

10 Veterans

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10.1 About this chapter

This chapter includes the population needs of military veterans. It is based on a detailed needs assessment undertaken on behalf of the North Wales Armed Forces Forum (Atenstaedt and Jones, 2016). Information about other care and support needs can be found in the following chapters:

- Older people
- Health, physical disabilities and sensory impairment
- Mental health
- Violence against women, domestic abuse and sexual violence
- Homelessness
- Secure Estate
- Carers

Definitions

A veteran is defined as someone who has served in HM Armed Forces for at least one day. This includes people who have served in the Reserve/Auxiliary Forces.

How will the Social Services and Well-being (Wales) Act 2014 change things? Policy and legislation

The principles of the Social Services and Well-being (Wales) Act 2014 are similar to those already adopted by services supporting military veterans in North Wales. For more information about the act please see <http://www.ccwales.org.uk/getting-in-on-the-act-hub/>.

For more information about the legislation and guidance relating to veterans, and some detailed information about the national and local strategic context, please see the main needs assessment available at Appendix 10a.

Safeguarding

The safeguarding issues for military veterans are similar to those of the general population. There is a new definition of 'adult at risk', a duty for relevant partner to report adults at risk and a duty for local authorities to make enquiries which should help to safeguard military veterans.

10.2 What do we know about the population

There are currently no official figures available on the number of military veterans in the UK, particularly at a local level. According to estimates there were around 51,000 veterans living in North Wales in 2014 (Table 10.1). This represents about 9% of the North Wales population aged 16 and over or 7% of the total population. The county with the highest percentage of the total number of veterans in North Wales is Flintshire at 21% and the lowest is Anglesey at 11% (Table 10.2). In terms of the proportion of each county's population aged over 16 years that are veterans (Table 10.3), Conwy is highest at 10% and Wrexham is lowest at 8.1% (the North Wales average is 8.9%). There are a number of caveats with this data described in the main needs assessment report (Atenstaedt and Jones, 2016).

Table 10.1 Estimated veteran population, all persons aged 16 and over, North Wales

	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total 16+
Anglesey	50	100	260	520	730	890	2,360	540	5,470
Gwynedd	120	190	450	870	1,130	1,410	3,840	1,000	9,010
Conwy	80	160	420	900	1,150	1,500	4,370	1,210	9,780
Denbighshire	70	130	360	750	930	1,160	3,100	740	7,240
Flintshire	110	250	650	1,240	1,430	1,680	4,150	930	10,440
Wrexham	100	250	600	1,050	1,230	1,380	3,480	870	8,970
North Wales	530	1,080	2,750	5,340	6,610	8,020	21,300	5,290	50,920
Wales	2,630	5,200	12,460	23,570	28,460	32,010	86,330	20,930	211,590

Numbers have been rounded so may not sum

Source: Produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.2 Percentage of North Wales veteran population aged 16 and over by local authority area, 2014

	%
Anglesey	11
Gwynedd	18
Conwy	19
Denbighshire	14
Flintshire	21
Wrexham	18
North Wales	100

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.3 Percentage of each local council population age 16 and over that are veterans, 2014

	Population age 16 and over	Estimated number of veterans	Percentage veteran population
Anglesey	58,100	5,470	11
Gwynedd	101,360	9,010	18
Conwy	97,350	9,780	19
Denbighshire	77,650	7,240	14
Flintshire	125,390	10,440	21
Wrexham	110,430	8,970	18
North Wales	570,270	50,910	100

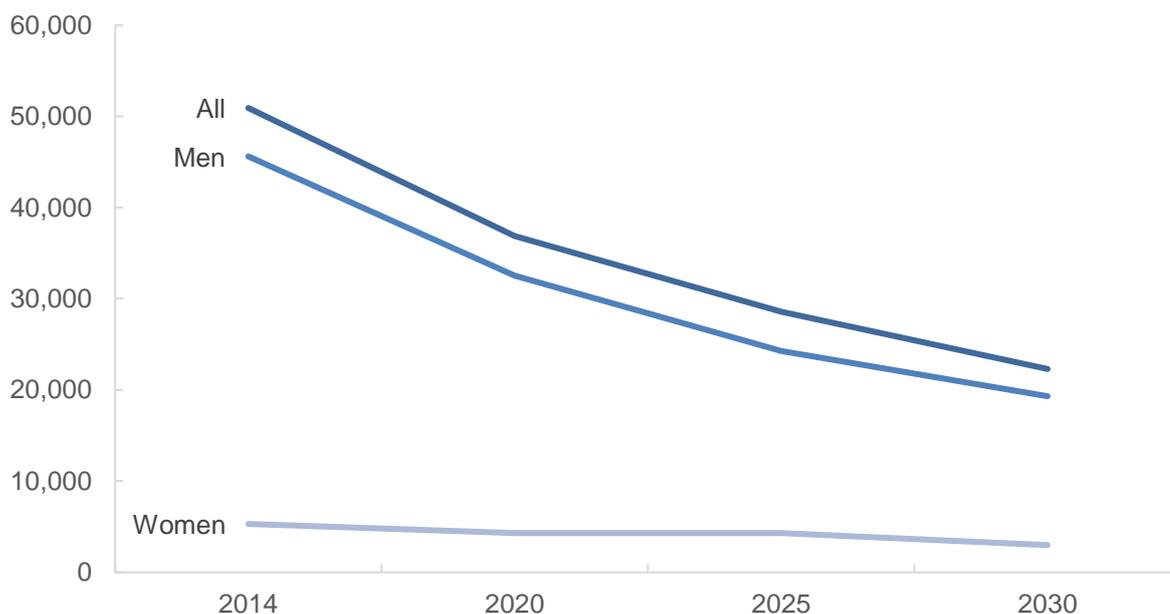
Numbers have been rounded so may not sum

