnr-pdfs/eligibility_form_online_version.pdf

³⁷ MOD (2017) Official Statistics, NHS Commissioning population, quarterly statistics: 1 October retrieved 17th July 2017, from: <https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-quarterly-statistics-financial-year-201718>

Defence Statistics have supported us to understand the local context by providing a summary of the number of leavers who have been awarded Armed Forces Compensation Scheme (AFCS). Of the 3,728 service leavers in the Solent between 6 April 2005 and 31 March 2017, 122 (3%) of these service leavers had been awarded compensation under the AFCS; none of these recipients were from the Southampton Local Authority area.

Under AFCS claimants can claim for multiple conditions within one claim; the 122 service leavers were awarded for a total of 201 conditions. The table below provides a summary of the awarded conditions by tariff of injury table.

Table 7: Service leavers in Gosport, Portsmouth and the Isle of Wight who have been awarded AFCS compensation, by tariff of injury table, conditions awarded (1), numbers 6th April 2005-31 March 2017

Tariff of Injury Table	Count of recorded Conditions
Burns	~
Injury, Wounds and Scarring	19
Mental Disorders	14
Physical Disorders including Infectious Diseases	~
Amputations	.
Neurological Disorders (including Spinal Cord, Head or Brain Injuries)	12
Senses (2)	~
Fractures and Dislocations	29
Musculoskeletal Disorders	118
Grand Total	201

~ Denotes a value <10

. Denotes a null value

(1) The latest outcome (following reviews, reconsiderations and/or appeals) recorded on CAPS for each condition as at 31 March 2017. Please note outcomes may change in future reports.

(2) This tariff of injury table refers to injuries and conditions relating to eyes and ears

Within this small snapshot those awarded AFCS for musculoskeletal disorders account for 59% of the recorded conditions, and mental disorders stands at 7%; we do not know how many of these related to PTSD. No AFCS claims for amputations may reflect the prominence of Navy personnel within the cohort.

3.5 Transition into local NHS services

At the end of service it is the responsibility of individual personnel to register with a civilian Doctor and Dentist, and to inform them of their previous service, enabling a marker known as a REED code to be assigned to their patient record, and prompt requests for DMS medical records to be transferred. By sharing this information veterans with service related injuries and health conditions can be referred to a range of dedicated health services provided by specialist military and civilian services.

There are circumstances where a medical handover will take place between the MOD and NHS as part of the resettlement process; this occurs when the person is being medically discharged with significant mental or physical health issues that are a direct result of service.

Locally the Veterans Health Care Survey³⁸ highlighted a number of areas where personal transition between DMS and local NHS services could be improved. This included:

- Supporting GPs and other healthcare staff to understand military culture, in particular the 'Fighting Fit' approach to military health care, compared to the NHS approach of visiting the GP when you are unwell;
- Raising awareness amongst veterans of the healthcare available in the local NHS to help manage expectations;
- Encouraging Service leavers to register with a GP straight after discharge and for new Service leavers, Veterans, Reservists and Service families to highlight their military status to their GP.

The issue of identifying military status to GPs has been a consistent feature of all previous needs assessments for the Solent Area^{39,40,41} which have recommended that awareness of the importance of using these codes is raised amongst professionals and veterans themselves.

For the purposes of this assessment a literature review was undertaken by Dr Alastair Brown to consider the use of REED codes to identify patients with a military connection. This concluded that there is general agreement within research that identifying members of the armed forces through the use of REED Codes is helpful for identifying and quantifying the population, and may also be helpful in the administering of effective treatment where specific pathways exist.

Across the Solent numbers of patients registered to GPs within the Solent as having a military connection are well below known and estimated numbers for the Armed Forces community. Within Portsmouth there has been a concerted effort within the past few years to improve the use of REED codes by: simplifying list of REED codes, and providing GPs with a small financial incentive for recording REED codes for veterans, and rolling out changes to new patients registration forms to ensure new patients have REED codes applied at registration. This is reflected in this CCG's increased number of patients registered with military connections.

³⁸ Portsmouth CCG (2016) Veterans Healthcare Survey Summary

³⁹ Portsmouth City Council (2014) The Health & Wellbeing of Veterans in Portsmouth

⁴⁰ Southampton City Council (2012) Veterans Health Needs Assessment

⁴¹ Hampshire County Council (2015) Veterans, Reservists, and Armed Forces Families Health Care Needs Assessment

Table 8: Member of the Armed Forces community registered with GPs within the Solent

Council/LA	Veterans	Reservists	Occupational domain (Armed Forces)	Dependants (veterans or serving personnel)	Total
Gosport	1287	.	.	726	2,013
Portsmouth*	8103	~	66	485	8,654
Southampton**	210	.	.	16	226
Isle of Wight	556	.	.	.	556

~ Below 20

. Null

* Data only from system 1, excludes 14,000 patients registered on other systems.

**excludes several practices, who did not provide returns.

More work is needed to encourage GP's practices and members of the Armed Forces community to record military connections.



3.6 Hospital Care

In 2017 The Veterans Covenant Hospital Alliance⁴² was established to provide a mechanism for a group of volunteer hospitals to:

- Identify and showcase the best standards of care for UK Armed Forces veterans;
- Drive implementation of best practice across the NHS in the care of veterans.

Veteran Aware hospitals⁴²:

- make information, including a leaflet and posters, available to veterans and their families explaining what to expect;
- train staff to be aware of veterans' needs, that they should not face disadvantage and that special consideration is appropriate in some cases;
- inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces;
- ensure veterans and their partners who have moved as a result of Armed Forces service do not lose their place on any waiting list;
- signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the hospital.

Over 20 NHS acute hospitals and Health Boards nationally are involved in the Hospital alliance, including Portsmouth Hospitals NHS Trust which provides a range of acute services at Queen Alexandra Hospital (QAH).

QAH is the only hospital in the Solent region to have signed the Armed Forces Covenant and is one of the largest hospitals in the UK working with the MOD to provide care for serving military personnel and veterans. Military are a significant and visible workforce within the hospital and the

⁴² NHS (2018) Veteran Aware hospitals. [Webpage](#)

Armed Forces community, is given specific reference in 'Portsmouth Hospitals working together Strategy 2018–2023'⁴³.

QAH is currently in the process of establishing a liaison role to offer support to veterans prior to and on discharge. The role holder on placement from Defence Welfare Military Service will be based at QAH for three years. This will be a shared post with Southampton Hospital. Their first focus will be patients who are medically fit for discharge and aged 75+; falling into the veteran category via their national service⁴⁴.

In Southampton, University Hospital Southampton NHS Foundation Trust was the first in the UK to appoint a mesothelioma specialist nurse who focuses on supporting armed forces personnel, veterans and their families⁴⁵. Mesothelioma is a rare and aggressive form of cancer which develops in the lining of the lungs or abdomen and is often associated with exposure to asbestos⁴⁵. This cancer can emerge 15 - 60 years post exposure, and has also been known to affect spouses, dependants and siblings of service personnel and veterans who've experienced secondary exposure to asbestos through contact with the service person and/or their clothing. This is part of a national project with a veterans' mesothelioma specialist nurse also based at QAH and links to lung cancer nurses based in St Mary's Hospital on the Isle of Wight⁴⁵.

3.7 Access to treatment

In line with the Covenant all veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated to their time within the Armed Forces (service-related). However this is always subject to clinical need³⁴.

During the process of this needs assessment feedback has identified that some veterans struggle to access NHS services. In Gosport Alabaré, an organisation that provides housing for homeless veterans' have noted that their clients are experiencing delayed access to dental and medical care⁴⁶:

- Veterans can wait up to 1 month for a face to face appointment with a GP in the area, leading to unnecessary deterioration in their mental health;
- There is no local emergency dentist, meaning veterans have to travel for treatment which many do not have the means to do;
- Locally there is no NHS/free dental provision for veterans to tap into, meaning that most will suffer with painful conditions for long periods of time due to being unable to afford treatment.

Veterans attending the Southampton Veterans Breakfast club have also raised concern about a lack of affordable dental care in Southampton, and struggling to get GP's appointments when they need them⁴⁷. Within the context of the Covenant there is no requirement to apply prioritisation to veterans for general dentistry and non-service related medical need, however this

⁴³ Portsmouth Hospital NHS Trust (2018), Working Together Portsmouth Hospitals NHS Trust Strategy 2018-2023.

⁴⁴ Email communication Portsmouth Hospital Trust (LH) and PCC dated 4th June 2018.

⁴⁵ Meeting with Mesothelioma Clinical Nurse Specialist (AM and HW) and PCC dated 26th July 2018

⁴⁶ Meeting with Alabaré (YP) and PCC 15th December 2017

⁴⁷ Meeting with Southampton Veterans Breakfast (KW & VP) and PCC 9th August 2018

feedback shows that timely access to treatment is clearly an issue for some veterans within the Solent region that needs to be explored further.

3.8 Veteran's Health

The Royal British Legion (TRBL) household study in 2014⁹⁰ was one of the first to highlight the noticeable increased incidence of some conditions being experienced by veterans, above the general population. This is particularly relevant given that by the nature of selection for military service, these individuals would have had better than average general health to begin with. Conditions identified by the TRBL included increased instances of:

- Suffering with depression;
- Difficulty Seeing;
- Difficulty Hearing;
- Problems with heart, blood pressure or circulation;
- Diabetes;
- Musculoskeletal issues (back, neck, arms, hands, legs and/or feet);
- Problems with alcohol.

According to the most recent APS¹⁶ the highest reported long term health condition for working age veterans was with their legs or feet (35%), whereas those aged over 65 are most likely to report a problem with heart, blood, pressure, circulation (53%). For those aged over 65 this was the same as the non-veteran population.

For the purposes of this needs assessment three Clinical Commissioning Groups (CCGs) across the Solent have undertaken snapshot work to consider the prevalence of common conditions experienced by patients identified as Veterans. It is difficult to confidently draw any firm conclusions from this work as the number of identified patients is below what we believe the full cohort size to be. However this exercise provides an interesting platform from which to build upon.

Key observations from CCG snapshot work:

Limitations: The size of the cohort is not reflective of the estimated or known numbers of veterans locally and therefore this information cannot reflect the cohort as a whole. Preselection of conditions to be reported against may have excluded conditions that have a higher impact on these patients. Only three of four CCG's in the Solent participated in this exercise. Gosport and Fareham CCG is incentivising GP's to register military connections in 2018/19; exploration of conditions will be considered as part of the evaluation of this initiative. The possibility of under reporting of conditions and/or episodes has been identified by GPs⁴⁸.

Mental Health:

Specialist NHS pathways are available to treat veterans experiencing poor mental health³⁵. The most robust information we have suggests that one in six adults, 17% (16-74year olds) in the

⁴⁸ Discussion at GP Commissioning Evening – Armed Forces Veterans table discussions 7th February 2018

general population were experiencing common mental health disorders in 2014⁴⁹. On the Isle of Wight mental conditions represented 53% (156/294) of all episodes, within Portsmouth it accounted for 38% (1122/2935) and in Southampton 32% (28/87). It is unlikely for an individual to be diagnosed with more than one of the conditions reported against⁵⁰.

Hearing Loss:

Veterans are entitled to compensation if this is secondary to barotrauma throughout their service, and physicians need to be aware of this so that these funds can be accessed⁵⁰. The prevalence of hearing loss within the general population ranges from 14-23% in the Solent⁵¹. After mental health, hearing was the second most common condition of those considered amongst veterans in Portsmouth accounting for 27% (842/2935) of all episodes. In Southampton it accounted for 24% (21/87) and on the Isle of Wight 12% (35/294).

Diabetes:

There is no specific treatment pathway for Veterans with diabetes locally or nationally. The prevalence of doctor-diagnosed diabetes among all adults in the general population (16yrs>) at last count was 6.9%, rising to 7.6% in men⁵². Those with pre-existing diabetes are precluded from military service indicating that lifestyle is the primary causal factor for this condition in the veteran population. In Southampton 29% (25/87) of all episodes were for diabetes conditions. In Portsmouth it accounted 15% (437/2925) and on the Isle of Wight 13% (39/294).

Muscular skeletal

The Veterans' Orthopaedic Service is an NHS service exclusively for veterans with arthritis; especially those requiring hip and knee replacements. Veterans experiencing this condition as a result of service are also entitled to compensation. Additionally a number of local charitable organisations can support veterans with funding for home adaptation. On the Isle of Wight 19% (54/294) of all episodes recorded were for muscular skeletal issues. In Portsmouth it accounted for 11% (329/2925) and in Southampton 8% (7/87).

Alcohol and drug problems

Numbers of episodes recorded for drug and alcohol issues were low; representing only 2-3% of all episodes reported (Portsmouth 68/2925, Southampton 3/87, IOW 10/294). Those reported were predominantly for alcohol dependency; this is a condition that requires the patient to acknowledge that their alcohol consumption is beyond healthy limits, and therefore is more likely to be under reported than other conditions. From 1st April 2018 there will be no veteran-specific specialist NHS services for veterans experiencing Alcohol dependency within the Solent.

NHS agencies need to be made aware of the specialist treatment, compensation and support services available to members of the Armed Forces community.



⁴⁹ NHS digital (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.

⁵⁰ Private communication between Portsmouth CCG (DrEF) and PCC dated 10th January 2018.

⁵¹ NHS digital (2017) Prevalence of hearing loss by Local Authority area (2014 ONS estimates) retrieved from: <https://www.england.nhs.uk/publication/prevalence-of-hearing-loss-by-local-authority-area-2014-ons-estimates/>

⁵² NHS digital (2017) Health Survey for England 2016 Adult health trends.

Specific support for veterans around healthy life style and comorbid health problems would be prudent.



3.10 Older Veterans.

The Social Care Act 2014 gives councils the responsibility for improving the health of their local populations, although the Act does not specifically mention the Defence population. Identifying the specific needs of veterans aged over 65 years is difficult, particularly as many people who undertook national service do not consider themselves veterans. Elderly veterans are likely to be experiencing the same problems as elderly people in general population including isolation, difficulties with mobility and self-care.

In 2017 research⁵³ undertaken by Dr Burnell of Portsmouth University concluded that Peer support was suitable, particularly in addressing loneliness and social isolation experienced by some older veterans. In Portsmouth Age UK in partnership with Soldiers, Sailors, Airmen, Family, Association (SSAFA) have received funding from the Covenant Trust Fund to deliver 'Joining Forces' a project focused at veterans born before 1950. Joining Forces includes a befriending service matching veterans' with volunteers. This is the only veteran-specific befriending service for older veterans in the Solent.

Within the Solent St Vincent's care home run by SSAFA in the Isle of Wight is the only veteran-specific care home. The Royal Naval Benevolent Trust (RNBT) has produced a practical guide to supporting veterans' in residential care⁵⁴. This guidance emphasises the importance of asking residents if they have served, seeking to understand the role of service in their sense of identity, shaping support plans to include key military dates, and being sensitive to possible bereavement and trauma linked to service that may affect mental wellbeing.

Currently there is no marker within adult social care across the Solent to denote military connection. Given the number of specialist, resources available to members of the Armed Forces community and RNBT guidance for supporting military veterans in residential care it may be of value to take account of veteran status when assessing for adults social care.

3.9 Spouses, Civil Partners and Dependants

There is limited research about the impact of service life on spouses, civil partners and dependants' health and well-being. Research available concludes these individuals are subject to unique challenges and higher levels of stress⁵⁵ which in itself can cause serious illness⁵⁶. One Canadian study concluded that children of Service personnel experience double the rate of

⁵³ Karen Burnell, Adrian Needs, Kim Gordon, (2017) "Exploring the suitability and acceptability of peer support for older veterans", *Quality in Ageing and Older Adults*, Vol. 18 Issue: 2, pp.120-130

⁵⁴ RNBT (2016) *Supporting Military Veterans in Residential Care. A practical guide.* Booklet.

⁵⁵ Rowe et al (2014) *Perceptions of the impact a military career has on children*, Health Service and Population Research, King's College London

⁵⁶ Public Health England (2018) *One You: Stress*,

medical issues including stress, sleeping problems and repeatedly becoming ill during a parent's deployment, compared to non-service children⁵⁷.

A total of **1,227** patients have registered dependant or family member military connections with GP's in the Solent (Portsmouth 485, Gosport 726, Southampton 16, and Isle of Wight 0). This is significantly less than the number of spouses, civil partners and dependants know and estimated to reside in the area (29,394). The research available suggests that these individuals are likely to have some health needs as a result of, or compounded by service life. More work is needed to understand these needs in order for measures to be put in place that address it. 

A proactive approach needs to be taken to ensure that family members understand the need to register their military connection with their GP.



3.10 Reservists

The health needs of reservists are likely to be very similar to the general population. Research suggests that individuals signing up for the Reserves are more likely to be thrill seekers, and more impulsive than the general population, giving them a propensity for risk taking behaviours⁵⁸. Higher rates of risk taking behaviour such as smoking, risky driving and violence have also been seen in reservists that have been deployed⁵⁸. These have the potential to impact on physical health both immediately and in later life. An increased rate of PTSD in deployed reservists has also been observed nationally³⁵. This had has been attributed to various aspects of the deployment experience including:

- Family, friends and colleagues of reservists not understanding what they have been through when deployed⁴¹;
- Being more likely to deploy as an individual rather than part of a unit⁴¹;
- Having a different perception of risk compared to regular personnel heightening the sense of trauma experienced⁴¹.

The MOD provides enhanced mental health services for reservists in the same way that they do for regular personnel. This relies on GP's knowing that their patient is a reservist, the patient identifying service related issues to their GP and timely passing of notes to MOD health services³⁵.

Less than 20 Reservists are registered with GP Practices within the Solent; Portsmouth (less than 20), Gosport (0), Southampton (0), Isle of Wight (0). This is significantly less than the number of known reservists in the area (610) and more work is needed to understand the health needs of these members of the Armed Forces Community.

A proactive approach is needed to ensure Reservists understand the need to register their military connection with their GP.



⁵⁷ The centre for social justice (2016) [Military Families and Transition](#)

⁵⁸ Thandi G et al (2015) [Risk-taking behaviours among UK military reservists](#), Occupational Medicine, Volume 65, Issue 5, 1 July 2015, Pages 413–416.

Health professionals need to be aware that a reservist has equivalent status to a veteran in regard to the Covenant in accessing health services.

Targeted messaging to reservists in relation to smoking, alcohol consumption and stress related health problems would be prudent.

Work with employers to increase support for Reservists pre and post deployment to reduce stress associated with sudden mobilisation and feelings of isolation upon returning to work.



3.11 Mental Health

In contrast to public perception, research suggests that for most people, military life has a positive impact on their life trajectory. The majority of serving and veteran personnel are reported to have good mental health, and there is no evidence to suggest that a career in the military in itself is substantially worse for mental health than working in other public service (health, Social work or education)⁵⁹.

A small but significant number of service personnel will experience mental health issues within or after their service. Despite the media prominence afforded to post-traumatic stress disorder [PTSD], the most common disorders in the UK armed forces post-deployment are depression, alcohol misuse and anxiety disorders⁶⁰. The prevalence of PTSD within serving personnel and veterans combined continues to be monitored, and has risen slightly in recent years to an average rate of 6% compared to a rate of 4.4% within the civilian population⁶¹. This rate rises to 7% within the veteran sample.

The Mental Health Foundation⁶⁰ has identified several groups at increased risk of developing mental health issues:

- Reservists
- Combat Troops
- Early Service Leavers
- Those with pre-existing social or childhood adversities.

Following concern raised about the psychological impact of continual combat exposure, a cohort study was undertaken examining the mental health of Armed Forces personnel deployed multiple times to Afghanistan and Iraq from 2003 to 2009⁶². This work concluded that common mental health disorders were evenly spread across Combat, Combat Support and Combat Service

⁵⁹ Health & Safety Executive (2017) Work -related Stress, Depression or Anxiety related Stress, Statistics in Great Britain 2017. [Report](#).

⁶⁰ Mental Health Foundation (2017) [Armed forces and mental health](#)

⁶¹ [THE MENTAL HEALTH OF THE UK ARMED FORCES](#) (July 2017 version)

Support roles, and experience of mental health problems was not linked with number of deployments⁶².

There is also acknowledgement that more needs to be understood about the mental health of veterans, reservists and serving personnel. In 2015 after considerable research and stakeholder consultation, the Forces in Mind Trust established a multi-million pound Mental Health Research Programme, seeking to better understand this cornerstone issue⁶³.

In recent years the MOD has put effort into reducing stigma and encouraging serving personnel to report mental health issues³³. It remains a well-established fact that veterans suffering from mental health difficulties under use mental health services; the fear of being misunderstood, judged or perceived weak being cited as a main reasons⁶⁴.

In 2017, Kings College London, together with a range of partners conducted a qualitative study seeking to better understand the barriers and enablers to seeking professional help. They highlighted a number of pertinent enablers as important factors in overcoming barriers to accessing support⁶⁵:

- reaching a crisis point,
- social support,
- the media,
- having a diagnosis of PTSD
- veteran-specific mental health services

The Hampshire IAPT (Improving Access to Psychological Treatment) service, TalkPlus, asks people who are referred to them for assessment or treatment whether they have a connection to the military. Data received from IAPT⁶⁶ show that in 2016/17 2.6% of referrals received into this service across Solent CCG areas were identified as having a military connection. The highest number of connections being within Portsmouth (165) followed by Fareham and Gosport (120), Southampton (105) and Isle of Wight (105).

The IAPT data⁶⁶ also provides the rate for completion of the Armed Forces indicator in comparison to all referrals. Rates of completion of this indicator in Gosport and Fareham CCG appear to be particularly low at 50.5%, especially when compared with the other CCGs within the Solent where

⁶² Fear NT, Jones M, Murphy D et al (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *The Lancet* (2010) 375 (9728): 1783–1797.

⁶³ FiMT (2017) Forces in Mind Trust's Mental Health Research Programme September Update. Email.

⁶⁴ The Futures Company (2016) Revisiting the Transition Mapping Study, Research Review, Available from: <http://www.fim-trust.org/wp-content/uploads/2016/12/Transition-Working-Paper.pdf>

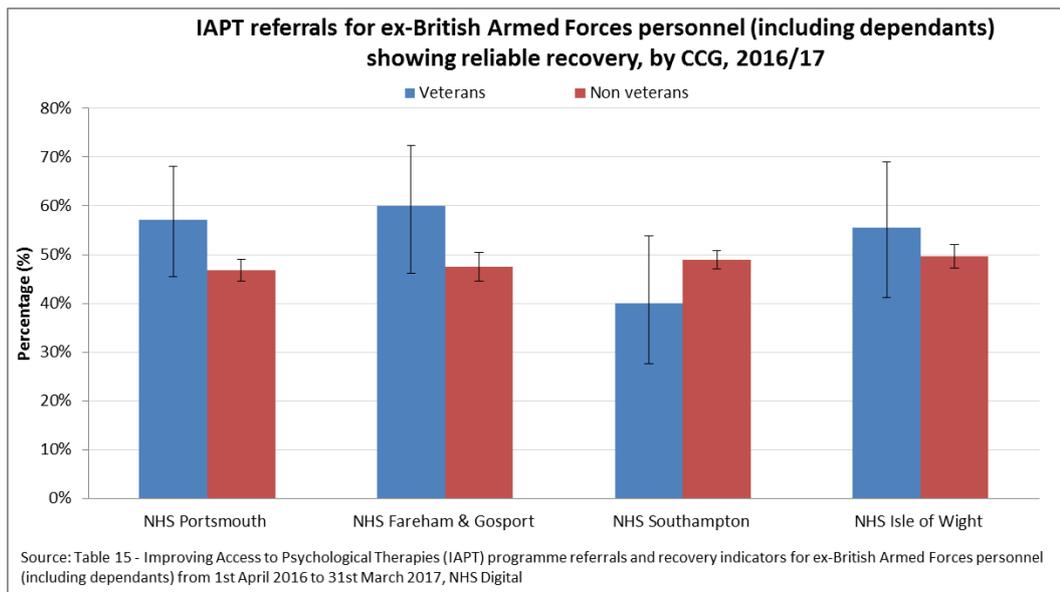
⁶⁵ Harriet Mellotte, Dominic Murphy, Laura Rafferty & Neil Greenberg (2017) Pathways into mental health care for UK veterans: a qualitative study, *European Journal of Psychotraumatology*, 8:1, 1389207, available from: <http://dx.doi.org/10.1080/20008198.2017.1389207>

⁶⁶ Table 15 - Improving Access to Psychological Therapies (IAPT) programme referrals and recovery indicators for ex-British Armed Forces personnel (including dependants) from 1st April 2016 to 31st March 2017, NHS Digital.

completion rates are 91-92%. Therefore it is quite possible that there is an underestimation of the true proportion of people seen by this service who have a military connection.

At face value those with military connections receiving intervention in 2016/17 appear to show higher levels of reliable recovery; however it is difficult to compare outcomes of such a small cohort with confidence as demonstrated below.

Figure 6 IAPT Referrals by CCG 2016/17



A proactive approach is needed to ensure completion of the Armed Forces indicator within IAPT monitoring.



One local initiative which has been highly successful in supporting veterans with mental health issues is Veterans Outreach Support [VOS] who provide direct, on the day, access to mental health clinicians, alongside immediate access to over 30 appropriate services including housing, and employment support. Between December 2016 and December 2017, 639 individuals visited the VOS monthly drop in based in Queen Street Portsmouth; the majority of these individuals were males (76%) and the most common age group registered was 55years+ (39%). Veterans travel from across the Solent to access VOS's services: Portsmouth (434), Gosport (115), Southampton (75), and Isle of Wight (23).

In 2018 VOS established a dedicated monthly drop-in Newport on the Isle of Wight (IOW); replicating all of the features of the Portsmouth VOS drop-in to enable veterans and their families living on the IOW to access the support they need.

In 2017 NHS England launched a brand new mental health service to support and treat ex-armed forces veterans and service personnel who are approaching discharge; the NHS Transition, Intervention and Liaison (TIL) veterans' mental health service. Available across England this

service provides a front door to a range of mental health services across the health and care system⁶⁷.

Building on TIL the new Veterans' Mental Health Complex Treatment Service (VMH CTS) launched across England on 1 April 2018. This service will provide an enhanced service for veterans who have military attributable complex mental health problems, many of whom will have experienced trauma, which has not been resolved earlier in the care/support pathway⁶⁸. The arrival of VMH CTS has resulted in reduced government investment in other providers. Locally veterans within the Solent have highlighted a reduced investment in Combat stress and raised concern that this will reduce rather than improve their ability to access treatment for complex mental health issues locally⁶⁹ highlighting the need for more work to be done to communicate the new offer.

Front line staff need to be enabled to recognise Veterans presenting with mental health issues so that they can be supported to access appropriate services.



The development of a Solent referral pathway for Veterans experiencing mental health issues would ensure timely access to the full range of services available.



A Solent Communication campaign is needed to raise awareness of veteran specific mental health services available and reduce the stigma associated with asking for help.



3.12 Domestic Abuse

Domestic abuse, sexual violence, stalking and harassment permeate all levels of society, isolating people and families with frequently devastating impact. The Armed Forces community is a reflection of a wider society within which domestic abuse is not uncommon; it is estimated that one in four women and one in six men experience domestic abuse over their lifetime. The armed forces remains demographically biased towards males, whilst the majority of reported victims/survivors of domestic abuse remain female.

