Gloucestershire Veterans

A High-Level Needs Summary (January 2025)

Contents

Executive Summary

This high-level needs summary provides an overview of the health and wellbeing needs of veterans living in Gloucestershire. Veterans make up a significant proportion of Gloucestershire's population, with 5.2% of residents aged 16 and over having previously served in the UK Armed Forces, compared with 3.8% nationally. The highest proportion of veterans are concentrated in Tewkesbury, Cotswold and the Forest of Dean.

The veteran population in Gloucestershire has a distinct demographic profile when compared with the non-veteran population. Veterans are more likely to be older, male and White, with over half aged 65 years and over. These demographic characteristics are important when considering current and future service needs.

Data suggests that veterans may experience a range of factors associated with increased vulnerability. Compared with non-veterans, veterans are more likely to be unpaid carers, to provide higher levels of unpaid care, to live alone, and to be economically inactive, primarily due to retirement. Veterans are also more likely to report poorer health and disability. While some of these differences may be influenced by the older age profile of the veteran population, they nevertheless indicate areas where targeted support and inclusive service design may be beneficial.

National evidence also highlights the ongoing impact of physical and mental health conditions among veterans, including musculoskeletal conditions, anxiety, depression and PTSD. However, local understanding of veteran health needs remains limited due to inconsistent recording of veteran status across health services.

Feedback from the Gloucestershire Armed Forces Survey suggests that while most respondents had not experienced difficulties accessing public services, many were unaware of the Armed Forces Covenant and available support. Respondents identified a need for opportunities to connect with other veterans, access practical advice and support services, and seek help with issues including mental health, health and social care, pensions and financial wellbeing.

Overall, the evidence demonstrates that veterans are a distinct population whose needs should be considered in local planning, commissioning and service delivery. Opportunities exist to improve awareness of support, reduce social isolation, strengthen veteran-aware services, and ensure veterans' experiences are reflected in decision-making across Gloucestershire.

Introduction

The Armed Forces Covenant is a promise by the nation to ensure that the armed forces community (those who serve or who have served in the Armed Forces, and their families) are treated fairly and face no disadvantage compared to other citizens in the provision of public and commercial services[1]. The Covenant was signed by Gloucestershire public, private and voluntary sector organisations in 2022[2].

Gloucestershire County Council (GCC) convene the Armed Forces Covenant Partnership and supports partners to deliver the duty under the covenant. GCC has committed to increasing knowledge and understanding of needs and experiences of the armed forces community, and to ensuring the impacts of decisions made are robustly and routinely assessed with this community in mind.

This document is intended to provide an overview of the health and wellbeing needs experienced by the veteran community, to enable all teams who may take decisions, implement strategies, plans or policies to be better informed and consider the impact of the change on veterans. Utilising the 2021 Census data[3], this document will consider the Gloucestershire's veteran population only (i.e. not those currently serving, nor the family of those who are serving or have served). The 2021 Census was the first in which questions were asked about a person's previous armed forces service. This data is valuable as population level data on veterans is not routinely available to local authorities.

The 2021 Census categorises data from respondents in the following way:

- *Has not previously served in any UK armed forces*
- *Previously served in both regular and reserve UK armed forces*
- *Previously served in the UK regular armed forces*
- *Previously served in UK reserve armed forces*

It should be noted, as the Census was last undertaken four years ago, absolute values are expected to have changed since then.

Profile of Gloucestershire Veterans

5.2% of Gloucestershire residents are veterans[4]. The South-West has one of highest proportions of veterans (5.6%) which is lower than the average for England (3.8%)[5].

[1] About the Armed Forces Covenant (gov.uk)
[2] Gloucestershire's Signed Armed Forces Covenant (2022)
[3] UK armed forces veterans, England and Wales: Census 2021
[4] UK armed forces veterans – a briefing (GCC Inform, 2021)
[5] UK armed forces veterans, England and Wales: Census 2021

Data typically indicates a positive relationship between the number of military bases in an area, and the number of veterans.

Cotswold and Tewkesbury have the highest proportion of veterans followed by the Forest of Dean[6] (see Fig 1.)