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The ‘hidden’ ex-service community in North Wales (those living in institutions and communal establishments) is estimated to be between 2,100 and 3,200 individuals (RBL, 2014). This figure includes veterans, adult dependents and minor dependents.

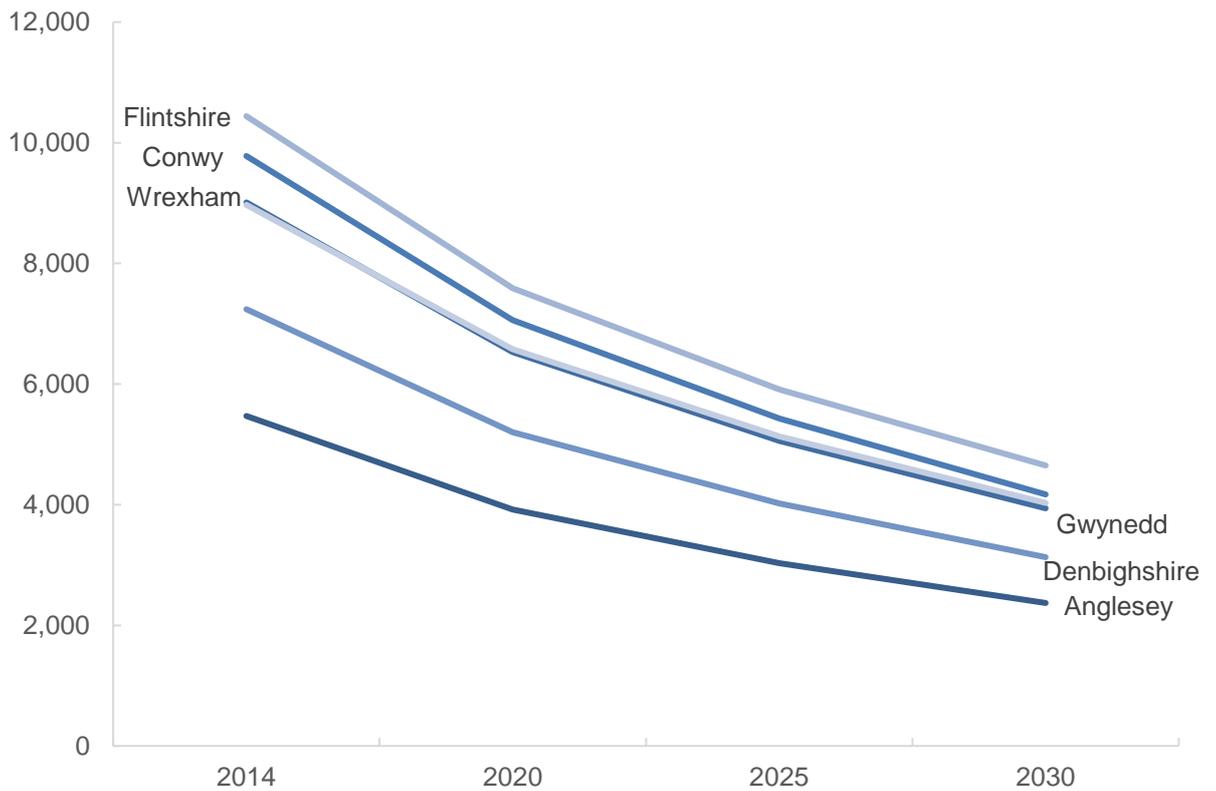
Although the overall number of veterans in North Wales is predicted to decline over future years (from 51,000 in 2014 to 22,000 in 2030) shown in Figures 10.1 and 10.2, it is clear that care and support needs are prevalent over the age range and service providers should ensure that they continue to prioritise this population in future service provision.