Nationally there is a lack of research, and consequently no firm estimates to indicate the overall prevalence of domestic abuse within the Armed Forces Community. However Military Health

⁶⁷ NHS England (2017) Next steps on the NHS Five Year Forward View, retrieved from:

<https://www.england.nhs.uk/2017/04/next-steps-on-the-nhs-five-year-forward-view-veterans/>

⁶⁸ NHS England (2017) Brief on the forthcoming NHS veterans' mental health complex treatment service, retrieved from: <https://www.cobseo.org.uk/assets/files/2017/09/VMH-CTS-brief-September-2017-FINAL.pdf>

⁶⁹ The News, Wednesday 21st February 2018, NHS cuts to Combat Stress could be 'devastating', say Portsmouth veterans.

research⁷⁰ has concluded a small-to-moderate association between combat exposure and post deployment physical aggression and violence. Finding 13% of 13000 UK military personnel surveyed were violent on return home from deployment in Iraq, with over a third of their victims being wives/girlfriends.

Government guidance has identified some unique factors presented by service that place additional pressures on families and may contribute to an individual's concerns and/or choices when they are in, or seeking to leave, an abusive relationship⁷¹:

- Concern about specific issues when trying to make decisions, including impact upon accommodation, income, visas and the reality of leaving the military community;
- Long and frequent periods of separation that can necessitate significant readjustment by the whole family when the absent partner returns;
- Long periods of separation that can foster distrust and children born during separation can also place additional strain on families and relationships;
- Regular assignments to new locations can isolate victims from wider family support as well as local civilian support services.

In 2016 the Domestic Abuse, Stalking and Harassment and Honour Based Violence [DASH] tool was updated to reflect some of these unique factors. Asking those completing the assessment to consider 'other relevant information which may alter risk levels including the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, [and] pest control'⁷².

Within the Solent, there are a variety of organisations equipped to support those experiencing domestic abuse. Few are able to quantify contact with members of the Armed Forces Community due to recording methods.

Aurora New Dawn has been providing an Armed Forces Advocate [AFA] offering targeted, specialist support to armed forces Personnel and/or their families (16+) who are experiencing domestic abuse, sexual violence or stalking services since April 2017. Based within a satellite office in HMS Nelson (Portsmouth) this service supports people living across Hampshire. In the period April-September 2017 the AFA received 22 referrals, 10 of these cases involved Veterans. Prior to the launch of this post, the organisation noted that referrals for individuals who are linked to the armed forces accounted for around 5% of total referrals. The organisation now reports that this has increased to 20%, when its other services including Specialist Domestic Abuse Court

⁷⁰ MacManus et al (2015) Aggressive and Violent Behaviour Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link With Deployment and Combat Exposure. Retrieved From: <https://academic.oup.com/epirev/article/37/1/196/416015>

⁷¹ Armed forces domestic abuse: a handbook for civilian support services (2015) retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/642108/Practitioners_Handbook_-_Aug_17_update.pdf

⁷² Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009-16) Risk Identification and Assessment and Management Model, retrieved from: <http://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009-2016-with-quick-reference-guidance.pdf>

Independent Domestic Violence Advocate (SDAC) Independent Domestic Violence Advisor (IDVA) and Eastleigh and New Forest IDVA are included in the calculation⁷³.

The AFA service has identified additional unique factors that need to be considered in relation to the Armed Forces Community:

- Impact of rank/military structure within abusive relationships where both the victim and perpetrator are serving;
- Operational expectations that can change personal behaviour benchmarks;
- Increased skill in surveillance and ability to harm as a result of professional training.

It's not possible to use arrest data to understand the prevalence of domestic abuse within the armed forces community as relevant markers for this have not been set up. Nationally 4 in 5 victims (79%) of partner abuse do not report the abuse to the police⁷⁴, and it assumed that if arrest numbers were known, this trend of under reporting would also apply to the Armed Forces Community.

Front line staff needs to be supported to understand some of the unique challenges of military life and the impact this can have on relationships.



Local domestic abuse services need to be encouraged to monitor rates of referrals involving members of the Armed Forces community so that prevalence of need in the Solent can be properly understood.



Information relating to the specific needs of the Armed Forces community should be incorporated into existing strategies for reducing domestic abuse within the Solent.



3.13 Causes of Death

Overall members of the UK regular forces are at statistically significant lower risk of dying compared to the UK general population⁷⁵. This is partly due to these people being healthier than the general population to begin with. In 2016 the three largest causes of death among the UK Regular Armed Forces were Cancer, Other Accidents and Land Transport Accidents⁷⁵.

There is limited research considering causes of death amongst UK Veterans. Research undertaken for the purposes of this needs assessment indicates that death by Land Traffic

⁷³ Emails and Discussion between Aroua New Dawn (SD&NT) and PCC dated 29 September & 15 November 2017.

⁷⁴ ONS (2017) Domestic abuse, sexual assault and stalking, retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/domesticabusesexualassaultandstalking>

⁷⁵ MOD (2017) Deaths in the UK Regular Armed Forces: Annual Summary and Trends over Time 1 January 2007 to 31 December 2016

Accidents is an area where Veterans may be over represented. Suicide and Traffic Accidents of death are explored further within this section.

Suicide

The MOD provides annual summary information on suicides and open verdict deaths that have occurred among serving UK regular Armed Forces personnel. Latest records span a 20-year period: 1997-2016⁷⁶. These records indicate:

- The UK regular Armed Forces have seen a declining trend in male suicide rates since the 1990⁷⁷;
- The rate of male suicide in the Armed Forces is now statistically significantly lower than the UK general population (8 per 100,000);
- The Army has the highest rate of suicide in the Armed Forces (10 per 100,000);
- There is no longer a statistical difference between the suicide rate of Army males aged <20yrs and males of the same age within the UK general population.

UK research into veteran death is limited. In 2009 a cohort study, concluded that young men who leave the UK Armed Forces were at increased risk of suicide; reflecting personal vulnerabilities rather than factors related to service experiences or discharge⁷⁸.

The MOD do not routinely record causes of veteran deaths but have undertaken some statistical work on causes of deaths that occurred amongst UK veterans from two specific conflicts: 1990/91 Gulf Conflict⁷⁹ and The Falkland's Campaign 1982⁸⁰. This work was undertaken as a direct response to repeated media claims that more people had killed themselves than died fighting in the actual conflicts. The MOD concluded that the risk of dying as a result of suicide for either conflict/campaign was no different from the general population of the UK. Falkland veterans were actually 36% less likely to die than the general population over the same period of time⁸⁰.

In the UK the Samaritans continue to lobby the MOD to monitor and provide comprehensive suicide information for veterans in the same way that they do for regular personnel. The Samaritans are currently in the process of making changes to their system to enable information about Armed Forces, veteran or family status to be recorded where this information is voluntarily offered by the caller⁸¹. Drawing comparison to the United States where consistent monitoring of

⁷⁶ Suicide and Open Verdict Deaths in the UK Regular Armed Forces: Annual Summary and Trends Over Time 1 January 1984 to 31 December 2016 retrieved from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/603169/20160331_UK_AF_Suicide_National_Statistic_2016-a.pdf

⁷⁷ 49 suicide and open verdicts in 1990, declining to 7 suicide and open verdicts and 10 verdicts outstanding in 2016⁷⁶.

⁷⁸ Kapur et al (2009) Suicide after Leaving the UK Armed Forces —A Cohort Study, retrieved from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650723/>

⁷⁹ 1990/1991 Gulf Conflict UK Gulf Veterans Mortality Data: Causes of Death, retrieved from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517240/20160125-Gulf_March16_REVISED_O.pdf

⁸⁰ Causes of deaths among the UK armed forces veterans of the 1982 Falklands campaign, retrieved from:

<https://www.gov.uk/government/collections/causes-of-deaths-among-the-uk-armed-forces-veterans-of-the-1982-falklands-campaign>

⁸¹ Email communication from Samaritans (BP) and PCC dated 12th June 2018.

veteran suicide has identified that veterans are 22% more likely to take their own life, and that the majority who did so were aged 50+⁸².

Locally no veteran suicides have been identified within Portsmouth (2016), Southampton (2016) or the Isle of Wight's (2014) most recent suicide audits. The methodology used to determine veteran status within coroner's reporting and subsequently suicide audits does not include cross referencing the individual's details with the MOD; therefore the absence of veterans within these audits must be treated with caution.

Local intelligence has identified at least one veteran suicide within the Solent in 2017. This person had been recently been diagnosed with PTSD, and was experiencing marital breakdown, homelessness, and was known to the police⁸³.

Veterans continue to be considered a high risk group within the 2018/19 Suicide Prevention Action Plan for Portsmouth, which as a city has a significantly higher rate of suicide than the national average.

Transport Accidents

MOD research has identified Veterans deployed to the Gulf Conflict (1990/91), had a significantly increased risk of death due to transport accidents; of which 82% were land transport accidents⁷⁹. The MOD concluded this was consistent with other findings that UK military personnel are more likely to display risk taking driving behaviours, and as a result are at increased risk of death by a land traffic accident compared to the general population⁷⁹. More recently research undertaken by the University of Glasgow has found that Veterans with the shortest service, including those who had never been deployed, were at the highest risk of being injured in a traffic accident⁸⁴.

Death by traffic accident is also an issue for serving personnel. In 2006, the number of deaths due to land transport accidents (unrelated to hostile action) in the UK regular Armed Forces was 435% higher than in the general population⁸⁵. Most recent figures suggest that measures put in place by the MOD to address risky driving including road safety campaign since 2007, has made substantial progress towards addressing this imbalance. For the period 2012-2016 the UK Regular Armed Forces were at a 65% statistically significant increased risk of dying as a result of a land traffic accident compared to the UK general population⁸⁶.

Serving personnel and Veterans share several risk factors for being injured and/or dying in a road traffic accident:

⁸² US Department of Veteran Affairs, VA Releases Veteran Suicide Statistics by State 2017, retrieved from: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2951>

⁸³ Private Communication with Solent NHS (TC) and PCC dated 27th February 2018

⁸⁴ Forces Network (2018) Veterans At 'Increased Risk Of Traffic Accidents' accessed: <https://www.forces.net/news/veterans-increased-risk-traffic-accidents>

⁸⁵ Sheriff RJS, Forbes HJ, Wessely SC, et al. Risky driving among UK regular armed forces personnel: changes over time. *BMJ Open* 2015;5:e008434. doi: 10.1136/bmjopen-2015-008434.

⁸⁶ MOD (2017) Annual UK Regular Armed Forces Land Transport Accident Deaths 1 January 2012 – 31 December 2016

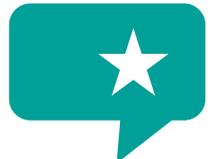
- Being aged under 40 years^{84,85}
- Having served a shorter length of service⁸⁴
- Having been deployed before 2007^{85,84}
- Being single and/or recently separated⁸⁵

There is no data to indicate the prevalence of death and/or injury by land traffic accident amongst the Solent Armed Forces community, however given the estimated size of this within the Solent, a targeted road safety campaign as part of the Armed Forces Covenant communication strategy may be prudent.

Explore with Coroner's office how veteran status can be better identified and recorded, to enable better targeting of prevention activities.



Targeted messaging to veterans about risky driving to complement MOD safety campaign would be prudent.



3.14 Alcohol Use and Misuse

There is general agreement that substance misuse within the armed forces community is heavily weighted towards alcohol, rather than drugs. There is a zero tolerance approach to drug use within the military; people failing a Compulsory Drugs Test [CDT] will be automatically discharged; which can happen very quickly⁸⁷. In contrast, there is a culture of drinking within the services and the prevalence of hazardous drinking is higher than the general population^{88,89}. In 2016/17 a defence initiative to introduce an alcohol screening tool, identified that 61% of personnel undertaking the tool were at increased risk of alcohol related harm: poor mood, accidents, reduced fitness, and long term illness⁸⁹.

Amongst serving personnel several risk factors for alcohol misuse have been identified: Being male, aged 20-29yrs, serving in the Navy (67%, n = 15,580), RAF (62%, n = 15,466) or Army (59%, (n = 35,912), single, white and of officer rank.

Risk factors for alcohol misuse within the veteran population are similar as those seen for mental illness: Being male, young, single, separated or divorced, unemployed, and/or having a parent who had an alcohol or drug problem⁹⁰.

⁸⁷ Presentation by Eddie Campbell, CTP, Future Horizons, Portsmouth, Dated 30th November 2017.

⁸⁸ Gursimran et al (2015) Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study, available from: <https://www.ncbi.nlm.nih.gov/pubmed/26409753>

⁸⁹ MOD (2017) Alcohol Usage in the Armed Forces 1st June 2016 - 31st May 2017 available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630184/20170718_Alcohol_Usage_bulletin_-_O.pdf

⁹⁰ TRBL (2014) A UK HOUSEHOLD SURVEY OF THE EX-SERVICE COMMUNITY. Available from: <https://media.britishlegion.org.uk/Media/2275/2014householdsurveyreport.pdf>

Within Portsmouth Hospital there has been a dedicated nurse to support veterans identified as misusing alcohol. Data from this service demonstrates that a high proportion of these patients are from Portsmouth, which is to be expected given the proximity to the city. There is no way of knowing if any of those identified as Hampshire residents have a home address in Gosport. Neither Southampton General Hospital nor St Mary's Hospital Isle of Wight, operate a scheme like this, and therefore are unable to provide information regarding the number of veterans presenting with alcohol misuse.

Table 9: Alcohol Specialist Nurse Service (ASNS) Quarter 4 2016/17 Report

2016/17			
	Portsmouth residents	Hampshire residents	All
Number of current/ex armed forces patients accessing the Alcohol Specialist Nurse Service at QAH	63	96	159

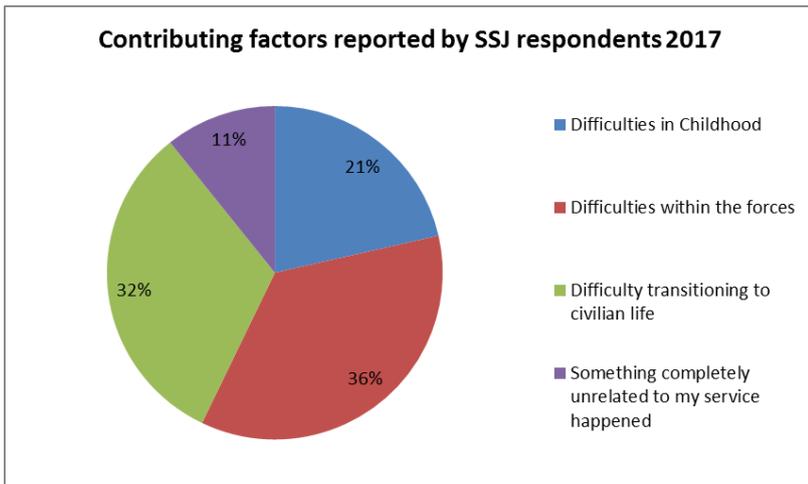
The Portsmouth recovery hub works with people experiencing drug and/or alcohol issues. In December 2017 of the 772 people open to the recovery hub, 46 people had have identified themselves as having been in the armed forces, and a further 59 identified as being related to someone who was. This equates to 13.6% of their clients⁹¹.

Within the Solent, Combat Stress have previously funded a veterans' substance misuse case management service delivered through Society of St James (SSJ). For the purposes of this needs assessment SSJ asked service users identified as veterans about their military service, reason for discharge, drivers for their substance misuse, and support they had received to address their issues⁹². 40 clients from Portsmouth, Gosport and IOW participated in this survey; 95% were veterans from the regular services; most had been in the Army (50%), and Navy (40%). Respondents represented a range of terms of service from <4 to 22> years; half had served 4-10years, 40% had served over 10 years. Early Service Leavers (those serving less than 4 years) accounted for 8%. The majority (21/40) stated their reason for leaving service was end of term rather than medical (12/40) or administrative (6/40) discharge⁹². Respondents identified that challenges within service and transition best described their situation.

⁹¹ Private communication with Society of St James (DC) and PCC dated 29th November 2017.

⁹² Email Society of St James (VD) and PCC dated 19th January 2018.

Figure 7: Feedback from Society of St James respondents:



Some respondents felt a number of contributing factors were relevant to them. Difficulties within the forces were classified as mental health, family breakdown, issues with money, and substances (alcohol). Whilst those experiencing issue with transition, considered they had experienced a successful career in the military, prior to this point.

This feedback from SSJ veterans is a small sample of self-selected respondents, and therefore it is difficult to draw any conclusions that reflect the cohort as a whole. More work is needed to understand any correlations between time in service, reason for leaving, and issues experienced.

Information obtained for this needs assessment demonstrates a need for on-going targeted alcohol support within the local veteran community, however funding for the Combat Stress Veterans Substance Misuse Case Management Service pilot scheme running in Portsmouth and SE Hampshire ceased on the 31st March 2018. This means that the practitioners based within QA Hospital and SSJ are no longer employed to provide focused support for Veterans. SSJ has advised that without this post they unfortunately no longer have the resources to undertake this work⁹¹.

It would be prudent for agencies to work together to ensure that dedicated veterans' substance misuse services continue to be available within the Solent.



3.15 Health & Wellbeing Conclusion

Local evidence to support the public perception that service leavers were likely to have been damaged by their time in the forces is limited. Research and information available indicates that the majority of those within the Armed Forces community have needs in line with the general population. There are some preventable health issues such as diabetes, alcoholism, mental health and suicide associated with this community which local health services need to work together to address.

There is a small but significant number who experience a range of complex issues. These people require practitioners to have skills and understanding in relation to some of the unique factors that members of the armed forces experience in order to support these people to overcome the challenges they are experiencing. Moving forward, there are some examples of good practice that we can take learning from, and there are gaps in our knowledge that need to be addressed.

Children and Young People

4.1 Context

The Local Government association estimates around 8% of children aged 0-15 in the UK are from current and ex-serving armed forces families³⁵; applying that methodology to the Solent using 2016 Mid-year population estimates equates to **9831** children (Portsmouth 3137, Southampton 3609, Gosport 1284 and Isle of Wight 1764).

Children with a parent serving in the regular Armed Forces tend to be more mobile than children within the general population; moving frequently, sometimes unplanned and at short notice³⁵. These children also have deal with some unique challenges associated with military life, including separation from wider family; stress associated with deployment and increased caring responsibilities⁵⁵.

4.2 The Early Years

We do not know how many children aged 5 years and under there are in the Armed Forces community locally or nationally. Whilst the MOD records some family demographic information, it does not maintain dependant information to this detail. It is likely that the needs of Armed Forces children within this age group are similar to those within the general population. However military families with infants and young children are more likely to be living away from their wider family support network³⁵. Research indicates that spouses and civil partners are psychologically affected by stress and the changed family dynamics associated with deployment; leading to an increased risk of anxiety, and depression⁹³. One study identified that the risk of postpartum depression is three times more likely in mothers whose partners were deployed during the pregnancy⁹⁴.

The LGA has identified that regular movement can also lead to disrupted health and social care treatment and advises local authorities that they should have particular interest in engaging with service families, particularly those with children aged 0-5 years³⁵. At an individual level Health visitors in Portsmouth and Southampton are reported to know which of their clients are from Armed Forces families and do support these families to access local services. This information

⁹³ De Burgh, T et al (2011) The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel, *International Review of Psychiatry*, April 2011; 23: 192–200

⁹⁴ Robrecht, D et al (2007) Spousal Military deployment as a risk factor for postpartum depression, *The Journal of reproductive medicine* 2008; 53: 860-864.

is not centrally recorded and therefore it is not possible to determine any trends or targeted work that may need to be undertaken in this cohort.

Hampshire County Council has made service children a priority within their children's centres⁴¹. This has enabled some local intelligence in relation to the needs of Service families accessing Children's centres in Gosport. In 2014/15, 101 military families resident within Gosport were registered with their local children's centres. These families identified the following issues⁴¹:

- Isolation;
- Being unaware of how to register for local services;
- School resettlement;
- Transport issues.

Health and Early help services need to engage with Armed Forces families, particularly those with children aged 0 - 5 years with local child health services to ensure that these families know and can access the local offer.



Health and Early help service need to centrally record contacts they have with members of the Armed Forces community to enable trends to be understood and services to be targeted.



4.3 Child Care

In 2016 the Naval Families Federation (NFF) undertook research to consider the impact of childcare on Naval and Royal Marine Families. 817 people took part in the Survey, 33% of stated the location of their family home was Portsmouth⁹⁵. Aside from highlighting the cost of childcare as a challenge, an issue experienced by the general population, those who completed this survey highlighted some issues more specific to military life. These included:

- Accessing out of hours care (early starts, weekends & nights) when there is no access to extended family members for childcare support.
- Operational deployment causing challenges in accessing childcare, with some of respondents needing to change their working patterns and others needing to leave their employment all together to accommodate the change.
- Having little or no information about what is available before moving to a new area.

Little Paws Nursery is situated at the top of Paulsgrove, on the border between Portsmouth and Portchester (Hampshire). 50% of children attending this nursery are service children. Samantha Guy, Nursery Manager has noticed that in the main, service children have the same needs as non-service children attending the setting⁹⁶. However their family circumstances mean this group

⁹⁵ NFF (2016) Childcare Report, retrieved from: <https://nff.org.uk/wp-content/uploads/2016/02/Childcare-Report-September-2016.pdf>

⁹⁶ Private communication between Little Paws Nursery (SG) and PCC dated 4th December 2017

of children have some unique features, which the nursery has worked with their families to manage:

- English as a second or third language depending on languages spoken at home, combined with those spoken in previous postings;
- Length of postings mean that some children attend the nursery for as little as 4 months before moving on again;
- Family Isolation and limited awareness about the local area has to offer;
- Parents lacking awareness about entitlements (such the governments free childcare initiative for working families).

Little Paws nursery has recently extended its opening hours with a breakfast club set up especially to meet the needs of some of its naval families. This nursery has also explored registering some of its staff as associated childminders to enable them to provide out of ours care⁹⁶.

Within the Solent prevalence of service families requiring childcare will be higher in Gosport and Portsmouth due to the location of military bases in the area. However NFF data has demonstrated that naval personnel and their families live across the Solent and therefore a degree of need in relation to flexible child care should be considered relevant to all areas of the region.

Work with local childcare providers to develop a network of Service Family Friendly providers within the Solent.



4.4 Education

The Forces in Mind Trust has identified that children of serving members of the Armed Forces may face disadvantage compared with non-service children relation to schooling; particularly in relation to school admissions due to the mobility of service⁷. The core Covenant response in relation to education stipulates that:

- Admission authorities must allocate a school place in advance of resettlement providing they have received an official letter that states the date of relocation and a unit post code.
- And
- Councils must commit to removing disadvantage for service children, as appropriate for the area.

In recent years many local authorities have been working hard to keep up with general demand for school places following increased birth rates within the general population in the last decade (2001-2011). In some areas of the Solent such as Portsmouth the surplus of school places at Primary stands at 3.86%⁹⁷. All service children moving into the Solent have been found school

⁹⁷ Private communication PCC Admissions (NS) and PCC dated 24th April 2018.

places; however there have been times when this has not been at the school closest to their accommodation. This is no different to the experience of non-service children in the general population.

In Gosport and Portsmouth which have service family accommodation sites, numbers of service children are higher in schools closest to the accommodation sites. This means that in some schools the percentage of children is as high as 33.3% (Gosport). Maps E and F in appendix 2 demonstrate service family demand for schools in Gosport and Portsmouth.

In 2013 the National Audit Office consulted with 1000 service families to understand their experience of accessing education for their children; 96% of these families reported that they had moved since their children started school⁹⁸. Some families reported moving more than 10 times. The most frequent number of school moves reported by naval families involved in this survey was 3-4 times. The consultation highlighted that many parents are unable to physically visit schools before applying to them.

Localised information about schools, including availability, numbers of other Service children in attendance or what the school does to support Service children would be helpful for service families moving into the area.



4.5 Service Pupil Premium (SPP)

In 2011 the Government introduced additional funding (the pupil premium) for schools with the aim of raising attainment and reducing inequality amongst pupils deemed to be disadvantaged. Service children were included in the eligibility criteria for pupil premium in recognition of the negative emotional impact of mobility and parental deployment⁹⁹. This is in contrast to children from low income families and looked after children whose eligibility for pupil premium was based upon lower levels of attainment. Under SPP Schools can receive £300 per annum for each identified service child on roll.

In 2017/18, 75,268 children nationally were identified as eligible for Service Pupil Premium (SPP) by the Department of Education⁹⁹. In January 2017, a combined total of **2423** pupils were registered for SPP in Gosport, Isle of Wight, Portsmouth and Southampton.

⁹⁸ National Audit Office (2013) [The Education of Service children: findings of a National Audit Office Consultation](#).

⁹⁹ House of Commons (2017) Briefing Paper number 6700, The Pupil Premium.

Table 10: Service Pupil Premium by Local Authority¹⁰⁰

Council	Total number of children	No of children registered for SPP	SPP as % of total cohort
Gosport	10840	1350	12.5%
IOW	16740	127	0.8%
Portsmouth	24759	851	3.4%
Southampton	31283	95	0.3%
Total	83622	2423	2.9%

Limitations of SPP data: Service child numbers include pupils attending the school that are eligible for service child pupil premium as at January 2017 or have been within the previous 6 years; as a result figures may include some children of veterans. This data only covers the government's definition of who deserves money for being a service child, not who might actually be affected by the issues service children face. Only pupils' year R to 11 (aged 4-16years) are eligible for SPP.

4.6 Attainment

In 2010 the Department for Education concluded that service children often perform better than their peers. However, service children who have moved school frequently were disadvantaged and did not perform as well as their non-mobile peers¹⁰¹. In 2017 a Local Authority Education leads group was established to support the education needs of children from Armed Forces families. This group brought together fourteen Local Authorities with the highest number of service pupils on roll. Gosport as part of Hampshire and Portsmouth are amongst the members of this group. As part of this group Solent councils have piloted a data set to consider the educational attainment of children registered for SPP. This exercise enabled a data set to be obtained for each council; summaries of which have been provided in table 10.