Figure 10.1 Estimated veteran population aged 16 and over by gender, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

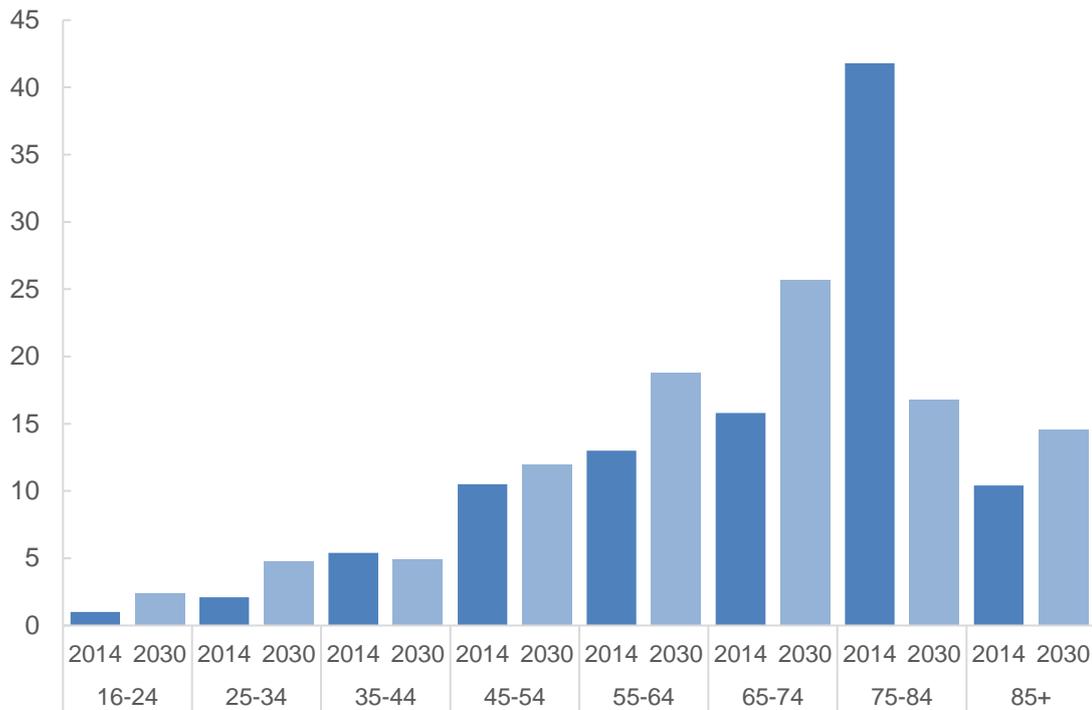
Figure 10.2 Estimated veteran population aged 16 and over by local council, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The age distribution of the ex-service population is currently skewed towards those over retirement age (Figure 10.3). However, the predicted decline in this group, and the changes currently occurring in the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people with a more diverse background, for example from a BAME community. This is important for care providers to consider, since the health needs of younger, more ethnically diverse veterans are likely to differ considerably from those in older age groups.

Figure 10.3 Proportion of veterans aged 16 and over, by age group, North Wales, 2014 and 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

There is no data on the Welsh language skills of veterans in North Wales, which is a gap which needs to be addressed.

Most veterans report their time in the services as a positive experience and do not suffer adverse health effects as a result of the time they have served. However, about one in five veterans with a long-term illness attribute it to military service, particularly musculoskeletal problems, hearing problems and mental illness (RBL, 2014). This equates to 6,400 veterans in North Wales who may be eligible for priority treatment under the Armed Forces Covenant.

Veterans aged 16-64 are more likely than the general population to report a long-term illness that limits their activities. This includes (RBL, 2014):

	% veterans	% general population
Depression	10	6
Back problems	14	7
Problems with legs and feet	15	7
Problems with arms	9	5
Heart problems	12	7
Diabetes	6	3
Difficulty hearing	6	2
Difficulty seeing	5	1
Total long-term illness	24	13

General musculoskeletal disorders (including arthritis and rheumatism) are a key issue for the health of veterans (particularly problems with the legs and feet in the over 55s). Overall, 28% of veterans reported this as a problem (equivalent to 14,000 North Wales veterans); 18% of veterans attributed this to previous service (equivalent to 2,600 North Wales veterans). Musculoskeletal disorders affect an individual's health but also impacts on other areas such as employment. Any detrimental effect on the ability to work is also likely to impact on mental health, potentially compounding any existing problems.

The majority of veterans do not suffer with adverse mental health after leaving the services. The most common mental health problems experienced by veterans are depression, anxiety and substances misuse (mainly alcohol) disorders, just like the wider general population. The UK household survey of the ex-Service community (RBL, 2014) indicates that the prevalence of mental illness is around 8%, equating to 4,100 veterans in North Wales. It also reported that mental health problems have doubled since 2005 and that only one in twenty individuals have sought help for this issue (RBL, 2014). Also, the RBL household survey found that the prevalence of mental health disorders among younger veterans (aged 16-44) was three times higher than that of the UK population of the same age.

The mental health of UK veterans has received particular attention, with particular focus having been on the occurrence of Post-Traumatic Stress Disorder (PTSD). PTSD in veterans is often the result of multiple traumatic experiences, has a very specific military context, and it can be associated with additional shame and guilt about seeking help. While the proportion affected with PTSD in the ex-service community are thought to be only slightly higher than in the general population, the severity in some veteran cases has been found to be much more profound.

Ex-service personnel may be at increased risk of self-harm and young male veterans (those under 24 years), particularly those with shorter lengths of service, are at an increased risk of suicide. They may be particularly reluctant to seek help (and some may not even identify themselves as veterans). It is vital that the North Wales Suicide Prevention Group prioritises veterans in its work.

Young male veterans are associated with other risk factors, such as leaving services earlier and excess alcohol use. Ensuring that data systems identify veterans locally, as well as promoting registration with GPs and help-seeking behaviours, is key to mitigating any increased risk within this local group of veterans.

Other than alcohol and tobacco smoking, information on the lifestyle behaviour of veterans is lacking and needs further research.

Veterans may experience a variety of social care needs after their time in the services. For example, veterans may have difficulties finding suitable housing, obtaining adaptations to ameliorate injuries or other physical health needs, or obtaining financial aid to which they are entitled. This may be related to problematic transition which itself may be caused by a variety of factors related or unrelated to service in the armed forces including financial, welfare, physical and mental health problems.

According to the RBL Household Survey (2014), 42% of adults in the UK ex-service community reported some difficulty in the previous year (Table 10.4), which is equivalent to 21,400 veterans in North Wales. Difficulties are most likely to be related to relationships or isolation (particularly loneliness and bereavement), self-care, mobility (especially outside the home) and psychological problems (particularly depression), followed by finance and housing. Problems with employment were reported by 30% of veterans discharged in the last five years and 17% of veterans of working age. There are two age groups most likely to report some difficulty: 35-44s and 85-94s. Not surprisingly, the older age group is most likely to report self-care and mobility problems.

Table 10.4 Personal or household difficulties experienced in the last year, 2014

	% veterans	Number (thousands)
Any	42	2,090
Relationship/isolation	16	770
Self-care	15	720
Mobility	14	710
Psychological	12	610
Financial	9	430
Dealing with authorities	8	410
Housing	8	400
Employment	6	320
Fear of violence / crime	4	190
Community / civilian integration	3	170
Transport	2	120
Child support	1	40

Source: RBL, 2014. Base: Adult ex-service community

Estimates for personal or household difficulties have been applied to the North Wales veteran population (Table 10.5).

Table 10.5 Personal or household difficulties experienced in the last year, North Wales, 2014

	Adult ex-Service community 2014 %	Total
Relationship/isolation	16	8,146
Loneliness	8	4,073
Bereavement	7	3,564
Lack of recreational facilities/social life	4	2,036
Marriage/relationship breakup	2	1,018
Difficulty forming close relationships	1	509
Self-care difficulties	15	7,637
Exhaustion or pain	9	4,582
Poor bladder control	7	3,564
Difficulty looking after self	3	1,527
Mobility difficulties	14	7,127
Difficulty getting around outside home	13	6,618
Difficulty getting around home	8	4,073
Psychological difficulties	12	6,109
Feeling depressed	10	5,091
Lack confidence/self-esteem	4	2,036
Lack hope/purpose/direction	4	2,036
Heaving drinking/taking drugs	1	509
Financial difficulties	7	3,564
Not having enough money for day to day living	5	2,546
Getting into debt	3	1,527
Dealing with authorities	8	4,073
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, letters)	4	2,036
Difficulty getting medical treatment	3	1,527
Difficulty finding out about services or benefits entitled to	3	1,527
Housing difficulties	8	4,073
Difficulty with house or garden maintenance	7	3,564
Poor housing/inappropriate housing for your needs	1	509
Employment difficulties	6	3,055
Unemployment	3	1,527
Fear of unemployment	3	1,527
Lack of training/skills/ qualifications	1	509

Source: Modified from chart produced in 2014 Household Survey by RBL & Compass Partnership

The RBL Household Survey (RBL, 2014) indicates that about 8% of the UK ex-service community have experienced housing problems in the past year, equivalent to 4,100 veterans in North Wales (Table 10.5). The vast majority

reported problems with house and garden maintenance, followed by poor housing or inappropriate housing for their needs and difficulty getting council housing or housing from a housing association. However, for those who had been discharged from the Armed Forces within the previous 5 years, the figure was much higher at 6%.

Homelessness is one issue that is faced by a minority of ex-Armed Forces personnel. Several studies have shown that the characteristics and experience of homeless ex-Armed Forces personnel are broadly similar to the homeless population as a whole, although ex-Service personnel are older, and may be homeless for longer. Service leavers with a shorter service history and those from the army are most at risk of homelessness and so require extra support. It is important that traditional providers of support, such as service charities and local authorities, link in with non-armed forces specific providers such as housing associations, to ensure the best service possible for veterans.

Social isolation is a particular challenge for those who have moved frequently during military service. Also, military veterans of working age (between 16-64 years) are much less likely to be in work than the general population (63% compared to 77%). 8% of the ex-service community have experienced employment difficulties and 4% unemployment in the previous year, equivalent to 4,100 and 2000 veterans in North Wales respectively. Veterans who served in the armed forces for less than three years are less likely to be in full-time work now (only half are), are more likely to be looking for work (18%) than the average for all veterans.