¹⁰⁰ Information obtained from education from HCC, PCC and SCC education departments dated 19th February 2018

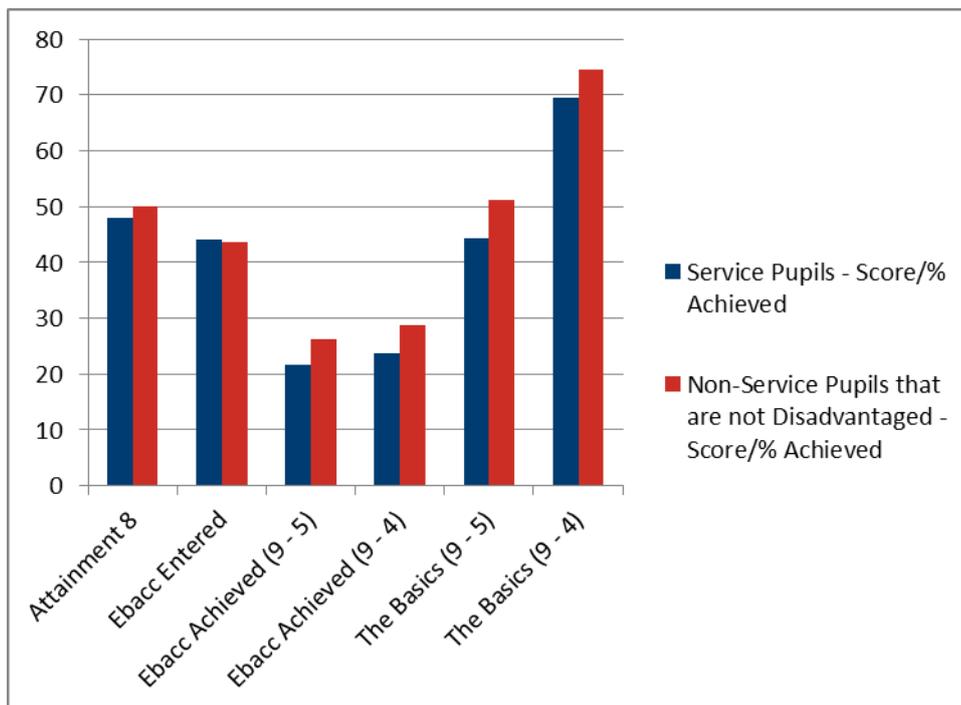
¹⁰¹ DFE (2011) Research report DFE-RR011 The educational performance of children of service personnel.

Table 11: Solent KS1-5 Service Pupils Analysis v all pupils (inclusive of SPP and disadvantaged)*

Gosport	Isle of Wight
<ul style="list-style-type: none"> • Similar/slightly above local all children baseline in most areas • % of SPP below local all children baseline working at the expected standard & high standard- KS2 Maths • Lower % of SPP pupils achieving 9-5 pass in GCSE English and Maths • Same average attainment 8. SPP higher Average progress 8 scores. 	<ul style="list-style-type: none"> • Small cohort • Similar/slightly above local baseline in most areas • % of SPP below local baseline working at the expected standard - KS2 Maths, higher % of SPP working at the high standard KS2 Maths • Higher % of SPP achieving the English Baccalaureate (Inc. 9-5 pass in English and Maths) • Average attainment 8 and progress 8 above local baseline.
Portsmouth	Southampton
<ul style="list-style-type: none"> • SPP Similar/slightly above local baseline in most areas • SPP below local baseline working at the expected standard, but higher % of SPP working at the high standard KS2 Maths • Higher % of SPP pupils achieving 9-5 pass in GCSE English and Maths • Higher average attainment 8 and Average progress 8 score for SPP 	<ul style="list-style-type: none"> • Small cohort • Most data suppressed [SUPP], low reliability for data supplied. • Average attainment 8 and progress 8 above local baseline.

*It is important to note that the all children baseline upon which SPP children were considered includes the SPP children themselves and children considered to be educationally disadvantaged due to poverty. Therefore this does not represent a comparative peer group; particularly as most service children will not be experiencing poverty. When Hampshire excluded duplicated SPP children and children in receipt of pupil premium as a result of poverty from their cohort, a gap in educational achievement was visible (see figure 7). More work is now needed to re-examine Solent results against adjusted baselines. 📖

Figure 8: Hampshire County Council (inclusive of Gosport SPP), KS4 - Service Pupils Analysis v Non-Service and Non-Disadvantaged Pupils*



* All Pupils - Cohort - 12,740, Service Pupils - Cohort - 493

4.7 Exclusions & absences

It has been recognised that mobility due to service and in term compassionate leave as a result of deployment can reduce service children's attendance below that of their peers¹⁰². In an attempt to reduce the impact of mobility, more service related moves are now completed during school holidays¹⁰³.

In 2015 the MOD issued advice to head teachers nationally in relation to granting leave for 'exceptional circumstances' to service families. Within this guidance the MOD highlights unique challenges some service families face including deployment and duty that may result in requests for leave outside of term time¹⁰⁴. Some local authorities such as Yorkshire County Council have changed their guidance to parents and schools reflect this. Solent councils have not.

Solent councils need to ensure that exclusion and absence guidance provided to parents and schools reflects their commitment to the Armed Forces Covenant.



Across the Solent levels of school absence in the general population, particularly at secondary school are above the national average. Chronic school absenteeism is recognised to be both a

¹⁰² Department for Education (2009) [How Schools secure the progress of children from the Armed Forces Families. Good Practice Guidance.](#)

¹⁰³ Update from Joint Service Housing Office (SW) to Portsmouth Armed Covenant Forces Partnership Board 7th September 2017

¹⁰⁴ MOD (2015-07-16) [Ministry of Defence Advice to Head Teachers Term Time Absence for Service Children](#)

risk factor and effect, of a number of causal factors not commonly associated with Service Families including poverty¹⁰⁵. Data work has been undertaken to consider local Service children's absence and fixed term exclusion (see table 12). As with attainment, drawing conclusions from this work is limited by the data available, the baseline used, and the size of the cohort. More work is required to understand how much the local baseline is defined by children in the general population experiencing poverty and the relative impact this has on the analysis. 

Table 12: Solent exclusion and absences, Service Pupils analysis v all children baseline (includes SPP and disadvantaged pupils)

Gosport	Isle of Wight
<ul style="list-style-type: none"> No significant difference between LA all children & SPP cohort. 	<ul style="list-style-type: none"> Fixed term exclusion data not available for 16/17; SPP absence % at primary higher than local baseline; SPP absence % at secondary lower than local baseline.
Portsmouth	Southampton
<ul style="list-style-type: none"> SPP lower % rates of absence at primary & secondary; SPP lower rates of fixed period exclusion at primary school; No permanent exclusions in 2016/17. 	<ul style="list-style-type: none"> No SPP children with fixed term exclusions at primary or secondary; Absence figures suppressed for primary school due to small numbers; Absence at secondary similar to local baseline.

4.8 Special Educational Needs

Of 1000 service families that took part the National Audit Office consultation in 2013, 300 identified as having children with special educational needs⁹⁸. 73% of these (219 respondents) reported difficulties associated with arranging schooling for their children. They also reported a perceived lack of understanding and support from schools⁹⁸. This is unsurprising given that in 2011 an Ofsted review of the quality of provision and outcomes for Service Children identified that Service children with Special Educational Needs and/or disabilities were more likely to experience: a delay in assessment, be assessed multiple times and experience disruption of provision as they moved between different local offers and/or education systems. In worst case scenarios some children's needs went unrecognised for periods of time¹⁰⁶. More recently these challenges were considered within the Local Authorities Educational Leads working group, who concluded that more work is needed to reduce duplication and ensure that children with SEN transition more effectively between schools¹⁰⁷. 

¹⁰⁵ The British Psychological Society (2017) [Behaviour Change: School attendance, exclusion and persistent absence](#)

¹⁰⁶ Ofsted (2011) Children in Service Families. The quality and impact of partnership provision for children in Service Families.

¹⁰⁷ Local Authority Education Leads Working Group meeting dated 20th February 2018.

Local data work to better understand Service children with Special Educational Needs (SEN), in receipt of Service pupil premium (SPP) within the Solent was undertaken in December 2017. Numbers of children registered for SPP and also identified with SEN were low in all four council areas. In the Isle of Wight and Southampton numbers of children identified fell below 10 and the information was suppressed. In Gosport the cohort was just big enough to make comparison in relation to statements of need and/or the provision of an education, health and care plan (EHCP). This comparison indicated a higher percentage of Service Children were identified with SEN but without a plan in place to address this at primary school (SPP 12.8%, baseline 9.6%)¹⁰⁰. Whilst a lower percentage of Service Children were identified as SEN but without a plan in place by secondary school (SPP 6.4%, baseline 12.6%)¹⁰⁰. In Portsmouth lower numbers of Service Children were identified with SEN but without a plan in place at primary and secondary school (primary SPP 9%, baseline 12.1%, secondary SPP 10.3%, baseline 11.3%)¹⁰⁰.

The presence of a SEN or EHCP plan in itself should not be taken as assurance that Service families have all of the support they require and more work is needed to understand Service children with SEN, experience of education and broader life within the Solent. 

4.9 School support for Service Children

Within the Solent local schools have taken different approaches to supporting Service Children to manage the unique challenges of service life. Gomer Junior School in Gosport is one example of good practice; hosting a weekly club which connects Service Children across the school, and provides a variety of nurture activities. The school encourages Service Children to play key roles in Remembrance and Armed Forces day activities and has established a project called 'bears on deployment' which supports communication between children and their serving parents during times of separation.

Specific support for service children on the Isle of Wight has only been in place since September 2017 when a district co-ordinator (currently the Head Teacher at Gomer primary school) was identified to engage with the Hampshire service pupil's co-ordinator network. Small numbers of Service children, coupled with high levels of dispersion has invited a different approach focused on general awareness raising; with guidance being developed and distributed to signpost schools who have identified service pupils.

In Portsmouth 'Pompey's Military Kids' is a joint initiative set up by representatives from various schools across the city, in partnership with Portsmouth City Council and the Naval Families Federation. To date 13 schools, and 311 Service children have been connected in this initiative which provides Service children with a supportive peer network and schools staff practical tools they can use with children from service families to support them to manage the cycle of deployment. Expansion of a network approach across the Solent would enable Service children attending schools with lower numbers service pupils to feel connected their wider peer group.

There are currently no Service-child specific support initiatives in place within schools in Southampton; a reflection of the lower numbers of children identified by SPP within the area.

Service Children in schools without a peer group or network that enables them to connect with other Service children are at increased risk of experiencing feelings of isolation, especially at times of parental deployment⁵⁵. Low numbers and high levels of service child dispersal in the Isle of Wight and Southampton identify these as areas within the Solent where there is a gap in Service Child provision.

4.10 Further Education

Research undertaken by Winchester University has identified that fewer service children go to university compared to the general population¹⁰⁸. This research also identified that children in military families experience greater pressures during post-16 education due to their increased maturity and understanding of their family's situation¹⁰⁸. Messages from the Winchester study include the need for:

- School staff to provide specific academic and pastoral support for children from military families during their time at the school and post-16 education;
- College staff to be able to support children from military families to make the best of their unique experiences in application to university;
- Higher Education (HE) institutions to actively provide opportunities and support for school children from military families to progress to HE.

There is no incentive for post 16 education providers to identify children from Service Families in the way that schools do for pupils aged 4-16years in order to receive the Service Pupil Premium. As a result no higher education provider within the Solent records this information. Discussion with staff from St Vincent's College¹⁰⁹ in Gosport and Highbury College¹¹⁰ in Portsmouth who have identified a number of Service children attending their provision, has identified that there is some appetite to develop the offer to young people within Service Families within these establishments.

The Solent partnership needs to consider how to support further and higher education establishments across the Solent in 'Thinking Forces'.



4.11 Welfare

Children of Service personnel have been identified as more likely to experience a range of emotional and behavioural issues including: depression, anxiety, social isolation, sleep issues and problem behaviours such physical and verbal aggression¹⁰⁵. Service children have also been identified as more likely to take on additional caring responsibilities within the home, and those whose parents regularly deploy or who move frequently, have been identified at more risk of reduced resilience¹⁰⁵.

¹⁰⁸ The University of Winchester (2016) Further and Higher Progression for Service Children: Research Paper.

¹⁰⁹ Communication with St Vincent's College (KM) and PCC - Gosport Health & Wellbeing Partnership Network Meeting dated 1st November 2017.

¹¹⁰ Private Communication with Highbury College (SM) and PCC dated 26th March 2018.

Within the Royal Navy, Regular Army and Royal Air force welfare teams work closely with Service Personnel and their families to alleviate and mitigate the potential stresses of service life. Locally the Royal Navy, Royal Marines Welfare [RNRMW] service based in HMNB Nelson, Portsmouth, supports Service families living within the Solent to manage a range of issues including: Relationship problems, bereavement, mental health, and physical illness, child care concerns and other issues that arise at times of deployment. Local Authorities have statutory duties in relation to child protection and remain responsible for children of Service personnel living within the authority. Where the need of a child or young person meets the statutory threshold for Children's Services intervention, social workers from the local authority work with welfare teams such as RNRMW to ensure children's safety¹¹¹.

Within the Solent Hampshire County Council provide statutory Children's services for Gosport. Portsmouth and Southampton and the Isle of Wight have their own in house services. There is currently no marker to identify children of Serving Personnel or Veterans within any of the Solent children's services triage or MASH (Multi-agency support Hub) systems. This means that the only way of gaining an indication of the numbers of children referred to children's social care is by cross referencing known Service children with social care systems. Locally this work has been undertaken using children identified as in receipt of Service Pupil Premium (SPP) as detailed in table 13.

[Table 13: Health and wellbeing data obtained by cross matching SPP with Children's Social Care Database for the year 2016/17](#)

Gosport	Local Baseline	SPP Service Children
Number of referrals to Children's Social Services	1622	30
Rates per 10,000 of referrals to Children's Social Services	939.0	17.4
% of re-referrals to Children's Social Services within 12 months	32.1%	43.3%
Section 47 enquiries rate per 10,000 children	207.2	3.4
Isle of Wight		
Number of referrals to Children's Social Services	2307	5
Rates per 10,000 of referrals to Children's Social Services	915	526
% of re-referrals to Children's Social Services within 12 months	31.56%	33.33%
Section 47 enquiries rate per 10,000 children	143	0
Portsmouth		
Number of referrals to Children's Social Services	2472	28
Rates per 10,000 of referrals to Children's Social Services	564.38	6.39
% of re-referrals to Children's Social Services within 12 months	20.95%	21.43%
Section 47 enquiries rate per 10,000 children	281.14	3.42
Southampton		
Number of referrals to Children's Social Services	3044	0
Rates per 10,000 of referrals to Children's Social Services	610.00	0
% of re-referrals to Children's Social Services within 12 months	30.7%	0.00%
Section 47 enquiries rate per 10,000 children	270.93	0.40

¹¹¹ Phone call with RNRMW (JW) and PCC dated 20th February 2018

There are several major limitations to this work: SPP only identifies eligible Service children aged 4-16 whose parents have notified the school of their military status; this level of administration is less likely to occur in families experiencing chaotic or complex situations. The use of SPP data excludes children aged 0-4 and 16-18 years. SPP data may include some children whose parents are no longer serving so it is not possible to conclude that these are all children of currently serving personnel.

Abuse

Small numbers of referrals to children's social care have been identified within the local cohort. There were six S47's for Service children in Gosport during the requested period. Five of which had a category of Physical Abuse. One had a category of Sexual Abuse. More work is needed to understand to what extent this snapshot reflects the wider cohort, and any specific antecedents to abuse within this cohort that could be targeted within preventative work. 📖

A marker to identify children of serving personnel or veterans within children's service triage and/or MASH systems would enable better targeting of support to this community.



4.12 Children and Young People conclusions and recommendations

The needs of service children and young people are similar to the needs of those in the general population. However Service life does present some unique and additional challenges for these children in relation to mobility, social integration, support and consistency of provision which in turn can impact on emotional wellbeing and educational attainment. Children of veterans and those of serving personnel aged under 4 and over 16 years are an invisible cohort which we need to understand better as a partnership. It would be particularly useful to know the extent to which experiences within Service life continue to impact on veterans children post resettlement. More needs to be done to ensure that service children's SEN are recognised and receive a consistent package of support.

Service children need professionals who understand the challenges they face and can support them to manage their experiences and build the resilience required to successfully navigate adolescence and adulthood. There are pockets of good practice within the Solent that could be shared to achieve this. It will be important to ensure that early years, higher and further education providers are also included in this work to ensure consistency of support throughout Service children's education.

Housing and Finance

5.1 Context

Members of the Armed Forces community are reported to have poor understanding of the realities of civilian life, and perceive themselves to experience much disadvantage in relation to housing.⁷ Seeking support for housing issues is one of the most searched items on the national Veterans Gateway¹¹², and locally 52% (118/229) of serving personnel and their families identified housing as a stressful situation they had to deal with, in the 2017 Citizens Advice Bureau survey¹¹³. A further 41% (95/230) also stated they were likely/highly likely to be seeking housing off-base in the near future¹¹³.

However according to the MOD's 2017 annual population survey 75% of the veteran population in Great Britain own their house outright/being brought with a mortgage/loan and 24% Rent/ Part rent their property¹⁶. This is not unexpected given the stability of employment within the Services compared to the civilian job market, and the support the MOD have provided in recent years to enable service personnel to get onto the property ladder.

5.2 Service Accommodation

Unlike most employers, the MOD provides accommodation; reflecting the nature of service life where personnel and their families need to be mobile, lack choice in where they live and the remoteness of some postings¹¹⁴. Two main types of Service accommodation exist - Single Living Accommodation (SLA) and Service Family Accommodation (SFA)¹¹⁴. 78% of regular service personnel live in Service Accommodation during the working week¹¹⁴.

Living within SLA and SFA is a very different experience to the civilian rental market: the rent is below market value, personnel living in SLA will have food and all bills included within the cost of their accommodation, accommodation is usually clustered creating residential concentrations of service personnel not seen within the general population and payment for SLA and SFA is taken at source.

The MOD is currently piloting a new way of providing living accommodation to eligible service personnel, entitled the Future Accommodation Model (FAM). This will include being supported to rent a home in the private market and a widened entitlement that recognises family composition beyond traditional models alongside existing options of SLA and SFA¹¹⁵. FAM represents a significant shift in the accommodation offer. Work being undertaken by the Army Family

¹¹² Veterans Gateway Update at Covenant in the Community, National Conference 22nd February 2018.

¹¹³ Citizens Advice Portsmouth (2017) ARMED FORCES COVENANT RESEARCH QUESTIONNAIRE

¹¹⁴ HoC (2017) Briefing Paper number 07958 Armed Forces Housing, available from:

<http://researchbriefings.files.parliament.uk/documents/CBP-7985/CBP-7985.pdf>

¹¹⁵ MOD (2018) What you need to know about the future accommodation model, from:

<https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam>

Federation (AFF) identifies a level of concern and confusion about the new approach¹¹⁶. It is anticipated that FAM will start to roll 2021-23 and will take a decade to complete.

The impact of FAM within the Solent area is currently unknown. The MOD has been clear that under FAM service personnel will have to pay market rate for SLA and SFA. Therefore it's possible that interest in privately rented accommodation within the Solent may increase in the next decade as personnel previously accommodated by the MOD seek a better deal.

Within the Solent there are multiple SFA sites, capable of accommodating 4269 people (including spouses, civil partners and dependents)¹¹⁷. In March 2018 the occupancy rate for SFA in the Solent stood at 87%¹¹⁸. This is close to capacity, given Ministry of Defence policy is to keep 10% of Service Accommodation vacant, or 'void', to facilitate moves in and out of each area, support short notice requirements and allow for upgrades to take place¹¹⁴. Service accommodation is only located close to military bases (see table 14). Maps E and F in appendix 2 demonstrate the distribution of SFA in Gosport and Portsmouth by total number of rooms. This exercise was primarily undertaken for considering school place demand. However this is additionally useful for considering demand on other local services such as family hubs/children's centres and GPs.

Table 14: Service Families Accommodation in the Solent

Area	Number of SFA property's	Capacity to house (adults and children)
Portsmouth	714	1942
Gosport	900	2324
Southampton	0	0
Isle of Wight	0	0
Total	1614	4266

Within the Solent several SLA sites have been identified in Gosport and Portsmouth: HMS Nelson, HMS Excellent, HMS Collingwood and Fort Block House. SLA is not centrally coordinated like SFA, therefore total capacity and current utilisation of these sites remains unknown. HMS Nelson has 1600 bed spaces which gives an indication of the potential scale of this accommodation.

5.3 Support for Service Personnel or Service Leavers to find accommodation

The principal responsibility for providing housing information and advice to military personnel lies with the armed forces up to the point of discharge. This is delivered by the Joint Service Housing Advice Office (JSHAO) who provide information and advice in a range of accessible formats including on-line, an annual magazines and standardised briefing sessions held at Tri-Service resettlement sites around the country. It is not mandated to attend the housing briefing within resettlement and therefore a level of personal responsibility to access the support available through the JSHAO is expected.

¹¹⁶ AFF, Future Accommodation Model, retrieved from: <https://aff.org.uk/advice/housing/future-accommodation-model-fam/>

¹¹⁷ Private Communication Accommodation Facilities Office (SW) and PCC, dated 18th October 2017

¹¹⁸ Private Communication Accommodation Facilities Office (SW) and PCC, dated 26th March 2018

In April 2018 the Cobseo (Confederation of Service Charities), Housing Cluster merged with the Veterans Gateway to create a housing support service that could be accessed online or on the phone 24hrs per day, 7 days per week. This service enables veterans to search their local area for veteran-specific accommodation ranging from specialist hostel and supported housing projects to family accommodation. Searches on this system for the Solent area only returned one local provider: Alabaré in Gosport. This is not representative of the range of providers in the area which suggests that either there is more work to do to engage all partners in using the service, or no other vacancies exist.

Veteran-specific housing providers within the Solent need to be encouraged to register their vacancies on the Veterans Gateway housing support service.



5.4 Veteran-Specific Housing

There are several providers of veteran-specific housing within the Solent. Combined, these organisations have capacity to accommodate approximately **707 individuals** at any one time. This provision is primarily located in Gosport and Portsmouth and focuses on accommodating older veterans and/or those individuals who are especially vulnerable as detailed below:

[Agamemnon Housing Association - Gosport and Portsmouth¹¹⁹](#)

Provides warden assisted independent living for people over 60 years of age, giving priority to those who have served in the Armed Forces and their surviving partners or relatives. Within the Solent Agamemnon have 5 accommodation sites (2 in Gosport, 3 in Portsmouth), with the capacity to accommodate **229 residents** within 62 two-person and 150 one person apartments, 10 of which provide for disabled occupants. Agamemnon have recently expressed an interest in obtaining more properties for veterans in the area.

[Alabaré - Gosport¹²⁰](#)

Alabaré's Homes for Veterans provide temporary accommodation to British Armed Forces Veterans who are homeless or at risk of becoming homeless. Alabaré have 3 properties, in Gosport with the capacity to accommodate **16 residents**, offering 12 bed spaces in supported accommodation (providing a higher level of support), and 4 bed spaces in move-on accommodation where veterans live more independently while learning the skills needed to maintain their own home.

[CESSA Housing Association - Gosport and Portsmouth¹²¹](#)

Provides sheltered housing to veterans their spouses, partners, widows/widowers, parents and children who are aged 60 or over. This includes veterans who served in the Reserve Forces. Within the Solent CESSA Housing Association have four accommodation sites (1 in Gosport, 3

¹¹⁹ Agamemnon Housing Association Our Courts, from: <https://agamemnonha.org/our-courts/>

¹²⁰ Alabaré Homes for Veterans, from: <http://www.alabare.co.uk/get-involved/homes-for-veterans>

¹²¹ CESSA Housing Association, from: <http://www.cessaha.co.uk/>

in Portsmouth), with the capacity to accommodate **153 residents** within 8 accessible, 71 one person and 74 two-person flats.

[Greenwich Hospital \(managed by CESSA\) - Portsmouth](#)¹²¹

The Greenwich Hospital, is a Crown Royal Navy Charity. It provides sheltered accommodation with an on-site scheme manager and out-of-hours service exclusively for those who have served in the Royal Navy, Royal Marines, Woman's Royal Naval Service (WRNS), Queen Alexandra's Royal Naval Nursing Service (QARRNS) or Royal Fleet Auxiliary (RFA), their spouses, partners, widows or widowers who are aged 60 or over. Greenwich Hospital have one accommodation site in Portsmouth, with the capacity to accommodate **47 residents** within 1 accessible, 9 two-person and 27 one person flats.

[Haig Housing Trust - Isle of Wight and Portsmouth](#)¹²²

Haig Housing is a charitable housing trust and the leading provider of rental housing for ex-Service people in the United Kingdom. The Trust has over 1,500 properties built mostly in the 1930's, 50's and 90's. The Trust manages 77 properties in the Portsmouth area, including Southsea, Eastney and Paulsgrove, with a further 11 properties in Sandown IOW. Other than nine two bedroom flats in Southsea and the properties in IOW, the stock is made up of mostly three bedroom family housing on small estates. Such is the demand for the Trust's properties, annual turnover in terms of availability is approximately 10%. Applicants are assessed on a standard points based system which takes into account individual circumstances, level of need and availability. Eligible applicants may often be placed on a waiting list. Successful applicants will be charged a charitable rent, roughly comparable to that charged by the local authority. Haig also offers special housing solutions for severely wounded and disabled Service and ex-Service personnel, usually on a shared rental/ownership basis. Haig have the capacity to accommodate approximately **244 residents in the Solent**: 226 in Portsmouth and 18 on the Isle of Wight.

[Soldiers, Sailors, Airmen and Families Association \(SSAFA\) - Isle of Wight](#)¹²³

SSAFA provides St Vincent's Care Home for Veterans, in Ryde. This is SSAFA's only care home in the UK. The accommodation has capacity to provide 24 hour nursing or personal care, for up to **25 residents** aged over 65 yrs. In December 2017 this provision was rated requires improvement by Care Quality Commission (CQC) and in April 2018 SAFFA announced their intention to close this provision. Following this announcement SSAFA have accepted an offer from another provider to take over St Vincent's as a going concern and continue to run as a care home for veteran men and women¹²⁴. SSAFA also has 19 accessible warden supported bungalows set in the grounds of St Vincent's, for up to **38 residents**.

From 2016-2018 veteran-specific accommodation was also available in Southampton. This was provided by Care after Combat in the form of 12 one-person studio flats, specifically designed to cater for Veterans leaving prison. This accommodation closed in April 2018. Care after Combat

¹²² Email communication with HAIG HOUSING (SMc) and PCC dated 14th June 2018.

¹²³ SSAFA St Vincent's Residential Care home, from: <https://www.ssafa.org.uk/help-you/veterans/residential-housing/st-vincents-residential-care-home>

¹²⁴ Private communication IOW Council (JT) and PCC dated 23rd May 2018.

cited issues with funding and generating clients as key reasons for the closure. It is unclear at this time if the closure of the site has created a gap in provision in the area and more work is needed to understand demand for veteran-specific accommodation in Southampton. 📖

More work is needed to understand demand for further and future veteran-specific accommodation within the Solent; especially in relation to younger veterans, families and areas without existing veteran-specific accommodation.



5.5 Social Housing

When it comes to social housing, there can be a significant mismatch in expectations about what the Covenant can deliver. The Housing Act 1996 (additional preference for Armed Forces) (England) Regulations 2012 requires that Councils:

- Must give additional preference to certain members of the Armed Forces Community who come within the reasonable preference category, and who have urgent housing needs;
- Must disregard the local connection rule when considering applications from serving members, or Veterans who have been out of the military for 5 years or less, bereaved spouses, and existing or former reservists suffering from injury, illness or disability attributable to their service.

It is important to note, however, that these requirements do not cover divorced and separated Armed Forces spouses.

Ensuring reasonable preference as stipulated within the core commitment requires councils to know if applicants for housing are eligible members of the Armed Forces Community. This is only achievable by asking all applicants for their military connections. Gosport and Portsmouth Housing systems have been updated to include a field for identifying members of the Armed Forces community. In December 2017, 16 accepted applications from members of the Armed Forces Community were identified by Portsmouth City Council using this system. This represented 1% of the total number of live applications at that time. There were some known cases not identified through this process. In February 2018 Gosport Borough Council were unable to identify any applications from the Armed Forces Community within their system, despite some known cases. This spot check of the structures in place suggests more work is needed to embed the process of asking the question.