Educational attainment offers the greatest potential for improving social and economic circumstances and is a key element in reducing poverty, deprivation or exclusion. Education increases opportunities for job and income security. Thus, unemployment is more common in those people who had experienced low educational attainment. The analysis by the RBL (2014) also showed that among the broader ex-service community one in ten has no formal qualifications, increasing to one in five among those aged 55-64. So education and training for veterans is definitely a priority.

Veterans offenders are increasingly recognised as a complex service user group with the offending behaviour also having a profound and damaging impact on families, for example through domestic abuse. However, it is worth noting that the proportion of ex-servicemen who offend is very small when compared with the number discharged from the forces, and that there appears to be a significant time lag in most cases between discharge and offence resulting in imprisonment.

The British crime survey indicates that one on four women and one in six men will be affected by domestic abuse within their lifetime. It is also undeniable that military service places different constraints and pressures on both the

serving personnel and families, many of which may compound domestic abuse issues. More research is needed in this area.

Data from the RBL household survey of the ex-service community (Table 10.6) shows that 20% of members of the ex-service community (equivalent to 10,000 veterans in North Wales) provide some level of unpaid care and support, which is higher than the 13% in the general population. Around one in four veterans aged 16-64 years has caring responsibilities, almost double the average for the general population. More importantly, one in ten carers in the ex-service community stated that they struggle to cope with their caring responsibilities; this equates to 1,000 veterans in North Wales. It is important that these individuals are properly supported.

Table 10.6 Caring responsibilities

	% veterans	Number (thousands)
Any	20	990
Physical health (old age)	8	420
Physical health (not old age)	6	290
Dementia	3	150
Other mental ill health	4	200
Other	1	50

Base: Adult ex-service community

Source: Census 2011

10.3 What are people telling us?

The RBL Household Survey (2014) of veterans found the following.

- The most common health service was the GP, followed by A&E and the podiatrist.
- One in 10 veterans of retirement age agreed they needed more help in the coming months to continue living independently and that they struggle to cope with looking after themselves living independently
- The most common request for help given by those of retirement age or with illness/disability was cutting toe nails (13%), followed by preparing meals (6%). The most common need expressed by 12% was shopping for everyday necessities. In this case, about 1% of veterans did not receive this help.
- Only 14% of the ex-Service community reported having used support for reasons other than health, equivalent to 7,100 veterans in North Wales
- Use of social care support was reported by 8% (equivalent to 4,100 veterans in North Wales). Those with financial difficulties were more likely to have used one of these sources of support, particularly Citizens Advice, Job Centre Plus, or a local council.
- 30% feel that membership or welfare support services could be helpful to them in the near future, equivalent to 15,300 veterans in North Wales. The two support services with the most immediate appeal are social clubs and bereavement support. This reflects the fact that relationship problems and isolation are the most often reported difficulties.
- 10% are interested in financial help in a crisis, while support such as mobility assistance, care homes and home aids appeal to 7-8% of those questioned.

These all need to be provided to North Wales veterans. This reflects the relatively high prevalence of self-care and mobility issues in what is an aging population. Overall, the RBL Household Survey (RBL, 2014) states that 1 in 20 of the ex-service community reported some unmet need for support, equivalent to 2,500 veterans in North Wales; this rises to one in four among those who are unemployed.

An organisational survey carried out in North Wales identified the following issues for veterans: housing and employment needs; improved access to care and support services especially positive mental wellbeing services; greater collaboration between services to simplify the journey for veterans; simplification of cross-referrals pathways. It also flagged that staff working in the statutory sector should be up-skilled in working with veterans and should be more proactive in asking about veteran status. Priority veteran groups flagged for special attention included:

- the oldest and most infirm. They have clear support needs (physical and emotional) to live independently and avoid isolation.
- Those aged 16-54 with health problems relating to their military Service
- The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life

A local focus group with a group of veterans carried out for the population assessment identified the following issues: better communication and sharing of information between the military and statutory/ public services; when planning discharge from hospital for injured veterans there needs to be a resettlement multi-disciplinary team in place; greater “targeted” awareness of what is available to veterans including development of a website for veterans which contains everything that a veteran might need for transition; the idea of an “investors in people” type of accreditation for staff; development of a “military friendly” type of scheme for premises, maybe linked to where champions are based.

A recent planning event organised by the North Wales Armed Forces Forum (NWAFF, 2016; Singleton, 2016) identified the following: veterans should be recognized as a priority group and should be a forefront of planning services; there should be better sub-division of support roles between organisations; there should be development of service navigators with a single point of contact/ one stop shop. Priority issues for veterans were identified as “health education”, support with mental health problems (particularly alcohol issues), housing and employment. Development of good quality information was also highlighted as an issue. Overall, three common themes emerged: more effective communication and information required between organisations; a consistent approach to identifying veterans required; knowledge of service provision across North Wales.

A recent review commissioned by Forces in Mind Trust (Forces in Mind Trust and Community Innovations Enterprise, 2016) suggested the following improvements: Armed Forces Forums and Champions across Wales to work more effectively and consistently across Wales; a more strategic and coordinated approach to planning and commissioning across regions and sectors regarding veterans mental health, including urban and rural areas, and appropriate and timely responses to related health needs, such as physical health and dementia; simple, clear, efficient and well-coordinated multi-agency assessment and referral pathways for complex psycho-social needs, particularly for high need groups such as Early Service Leavers, dual diagnosis patients, and veterans in the criminal justice system; Welsh policy-makers to ensure that veterans and family members’ mental and related health needs are considered in new legislation coming into force in Wales; addressing barriers to veterans and families accessing GPs and other services and supporting veterans and families to be more willing to access mainstream services; encouraging the cultural competence of mainstream services to

ensure veterans' needs are met on a sustainable basis, and addressing the needs of veterans with PTSD while recognizing the differing needs of those with common mental health problems; improved data use and capture to inform long-term local level planning and commissioning; more evidence around the needs of, and access to information and services for, the practical, emotional and support needs of families of veterans with mental health problems; "capacity-building" families so they have the resilience and knowledge to identify, support and sustain the recovery of veteran-family members.

10.4 Review of services currently provided

Veterans in North Wales receive their support from UK Government departments and agencies, the Welsh Government, the NHS, local councils, the third sector and the private sector.

The UK government, through the MoD, police, prison service and other agencies such as Job Centre Plus, has a crucial role in supporting veterans. People who have been medically discharged from the UK Armed Services receive a comprehensive range of special services from the MoD to assist with the transition back to civilian life.

Welsh Government drives forward the military covenant and developed a package of support for the armed forces community in Wales. This sets out specific policies that the Welsh Government implements in those areas where there is devolved responsibility.

All local councils in North Wales have signed an Armed Forces Community Covenant, pledging to support "in service" and "ex-service" personnel and their families in four key areas: education; skills and employment; housing; health and well-being. County Armed Forces Community Covenant partnership groups operate in some councils. Areas where local councils may support veterans are listed below.

- Social care: currently the IT systems to support social care do not collate veteran related information.
- Health improvement: for example, free swimming scheme to increase participation in physical activity and improve their health and well-being. This does not run in all areas. Provision of health improvement services by local councils to veterans such as this should be reviewed and strengthened where necessary.
- Housing and homelessness: The categories for priority need listed in section 70 of the Housing (Wales) Act 2014 include a person who has served in the regular armed forces of the Crown who has been homeless since leaving those forces (or a person with whom such a person resides

or might reasonably be expected to reside). IT systems need to be improved to make sure this information is collated, as well as training for staff.

- Caring responsibilities: local councils will provide an assessment and support where needed. There is definitely an indication that veterans' needs in this area are not being met and so services need to improve what is provided.

Betsi Cadwaladr University Health Board (BCUHB) has a named lead for the Armed Forces Forum, an Executive champion and a non-executive Board level champion, who chairs the Forum. The "Standard Note-Healthcare for Veterans" (Powell, 2011) builds on the Armed Forces Covenant and sets out measures to improve access to physical and mental health services for veterans. The standard note also reiterates the position that military veterans are entitled to priority treatment within the NHS. This is likely to have a particular impact on audiology services, mental health services and orthopaedics.

Areas where the local health board may support veterans are listed below.

- Veterans' therapists operate within each health board area as part of the All Wales Veterans' Health and Wellbeing Service.
- GPs: it is important that veterans notify their GP of their ex-forces status. There is very limited information available on secondary care usage by veterans.
- NHS prosthetic services. No data system exists to enable an assessment to be made of the current number of veterans receiving NHS prosthetic services in North Wales. BCUHB's Posture and Mobility Service has identified 45 current clients through a manual search of records (Wheelchair and limbs). However, they intend to liaise with Cardiff & Vale Posture & Mobility service who manage their PAS system to ensure that veterans are specifically recorded.
- Mental health services: accessed through GP. Veterans and reservists with service related needs that are believed to require more specific care should be referred to Veterans' NHS Wales Veterans. In the period 1 April 2015 to 31 March 2016, the BCUHB arm of Veterans NHS Wales received 163 referrals, 19 from Anglesey, 13 from Gwynedd, 24 from Conwy, 25 from Denbighshire, 23 from Flintshire and 49 from Wrexham, 2 from Powys and 8 from elsewhere.
- In 2014-15, there were 135 hospital admissions in North Wales where PTSD was cited as one of the diagnosis codes (an increase from 71 in 2010-11). Some 6 in 10 admissions were in men, and just under half were in people under the age of 40 (Source: BCU Information Team). There is

currently no way of determining whether these admissions were made by military veterans.

- Substance misuse: there were 92 referrals to BCUHB Drug and Alcohol services for North Wales patients who are military veterans between 1 April 2015 and 31 March 2016 (Source: BCU Drug & Alcohol Service) although this may well be an underestimate.
- As part of the planning for HMP Berwyn, the initial health needs assessment identified 3-4% of the population as likely to be veterans- so likely to be 60-70 men.