Isle of Wight and Southampton Councils currently have no process in place for generally identifying members of the Armed Forces community within the application process. Which makes it difficult to assure application of the Covenant commitment that eligible members of the Armed Forces community receive appropriate preference.

All Solent councils have processes in place to ensure disregard for the local connection rule for eligible applicants from the Armed Forces community. However processes for ensuring Covenant prioritisation once applications are accepted are not clear. All Councils allocate housing based

on need. It would be useful to develop a local authority Covenant statement in respect of housing to help manage expectations both internally and externally.

More work is needed to embed the process of asking the question and clarify the local housing offer to the Armed Forces community.



5.6 Homelessness

There has been a reduction in the numbers of street homeless veterans since the 1990's when 22% of London's non-statutory ('single') homeless population were identified as ex-Armed Forces¹²⁷. During October-December 2017, 6% (244/3776) of people seen rough sleeping by outreach teams in fourteen London Authorities had experience of the Armed Forces; 68% of these veterans were non-UK in Nationality¹²⁵. People are counted as having been seen rough sleeping if they have been encountered by a commissioned outreach worker bedded down on the street, or in other open spaces or locations not designed for habitation, such as doorways, stairwells, parks or derelict buildings¹²⁵. This excludes the "hidden homeless" such as those "sofa surfing" or living in squats, unless they have also been seen bedded down in one of the settings outlined above. It is not clear how many of the veterans identified were new rough sleepers, living on the street, or intermittent rough sleepers. The reduction in numbers of veterans sleeping rough in recent years has been attributed to a combination of reduced output from the Armed Forces, improved Ministry of Defence (MoD) resettlement provision and better intervention from charities¹²⁶.

The vulnerabilities and support needs of homeless ex-Service personnel are, on the whole, very similar in nature to those of other non-statutory homeless people, but a greater proportion of ex-Service personnel have alcohol, physical and/or mental health problems¹²⁶. In 2013 the Centre for Housing Policy commissioned York University to undertake research regarding the support and accommodation needs of veterans in Britain¹²⁷. This study identified several other key reasons why veterans experienced housing difficulties:

- A shortage of affordable accommodation;
- Problems sustaining a tenancy;
- Relationship breakdown;
- Inadequate transition planning from the Armed Forces.

Within the Solent only Portsmouth City Council has included a question about Armed Forces experience within their homeless count. Of the people who were asked and who answered that question during the last count on 22nd November 2017, only 2 people answered that they were ex-forces out of 42 people. It was noted that lots of people sighted during the count were asleep,

¹²⁵ Combined Homelessness and Information Network (CHAIN) Quarterly Reports OCTOBER - DECEMBER 2017, from: <https://data.london.gov.uk/dataset/chain-reports>

¹²⁶ Royal British Legion (2009) Literature review: UK veterans and homelessness. [Report](#).

¹²⁷ Centre for Housing Policy, University of York (2014) Meeting the Housing and Support needs of Single Veterans in Great Britain, Stoll/Riverside.

and others did not want to answer questions. The count is only ever a snapshot of the number of rough sleepers officers are able to locate on that given night.

In Southampton the homeless outreach team monitor numbers each week of those found street sleeping, but this information is not aggregated over time. On the week concluding 18th May 2018, 31 people were found to be sleeping rough in Southampton of these council officers had identified 1 veteran¹²⁸.

In Gosport in May 2018 Supporting Communities in Partnership put on a programme of events for those identified as street homeless, in temporary accommodation and on low income. This included free tea and toast at the First Light Trust. The First Light Trust reported no take up of this offer by members of the general population or veterans.

Alabaré who work with homeless veterans in Gosport report that veterans experience high levels of shame about their situation and are therefore less likely to openly declare their status. As an organisation they have noticed that demand seems to be higher amongst Army veterans and have also observed some common issues experienced by veterans moving into their accommodation:

- A lack of essential items;
- An urgent need to access medical and dental treatment;
- Issues with money/transport preventing them from taking up other support available.

Alabaré in partnership with other local organisations has worked to ensure that veterans arriving in their accommodation have access to essential items (including food, clothing, and toiletries).

In May 2018 Heather Wheeler MP, Minister for Housing and Homelessness, in partnership with Tobias Ellwood MP, minister for defence, people and veterans, wrote to all local authorities in England and Wales. Requesting that local authorities do all they can to make sure that members of the Armed Forces community are taken into consideration within their plans to tackle rough sleeping. To date within the Solent only Portsmouth City Council has started this process.

Solent Councils need to demonstrate that they are taking a proactive approach to reducing rough sleeping within the Armed Forces community.



5.7 Finance and Life skills

In 2016 SSAFA surveyed 1000 of their working age (16-64years) beneficiaries to better understand their needs and circumstances. Many of the respondents were living on a limited household income of £13,800; significantly less than the average household for a working age

¹²⁸ Private communication Southampton City Council (LS) and PCC Dated 18th May 2018

veteran reported to be £28,500¹²⁹. Some respondents reported being reliant on food banks, while others experienced homelessness, offending or contemplated suicide. The MOD Annual Population Survey (APS)¹⁶ does not ask about veteran income so it is difficult to conclude what proportion of total numbers of veterans the SSAFA research represents. However it is clear from this study that for some veterans as for some people in the general population, finance is a significant issue. In 2018 SSAFA published updated research echoing their 2016 findings, and concluding that basic finance and life skills, and a savings culture needs to be promoted during service within the Armed Forces, in order to mitigate later financial hardship¹³⁰.

Information provided by some local support services based within the Solent provides an insight into local demand for financial and legal services within the Armed Forces community. This information does not reflect the breadth of Armed Forces specific services available and more work is needed to understand the financial support being provided by other organisations within the Region.

The Royal Naval Benevolent Trust (RNBT) based in Portsmouth provides financial assistance and support to Royal Navy and Royal Marines personnel and their families in times of need. In 2017/18 RNBT awarded £255,040.07 to 538 beneficiaries living within Hampshire and IOW region¹³¹. The vast majority (521) were awarded within Hampshire which includes Gosport, Portsmouth and Southampton. RNBT have worked with Northumbria University (research funded by the Armed Forces Covenant Fund Trust within the Map of Need project) to consider demand for their services over a two year period; this work has highlighted Southampton alongside Portsmouth and Gosport as an area of higher demand for beneficiary payments within the Southeast (see figure 8, p44)¹³². The highest rates of payment were in Gosport with 19.37 payments per 10,000 population, in comparison to an average of 1.16 payments per 10,000 population in the Southeast region¹³².

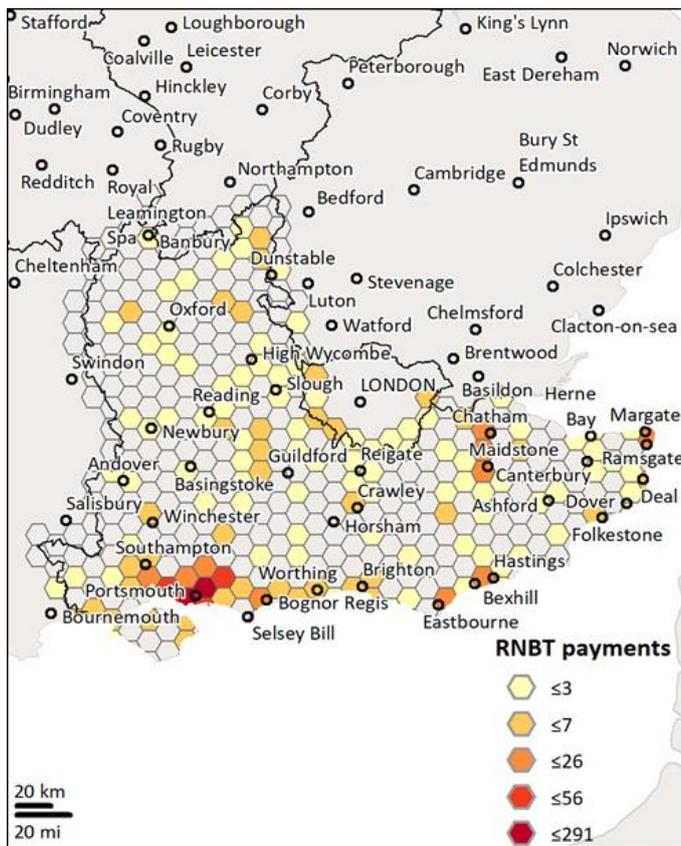
¹²⁹ SSAFA (2016) The New Frontline: Voices of Veterans in Need, from: file:///C:/Users/430913/AppData/Local/Microsoft/Windows/INetCache/IE/6OVDK1AC/ssafa_research_report_-_the_new_frontline1.pdf

¹³⁰ SSAFA (2018) The Nations Duty: Challenging society to a new generation of veterans. Report

¹³¹ Private Communication with RNBT (PS) and PCC dated 19th June 2018.

¹³² Northumbria University (2018) Analysis of the RN Benevolent Trust Payments 2015-2017. Report

Figure 9: RNBT payments in the Southeast Region as mapped by The Northern Hub for Military Veterans and Families' Research



Contains public sector information licensed under the Open Government Licence.

The main purpose of the payments awarded by RNBT in the Southeast were for 'General Needs' (12%), followed by 'Electrical Goods' (8%) and 'Food & Other Needs' (8%)¹³². Nationally RNBT have identified support to finance funeral costs, purchase medical equipment (including home adaptations and mobility scooters) and manage rent arrears and debt as being frequently awarded payments. Locally RNBT have employed a dedicated outreach worker who works with other services to address deeper issues identified. Performing the role of a key worker the RNBT outreach worker, engages with the beneficiary and develops an action plan that seeks to ensure they have the support necessary to avoid financial hardship in the future.

The Army Benevolent Fund (ABF), known as 'The Soldiers Charity' provides national support to soldiers and veterans from the British Army, by awarding grants to individuals through their Regiments and Corps. In 2017/18 The Army Benevolent Fund awarded £174,477.27 to 227 beneficiaries in Hampshire and a further £5836.25 to 10 beneficiaries on the Isle of Wight.

From December 2016 - December 2017, Veterans Outreach Support (VOS), based in Portsmouth saw 639 veterans from around the Solent (an average of 53 per month) at their monthly drop-in. In addition to providing mental health services VOS provide a link to 30 other support services within their monthly drop-in. 27% (204/767) appointments for other services accessed by those attending VOS were in relation to Pensions and compensation (27), Legal advice (55), Financial (67) and employment advice (55).

In October 2017 the Citizens Advice Bureau (CAB) received **225** responses from serving personnel and their families to a scoping survey that concluded a good level of support and demand for financial, employment and housing advice to be provided by the CAB's proposed Joining Forces for Families project.

Following this survey, from 1st November 2017 - 31st January 2018, CAB services within Gosport and Portsmouth monitored footfall from the Armed Forces community within their standard services. During this period **24** people with military connections (mainly veterans) were identified accessing support for a range of issues including: managing redundancy, self-employment, finding housing, managing bills and debt, and accessing benefits. Several veterans shared that they didn't realise the CAB could provide specific support to members of the Armed Forces, highlighting a need to raise awareness of their offer within the Armed Forces community. In April 2018 CAB were successful in their bid to deliver Joining Forces for Families: finance, employment and housing advice service which will launch in autumn 2018.

More work is needed to understand and address drivers for veteran financial hardship in the Solent and understand barriers to accessing support services available.



5.8 Housing and finance conclusion and recommendations

Housing and finance have historically been and continue to be prominent issues for the Armed Forces community. Although the majority of veterans own their own home, or have the means to rent privately, there is a small but significant minority of veterans who struggle to find appropriate and affordable accommodation post service, the extent of which is difficult to quantify. More needs to be done to understand veterans housing demand and homelessness in the Solent. 📖

In some cases the nature of service life appears to have contributed to veterans housing and financial challenge; service accommodation having historically sheltered them from the realities of the civilian housing market and the true cost of living experienced by the general population. The MOD's housing offer to current serving personnel is set to change. The future accommodation model will provide a wider range of housing opportunities for personnel and their families, and encourage a shift to be more in line with the general population in terms finding housing and the cost of living. It is not possible to predict at this time how the Future Accommodation Model (FAM) will impact on housing demand within the Solent.

Some military charities have reported that the Solent is an area of high demand for the financial assistance they offer compared to the rest of the Southeast. It is not clear if this is due to a higher concentration of people with military connections living in the area, the higher cost of living or something else specific to the region. More work is needed to understand reasons for veteran hardship and any barriers to accessing support available. 📖

Employment

6.1 Context

The majority of working age people who leave the Armed Forces find alternative employment. In 2017 the MOD Annual Population Survey (APS) reported that working age veterans were as likely to be employed as non-veterans (78% and 79% respectively)¹⁶. According to the APS just 4% of working age veterans were unemployed and seeking work, whilst 19% were inactive by choice; academic study, travel and/or retirement cited as the most common reasons. In 2014 research undertaken by St George's House in partnership with the Future in Mind Trust concluded that more work was needed to support employers to see the benefits of employing veterans¹³⁷. This research also identified that early service leavers¹³³ faced some of the biggest barriers to employment, and that being employed in itself was not a good determinant of successful transition unless the employment was meaningful, satisfying, secure, and contributed to wider personal benefits including social cohesion and societal perception. In 2018 SSAFA highlighted the significance of acquiring civilian employment in reducing post service poverty and called for more to be done to make employers aware of the benefits of employing veterans¹³⁰.

6.2 Spousal and civil partner employment

There is growing recognition of the value that spouses bring to the workplace and the role that their employment plays in determining wider outcomes for service families particularly at times of resettlement. According to FiMT's Transition Mapping Study 2017, ex-Service personnel with partners or spouses already working in the civilian world are likely to experience a smoother transition than those without³³. In 2017 the 48% of respondents to the UK Regular Armed Forces Continuous Attitude Survey stated that their spouse's career was an influential factor when considering their intention to stay or leave service¹³⁴. Of those who had already committed to leave the forces 54% cited the 'impact of Service life on family and personal life' as the top reason for leaving¹³⁴. This insight highlights the impact spousal employment and family stability has on retention of service personnel.

Despite their significance spouses and civil partners remain under represented in the workplace with current employment rates for service spouses/civil partners mirroring those of spouses in the general population in the 1970's¹³⁵. Key barriers to spousal employment have been identified as³³:

- Caring responsibilities;
- Frequent moves;
- Employer bias - the reluctance of organisations to hire spouses because of their limited period of time in the community.

¹³³ Early Service Leavers are a specific group of veterans considered further in Section 9: cross cutting themes, p.69

¹³⁴ MOD (2017) UK Regular Armed Forces Continuous Attitude Survey Results 2017

¹³⁵ Employers Network for equality and inclusion (2018) Employing Military Spouses: A guide for Employers.

Within the Solent councils a total of 31 staff have been identified as spouses or civil partners of serving personnel and/or veterans, representing 0.4% of the workforce (31/7758). Proportionally higher numbers of spouses have been identified within Gosport Borough Council, equating to 3% of the workforce (7/224).

Gosport, Portsmouth and Southampton councils have updated their flexible working policy to be supportive of requests that relate directly to the deployment of a spouse or civil partner serving in either the regular or reserve forces. These updates have been made in response to identified need within the workforce. Isle of Wight Council has not identified any Armed Forces spouses employed within their workforce and will consider the need to adjust their policies to meet demand should it arise in the future.

Armed Forces staff forums held within Gosport, Portsmouth and Southampton councils during June 2018 provided spouses and civil partners with a platform to share their experiences and highlight additional areas where these councils could improve their offer to spouses and civil partners. These included:

- Developing a network of peer mentors who could offer support to new members of staff and existing members as needed;
- Exploring the impact on continuous service in situations where a spouse moves with the deployed person and then returns to council employment within 2 years.

6.3 Reservists

The reserve forces undergo rigorous training which develops key skills including teamwork, leadership and organisation. The MOD estimates that it would cost a civilian employer £8000 per staff member to undertake equivalent training¹³⁶. Being a member of the reserve forces also incurs additional benefits for the individual including a small financial reward, called an annual bounty claimable upon completion of an average of 28 days service¹³⁶. Reservists complete their service in their own time during evenings, weekends and by undertaking an annual camp¹³⁶. In recent years the Government has sought to ensure that reservists have employment rights which support them to manage the responsibilities of their civilian employment alongside their reservist's commitments¹³⁶. This includes ensuring that reservists cannot be made redundant during their mobilisation and providing financial support to employers to back fill reservists during periods of sustained mobilisation¹³⁶.

All Councils within the Solent partnership have enhanced special leave policies to support Reservists in their commitment; Isle of Wight offer five days, and Gosport, Portsmouth and Southampton council's offer 10 days, additional paid leave to undertake Reserve activities such as the annual camp. Despite this only six reservists are employed by councils within the Solent (see breakdown in Table 15, p57) representing 0.07% (6/7758) of their combined workforce. Increasing the number of reservists employed by the Solent councils is as an area for

¹³⁶ MOD (2017) Your Guide to Employing Reservists BOOKLET

development that will require a considered and co-ordinated approach which raises awareness amongst staff and line managers to the benefits of a reserve career.

An employment strategy that enables Reservists to be seen as business assets across all Council departments needs to be developed.



Locally the South East Reserve Forces' and Cadets' Association (SERFCA) recognises the valuable role of employers in enabling an effective reserve force. Within this region SERFCA has identified that the majority of reservists are employed within micro/small/medium enterprises (SMEs). Many of these businesses by their nature struggle to offer the same benefits to reservists that some larger organisations provide such as paid leave. SERFCA are keen to explore how larger organisations, including local authorities can support SMEs within their supply chain.

6.4 Moving into civilian employment

The majority of service leavers will spend more time in civilian employment than their military career, therefore it is unsurprising that gaining employment has been described as one of the three pillars of successful transition between service and civilian life¹³⁷.

The MOD is unique amongst employers in its proactive approach to support employees moving into employment at the end of their service. Since 1998 the MOD has commissioned Career Transition Partnership (CTP) services from Right Management. The CTP exists to provide employment resettlement services to those leaving the Royal Navy, Army, Royal Air Force and Marines. Regardless of time served, all members of the Armed Forces can benefit from CTP support when leaving Service. This has not always been the case. Prior to 2013 those leaving the Armed Forces with less than 4 years' service were not entitled to CTP billed services.

To date CTP has assisted over 235,000 Service leavers nationally to market themselves to employers. Engagement with CTP is voluntary and within the core service there is an emphasis on empowering service leavers to take responsibility for their transition. Early service leavers and those being medically discharged benefit from enhanced services provided by CTP's incorporated charity RFEA (the Forces Employment Charity): CTP Assist (for those injured, wounded and sick) and CTP Future Horizons (for Early Service Leavers). Within the Solent the CTP resettlement office based within HMNB Portsmouth provides tri-service support to service leavers based within the Solent, and neighbouring counties.

CTP outcomes are published annually by the Office of National Statistics. Of the service personnel who left the UK Armed Forces in 2016/17 and used a billable CTP service, 82% were employed, 9% were unemployed and 10% were economically inactive, up to six months after leaving Service¹³⁸. For comparison in 2016 the employment rate for the UK population averaged

¹³⁷ FiMT (2014) Back to Civvy Street: How can we better support individuals to lead successful civilian lives after a career in the UK Armed Forces? REPORT

¹³⁸ MOD (2018) Career Transition Partnership Annual statistics: UK Regular Service Personnel Employment. Report.

74.4%¹³⁹, and unemployment 4.9%¹⁴⁰; indicating veterans were nearly twice as likely to be unemployed as those in the wider UK population during this period.

Latest outcomes for CTP show that some service leavers are less likely to be employed than others, six months after leaving the Armed Forces¹³⁸:

- Those who had served in the Army;
- Black, Asian and minority ethnic (BAME) service leavers;
- Female service leavers;
- Those medically discharged.

Female service leavers were more likely to report being economically inactive than unemployed. In general service leavers who were economically inactive six months after leaving Service were most likely to report being in education, training and volunteering as their reason for economic inactivity (40%). Retirement was the least likely reason reported for economic inactivity (6%).

Service personnel can utilise CTP services for up to two years post discharge from the Armed Forces. Within the Solent those no longer eligible to access CTP services can receive careers and employment support from a number of dedicated services. Many of the veterans accessing these support services did not receive the transition support from CTP which is available to service leavers today.

The Poppy Factory; The Poppy Factory is an employment charity for veterans from all services with health conditions or impairments. They use an evidence based model to improve outcomes and build successful, long-lasting relationships between disabled veterans and their employers.

Royal British Legion Industries (RBLI) Lifeworks; is a 4-5 day course tailored specifically towards helping ex-forces personnel to secure employment. It is open to anyone who has served in the Armed Forces and is particularly aimed at those experiencing long term unemployment. Within the Solent, two RBLI Lifeworks courses have been delivered in Portsmouth; participants on these courses have come from around Solent¹⁴¹.

Ex-Forces Net; Provides through-life support to those looking for advice about careers, housing, education, location and emigration, irrespective of how long they served or their date of discharge from the Armed Forces. In addition to the direct support offered to individuals Ex Forces Net have also launched the Forces4Change (F4C) Charter aimed at Small to Medium Enterprises and Public Sector organisations who recognise the value of employing ex-service men and women. The Charter was formally launched in April 2018, with Solent NHS being one of the first signatories¹⁴².

¹³⁹ ONS (2016) UK Labour Market. [Statistical bulletin](#)

¹⁴⁰ ONS (2018) Unemployment rate All UK: aged 16-64 , [time series](#)

¹⁴¹ Email communication with RBLI (GS) and PCC dated 10th July 2018.

¹⁴² Email communication with Ex-Forces.Net (TJ) and PCC dated 10th July 2018

REFA the Employment Charity; Provides vocational advice and information about job opportunities to all military veterans irrespective of when they left the Armed Forces and any barriers to employment they face including disability, health issues or long-term unemployment. REFA's southeast regional employment advisor is based at Cast Away House in Portsmouth.

In addition to the above Solent councils have developed a specific work experience pathway for members of the Armed Forces community which enables those in resettlement, veterans, spouses and reservists to spend up to 35 days in a local authority department matched to their transferrable skills and career aspirations. Take up has been limited, mainly as a result of lack of proactive advertising. To date six people (two veterans and four personnel in resettlement) have undertaken work placements following this pathway in Portsmouth and Southampton Councils. In some cases this had led to employment opportunities.

Solent councils need to be proactive in advertising the range of local employment support and opportunities available to members of the Armed Forces community.



Solent councils' work experience offer may be better utilised as part of a co-ordinated approach to address veteran unemployment in partnership with existing local services.



6.5 Members of the Armed Forces employed within Solent councils

The latest MOD Annual Population survey identified that veterans were more likely to work in the 'public admin and defence' industry (12%) than non-veterans (6%). This is likely due to veterans having the appropriate skill set to transition into the emergency and security services, and civilian government jobs¹⁶.

Solent councils have started the process of encouraging staff to self-identify as members of the Armed Forces community within their workforces. As of the 1st May 2018, 145 staff members had self-identified; the vast majority of these staff are veterans. Identification has enabled these staff to benefit from targeted communications, support policy development and attend specific staff networking opportunities. It is likely that many more staff with military connections are actually employed by Solent councils and more work is needed to enable staff to be aware of opportunity to self-identify and the benefits of doing so. 📖

Table 15: Staff employed by Solent councils, self-identifying as part of the Armed Forces community.

Council	Total number of employee	Reservists	Adult Cadet Volunteers	Veterans	Spouses and Civil Partners	Total
Gosport	224	0	0	1	7	8
Isle of Wight	1431	1	1	8	0	10
Portsmouth	3103	2	2	55	21	80
Southampton	3000	3	0	41	3	47
Total	7758	6	3	105	31	145

More work is needed to enable staff to be aware of the opportunity to self-identify and the benefits of doing so.



6.5 Setting up in business

In the financial year ending 2016, 16.2% of the South east labour force was reported to be self-employed¹⁴³. There is no evidence to quantify what percentage of veterans fall into the category of self-employed either nationally or local. There is specific support to members of the Armed Forces community to set up in business, indicating some demand within the community.

X-Forces is a national organisation that has supported 1371 ex-service personnel to start up in business through training and mentorship¹⁴⁴. Locally X-Forces have delivered several business start-up courses at Cast Away House in Portsmouth. Nationally X-Forces have identified issues facing small businesses owned by members of the Armed Forces community seeking visibility within the supply chain or larger organisations¹⁴⁵. X-Forces have responded to this issue by developing the X-Forces Directory. The directory provides a mechanism for larger organisations to engage with SME's by validating eligibility criteria which many SME's struggle to demonstrate alone¹⁴⁵.

Solent councils need to consider how they are encouraging veteran owned businesses within their supply chain as part of wider work to promote diversity within the procurement process.



¹⁴³ ONS (2018) Trends in self-employment in the UK. Article.

¹⁴⁴ Ex-Forces (2018) <https://www.x-forces.com/>

¹⁴⁵ MOD. Partnering with Defence Conference 2018. Seminar: Supplier Diversity & Veteran-Owned Businesses – How big business can engage small, veteran-owned businesses in their supply chain. 20th March 2018.

6.2 Out of work benefits:

The benefits system, overseen by the Department of Work and Pensions (DWP), is in place to help those who would otherwise struggle financially. Locally low numbers of the Armed Forces community claim benefits from the DWP. Information received from DWP indicates that across all Hampshire and Isle of Wight sites (17 in total), the numbers of people who are service leavers, early service leavers, spouses or reservists who claim benefit is fairly consistent – ranging from 22-38 per month; an average of 28¹⁴⁶. This means that there are often only 1-2 claimants registered at each office. DWP estimate that Employment Support Allowance (ESA) due to a health issue or disability make up 20-30% of new claims, the rest are for Jobseeker’s Allowance (JSA) or Universal Credit (UC).

For the purposes of this assessment a four month snap shot of new claims within the Solent was considered (see fig.10)¹⁴⁶. Very few reservists or spouses were recorded and numbers of service leavers was relatively consistent across the Solent. Locally the DWP has identified an Armed Forces Champion who can support coaches working with members of the Armed Forces community. DWP coaches in Portsmouth have not identified any particular issues that are unique to this client group, over that of the general population they work with.