Many third sector organisations provide valuable support for the armed forces community in North Wales. These include the Royal British Legion (RBL), Soldiers, Sailors, Airmen and Families Association (SSAFA), Combat Stress, Change Step, Homes for Veterans, Poppy Factory, SoldiersCharity.org, Blesma and Blind Veterans. It recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.

Big White Wall (BWW) is a social purpose private limited company available free to all UK serving personnel, veterans and their families. It provides an anonymous digital service that supports people experiencing common mental health problems, such as depression and anxiety. In some areas, BWW also offers live therapy involving one-to-one online therapy with experienced counsellors and therapists via webcam, audio or instant messaging.

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and third sector (voluntary) organisations. The forum also actively supports the North Wales local council community covenants.

10.5 Conclusion and recommendations

Information and research

There is a need to improve the following.

- Demographic and health and wellbeing information that is available on veterans, including their use of the Welsh language, lifestyle issues (other than alcohol) and their interaction with domestic abuse services.
- The capture of information on veterans' use of services across North Wales.

- Information available to veterans on what services are available, through signposting by staff, development of a one-stop website for veterans or SPOA/hub and use of social media to publicise services.

The recommendations are:

- NWAFF should lend support to the RBL's "Count Them In" campaign
- NWAFF should consider commissioning Welsh language profile of veterans in North Wales
- All service providers should improve their identification of veterans and data on their use of services (especially NHS primary and secondary care and LA services)
- NWAFF should consider the development of a "veterans data dashboard" which pulls data together on veterans
- All service providers should improve the information provided to veterans on the services available to them through better signposting to services, better publicity through use of social media and supporting the development of the new MoD "Veterans Gateway" website
- NWAFF should consider commissioning research in areas such as the lifestyle behaviour of veterans and the interaction of veterans with domestic abuse issues

Service planning

Veterans should be considered as a priority group within regular planning mechanisms. The recommendations are as follows.

- Public Services Boards (PSBs) should consider the needs of veterans in the development of their Well Being Plans
- Local councils should consider the needs of veterans, as a vulnerable group, in their corporate planning and corporate priority setting
- BCUHB should consider the needs of veterans in the development of its Annual Operating Plan and Integrated Medium Term Plan
- BCUHB, as part of the development of its Mental Health Strategy, should consider the needs of veterans that are not able to access the service provided by Veterans NHS Wales (e.g. non-service related needs) including recognising the detrimental effect stigma may have on veteran's willingness and ability to seek help for mental health conditions. Public mental health should be developed as part of this strategy with promotion of emotional wellbeing and alternatives to hospital settings.
- Provision of health improvement services by LAs to veterans should be reviewed and strengthened where necessary
- All service providers should support the development of Health and Wellbeing Services for veterans at HMP Berwyn

Service provision

Services have a responsibility to meet the commitments set out by the Armed Forces Covenant. The recommendations are as follows.

- All service providers should be aware of their commitments and responsibilities under the Armed Forces Covenant which include priority access to NHS treatment for conditions related to a veteran's time in the services and priority access to social housing.
- All service providers should provide a coherent approach to delivering effective services and support, to achieve the outcomes required for veterans and address unmet needs. Priority groups should include the oldest and most infirm who have clear support needs (physical and emotional) to live independently and avoid social isolation; those aged 16-54 with health problems relating to their military service, and the youngest and most recently discharged from military service.
- All service providers should collaborate to develop model care pathways for veterans premised on early identification, early intervention and evidence based responses to need with clear sub-division of roles.
- All services providers should recognise and understand the challenges posed by the armed forces culture. It is important that all staff are appropriately trained and also ensure that they ask their clients whether they have served in the Armed Forces. An accreditation system for staff, appointment of more veterans champions and a scheme for "veteran friendly" services should all be considered.
- All service providers should take every opportunity to signpost veterans to support. Specific front-line locations might include Emergency Departments, police custody suites and local council SPOAs/Housing Access Teams.
- Due to the many third sector veteran related organisations being established, it is recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.
- Primary Care contractors should prioritise registration of veterans. GPs should request the whole medical record from DMS to give a complete picture of a veteran's medical history. The joint RCGP, RBL and Combat Stress publication should be promoted amongst all local health providers
- All services providers should prioritise mental health support to veterans, including support for alcohol problems. This should include better signposting to the current support available through Veterans NHS Wales, BCUHB mental health services and the Third Sector. Veterans' needs

should be specifically considered by the North Wales Suicide Prevention Group.

- Local councils should review their provision of health improvement services to veterans and strengthen where necessary.
- Local councils and BCUHB should consider how they can support veterans on their pathway to employment within the volunteering opportunities they are developing within their organisations.
- All service providers should specifically consider the needs of veteran carers and address unmet needs where identified.