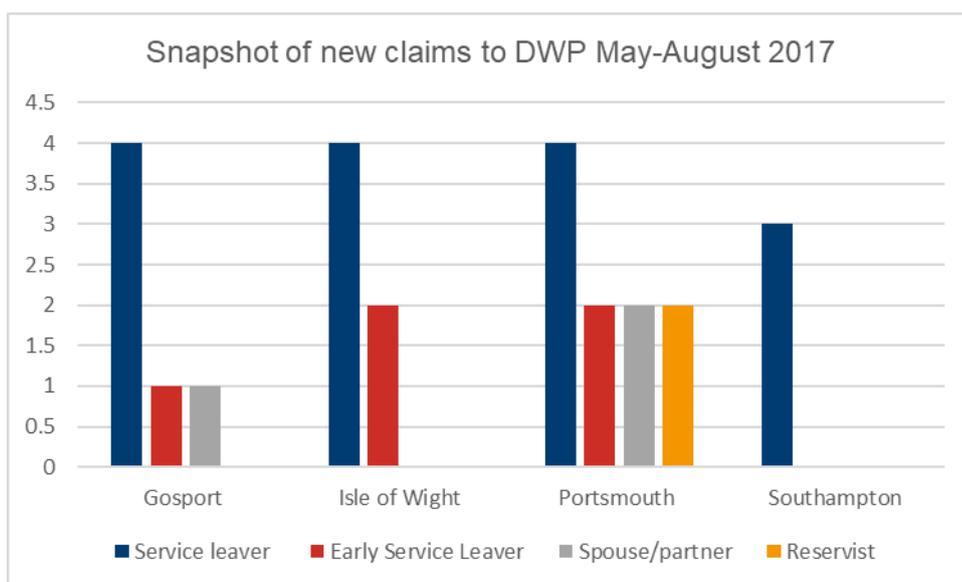


Figure 10: New claims to DWP within Solent May-August 2017

Information received from the DWP may not reflect the actual numbers of veterans, spouses and reservists unemployed or in financial difficulty for a number of reasons. Those who are home owners and/or in receipt of a military pension and/or compensation are unlikely to qualify for DWP benefits. This monitoring also works on self-identification.

Locally, Alabaré and Care after Combat have reported that some veterans with complex needs have struggled to manage the wait for benefit payments as new claimants for JSA or ESA. The roll out of universal credit may help to address this as all new Universal Credit claimants are eligible to ask for an advanced payment.

¹⁴⁶ Private communication with DWP (LH) and PCC Dated 5th December 2017

6.4 Defence Employers Recognition Scheme

The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme includes bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to Ministry of Defence and the Armed Forces community, and align their values with the Armed Forces Covenant.

Bronze Award: The employers has pledged to support the Armed Forces and must have signed the Armed Forces Covenant. The employer must be open to employing members of the Armed Forces community.

Silver Award: The employer must proactively demonstrate a positive approach to employing members of the Armed Forces community; this must include supportive policies towards Reservists regarding mobilisation and offering additional paid leave (minimum of 5 days) to support them to undertake annual training camps.

Gold Award: The employer must be an exemplar within their market sector, advocating support to Defence People issues to partner organisations, suppliers and customers with tangible positive results.

Within the South east region as of 10th August 2018 there were 419 Bronze Award Holders and 109 Silver Award Holders. The South east region includes: Berkshire, Buckinghamshire, Hampshire, Isle of Wight, Kent, Oxfordshire, Surry and Sussex. 130 organisations nationally held a Gold Award, of these 21 were held by Councils, of which just 4 (Surrey and Hampshire County Councils) are located in the South east.

The requirement to sign the Armed Forces Covenant in order to be eligible to apply for a Bronze award was introduced in 2018, after MOD Defence Relationship Management (DRM) who oversee the scheme identified that more organisations held a Bronze award than have signed the Armed Forces Covenant. Locally South East Reserve Force and Cadet Associations (SERFCA) work in partnership with DRM to promote the scheme. SERFCA are working with all Solent councils to engage with employers and to develop their involvement with the Covenant and ERS.

All Solent councils are fully engaged in the ERS. In 2018 Isle of Wight, Portsmouth and Southampton Councils recently progressing their status within the programme.

Table 16: Solent Councils Defence Employers Recognition scheme award status August 2018

Council	Award	Year of Award
Gosport	Bronze	2017
Isle of Wight	Silver	2018
Portsmouth	Gold	2018
Southampton	Silver	2018

6.5 Employment conclusion and recommendations

Local authorities as employers in their own right have a duty to support members of the Armed Forces community to secure meaningful, sustainable and economically viable employment.

People who have served have a range of skills and expertise that they can bring to the civilian workplace. The majority find alternative employment upon leaving the forces, however a small but significant number of veterans struggle to find work that appropriately matches their skills and attributes. There are specific groups which struggle more than others in terms of employment and it would be useful to consider how the Solent Armed Forces Covenant Partnership's (SAFCP) local employment offer reflects the enhanced need of these individuals. Local services that support members of the Armed Forces community into work may be further enhanced, by a referral pathway to the Solent councils work experience offer, enabling this opportunity to be better utilised as part of a co-ordinated employment support plan.

Levels of spousal employment are increasing but remain below that of the general population. Given the pivotal role that spouses play in supporting the retention of service personnel and mitigating against the challenges of resettlement experience by many service leavers, it would be prudent for local authorities to be more proactive in advocating the value of employing these individuals.

Reservists are an integral element of ensuring sustainable and effective national defence in the future. These people are also highly skilled; benefiting from expensive and specialist training that many civilian employers would struggle to offer, but could make very effective use of. Solent councils could do more to promote the value of reservists within their own workforces and the wider partnership.

Resettlement

7.1 Context

The journey from military to civilian life, known as resettlement, is undertaken by approximately 14,000 people nationally every year as they leave the Armed Forces. The Transition Mapping¹⁴⁷ study (TMS) was one of the first major reviews to cast a spotlight on resettlement as an aspect of military life in its own right. This study identified five major reoccurring themes:

- the resettlement experience is highly varied;
- the differences between military and civilian life are underestimated;
- families are important to good resettlement, and should be better supported;
- financial awareness and competence is important to a good resettlement;
- the provision of support is improving, but in a somewhat piecemeal fashion.

¹⁴⁷ FiMT (2013) Transition Mapping Study. [Report](#)

In 2017 the Forces in Mind Trust (FiMT) revisited their 2013 study to assess progress that had been made in addressing the issues identified. They noted that whilst there had been some improvements to provision, more work was needed to address family breakdown, mental health, alcohol misuse and unemployment. The FiMT has projected the national cost of poor transition to civilian life as £105m in 2017, rising to £110m in 2020¹⁴⁸.

A literature review undertaken by The Futures Company for FiMT has identified the theory of 'Context Collapse' as a useful model for considering the resettlement challenge¹⁴⁹: those leaving the Forces are joining the party late, and can struggle to catch up to others' expectations regarding skills that they should already have developed. Early service leavers are further disadvantaged in this process as the transition often occurs unexpectedly¹⁴⁹.

There is no evidence to validate or challenge anecdotal evidence that resettlement triggers relationship breakdown. However, a systemic research review undertaken by RAND has acknowledged associations between transition and homelessness, mental illness, substance abuse, relationship breakdown, domestic violence and criminality¹⁵⁰. The study concluded these complex issues are better explained by the types of people most likely to join the Armed Forces in the first place, rather than suggest failure of the UK military to care for their Service leavers¹⁵⁰.

7.2 Families during resettlement

There is limited UK research to understand the role of, and impact upon families during the resettlement process. International research suggests that effective family support reduces the severity of mental health conditions, improves resilience of the service person as well as family members, and has a positive impact on children, particularly when support includes school based interventions¹⁵⁰.

Since 2016 the Naval Families Federation in collaboration with the Army and RAF Families Federations, commissioned by Forces in Mind Trust (FiMT) has been undertaking tri-Service research project to better understand the impact of transition on the service family as a whole. Comprising of three elements: an evaluation of services, an online survey, and longitudinal case studies, this research will be published at the end of 2018. Emerging findings from this work are shared below.

Evaluation of Services: 70 specific organisations and services who advertised providing transition support to Service Personnel and families were considered. This evaluation identified that in most instances the service offered was weighted towards the Service Person, and there was a need for services to develop family friendly language and a specific offer to family members.

Online Survey: A national tri-Service survey was completed by 170 respondents who were currently going through or had completed their transition within the last two years. One of the

¹⁴⁸ FiMT (2017) Continue to work. The transition mapping study. Report

¹⁴⁹ The Futures Company (2016) Revisiting the Transition Mapping Study, Research Review. Working paper for Forces in Mind Trust.

¹⁵⁰ RAND (2016) Families Support to Transition. A Systematic Review of the Evidence. [Report](#).

many things that families mentioned, was losing their support networks and not knowing who to turn to for help. They identified wanting help to be able to support themselves and their Service Leaver with mental health issues, and said they want to be involved in, and help with their Service Leaver's transition.

Case studies: 21 Families were followed through their transition. Four of these, were from Portsmouth. Housing, education, finance, health and wellbeing, employment of the Service Leaver, and employment of the spouse were explored. Generally, those who were leaving at pension points or retirement were well prepared and found the transition process easier. All family members felt transition at a personal level. This was evident in them experiencing differing levels of anxiety as a result of differing levels of uncertainty as well as families expressing in some cases a loss of identity when leaving the Armed Forces. Many also expressed feeling financially unprepared for the realistic cost of living in 'Civvy Street' after transition.

Possible recommendations from this research:

- Education about cost of living and budgeting is needed to properly prepare the family for transition;
- More service provision is needed to specifically support family members during transition;
- Transitioning families need to know where they can get support after they have left the Armed Forces;
- GP's and Dentists need to ensure that they are aware of the whole family's Armed Forces connections;
- The Armed Forces Covenant needs to do more to extend its support to cover the final move in relation to education and health.

The Solent Armed Forces Covenant partnership need to clarify their position on extending education and health commitments to cover resettlement moves.



Solent councils to need to ensure they provide specific information for personnel and families in resettlement about local post service support they can receive.



7.3 Administrative discharge

Within the Armed Forces discipline is seen as a positive value, important for maintaining order, and ultimately ensuring the protection of the country through operational efficiency. Within this context some acts, which in civilian life may be considered omissible such as failing to attend work without good reason, or being offensive to a senior can risk lives¹⁵¹. Special legal provision through the Armed Forces Act 2006 ensures that the military has the legal framework they need maintain order over and above the requirements of civilian law¹⁵¹.

¹⁵¹ MOD (2015) AEL 073, Edition 6.2, Volume 2, [CHAPTER 67](#): Administrative Action.

The Armed Forces Act 2006¹⁵², outlines 49 disciplinary offences in 10 categories which could result in administrative discharge and/or disciplinary action:

1. Assisting an enemy, misconduct on operations
2. Mutiny
3. Desertion and absence without leave
4. Insubordination
5. Neglect of duty and misconduct
6. Property offences (including damage and loss)
7. Offences against service justice
8. Ships and aircraft (including causing hazard.
9. Attempts, incitement, and aiding and abetting
10. Criminal conduct

An administrative discharge is enacted if a service person's performance is satisfactory but the individual failed to meet all expectations of conduct for military members. This can include insubordination or failing a compulsory drugs test. If the actions of a service member are considered reprehensible, a court-martial may determine a disciplinary (dishonourable) discharge. Murder and sexual assault are examples of situations which would result in a dishonourable discharge.

The MOD does not routinely publish statistics on administrative discharge. A business as usual request¹¹ has enabled us to identify that **524** personnel were discharged for administrative and/or disciplinary between 1st April 2007 and 1st September 2017 with a Solent permanent address at the point of exit (see table 17¹¹). This equates to 14% (524/3728) of all untrained and trained personnel who left the Armed Forces with a permanent address in the Solent at the point of exit during that period¹¹.

The Isle of Wight had the highest proportion of personnel leaving due to administrative discharge at **21%** (71/334). Significantly higher than Gosport 13% (202/1587), Portsmouth 13% (225/3728) and Southampton 9% (11/129). We do not know the offences related to discharge, or which Service these people were discharged from, or their age at the point of resettlement. More work needs to be done to understand this group of people, specific needs they may have and link them into local support services at the point of discharge as needed. 📖

[Table 17: Personnel Dismissed for Administrative and Discipline Reasons, by Local Authority Area April 2007-September 2017](#)

Local Authority Area	Grand Total	Administrative	Discipline
Gosport	~	202	~
Isle of Wight	~	71	~
Portsmouth	~	225	~
Southampton	~	11	~
Grand Total	524	509	15

~ Denotes a value <10, or where omitted to protect value <10. . Denotes a null value

¹⁵² Armed Forces [Act](#) 2006

Solent councils need to work with Tri-service resettlement services to understand need and develop pathways for linking those being administratively discharged with local support services.



7.4 Veterans in the criminal justice system

Research indicates that veterans are less likely to be incarcerated than the general public¹⁵³, however, the nature of their offences is deemed violent - primarily consisting of cases relating to grievous bodily harm (GBH), assault or domestic violence and can inflict severe physical as well as long-term psychological damage to the victim. In 2014 HM Inspectorate of Prisons identified that ex-Service personnel are more likely to be in prison for the first time, for more serious offences; the average veteran sentence being four years longer compared with the general prison population¹⁵⁴.

Identified features of veterans in the criminal justice system:

- Difficulty in mentally and emotionally adjusting into civilian life and coping with social isolation after Service;
- Substance misuse;
- Mental Health issues including Post Traumatic Stress Disorder (PTSD);
- Alcohol abuse associated with aggressive behaviour among combat veterans;
- Lack of employment opportunities;
- High rates of homelessness;
- Experience family breakdown.

The Leaving Forces Life report concludes that many veterans who are involved with the criminal justice system are drawn from a demographic that is similar to the mainstream offender population, particularly from the poorest communities in the country, where educational standards are considered low¹⁵⁵.

As opposed to veterans being the perpetrators of crime this assessment has also considered victimisation among current and ex-military personnel. No research could be found relating to this as a topic however in a local community safety survey of Portsmouth residents, respondents were asked if they had ever served in the Armed Forces. The survey found that current and ex-military personnel experienced similar levels of crime and anti-social behaviour compared to the general population of Portsmouth¹⁵⁶.

¹⁵³ The Phillips Review (2014): A Review on behalf of the Secretary of State for Justice into Former Members of the Armed Forces and the Criminal Justice System.

¹⁵⁴ People in Prison: Ex-Service Personnel (2014) - A Findings Paper by HM Inspectorate of Prisons

¹⁵⁵ Leaving Forces Life: The Issue of Transition (2011).

¹⁵⁶ Safer Portsmouth Partnership (2018) Community Safety Survey.

7.5 Veterans in HM Prisons

In September 2017, 27 veterans and 1 regular serving personnel were detained in HMP Winchester equating to 3.8% of their total population¹⁵⁷. This intelligence is a direct result of a concerted effort to engage with individuals upon their arrival at the prison and during their stay, via a systemic approach to asking the question, and providing a dedicated Veterans in Custody Support Officer. This dedicated officer is a veteran and part of the existing staff rather than a specialist post, making the position sustainable.

In December 2017 for the purposes of this needs assessment HMP Winchester's Veterans in Custody Support Officer asked veterans detained about their military service, reason for discharge, drivers for their criminal behaviour, and support they had received to address their issues. This was same questionnaire asked to those accessing substance misuse services (see page 26). Eleven Veterans responded to the questionnaire. Those who responded had served 1-18.5 years' service; 3-5years being most frequently stated. None had been administratively discharged. Three had been medically discharged. Six stated their reason for leaving was end of service. One reported experiencing issues during service, two cited the transition to civilian life, and eight reported that something completely unrelated to service as a causal factor in their criminality. Over half (6/11) stated they had not received support from any specific military charities for the issues they had experienced.

During a visit to HMP Winchester in October 2017, veterans identified that better information about the support available prior to their offending and once in custody would be helpful. They also noted the impact of their imprisonment had on their family and the lack of Armed Forces specific support for family members left behind¹⁵⁸.

No dedicated work is being undertaken with veterans in HMP Isle of Wight. The veteran's custody support officer from HMP Winchester has reached out to HMP Isle of Wight having received feedback from veterans serving sentences in HMP Isle of Wight who would welcome a similar approach to support as HMP Winchester¹⁵⁹. More work is needed to understand numbers and needs of veterans within HMP Isle of Wight. 📖

More work is needed to ensure Veterans serving in Solent prisons and their families have information about the local offer.



7.6 Local arrest data

Since 2015 Hampshire police have asked individuals about their military status upon arrest. Data provided by the Hampshire veterans liaison and diversion project indicate that between May 2016 - January 2018 there were 102 arrests, relating to 106 offences in which veterans have been identified within Solent custody suites: 53 of these were in Southampton and 43 were in Portsmouth.

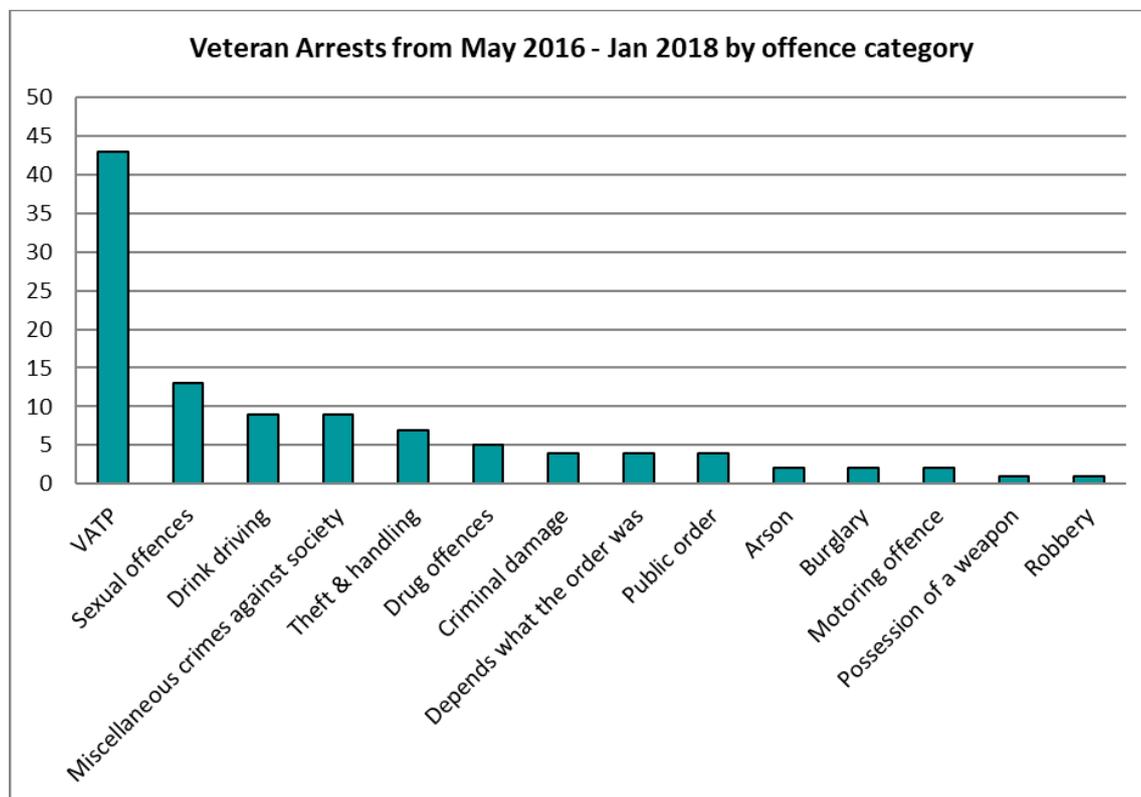
¹⁵⁷ Veteran's Liaison and Diversion project monthly monitoring.

¹⁵⁸ Armed Forces Covenant Programme Manager (CH) discussion with veterans at HMP Winchester 11th October 2017.

¹⁵⁹ Discussion with HMP Winchester (NP) and PCC 12th December 2017.

There are now only four police custody suites in Hampshire and the Isle of Wight: Basingstoke, Isle of Wight, Portsmouth and Southampton. Therefore it cannot be assumed individuals seen in Southampton and Portsmouth custody suits are residents or that the crimes they were arrested for were committed in either of these cities.

[Figure 11: Analysis of Veteran arrest data May 2016 - January 2018 by offence category](#)



Analysis of the arrest data highlights that violence against the person (VAPT) as by far the highest re-occurring offence. The majority of those arrested stated they had been in the Army. Veterans arrested were also asked about other issues they were experiencing. This process identified risk factors for criminality mirroring national research.

[Presenting issues amongst arrested veterans identified by the custody teams across Hampshire \(May 2016 - January 2018\):](#)

- Alcohol problems (43%),
- Other mental health issues (33%),
- Domestic abuse (25%),
- Diagnosed with PTSD (16%),
- Drug problems (5%),
- Finance issues (5%),
- Employment issues (5%),
- Housing issues (4%).

Police officers attending the Veterans liaison and diversion steering group identified that having training in Armed Forces Mental Health First Aid (AFMHFA) and information about local Armed Forces services that can support veterans identified at the point of arrest would be useful¹⁶⁰. Following this, some police officers have received AFMHFA through Hampshire County Council. However it is not viable to release large numbers of officers to attend the full 2 day training¹⁶¹ and an alternative method of equipping these frontline staff to support members of the armed forces community they come into contact with needs to be identified. 📖

Local service information for the Armed Forces community needs to be provided to local custody staff.



7.7 Case study:

Pete was suffering undiagnosed Post traumatic stress disorder (PTSD) when he left the Army. During his time in service he served with two different brigades; spending time in Northern Ireland during the troubles. Pete struggled to adjust to life in Civvy Street and began using drugs to cope. Pete spent 60 months (5 years), homeless and living under a bridge in Southampton. During this time he would raid donations left outside charity shops to find clean clothes to wear. The military had given him good survival techniques that he used when setting up camp at night within bushes, to avoid contact with the public. Pete served time in prison for violence which he attributes to his PTSD. Upon release he moved to Portsmouth and became engaged with Combat Stress and Veterans Outreach Support (VOS). Pete is now lives on the 10th floor of a tower block in social housing; Pete keeps the windows shut most of the time because of the way that sound amplified from the streets below (especially at night) triggers his PTSD.

7.10 Conclusions and recommendations resettlement

Thousands of service men and women leave the Armed Forces every year; the majority of which spend more time in living in 'Civvy Street' post service than they do in service. Integrating into civilian life after service can cause a level of culture shock in which veterans and their families find themselves struggling to catch up with societal expectations. Having the support of family and good community links have been shown to lessen the impact of this transition. More needs to be done to support spouses during resettlement and to provide information to the serving person and their family about the support that is available locally.

Some individuals struggle to adapt to military values and standards and exit service administratively discharged. Little is known about this group of people and the challenges they experience during resettlement. More work is needed to understand their needs, particularly on

¹⁶⁰ Discussion at Veterans Diversion and Liaison steering group 11th October 2017.

¹⁶¹ Discussion at Veterans Diversion and Liaison steering group February 2018.

the Isle of Wight which has been identified as having proportionally higher numbers of administratively discharged personnel. 

A small but significant number of veterans enter the criminal justice system. 'Pete's' story demonstrates the spiral into criminality that some veterans experience as they struggle with multiple and complex issues and the support required to overcome those challenges. Veterans in the criminal justice system are some of the most vulnerable and more work is needed to ensure they are aware of local support available to them and their families are supported.

Local veteran arrest data indicates that over a third of veterans committing offences in Hampshire and the Isle of Wight have mental health issues, and the vast majority of offences are violent in nature. More needs to be done to support police officers and other frontline staff to recognise and appropriately respond to mental health within the Armed Forces community, and where possible prevent escalation to the criminal justice system. A starting point would be ensuring that Solent custody suites are aware of the local offer to the Armed Forces community.

Community and specialist support

8.1 Context

The Armed Forces community is one of the most well serviced minority groups in the UK; with over 2000 individual voluntary, charity and community specific support services identified nationally. It has been suggested that the number of armed forces charities helping the vulnerable is significantly more than the number of those who are likely to need help; working on an assumption given that only 14% of service leavers fall into the vulnerable category, there is in effect one charity for every eight service leavers each year that are actually likely to need help¹⁶². However this does not take into account the wider reach of many of these organisations, many of whom who also support serving personnel, and the families of serving personnel and veterans.

Within the 2000, there are a lot of small charities offering support. Some set up in direct response to specific issues by veterans and family members who having experienced these challenges themselves. Local examples of this are The Ripple Pond up by two mothers of seriously wounded servicemen, and Forgotten Veterans UK founded by a PTSD survivor. Forgotten Veterans UK have identified funding as a particular challenge for small charities as they need to compete against larger organisations with more experience and resource to support the bidding process.

There has been a call for Armed Forces charities to consider how messages and images used in their communications contribute to society's overall view of service leavers and veterans, particularly in regards to mental health.

¹⁶² Lord Ashcroft (2014) The Veterans Transition Review. [Report](#)

8.2 Support pathways

In 2017 the Veterans Gateway was launched through a consortium of organisations including The Royal British Legion (RBL), SSAFA – the Armed Forces charity, Poppy Scotland, Combat Stress and Connect Assist. Funded by the Armed Forces Covenant fund, this was the first time organisations had come together to provide information and a referral pathway into national services. The principle behind the gateway is to provide a single point of contact for veterans seeking support in a range of areas including: housing, employment, finance, living independently, mental wellbeing, physical health, and family support and community activities. Veterans and their families can access the Veterans Gateway, on line via a web page and live chat, by email or a 24/7 support helpline or by text. Many of the staff working in the contact centre are veterans themselves and understand the challenges experienced by those calling in for support¹⁶³.

There is currently no support pathway for veterans accessing local services within the Solent. Veterans attending Veterans Outreach Support (VOS) and Forgotten Veterans UK have reported that they have struggled to get the support they needed prior to accessing these charities and that in many cases this has led to an escalation in their situation. Work is currently underway to develop multi-agency drop-ins for veterans and their families across the Solent. A core feature of this work will be to ensure a referral and support pathway so that Veterans needing to access support, do not have to ask more than once.

Referral and support pathways are needed to ensure veterans experience a 'no wrong door' approach to accessing services in the Solent.



8.3 Services available locally

A total of 42 local providers in the voluntary and community sector (VCS) who deliver a range of services to the Armed Forces community have been identified in the Solent region. An overview of these services is provided in appendix 3. Details of this offer have been provided to the Veterans Gateway. This has been a significant piece of work undertaken in partnership with the VCS. The Solent is the first region to adopt this approach.

Within the Solent several providers have identified that it would be useful to develop a VCS Armed Forces network to bring together support services, enabling the development of local support pathways and unblocking barriers to engagement.

There is demand for a VCS Armed Forces network to bring together Armed Forces specific support services.



¹⁶³ The Veterans Gateway [website](#)

8.4 Peer Support

There is growing acknowledgement of the role that peer support can play in enabling veterans to access support services, move forward in their situation and make sustained changes. Research undertaken into the role of Peer Support Workers (PSW) within mental services found veteran clients identified better with PSW's due to the mutual military connection¹⁶⁴. This connection then enabled them to overcome barriers to accessing civilian services.

Four key functions of effective peer support¹⁶⁴:

- To be a positive first impression;
- To be an understanding professional friend;
- To be a helpful and supportive connector;
- To be an open door, an easily accessible route back into services following dis-engagement.

Within the Solent there are local examples of effective peer support services. The Veteran Peer Support mentoring scheme (VPM) is run by the Hampshire & Isle of Wight Community Rehabilitation Company (HIOW CRC). This project primarily supports the management of lower and medium risk offenders. The National Probation Service (NPS) also refers into the scheme for mentors to support MAPPA cases (High Risk) they are holding. The VPM Service consists of a cohort of ex and serving armed service personnel recruited from across Hampshire and the Isle of Wight. All mentors are volunteers, drawn from a diverse range of military backgrounds and ranks. VPMs can understand many of the frustrations, problems and challenges facing veterans. The scheme is managed by a Volunteer Coordinator who is ex-forces with a vast range of experience and networks to support the veteran mentors. In addition to helping their service users to resolve pressing issues the VPMs act as role models for them. The project has worked with 95 veterans since it started in 2015, holding an average of eight cases at any one time¹⁶⁵. During this time only three veterans engaged in the project have been recalled to prison, equating to 3%. This is significantly lower than recall within the general prison population which in 2016/17 stood at 8%¹⁶⁶.

Use of peer support roles within existing and new services supporting the Armed Forces community should be considered to increase engagement.



8.5 Funding for support services

The Covenant Fund Trust nationally annually allocates £10 million of funding to support projects that benefit the Armed Forces and the community in which they live. Projects range from activities that increase understanding between military and civilian communities to projects working in

¹⁶⁴ Bronagh Weir, Margaret Cunningham, Lucy Abraham & Charlie Allanson-Oddy (2017): Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker, *Journal of Mental Health*, DOI: 10.1080/09638237.2017.1370640

¹⁶⁵ Email communication CRC (EH) and PCC dated 5th October 2017.

¹⁶⁶ Ministry of Justice (2017) Offender management statistic bulletin England and Wales. October to December 2016 and annual 2016. [Report](#).

partnership with other areas or organisations to provide a more cohesive and efficient service for both the Armed Forces community and the wider local community that they are a part of. Organisations within the Solent have been making good use of this resource with grants totalling a minimum of **£797,462** awarded by the Covenant Trust Fund to support local service delivery to date in 2018.

Table 18: Grants Awarded to Organisations across the Solent by the Covenant Fund Trust 1st January - 30th June 2017.

Funding Priority	Organisation	Project	Amount
Small Grant	Veterans Outreach Support (VOS)	Delivery of peer mentoring scheme.	£10,000
Strengthening Local Covenant Delivery	Solent councils	Develop drop-in provision for Veterans and their families across the Solent and enhance digital communication.	£152,000
Families in Stress	Citizens Advice Bureau (CAB)	Develop housing, employment and finance support to serving personnel and their families in South Region.	£181,012
Families in Stress	Southern Domestic Abuse Service (SDAS) in partnership with Portsmouth City Council Up2U	Deliver Up2U Healthy Relationships programme and train the trainer to serving personnel nationwide.	£300,000
Families in stress	Aurora New Dawn	Deliver Armed Forces Advocacy project supporting serving personnel experiencing domestic abuse, based within HMNB Nelson, Portsmouth.	£150,000
Small Grant	The Boleh Trust	Provide sailing opportunities to Service children as part of a resilience building and peer support programme in partnership with the Naval Families Federations Pompy Military Kids project.	£4,450
Total			£797,462

The distribution of organisations obtaining these grants is weighted towards the Portsmouth area and more work is needed to raise awareness of this opportunity and encourage bids from organisations across the Solent.

8.6 Conclusions and Recommendations Community and Specialist support

There is a good range of Armed Forces specific services within the Solent available to meet the needs of the Armed Forces community. However veterans sometimes struggle to access the 'right' service first time. More work is needed to bring together voluntary and community organisations to communicate the offer, unblock barriers to accessing support, and ensure a no wrong door approach.

It is encouraging to see that some organisations within the Solent have made use of the Covenant Trust Fund to meet identified need. Support with funding has been identified as an area of need by some smaller charities and it would be good to consider what support can be offered to enable smaller organisations to compete for funding more effectively in the future.

Those offering community and specialist support have a valuable role to play in engaging with members of the Armed Forces and the wider community. The use of peer support workers has been identified as an effective way of working with members of the Armed Forces and it would be prudent to consider how this approach could be used more widely.

Cross cutting themes

9.1 Context:

There are a number of cross cutting issues and themes underpinning this report recurring in a number of sections.

9.2 Early Service Leavers

Early Service leavers (ESL) are those defined by the ministry of defence as Service leavers who have been discharged - either compulsorily or at their own request after less than four years' service. Some will have experienced deployment during their service. This group also includes people who have served just a few days and have left without completing basic training. Within this needs assessment ESL also includes those who have served four years or more and have been administratively discharged. Throughout this assessment ESL's have repeatedly been identified at risk of poor outcomes in terms of physical health, mental health, homelessness and employment.^{33 57 60 64 78 85 90 129 130 137 147 148}. This makes ESL a distinct group of veterans who need to be additional consideration within service provision.

Early Service Leavers are a distinct group of veterans who need additional consideration.



9.3 The reluctance to ask for help

The Armed Forces have a strong culture of looking after their own, born out of the nature of service, reinforced by values and standards which expect selfless-commitment and loyalty in relation to the team. Living and working closely together can blur boundaries between personal and professional life. In this environment identifying issues and/or asking for help can have wider reaching implications. Reinforcing a reluctance to ask for help that can extend into civilian life post service. This can result in unnecessary escalation of issues and in some instances avoidable tragedy. Engaging the family and providing more informal peer support have been identified as helpful in breaking down barriers to accessing support^{33 57 150 148}.

New and existing services need to be encouraged to utilise peer support and involve families in breaking down barriers to accessing support.



9.4 The need to 'Ask the question' is someone is ex-Armed Forces

The importance of asking the question is not just about identifying an individual as a member of the Armed Forces community; it's about genuinely seeking to understanding the impact of service on their situation. It's also about ensuring that needs are met by connecting members of the Armed Forces community with an abundance of existing local support services. In too many instances within this assessment we have been unable to effectively understand local need or demand for key services because of an absence of recording, even when systems have been put in place to specifically enable this. It is evident from this that more work is required to support frontline services to think forces, ask if someone is a member of the Armed Forces community and ensure that the answer is recorded and responded to appropriately.

All agencies within the Solent partnership need to be asking about military connection and have recording mechanisms in place to evidence the impact of this.



9.5 Limitations of the Data and Evidence Base

The Solent sits within the wider geographical footprint of the county of Hampshire. This adds a layer of complexity in understanding the needs of the Armed Forces Community within the region: Some information is only recorded at regional and/or county level which does not distinguish the unitary authorities of Portsmouth and Southampton from the wider County. In addition to this Hampshire County Council provides education and social care services on behalf of Gosport and the Isle of Wight. We acknowledge the support provided by Hampshire County Council, the MOD, local Clinical Commissioning Groups, DWP, Police and the Voluntary and community sector in supporting us to understand the needs of the Armed Forces Community within the Solent.

Even with the goodwill and support of so many agencies and organisations to obtain information for this assessment, there are large gaps in our knowledge; either because the data does not exist or can only be considered isolation. This is not an issue that can be completely resolved locally, but encouraging local organisations to record and report information regarding their contact with the Armed Forces community in a more consistent and comprehensive way would be a good starting point.

A broad agreement in relation to data collection and high level information sharing within the Solent partnership would enable better strategic analysis.



Appendices

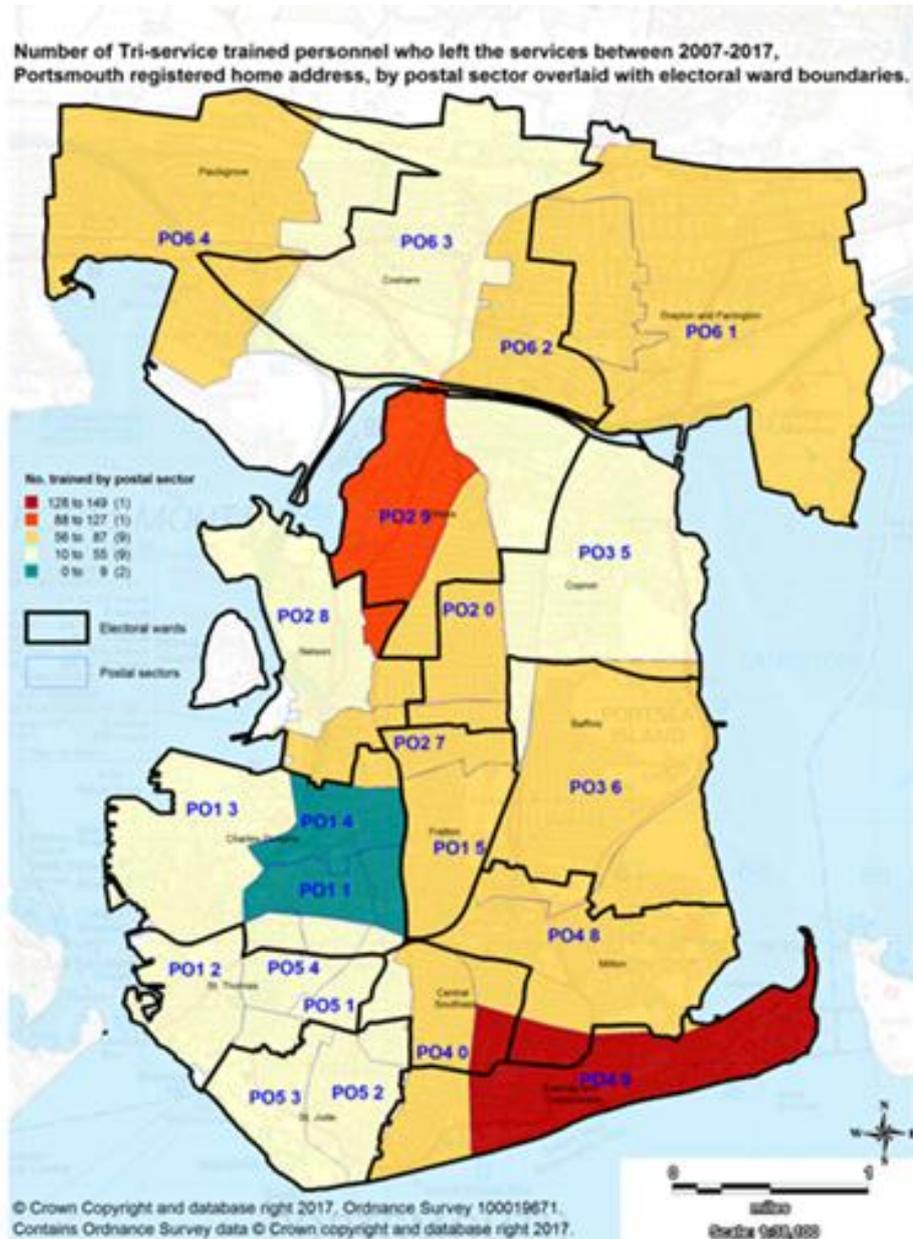
1. Military Locations and Personnel in the Solent

Table19: Military Bases within the Sub-Solent.

Location	Name
Portsmouth	HMNB Portsmouth - HM Naval Base, Portsmouth
	HMS Nelson - Previously the Naval Barracks, now part of HMNB
	HMS Excellent - Training Establishment
	HMS Temeraire - Training Establishment
	HMS King Alfred - Royal Navy & Marines Reserves
	AFCO Portsmouth - Recruitment Centre
	Army Reserve Centre, Cosham - Centre for local Reserve & Cadet Forces
	Army Reserve Centre, Hilsea - Centre for local Reserve & Cadet Forces
Gosport	HMS Sultan - Training Establishment
	HMS Centurion - Records
	DM Gosport - Defence Munitions
	Fort Blockhouse - Field Hospital
	Institute of Naval Medicine - Naval Medical Training
Southampton	Army Reserve Centre, Blighmont - Centre for local Reserve & Cadet Forces
	ACC Southampton - Recruitment Centre
Isle of Wight	ACFO Newport - Recruitment Centre
	Army Reserve Centre, Newport - Centre for local Reserve & Cadet Forces

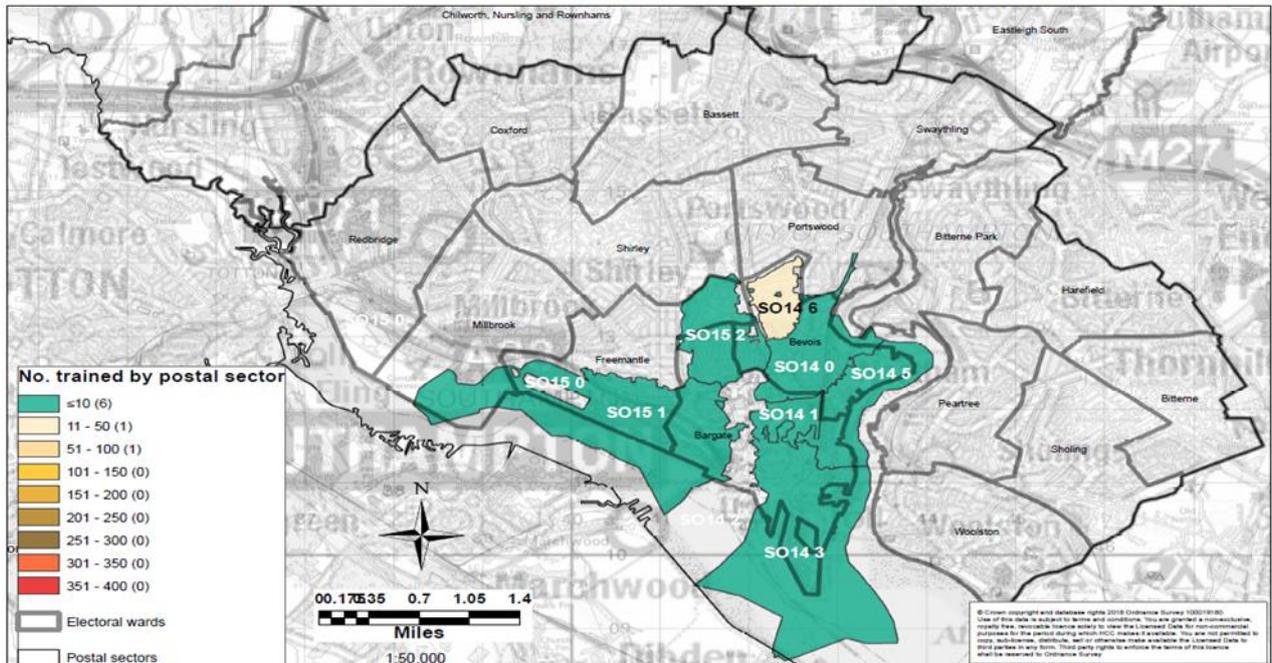
2. Maps

A: Number of Tri-Service trained personnel who left the services 2007-2017; Portsmouth registered home address at the point of exit, by postal sector overlaid with electoral ward boundaries.

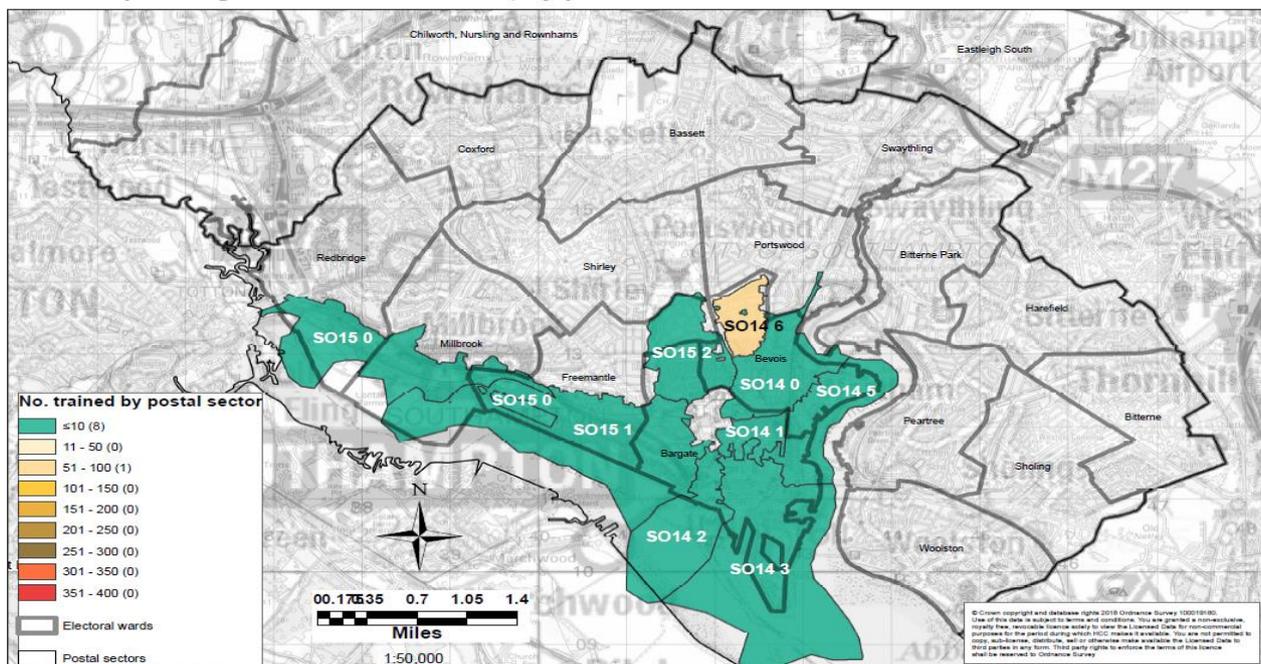


B: Number of Tri-Service trained and untrained personnel who left the services 2007-2017; Southampton registered home address at the point of exit, by postal sector overlaid with electoral ward boundaries.

Number of Tri-service trained personnel who left the service between 2007 - 2017, Southampton registered home address, by postal sector overlaid with electoral ward boundaries.

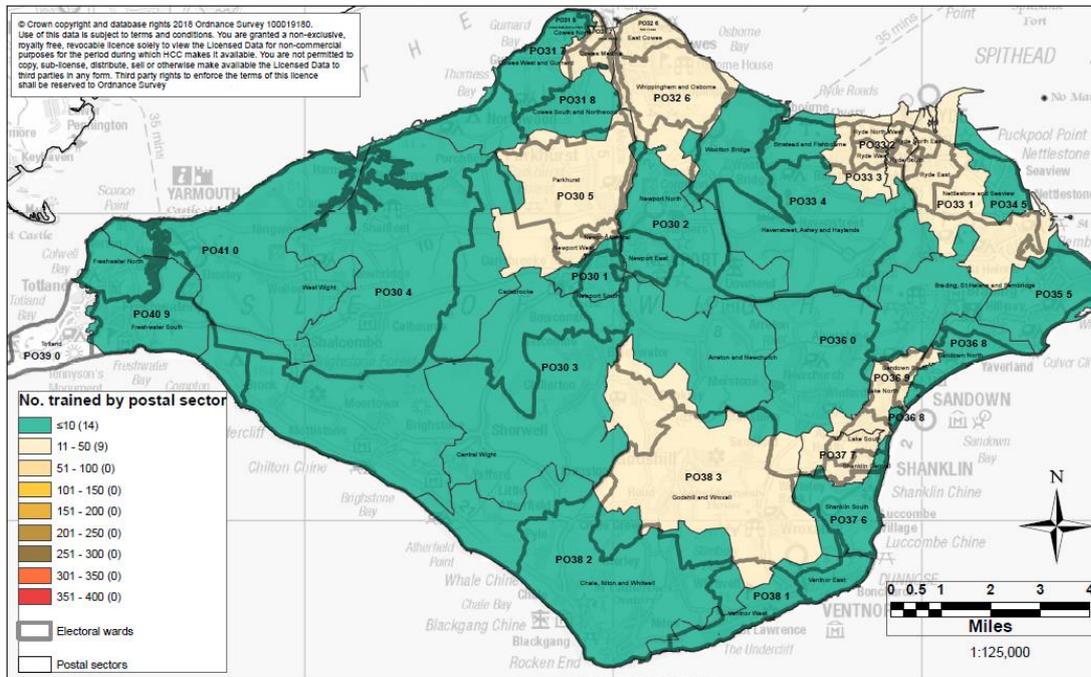


Number of Tri-service trained and untrained personnel who left the service between 2007 - 2017, Southampton registered home address, by postal sector overlaid with electoral ward boundaries.

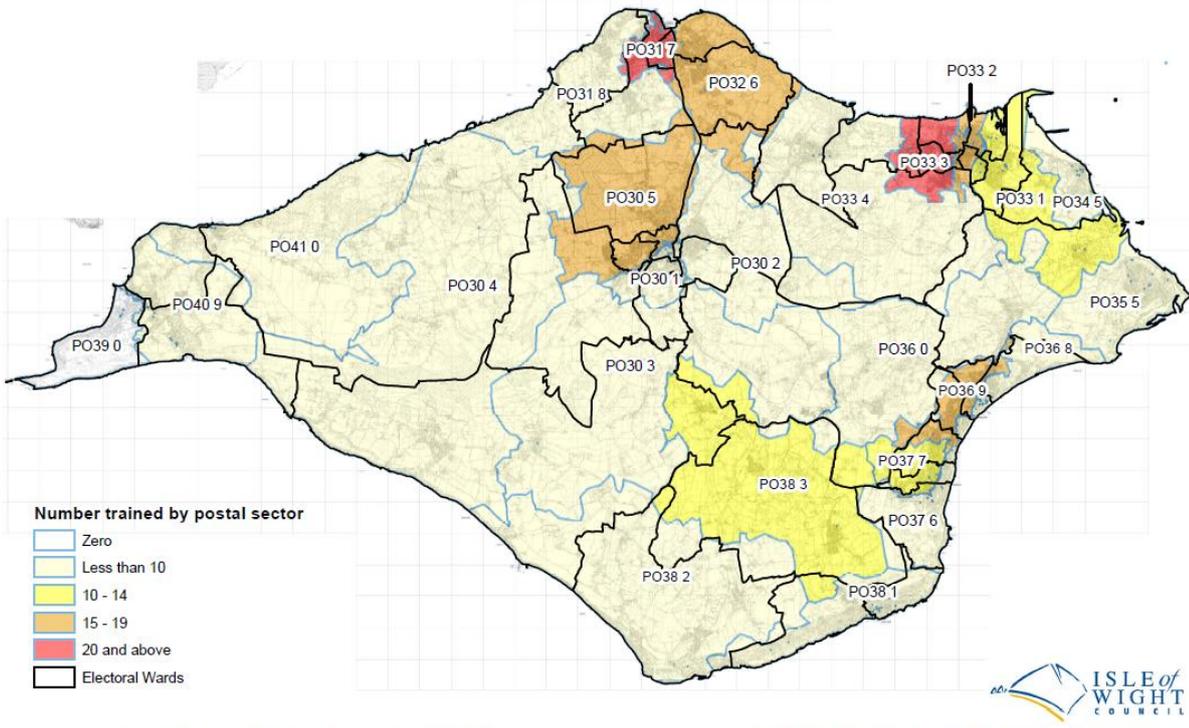


C: Number of Tri-Service trained and untrained personnel who left the services 2007-2017; Isle of Wight registered home address at the point of exit, by postal sector overlaid with electoral ward boundaries.

Number of Tri-service trained personnel who left the service between 2007 - 2017, Isle of Wight registered home address, by postal sector overlaid with electoral ward boundaries.



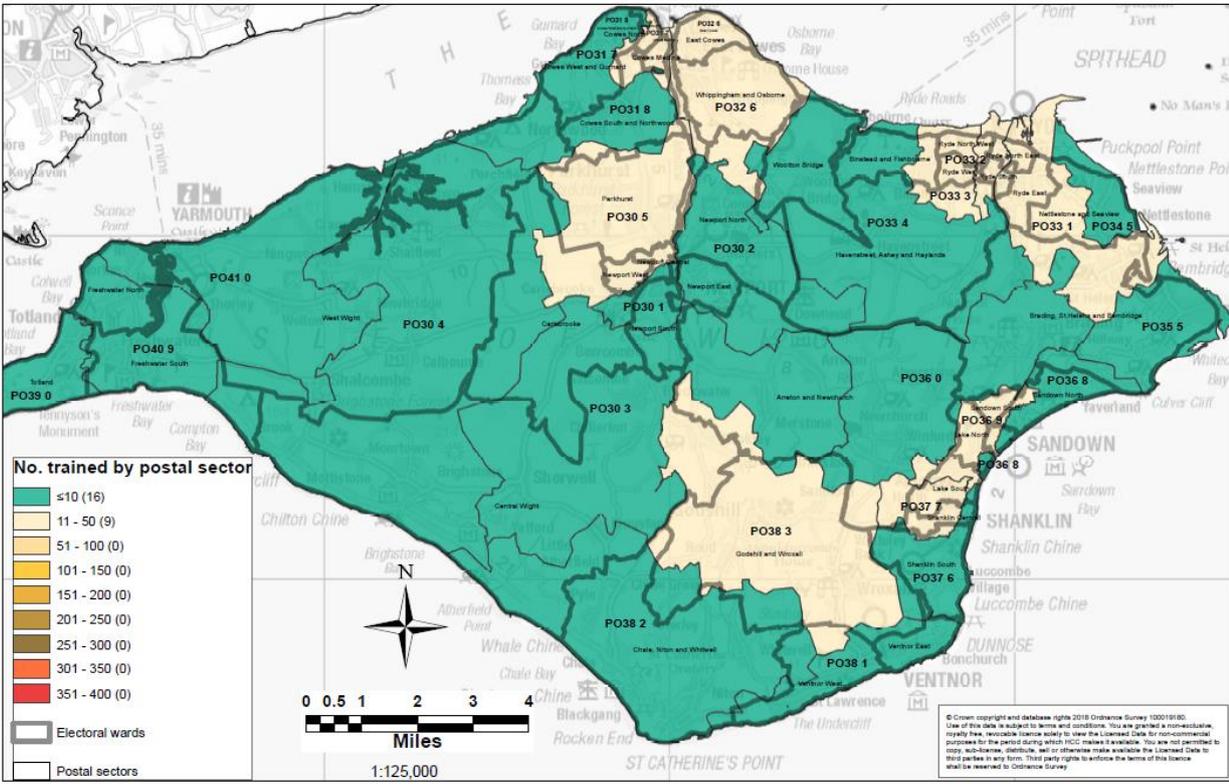
Number of tri-service trained personnel who left the services between 2007-2017, Isle of Wight registered home address, by postal sector overlaid with electoral ward boundaries



© Crown copyright and database rights 2018 Ordnance Survey 100019229

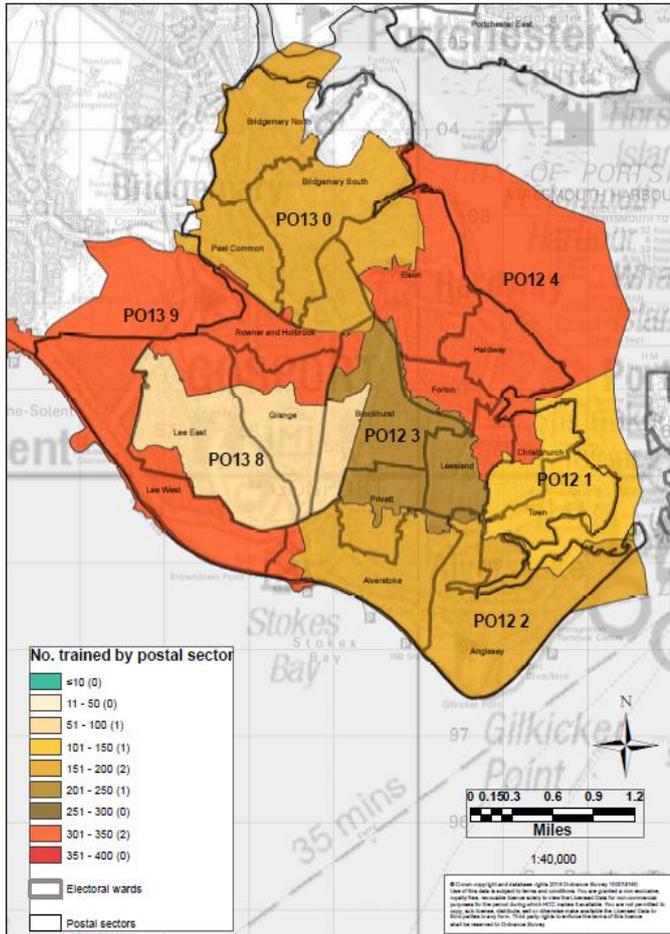
Produced by Isle of Wight Council Organisational Intelligence Team

Number of Tri-service trained and untrained personnel who left the service between 2007 - 2017, Isle of Wight registered home address, by postal sector overlaid with electoral ward boundaries.