Equalities issues to consider

This report recognises that, although being a veteran is not formally acknowledged as a protective characteristic, those who have served in the armed forces can be disproportionately impacted as a result of their time spent in the military services. For example, working-age veterans are more likely than the general population to report a long-term illness that limits their activities; they are less likely to be in work after leaving the armed forces; and less likely to find suitable housing. All these factors can result in social isolation and poor mental health. Where there is available data, this report describes the age distribution, gender profile, ethnicity and Welsh language skills of veterans. Service planning should consider the needs of veterans and service providers should be aware of their commitments and responsibilities under the military covenant. There may be further issues affecting veterans with protected characteristics, which have not been identified in this chapter. These issues could be identified in the future, if service providers improve their identification of veterans and recording of data on their use of services.

Appendix 10a: Overview of Legislation /national and local strategic context for veterans

The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans

In 2008, the UK Government Command Paper set out to end the disadvantages faced by members of HM Armed Forces and veterans and to secure better support and recognition for those wounded while serving their country (MoD, 2008). The Command paper has two overarching principles:

- The Armed Forces Community should not face disadvantage compared to other citizens in the provision of public or commercial services
- Special consideration is appropriate in some cases, especially for those who have given most, such as the injured or bereaved

It is also recognised that military veterans are a vulnerable group and that assessing their needs must be a priority.

Armed Forces Covenant

In response to the Command Paper, the UK Government set up the Armed Forces Covenant in 2011 (MoD, 2011). The Armed Forces Covenant summarises the measures that the UK Government is implementing, including non-devolved matters, that impact on Wales / Welsh citizens.

In terms of health and wellbeing, the covenant states: “Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them, while respecting individual wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture” (MoD, 2011).

Fighting Fit: a mental health plan for servicemen and veterans

In 2010, the MoD published a review by Andrew Murrison MP (Murrison, 2010). This set out a mental health plan for service personnel and veterans within the context of the Armed Forces Covenant. The Plan included a number of recommendations, but highlighted four key areas for action:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed while serving

- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces
- Trial of an online early intervention service for serving personnel and veterans

Army 2020

The 2010 “Strategic Defence and Security Review” (HM Government, 2010) described the UK’s defence needs to meet the security challenges of an uncertain future. Army 2020 is a concept for transforming the British Army for the 2020s and beyond. By 2020, the British Army will be mainly UK based, with increasing consolidation around seven centres. This will significantly reduce the need for moves, ending the culture of routine rotation around the country. The aim of this is to give Army personnel and their families greater certainty over where they live and work.

Future Reserves 2020

When the UK Prime Minister announced the outcome of the “Strategic Defence and Security Review” (HM Government, 2010), he also commissioned a separate review of the Reserve Forces. This review recommended that the Reserve element should be integrated within the Army structure and also incorporate more clearly defined roles in order to improve the resilience, utility and sustainability of the UK Armed Forces.

Armed Forces Redundancy Programme

The Armed Forces Redundancy Scheme was also outlined in the “Strategic Defence and Security review” (HM Government, 2010). Approximately 30,000 personnel are due to leave the Service through a combination of natural wastage, redundancy and reduced intake. The bulk of the reduction will be in the Army, which is due to reduce its numbers by almost 20,000 to 82,000 by 2020.

The Armed Forces in Wales

HM Armed Forces in Wales is not devolved and remains under the control of the MoD (Middle, 2015). Headquarters of the 160th Infantry Brigade and Headquarters Wales is located in Brecon and has responsibility for the many units and facilities around the country.

Headquarters 160th Infantry Brigade and Headquarters Wales also have overall responsibility for Tri-Service civil engagement within Wales (Middle, 2015). This function is supported by representatives within the military units in Wales who have individuals responsible for civil engagement within their respective areas of responsibility. To enable this, military units throughout Wales have been assigned as

single points of contact for engagement with the relevant Local Authority (LA) in order to deliver the Covenant principles at a local level.

North Wales Armed Forces Forum

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and Third Sector (voluntary) organisations. The Forum in North Wales agreed as part of its terms of reference that it would work across counties and organisational boundaries to:

- Ensure that the needs of the Armed Forces community are identified, kept under review and are reflected fully in local plans for service provision and development
- Develop and maintain a local directory of services that will assist members of the Armed Forces community and service organisations and charities to help individuals in accessing appropriate support in a timely and effective manner
- Share information about services and issues which may impact on veterans and their families in North Wales
- Share innovation and best practice across all stakeholders
- Monitor and review the effectiveness of the priority treatment arrangements within the Health Board services
- Provide a strategic focus for the six County Forums in North Wales.

The Forum also actively supports the North Wales LA Community Covenants. All six LAs in North Wales have signed an Armed Forces Community Covenant, pledging to support “in service” and “ex-service” personnel and their families in four key areas: education; skills and employment; housing; health and well-being.

Armed Forces Community Covenant Grant Scheme

This scheme has been set up to fund local projects which strengthen the ties or the mutual understanding between members of the Armed Forces community and the wider community (MoD, 2012).

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