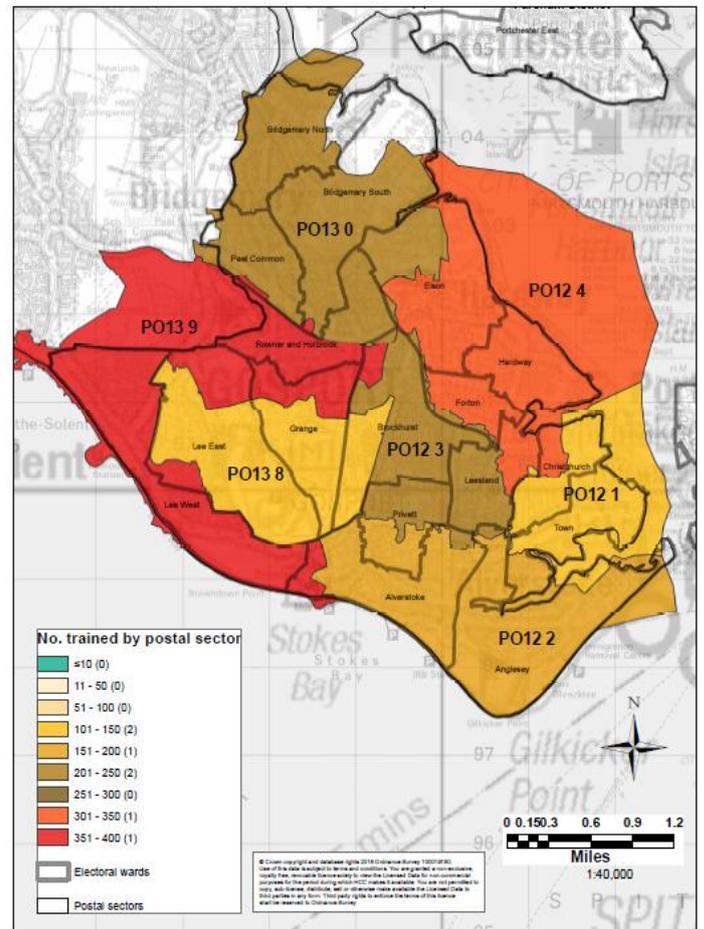


D: Number of Tri-Service trained and untrained personnel who left the services 2007-2017; Gosport registered home address at the point of exit, by postal sector overlaid with electoral ward boundaries.

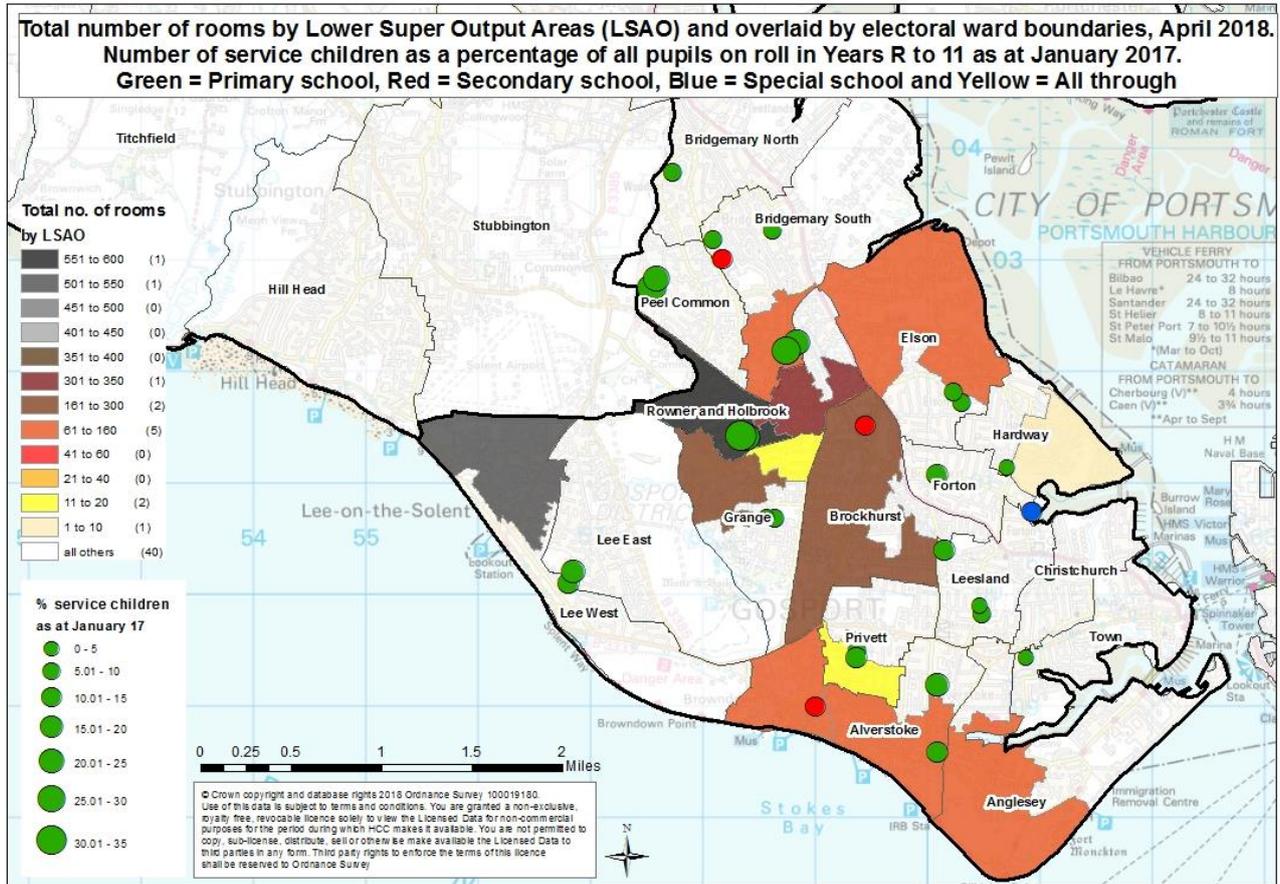
Number of Tri-service trained personnel who left the service between 2007 - 2017, Gosport registered home address, by postal sector overlaid with electoral ward boundaries.



Number of Tri-service trained and untrained personnel who left the service between 2007 - 2017, Gosport registered home address, by postal sector overlaid with electoral ward boundaries.

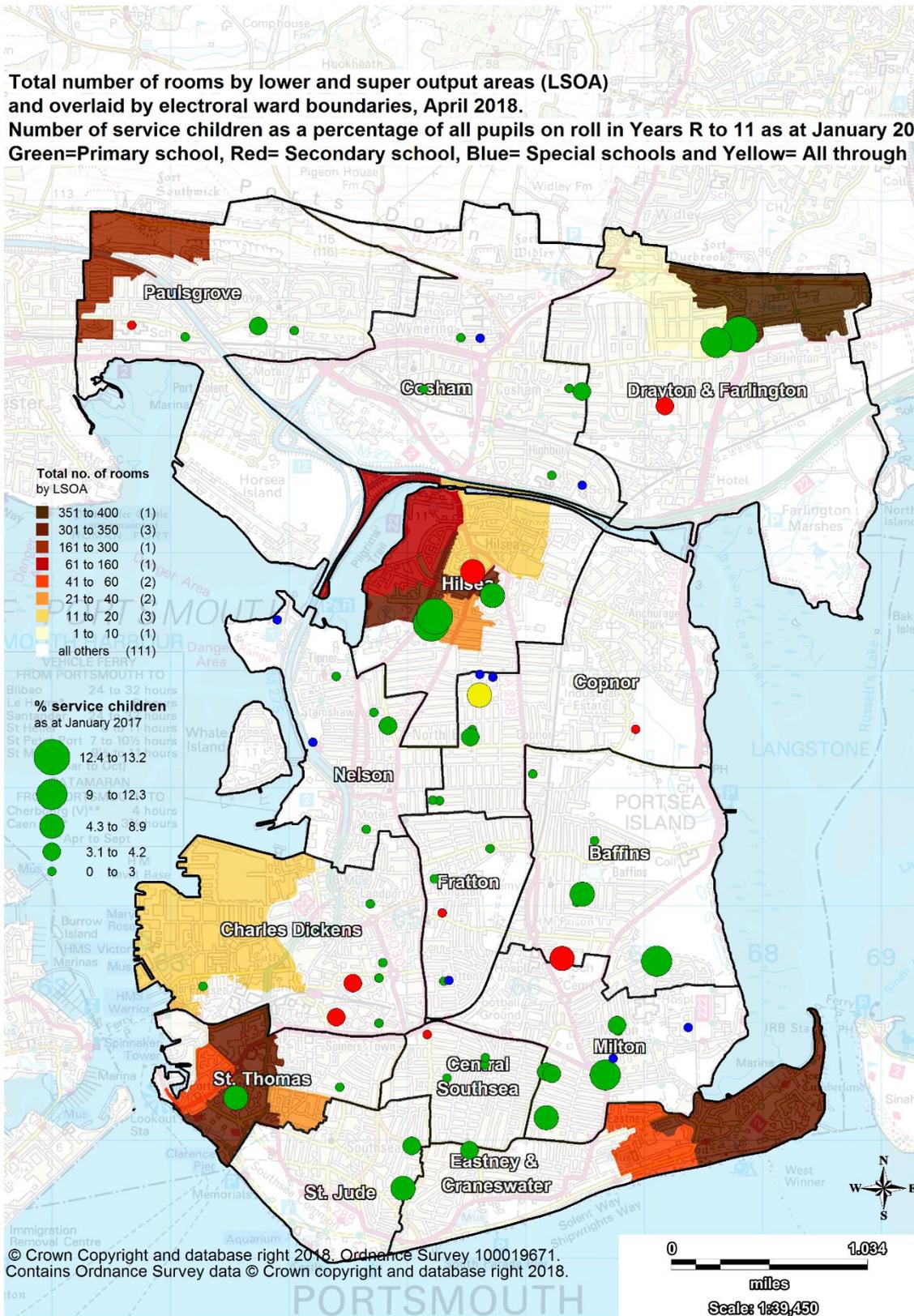


E: Gosport - Total number of Service Family Accommodation rooms, overlaid by electoral ward boundaries and number of service children as a percentage of all pupils on roll as of January 2017.



F: Portsmouth - Total number of Service Family Accommodation rooms, overlaid by electoral ward boundaries and number of service children as a percentage of all pupils on roll as of January 2017.

Total number of rooms by lower and super output areas (LSOA) and overlaid by electoral ward boundaries, April 2018.
Number of service children as a percentage of all pupils on roll in Years R to 11 as at January 2017.
Green=Primary school, Red= Secondary school, Blue= Special schools and Yellow= All through



Appendix 3. Local Voluntary Community organisation providing support to Armed Forces Community

Organisation	Description
<p>4exMilitary Jobs http://www.4exmilitary.com/</p>	<p>4exMilitary Jobs Ltd is a web-based award winning recruitment organisation helping ex servicemen and women from the Army, Royal Navy , RAF and Royal Marines. 4exMilitary Direct is a leading Internet Job Board for ex - military personnel and for employers who seek to recruit ex- military personnel. Together we act as a single point of contact to source candidates and relevant employment opportunities. With over 35,000 ex forces personnel registered with us, why not let us help find the right staff for you!</p>
<p>Agamemnon Housing Association, Victory Court https://agamemnonha.org/</p>	<p>Our aim is to provide affordable and sensitively managed sheltered housing for people over 60 years of age, giving priority to those who have served in the Armed Forces and their surviving partners or relatives. We also aim to meet the needs of those with priority on housing waiting lists when possible.</p>
<p>Age UK Portsmouth http://www.ageuk.org.uk/portsmouth/</p>	<p>Age UK Portsmouth provides a range of practical and social support for older people in Portsmouth and South-East Hampshire. We offer a lifeline to many of our service users, providing vital contact for the local community, offering a friendly face, a helping hand and companionship. Without our services many older people would remain isolated, as it is often the only time they leave their home and have contact with other people. Services include: Veterans Befriending and Information support, Information & Advice, Benefits access, Blue Badge applications, Solicitor appointments, Help Around the Home, Personal Assistant Service (HATH+), Activities and Events, IT Training, Café, Gardening, Hair Salon and Chiropody. We also trade and sell Age UK insurances and endorsed products.</p>
<p>Alzheimer's Society http://www.alzheimers.org.uk</p>	<p>We provide an Activity group for veterans with dementia & their carer (Kitbags & Berets). We meet 2nd Thurs of each month 13:30-15:30 at the Frank Sorrell Centre, Prince Albert Road, Southsea PO4 9HR. Other services in Portsmouth include: Dementia Support, providing information and practical guidance one-to-one to people with dementia and carers; Singing for the Brain on the 1st & 3rd Friday of each month; and The Saturday Club, an Activity group for younger people with dementia (under 65) which meets on the 1st & 3rd Saturday of each month. Outside of Portsmouth and across Hampshire we provide a further 2 Kitbags &</p>

	Berets groups and various other services. For more information, please contact us.
CESSA Housing Association http://www.cessaha.co.uk	Sheltered accommodation (Rented flats) in Portsmouth ,Gosport and Fareham for former military personnel and their dependents including National Service, former reserve service, MOD and RFA who are over 60 and able to live independently. We also manage 3 properties owned by Greenwich Hospital which house ex RN,RM and WRNS/QRNNS. One in Portsmouth. One in Greenwich and the 3rd in Saltash.
Citizens Advice Gosport http://www.gosportcab.org.uk/	We provide free, independent, confidential, and impartial advice. We help people to resolve their problems. We can deal with a range of issues, including debt, employment, consumer or relationship issues. We are open 0930 to1500 on Mon/Tue/Thu/Fri and 1700 to 1900 on Wed for those in employment or with caring responsibilities, no appt needed. We offer advice by telephone through our Adviceline service. The telephone number is 03444 111306. We also offer advice in the form of webchat and/or email which can be accessed through the Citizens Advice website at: https://www.citizensadvice.org.uk/
Citizens Advice Portsmouth http://www.portsmouthcab.org.uk	We are an impartial, confidential and free advice service. We deliver predominantly money advice, including debt, financial capability and financial advice. We have a welfare rights/benefits team and an information service that runs from Portsmouth Central Library. For money advice we can be contacted by phone and webchat and clients can just drop in face to face (no appointment needed) during our opening hours. See website for details of our opening hours etc.
Company of Makers http://www.companyofmakers.com	A warm welcome from Steve and Rachel. Company of Makers exists to support ex-Service personnel and their families struggling with life on civvy street, however long ago they left the Forces. We also work with wounded, injured and sick Serving personnel, and those about to leave. We run free 'making' workshops in Portsmouth. From creative skills to using cutting edge technology, 'one size doesn't fit all' so we always add new ideas to our programme of activities, including 3D printing, Wood-working workshops, Sewing, Ships' crests heritage project or come to a Portsmouth FC footy match with us.
DIAL www.p-d-f.org.uk	The DIAL provides a free and impartial confidential service supplying information and advice on many

	<p>issues and problems as they occur in everyday living. We offer people of all ages help and support to make choices and decisions that are affecting their daily lives, this also includes practical help like filling in forms and talking to other agencies and services on their behalf.</p>
<p>First Light Trust http://www.firstlighttrust.co.uk</p>	<p>A charity for veterans of the Emergency Services and Armed Forces. First Light Trust can help: Any veteran from the Armed Forces including Reservists. Any veteran from the Emergency Services. Any serviceman or woman who is about to leave or is going through transition. This is achieved through our growing local network of cafes and centres, we support veterans and their families where it matters – in their community and in their homes.</p>
<p>Forgotten Veterans UK https://www.forgottenveteransuk.com</p>	<p>This Charity is to commemorate, celebrate and assist the Armed Forces members and the Veteran community. Whilst remembering the brave people that fought in past wars and lost their lives, we look to the future in helping those in need. We operate a simple traffic light system where we grade areas to ensure the money we raise goes to the right places. The Buddy Scheme is a service where we pair up stronger Veterans with the more vulnerable in our community. The scheme is not just for veterans but also their families as we know the veteran's problems impact everyone around them. We also campaign locally and nationally to secure better support for veterans and to lobby other veteran Charities to work better with other veteran organisations.</p>
<p>Gosport Advice and Information Network http://www.gain-gosport.org.uk</p>	<p>Offers information and advice in the areas of employment, housing, debt and money management, welfare benefits and health. Provides free targeted training and help with budgeting, online skills and helping people to resolve their issues.</p>
<p>Harbour Cancer Support Centre http://www.harbourcancer.org.uk/</p>	<p>Provides practical and emotional support for anyone affected by cancer. The drop in centre at Gosport provides: coffee mornings; counselling; befriending; complementary therapies, and support for children</p>

<p>Help for Heroes https://www.helpforheroes.org.uk/</p>	<p>Assists veterans through support with mental wellbeing, career and employment options, recovery and sports programmes, housing advice, and welfare grants</p>
<p>Hounds for Heroes http://www.houndsforheroes.com</p>	<p>Hounds for Heroes provides specially trained assistance dogs to injured and disabled men and women of both the UK Armed Forces and Civilian Emergency Services.</p>
<p>Inclusion Drug and Alcohol Services https://www.inclusion.org/</p>	<p>We provide confidential drug and alcohol treatment for anyone over the age of 18.</p>
<p>Mesothelioma UK www.mesothelioma.uk.com</p>	<p>This project provides a specialist veteran's nurse based in Portsmouth and Southampton. These nurses work closely with the charities existing professional nurse forum. The Armed Forces project provides a benefits and finance advisor that is aware of the compensation available. The veterans nurse will work with multiple organisations and healthcare professionals responsible for meeting the healthcare needs of Armed Forces personnel and veterans to raise awareness about mesothelioma and available support. There is a special Facebook group for the Armed Forces at www.facebook.com/groups/mesoUKarmedforces.</p>
<p>Pompey Pals Project http://www.pompeypals.org.uk</p>	<p>The Pompey Pals Project was originally set up to remember the men and women from Portsmouth and the surrounding area who served in The Great War. Over the last 4 years the Project has grown and it is now are intention to tell the story of the area and its Military Heritage over the last 100 years to include the 1st and 2nd World Wars, Korea, The Cold War, Suez, Aden, Northern Ireland, The Falklands, The Gulf War and Afghanistan. We have recently secured space at Fort Widley to set up a Heritage Centre to tell the story.</p>
<p>Portsmouth Carers Centre http://www.portsmouthcc.gov.uk</p>	<p>Do you look after someone, a family member, friend or neighbour? If so, we are here to help. We are here to support the carer with emotional support and provide information and advice, Emergency Card for carers in case of an emergency, Break fund to help the carer access a break when things become too much, Free training, 30+ Support groups, sitting service and a Carers Café. Looking after someone is important, but many people who care for someone don't recognise themselves as carers. To register for further information please contact us on the above telephone number.</p>

<p>Portsmouth Street Pastors http://www.streetpastors.org.uk</p>	<p>Street Pastors offer reassurance, safety and support through caring, listening and helping to those in need in Portsmouth between the hours of 10pm and 3.00am. Trained volunteers from local churches, work in and around the night time venues and can signpost to relevant agencies.</p>
<p>Portsmouth Together http://volunteer.portsmouth.gov.uk</p>	<p>Portsmouth Together is a city-wide partnership that seeks to develop and extend volunteering across Portsmouth and is the only volunteering development agency in the city. Portsmouth Together is located in Portsmouth Central library where it runs 2 volunteering drop in sessions per week, for those that would prefer not to use online services. Volunteering is not just about what people do for others, there are lots of ways that volunteers benefit themselves including: making new friends; improving mental and physical well-being; enhancing a CV and with new job skills; boosting confidence</p>
<p>RFEA The Forces Employment Charity (South West) http://www.rfea.org.uk/</p>	<p>Provides vocational advice and information about job opportunities to all military veterans irrespective of when they left the Armed Forces and any barriers to employment they face including disability, health issues or long-term unemployment</p>
<p>Rowans Hospice http://www.rowanhospice.co.uk</p>	<p>Veterans Living Well service - The support service is available to older veterans and their family/carers living with a serious life limiting illness. Particularly those who are socially isolated. No formal referral is required. A dedicated nurse will assess the veterans needs and develop a bespoke plan to support them and their family. Such as access to the Living Well Centre/Rowans Hospice facilities like exercise groups, complementary therapies, carers support group, future planning, psychology support, crafts or just a listening ear. Also signposting to other agencies. Home visits are also offered and links to the veterans volunteer companions service can also be made. This part of the service is a dedicated group of volunteers who have served or are currently Serving personnel. Drop-in is available Monday to Friday 9am-4.30pm. Veterans project lead Tina Millard</p>
<p>Royal British Legion Area Office Southampton http://www.britishlegion.org.uk/get-support/the-legion-near-you/southampton/</p>	<p>Provides extensive support for veterans which includes grants and financial assistance, advice and advocacy, help living independently, and housing and care homes</p>

<p>Samaritans of Portsmouth and East Hampshire https://www.samaritans.org/branches/samaritans-portsmouth-and-east-hampshire</p>	<p>Samaritans offer a listening support service for anyone going through a difficult time emotionally. Available 24/7 we can be contacted by phone or email. We also offer a face to face opportunity at our centre in London Road. We are a safe place to talk and you will not be judged. Our volunteers will not give advice but will support you in talking things through and hopefully allowing you to identify a way forward for yourself.</p>
<p>Seafarer Support http://www.seafarersupport.org</p>	<p>Seafarer Support is a free, confidential referral service for serving and retired seafarers and their families in times of need. Sometimes we need a little help in steering a course through life's problems and Seafarer Support can guide families to sources of help. As the single point of contact for the UK maritime charity sector, working with nearly 150 charities and organisations, Seafarer Support can help individuals and professionals to avoid the effort and stress of approaching numerous charities and organisations by directing people to the most appropriate sources of help.</p>
<p>Service Dogs UK http://www.servicedogsuk.org</p>	<p>Service Dogs UK trains and provides assistance dogs, from rescue, to support members of the Armed Forces and Emergency Services who have PTSD to achieve unique partnerships that will greatly enhance the lives of both. We continue to support the partnerships as part of our ongoing commitment to 'those that serve', past or present. Currently we are operating in West Sussex, Surrey and East & North Hampshire.</p>
<p>Shore Leave Haslar http://www.shoreleavehaslar.com</p>	<p>Shore Leave Haslar is a Horticultural Therapy programme and is based in the Memorial Garden within the old Haslar Hospital in Gosport. We use plants, gardening and related activities as a therapy for veterans with physical and mental health support needs. The project runs on weekday mornings only. Enquires via email are encouraged however, veterans will need a referral from their GP or other health professional before they can access this project.</p>
<p>Society of St James – Homeless Day Services www.ssj.org.uk</p>	<p>Homeless Day Services (formerly Central Point) is direct access day service for people who are street homeless or at risk of becoming homeless. We are open access drop in service offering safe space to address your homelessness needs and receive personalised support. Mon – Thurs (08.00 – 16.00), Fridays (08.00 – 15.30) (8.30-13.00 open access; 14.00-16.00 by appointment).</p>

	<p>Sat & Sun (09.00-12.00). *We are open 7 days a week, 365 days a year</p>
<p>Solent Mind http://www.solentmind.org.uk/</p>	<p>Provides support, advice, and information for people with mental health problems. Services include: health, wellbeing and recovery support, employment and training, dementia reablement, home-based support (including housing, benefits and debt advice), counselling, advocacy support, social activities and self-help groups, support for the elderly, and outreach support.</p>
<p>SSAFA Gosport https://www.ssafa.org.u</p>	<p>Lifelong support to the Armed Forces, past and present, and their dependant family.</p>
<p>SSAFA Portsmouth https://www.ssafa.org.uk</p>	<p>Lifelong support for members of the Armed Forces, past and present, and their dependant family.</p>
<p>The Footprint Trust www.footprint-trust.co.uk</p>	<p>Help with energy use in the home on the Isle of Wight. Gives impartial, confidential help to anyone on the Isle of Wight about using heating and energy in the home, to keep warm and well and to avoid debt. Can help with practical support such as tariffs, switching, how to set heating (including night storage heaters), and access to grants such as Warm Home Discount. Can negotiate with Southern Water and energy suppliers on your behalf, if required. Also offers training to ex-Service people on these matters. Help is available by phone or through home visits to people living on the Isle of Wight. Self-referrals accepted.</p>
<p>The Good Mental Health Cooperative http://www.goodmentalhealth.org.uk</p>	<p>The Good Mental Health Cooperative - working towards good mental health and wellbeing, no matter what your starting point. As a cooperative of community groups and social enterprises in the Solent area, we run projects which challenge stigma and discrimination, promote awareness and discussion about mental health, and offer learning opportunities for people who have experience of emotional distress. For more information, go to our website where you can sign up to our mailing list and receive regular newsletters about opportunities to get involved.</p>
<p>The Inspiration Federation http://www.inspirationfederation.org</p>	<p>The Inspiration Federation works with veterans to help them retrain and reintegrate into civilian society. The organisation provides a platform to help veterans share their stories with young people across the Portsmouth area, helping them gain confidence, presentation and teaching skills, and also inspire the next generation. Where appropriate, we work closely with Veteran's Outreach Support</p>

	team, and other veteran's and forces organisations to help with PTSD recovery.
The Ripple Pond http://www.theripplepond.org	A self-help support network for the families of physically and emotionally injured service personnel, veterans and reservists. You can become a member even if you are supporting someone who has not been officially diagnosed. We offer free membership, small, local group meetings, a buddy system and on-line support.
The Salvation Army http://www.salvationarmy.org.uk	Hope House is a Homeless Hostel in Portsmouth with 32 single rooms. We support single homeless adults with varying complex needs and also provide 15 additional overnight winter beds. We offer staffing on site 24/7. Hope House also supports clients at risk of homelessness as part of our floating support, to enable clients to remain in their own homes. Hope House also manages a community house which is for vulnerable females and supported by our floating support team
The YOU Trust http://www.theyoutrust.org.uk	YOU offers Advice Portsmouth, Counselling Portsmouth, Into Work, Floating Support, Registered Care and Supported Living, which support a range of people with issues including, but not limited to, Housing, Welfare benefits, Debt, Employment, Family issues, Consumer issues, Paid employment, Volunteer work, Domestic abuse, Depression, Bereavement, LGBTQ community, People in transition, GP surgeries, Accessing the community, Personal care, Attending appointments, Maintaining a tenancy/finances. Counselling Portsmouth is a means tested service. Advice Portsmouth is a free legal advice service.
Two Saints Limited http://www.twosaints.org.uk	We have a 5 bed second stage accommodation in Havant where we support clients to gain independence and move onto their own independent accommodation. We also support clients in the community to help prevent eviction and sustain current accommodation, as well as clients who are homeless. We support our homeless clients to find accommodation and signpost to other services to prevent future homelessness. We can give debt advice and support to access other services. We run drop in's on a daily basis for clients to access support.
Two Saints http://www.twosaints.org.uk	We support clients in the community to help prevent eviction and sustain current accommodation, as well as clients who are homeless. We support our homeless clients to find accommodation and signpost to other services to prevent future homelessness. We can give debt advice and

	support to access other services. We run drop in's on a daily basis for clients to access support.
Royal Naval Benevolent Trust (RNBT) http://www.rnbt.org.uk/	The Royal Naval Benevolent Trust (RNBT) supports those who are serving or have served as Warrant Officers and below in the Royal Navy and Royal Marines , and their dependants, who find themselves in need or distress. They offer grants to individuals on a case by case basis. They may be able to provide funding for training, courses and associated costs.
Veterans Outreach Support (VOS) http://www.vosuk.org	Veterans Outreach Support (VOS) provides a welcoming and relaxed setting where UK veterans can drop in for confidential social or psychological support. Former members of all three services of the British Armed Forces and Reserves, the Royal Fleet Auxiliary and the Merchant Navy and their families and dependants are welcome. At the Drop-In centre based at the Royal Maritime Club (RMC) in Portsmouth, VOS offers general welfare support in the form of legal, housing, financial and employment help from experienced third sector welfare agencies such as SSAFA and The Royal British Legion (TRBL), as well as wellbeing support in the form of peer mentoring. VOS also employs an in-house clinical team of mental health practitioners and can recommend further support through Combat Stress and the NHS.

Local Service Mapping for: Living independently, Mental Wellbeing, Physical Health and Family & Community

Geo Location	Living Independently				Mental Wellbeing			Physical Health			Family and Community		
	Applying for disability benefits	Care	Home aids and adaptations	Mobility	About mental wellbeing	Accessing support	Bereavement	Healthcare services	Rehabilitation & recovery	Service related illnesses	Family matters	Support for carers	Support groups
The Good Mental Health Cooperative					Y	Y							Y
Two Saints Limited	Y					Y							
Two Saints	Y		Y		Y	Y							
Service Dogs UK					Y								
Rowans Hospice						Y	Y	Y		Y	Y	Y	Y
Pompey Pals Project						Y							
The Inspiration Federation									Y				
Inclusion Drug and Alcohol Services								Y	Y		Y	Y	Y
Hounds for Heroes				Y	Y								
SSAFA Gosport		Y	Y	Y		Y					Y		
Alzheimer's Society					Y						Y	Y	Y
Society of St James – Homeless Day Services	Y					Y							Y

Local Service Mapping for Employability, Finance and Housing

Geo Location	Employability				Finance				Housing					
	Education and training	Job seeking	Self employment	Support for offenders	Benefits	Financial help	Money and debt advice	War pensions and compensation	Care homes and supported housing	Evictions and repossession	Homelessness	Owning a home	Renting a home	Service accommodation
Age UK Portsmouth					Y	Y	Y							
Portsmouth Together	Y	Y												
Shore Leave Haslar														
Portsmouth Carers Centre	Y													
Citizens Advice Gosport	Y	Y			Y	Y	Y		Y	Y	Y	Y		
Citizens Advice Portsmouth					Y	Y	Y							
CESSA Housing Association								Y						
Company of Makers	Y						Y							
First Light Trust	Y	Y		Y	Y		Y		Y	Y		Y		
Samaritans of Portsmouth and East Hampshire														
Seafarer Support	Y				Y	Y	Y		Y				Y	
SSAFA Portsmouth	Y					Y			Y	Y	Y	Y		
The YOU Trust		Y			Y	Y	Y		Y	Y				
DIAL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SSAFA Gosport	Y				Y	Y	Y		Y	Y	Y	Y		
The Salvation Army	Y	Y		Y			Y		Y		Y			
The Ripple Pond														
Portsmouth Street Pastors														

Local Service Mapping for Employability, Finance and Housing

Geo Location	Employability				Finance				Housing					
	Education and training	Job seeking	Self employment	Support for offenders	Benefits	Financial help	Money and debt advice	War pensions and compensation	Care homes and supported	Evictions and repossession	Homelessness	Owning a home	Renting a home	Service accommodation
The Good Mental Health Cooperative	Y													
Two Saints Limited		Y			Y	Y	Y		Y	Y	Y	Y	Y	
Two Saints	Y	Y		Y	Y		Y			Y	Y			
Service Dogs UK														
Rowans Hospice														
Pompey Pals Project	Y													
The Inspiration Federation	Y													
Inclusion Drug and Alcohol Services														
Hounds for Heroes														
SSAFA Gosport	Y				Y	Y	Y		Y	Y	Y		Y	
Alzheimer's Society														
Society of St James – Homeless Day Services		Y			Y				Y					

**Local Service Mapping for: Living independently, Mental Wellbeing,
Physical Health and Family & Community**

Geo Location	Living Independently				Mental Wellbeing			Physical Health			Family and Community		
	Applying for disability benefits	Care	Home aids and adaptations	Mobility	About mental wellbeing	Accessing support	Bereavement	Healthcare services	Rehabilitation / recovery	Service related illnesses	Family matters	Support for carers	Support groups
Age UK Portsmouth	Y		Y	Y		Y					Y	Y	Y
Portsmouth Together					Y						Y	Y	Y
Shore Leave Haslar					Y				Y				
Portsmouth Carers Centre											Y	Y	Y
Citizens Advice Gosport	Y	Y	Y	Y	Y	Y	Y				Y	Y	
Citizens Advice Portsmouth	Y												
CESSA Housing Association													
Company of Makers					Y	Y							
First Light Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Samaritans of Portsmouth and East Hampshire						Y							
Seafarer Support	Y		Y	Y		Y	Y				Y		
SSAFA Portsmouth		Y	Y	Y		Y		Y	Y		Y	Y	Y
The YOU Trust	Y	Y			Y	Y	Y				Y	Y	
DIAL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SSAFA Gosport		Y	Y	Y		Y					Y		
The Salvation Army	Y				Y	Y	Y						
The Ripple Pond					Y	Y					Y	Y	
Portsmouth Street Pastors						Y							

Bibliography

- 1 Aims of the covenant for communities, accessed 19th October 2017, from: <https://www.gov.uk/government/publications/armed-forces-community-covenant/armed-forces-community-covenant>
- 2 Who has signed the covenant?, accessed 19th October 2017, from: <https://www.armedforcescovenant.gov.uk/get-involved/who-has-signed-the-covenant/>
- 3 8% of the total population aged over 16 years, in comparison to 6% of the total population aged over 16 years in Hampshire.
- 4 Telephone communication with Hampshire County Council (AL) and PCC dated 24th August 2017
- 5 Forces Connect South East, retrieved from <https://www.hants.gov.uk/community/armedforces/forcesconnect-se>
- 6 Private Communication with Wiltshire Council (DW) and PCC dated 3rd March 2018.
- 7 FiMT (2016) Our Community, Our Covenant Report
- 8 MOD (2017) Veterans Key Facts, retrieved from: <https://www.armedforcescovenant.gov.uk/wp-content/uploads/2016/02/Veterans-Key-Facts.pdf>
- 9 GOV (2016) UK Armed Forces Families Strategy, retrieved from: <https://www.gov.uk/government/publications/uk-armed-forces-families-strategy>
- 10 MOD (2018) Location of UK Regular and civilian personnel quarterly statistics, retrieved from: <https://www.gov.uk/government/collections/location-of-all-uk-regular-service-and-civilian-personnel-quarterly-statistics-index>
- 11 MOD (2017) DBS Knowledge & Information, RE: 20171122-MISR0002199_Output-2-Leavers data for needs assessment-OS dated 24 Nov 2017.
- 12 Untrained personnel are those who have not completed their basic military training for a range of reasons including choosing to leave, being medically discharged or deemed unsuitable.
- 13 House of Commons (2017) Briefing paper Number CBP7930, 21st November 2017, retrieved from <http://researchbriefings.files.parliament.uk/documents/CBP-7930/CBP-7930.pdf>
- 14 GOV (2017) UK Armed Forces Monthly Service Personnel Statistics: October 2017 available from: <https://www.gov.uk/government/statistics/uk-armed-forces-monthly-service-personnel-statistics-2017>
- 15 RBL(2017) Count them in: Making the Census Count, retrieved from: <http://www.britishlegion.org.uk/get-involved/campaign/count-them-in/>
- 16 GOV (2017) Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2016, retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/654734/20171023_-_APS_2016_Bulletin.pdf
- 17 GOV(2016) Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2015, retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559369/20161013_APS_Official_Statistic_final.pdf
- 18 PSA of addresses in the sub-Solent and occupancy advice provided by JHO (SW) March 2018

- 19 Calculated at 3.6% of total strength as per MOD (2017) Defence in Numbers report.
- 20 Email and Discussion with Naval Families Federation (JT) and PCC 18th October 2017
- 21 ONS 2011 census analysis that 55% of those within Public Administration and defence travel less than 20k daily for work, mapped to sub-Solent area.
- 22 MOD Defence statistics request dated 4th May 2018
- 23 Table 5- Number of recipients of an occupational pension under the AFPS (75 or 05), an ongoing pension under the WPS, and or/ those awarded compensation under the AFCS, by postcode district, as at 31 March 2017.
- 24 ONS 2011 Census for England and Wales / MOD Veterans leavers linked dataset
- 25 Private Communication between MOD (KH) & PCC dated 19th December 2017.
- 26 MOD (2017) Location of armed forces pension and compensation recipients: 2017, as at 31st March 2017.
- 27 Hants Web, The 2015 Index of Multiple Deprivation retrieved from:
http://www3.hants.gov.uk/factsandfigures/figures-economics/deprivation_indices.htm
- 28 Private Communication with SCC Public Health (DK) and PCC Dated 4th April 2018
- 29 IOW Joint Strategic Needs assessment 2015, retrieved from:
<https://www.iwight.com/azservices/documents/2552-IMD-Overall-Factsheet-Oct-2015-v1.pdf>
- 30 Woodhead C et al (2009) An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, ONS London.
- 31 MOD (2013) Reserves in the Future Force 2020: Valuable and Valued, presentation to Parliament by the Secretary of State for Defence July 2013.
- 32 Lord Ashcroft (2017) The Veterans Transition Review, 3rd follow up report retrieved 2nd November 2017, from: http://veteranstransition.co.uk/vtr3_followup_2017.pdf
- 33 NHS England (2015) Armed Forces Health Operational Plan 2015-2017 retrieved 2nd November 2017, from: <http://www.sussexarmedforcesnetwork.nhs.uk/wp-content/uploads/2015/08/2015-04-07-Armed-Forces-Health-Operational-Plan-V4.pdf>
- 34 LGA (2017) Meeting the Public Health Needs of the Armed Forces community: A resource for local Authorities and Health Professionals.
- 35 MOD Her Majesty's Naval Service Eligibility & Guidance Notes, retrieved 2nd November, From: https://www.royalnavy.mod.uk/~media/files/cnr-pdfs/eligibility_form_online_version.pdf
- 36 MOD (2017) Official Statistics, NHS Commissioning population, quarterly statistics: 1 October retrieved 17th July 2017, from: <https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-quarterly-statistics-financial-year-201718>
- 37 Portsmouth CCG (2016) Veterans Healthcare Survey Summary
- 38 Portsmouth City Council (2014) The Health & Wellbeing of Veterans in Portsmouth
- 39 Southampton City Council (2012) Veterans Health Needs Assessment
- 40 Hampshire County Council (2015) Veterans, Reservists, and Armed Forces Families Health Care Needs Assessment
- 41 Discussion at GP Commissioning Evening – Armed Forces Veterans table discussions 7th February 2018
- 42 NHS (2018) Veteran Aware hospitals. [Webpage](#)
- 43 Portsmouth Hospital NHS Trust (2018), Working Together Portsmouth Hospitals NHS Trust Strategy 2018-2023.

- 44 Email communication Portsmouth Hospital Trust (LH) and PCC dated 4th June 2018.
- 45 Meeting with Mesothelioma Clinical Nurse Specialist (AM and HW) and PCC dated 26th July 2018
- 46 Meeting with Alabaré (YP) and PCC 15th December 2017
- 47 Meeting with Southampton Veterans Breakfast (KW & VP) and PCC 9th August 2018
- 48 NHS digital (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.
- 49 Private communication between Portsmouth CCG (DrEF) and PCC dated 10th January 2018.
- 50 NHS digital (2017) Prevalence of hearing loss by Local Authority area (2014 ONS estimates) retrieved from: <https://www.england.nhs.uk/publication/prevalence-of-hearing-loss-by-local-authority-area-2014-ons-estimates/>
- 51 NHS digital (2017) Health Survey for England 2016 Adult health trends.
- 52 Rowe et al (2014) Perceptions of the impact a military career has on children, Health Service and Population Research, King's College London
- 53 Karen Burnell, Adrian Needs, Kim Gordon, (2017) "Exploring the suitability and acceptability of peer support for older veterans", Quality in Ageing and Older Adults, Vol. 18 Issue: 2, pp.120-130
- 54 RNBT (2016) Supporting Military Veterans in Residential Care. A practical guide. Booklet.
- 55 Public Health England (2018) One You: Stress,
- 56 The centre for social justice (2016) [Military Families and Transition](#)
- 57 Health & Safety Executive (2017) Work -related Stress, Depression or Anxiety related Stress, Statistics in Great Britain 2017. [Report](#).
- 58 Mental Health Foundation (2017) [Armed forces and mental health](#)
- 59 [THE MENTAL HEALTH OF THE UK ARMED FORCES](#) (July 2017 version)
- 60 Fear NT, Jones M, Murphy D et al (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. The Lancet (2010) 375 (9728): 1783–1797.
- 61 FiMT (2017) Forces in Mind Trust's Mental Health Research Programme September Update. Email.
- 62 The Futures Company (2016) Revisiting the Transition Mapping Study, Research Review, Available from: <http://www.fim-trust.org/wp-content/uploads/2016/12/Transition-Working-Paper.pdf>
- 63 Harriet Mellotte, Dominic Murphy, Laura Rafferty & Neil Greenberg (2017) Pathways into mental health care for UK veterans: a qualitative study, European Journal of Psychotraumatology, 8:1, 1389207, available from: <http://dx.doi.org/10.1080/20008198.2017.1389207>
- 64 Table 15 - Improving Access to Psychological Therapies (IAPT) programme referrals and recovery indicators for ex-British Armed Forces personnel (including dependants) from 1st April 2016 to 31st March 2017, NHS Digital.
- 65 NHS England (2017) Next steps on the NHS Five Year Forward View, retrieved from: <https://www.england.nhs.uk/2017/04/next-steps-on-the-nhs-five-year-forward-view-veterans/>
- 66 NHS England (2017) Brief on the forthcoming NHS veterans' mental health complex treatment service, retrieved from: <https://www.cobseo.org.uk/assets/files/2017/09/VMH-CTS-brief-September-2017-FINAL.pdf>

- 67 The News, Wednesday 21st February 2018, NHS cuts to Combat Stress could be 'devastating', say Portsmouth veterans.
- 68 MacManus et al (2015) Aggressive and Violent Behaviour Among Military Personnel Deployed to Iraq and Afghanistan: Prevalence and Link With Deployment and Combat Exposure. Retrieved From: <https://academic.oup.com/epirev/article/37/1/196/416015>
- 69 Armed forces domestic abuse: a handbook for civilian support services (2015) retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/642108/Practitioners_Handbook_-_Aug_17_update.pdf
- 70 Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009-16) Risk Identification and Assessment and Management Model, retrieved from: <http://www.dashriskchecklist.co.uk/wp-content/uploads/2016/09/DASH-2009-2016-with-quick-reference-guidance.pdf>
- 71 Emails and Discussion between Aroura New Dawn (SD&NT) and PCC dated 29 September & 15 November 2017.
- 72 ONS (2017) Domestic abuse, sexual assault and stalking, retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/domesticabusesexualassaultandstalking>
- 73 MOD (2017) Deaths in the UK Regular Armed Forces: Annual Summary and Trends over Time 1 January 2007 to 31 December 2016
- 74 Suicide and Open Verdict Deaths in the UK Regular Armed Forces: Annual Summary and Trends Over Time 1 January 1984 to 31 December 2016 retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/603169/20160331_UK_AF_Suicide_National_Statistic_2016-a.pdf
- 75 49 suicide and open verdicts in 1990, declining to 7 suicide and open verdicts and 10 verdicts outstanding in 201676.
- 76 Kapur et al (2009) Suicide after Leaving the UK Armed Forces —A Cohort Study, retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2650723/>
- 77 1990/1991 Gulf Conflict UK Gulf Veterans Mortality Data: Causes of Death, retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517240/20160125-Gulf_March16_REVISED_O.pdf
- 78 Causes of deaths among the UK armed forces veterans of the 1982 Falklands campaign, retrieved from: <https://www.gov.uk/government/collections/causes-of-deaths-among-the-uk-armed-forces-veterans-of-the-1982-falklands-campaign>
- 79 Email communication from Samaritans (BP) and PCC dated 12th June 2018.
- 80 US Department of Veteran Affairs, VA Releases Veteran Suicide Statistics by State 2017, retrieved from: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2951>
- 81 Private Communication with Solent NHS (TC) and PCC dated 27th February 2018
- 82 Forces Network (2018) Veterans At 'Increased Risk Of Traffic Accidents' accessed: <https://www.forces.net/news/veterans-increased-risk-traffic-accidents>
- 83 Sheriff RJS, Forbes HJ, Wessely SC, et al. Risky driving among UK regular armed forces personnel: changes over time. BMJ Open 2015;5:e008434. doi: 10.1136/bmjopen-2015-008434.
- 84 MOD (2017) Annual UK Regular Armed Forces Land Transport Accident Deaths 1 January 2012 – 31 December 2016.

- 85 Presentation by Eddie Campbell, CTP, Future Horizons, Portsmouth, Dated 30th November 2017.
- 86 Gursimran et al (2015) Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study, available from: <https://www.ncbi.nlm.nih.gov/pubmed/26409753>
- 87 MOD (2017) Alcohol Usage in the Armed Forces 1st June 2016 - 31st May 2017 available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630184/20170718_Alcohol_Usage_bulletin_-_O.pdf
- 88 TRBL (2014) A UK HOUSEHOLD SURVEY OF THE EX-SERVICE COMMUNITY.
Available from:
<https://media.britishlegion.org.uk/Media/2275/2014householdsurveyreport.pdf>
- 89 Private communication with Society of St James (DC) and PCC dated 29th November 2017.
- 90 Email Society of St James (VD) and PCC dated 19th January 2018.
- 91 De Burgh, T et al (2011) The impact of deployment to Iraq or Afghanistan on partners and wives of military personnel, International Review of Psychiatry, April 2011; 23: 192–200
- 92 Robrecht, D et al (2007) Spousal Military deployment as a risk factor for postpartum depression, The Journal of reproductive medicine 2008; 53: 860-864.
- 93 NFF (2016) Childcare Report, retrieved from: <https://nff.org.uk/wp-content/uploads/2016/02/Childcare-Report-September-2016.pdf>
- 94 Private communication between Little Paws Nursery (SG) and PCC dated 4th December 2017.
- 95 Private communication PCC Admissions (NS) and PCC dated 24th April 2018.
- 96 National Audit Office (2013) [The Education of Service children: findings of a National Audit Office Consultation](#).
- 97 House of Commons (2017) Briefing Paper number 6700, The Pupil Premium.
- 98 Information obtained from education from HCC, PCC and SCC education departments dated 19th February 2018
- 99 DFE (2011) Research report DFE-RR011 The educational performance of children of service personnel.
- 100 Department for Education (2009) [How Schools secure the progress of children from the Armed Forces Families. Good Practice Guidance](#).
- 101 Update from Joint Service Housing Office (SW) to Portsmouth Armed Covenant
102 Forces Partnership Board 7th September 2017
- 103 MOD (2015-07-16) [Ministry of Defence Advice to Head Teachers Term Time Absence for Service Children](#)
- 104 The British Psychological Society (2017) [Behaviour Change: School attendance, exclusion and persistent absence](#)
- 105 Ofsted (2011) Children in Service Families. The quality and impact of partnership provision for children in Service Families.
- 106 Local Authority Education Leads Working Group meeting dated 20th February 2018.
- 107 The University of Winchester (2016) Further and Higher Progression for Service Children: Research Paper.
- 108 Communication with St Vincent's College (KM) and PCC - Gosport Health & Wellbeing Partnership Network Meeting dated 1st November 2017.

- 109 Private Communication with Highbury College (SM) and PCC dated 26th March 2018.
- 110 Phone call with RNRMW (JW) and PCC dated 20th February 2018
- 111 Veterans Gateway Update at Covenant in the Community, National Conference 22nd February 2018.
- 112 Citizens Advice Portsmouth (2017) ARMED FORCES COVENANT RESEARCH QUESTIONNAIRE
- 113 HoC (2017) Briefing Paper number 07958 Armed Forces Housing, available from: <http://researchbriefings.files.parliament.uk/documents/CBP-7985/CBP-7985.pdf>
- 114 MOD (2018) What you need to know about the future accommodation model, from: <https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam>
- 115 AFF, Future Accommodation Model, retrieved from: <https://aff.org.uk/advice/housing/future-accommodation-model-fam/>
- 116 Private Communication Accommodation Facilities Office (SW) and PCC, dated 18th October 2017
- 117 Private Communication Accommodation Facilities Office (SW) and PCC, dated 26th March 2018
- 118 Agamemnon Housing Association Our Courts, from: <https://agamemnonha.org/our-courts/>
- 119 Alabaré Homes for Veterans, from: <http://www.alabare.co.uk/get-involved/homes-for-veterans>
- 120 CESSA Housing Association, from: <http://www.cessaha.co.uk/>
- 121 Private communication with HAIG HOUSING (SMc) and PCC dated 14th June 2018.
- 122 SSAFA St Vincent's Residential Care home, from: <https://www.ssafa.org.uk/help-you/veterans/residential-housing/st-vincent-residential-care-home>
- 123 Private communication IOW Council (JT) and PCC dated 23rd May 2018.
- 124 Combined Homelessness and Information Network (CHAIN) Quarterly Reports [OCTOBER - DECEMBER 2017](#)
- 125 Royal British Legion (2009) Literature review: UK veterans and homelessness [Report](#).
- 126 Centre for Housing Policy, University of York (2014) Meeting the Housing and Support needs of Single Veterans in Great Britain, Stoll/Riverside.
- 127 Private communication Southampton City Council (LS) and PCC Dated 18th May 2018
- 128 SSAFA (2016) The New Frontline: Voices of Veterans in Need, from:
- 129 file:///C:/Users/430913/AppData/Local/Microsoft/Windows/INetCache/IE/6OVDK1AC/ssafa_research_report_-_the_new_frontline1.pdf
- 130 SSAFA (2018) The Nations Duty: Challenging society to a new generation of veterans. Report
- 131 Private Communication with RNBT (PS) and PCC dated 19th June 2018.
- 132 Northumbria University (2018) Analysis of the RN Benevolent Trust Payments 2015-2017. Report
- 133 Early Service Leavers are a specific group of veterans considered further in Section 9: cross cutting themes, p.69
- 134 MOD (2017) UK Regular Armed Forces Continuous Attitude Survey Results 2017.

- 135 Employers Network for equality and inclusion (2018) Employing Military Spouses: A guide for Employers.
- 136 MOD (2017) Your Guide to Employing Reservists BOOKLET
- 137 FiMT (2014) Back to Civvy Street: How can we better support individuals to lead successful civilian lives after a career in the UK Armed Forces? REPORT
- 138 MOD (2018) Career Transition Partnership Annual statistics: UK Regular Service Personnel Employment. Report.
- 139 ONS (2016) UK Labour Market. [Statistical bulletin](#)
- 140 ONS (2018) Unemployment rate All UK: aged 16-64 , [time series](#)
- 141 Email communication with RBLI (GS) and PCC dated 10th July 2018.
- 142 Email communication with Ex-Forces.Net (TJ) and PCC dated 10th July 2018
- 143 ONS (2018) Trends in self-employment in the UK. Article.
- 144 Ex-Forces (2018) <https://www.x-forces.com/>
- 145 MOD. Partnering with Defence Conference 2018. Seminar: Supplier Diversity & Veteran-Owned Businesses – How big business can engage small, veteran-owned businesses in their supply chain. 20th March 2018.
- 146 Private communication with DWP (LH) and PCC Dated 5th December 2017.
- 147 FiMT (2013) Transition Mapping Study. [Report](#)
- 148 FiMT (2017) Continue to work. The transition mapping study. Report
- 149 The Futures Company (2016) Revisiting the Transition Mapping Study, Research Review. Working paper for Forces in Mind Trust.
- 150 RAND (2016) Families Support to Transition. A Systematic Review of the Evidence. [Report](#).
- 151 MOD (2015) AEL 073, Edition 6.2, Volume 2, [CHAPTER 67](#): Administrative Action.
- 152 Armed Forces [Act](#) 2006
- 153 The Phillips Review (2014): A Review on behalf of the Secretary of State for Justice into Former Members of the Armed Forces and the Criminal Justice System.
- 154 People in Prison: Ex-Service Personnel (2014) - A Findings Paper by HM Inspectorate of Prisons
- 155 Leaving Forces Life: The Issue of Transition (2011).
- 156 Safer Portsmouth Partnership (2018) Community Safety Survey.
- 157 Veteran's Liaison and Diversion project monthly monitoring.
- 158 Armed Forces Covenant Programme Manager (CH) discussion with veterans at HMP Winchester 11th October 2017.
- 159 Discussion with HMP Winchester (NP) and PCC 12th December 2017.
- 160 Discussion at Veterans Diversion and Liaison steering group 11th October 2017.
- 161 Discussion at Veterans Diversion and Liaison steering group February 2018.
- 162 Lord Ashcroft (2014) The Veterans Transition Review. [Report](#).
- 163 The Veterans Gateway [website](#)
- 164 Bronagh Weir, Margaret Cunningham, Lucy Abraham & Charlie Allanson-Oddy (2017): Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker, Journal of Mental Health, DOI: 10.1080/09638237.2017.1370640
- 165 Email communication CRC (EH) and PCC dated 5th October 2017.

166 Ministry of Justice (2017) Offender management statistic bulletin England and Wales. October to December 2016 and annual 2016. [Report](#).



GOSPORT
Borough Council



Portsmouth
CITY COUNCIL

Strengthening Covenant Delivery Together

Compiled and written by:

Caroline Hopper

Armed Forces Covenant Programme Manager Portsmouth, Southampton, Gosport
and Isle of Wight

Email: armedforcerspoc@portsmouthcc.gov.uk

Phone: 023 9284 1780