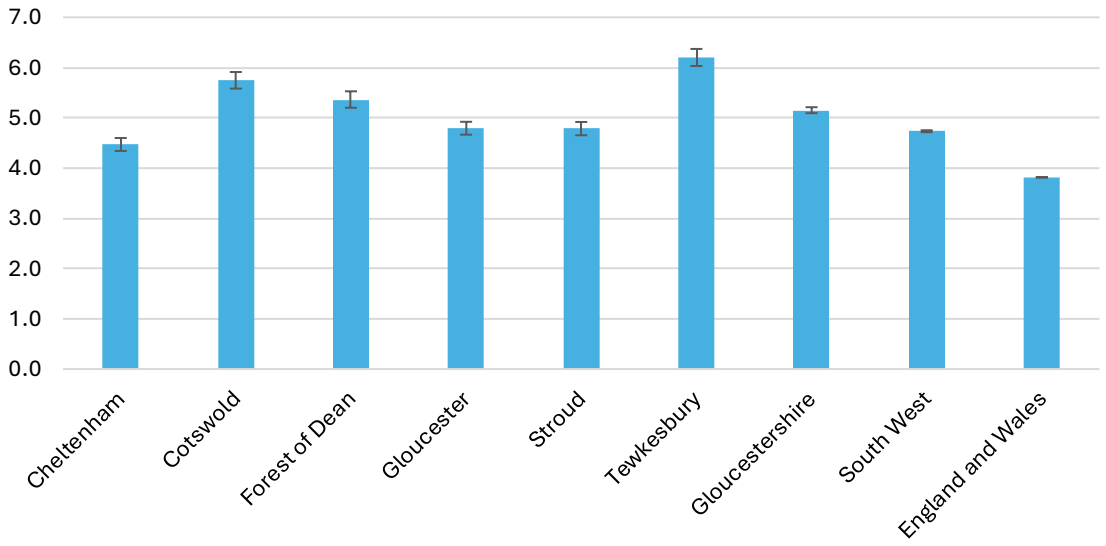

Figure 1: Percentage of the 16+ population who have previously served in the UK armed forces

Type of Service

Whilst veterans make up 5.2% of the Gloucestershire population (27,423 people), most veterans served in the 'regular forces only'; making up 4.1% of the total population[7].

Gloucestershire Population	**Total**	**Percentage**
Has not previously served in any UK armed forces	504,867	94.8%
Previously served in both regular and reserve UK armed forces	1,198	0.2%
Previously served in the UK regular armed forces	21,818	4.1%
Previously served in UK reserve armed forces	4,407	0.8%
	532,290	100%

Figure 2: Service type breakdown of Gloucestershire population

[6] UK armed forces veterans – a briefing (GCC Inform, 2021)
[7] UK armed forces veterans – a briefing (GCC Inform, 2021)

Age

Gloucestershire veterans are, on average, older than the non-veteran population.

Over half of veterans are aged 65 years and over (53.5%), compared to approximately a quarter in the non-veteran population (24.8%)[8].

Sex

Gloucestershire veterans are more likely to be male.

85.2% of the Gloucestershire veteran population recorded their sex as male, compared to 46% of the non-veteran population[9].

Ethnicity

98.3% of the Gloucestershire veteran population recorded their ethnicity as 'White' compared to 93.9% of the non-veteran population (this difference is statistically significant)[10].

In the Gloucestershire veteran population, the biggest ethnicity group after 'White' is 'Mixed or Multiple ethnic groups', and in the non-veteran population, the next biggest ethnicity group is 'Asian, Asian British or Asian Welsh'.

Carer Status

There is a higher proportion of unpaid carers in the veteran population (10.5%) than the non-veteran population (9.5%). This difference is statistically significant[11].

There is a significantly greater proportion of unpaid carers in the veteran community providing 50 hours of care or more (4%) than in the non-veteran population (2.6%)[12].

The census defines an unpaid carer as someone who may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. It does not include any activities as part of paid employment and can be within or outside of the carer's household.

[8] Office for National Statistics (2021), *Census.*
[9] Office for National Statistics (2021), *Census.*
[10] Office for National Statistics (2021), *Census.*
[11] Office for National Statistics (2021), *Census.*
[12] Office for National Statistics (2021), *Census.*

Health

Serving armed forces personnel are thought to have higher levels of fitness and a 10-25% reduction in mortality than the general population in a phenomenon termed as "healthy soldier effect". While higher levels of fitness maybe protective later in life, there is evidence to suggest that veterans suffer from long-term health issues that affect their day-to-day functioning[13],[14].

The proportion of individuals reporting a "good or very good" state of health is significantly lower in the veteran population (68%) compared to the non-veteran population (81%). The proportion having "fair" or "bad or very bad health" is higher among veterans than non-veterans[15].

As previously noted, the veteran population is also, on average, older than the non-veteran population. As age and health are interlinked, it could be expected that the veteran population is more likely to report poorer health, although causal links cannot be assumed.

It is not possible to obtain accurate locally held data on the health of veterans in Gloucestershire. This is because veteran status is not reliably recorded by NHS services, including GP services. The Armed Forces Partnership is working closely with NHS Integrated Locality Partnerships to increase the recording of veteran status. This will enable us to better understand local health needs and utilisation in the future.

Nationally, within the Royal Navy, Army and RAF, the most common principal cause of medical discharge between 2019 and 2024 were "Mental and Behavioural Disorders" and "Musculoskeletal Disorders and Injuries"[16]. This is line with findings from previous years.

The Kings Centre for Military Health Research's Health and Wellbeing Cohort Study (2022-2023) has identified a rise in probable Post Traumatic Stress Disorder (PTSD) and Common Mental Disorders (CMD) such as depression and anxiety among serving and ex-serving personnel of the UK Armed Forces since the last phase of the study in 2014-2016. CMD was the most prevalent in the cohort reported at 28%, followed by probable PTSD at 9% and alcohol misuse at 8%[17].

There is an added layer of complexity when it comes to veterans from ethnically diverse backgrounds. Qualitative research on veterans from commonwealth (CW) countries

[13] Impact of military service on physical health later in life: a qualitative study of geriatric UK veterans and non-veterans | BMJ Open
[14] An Evaluation of the Effect of Military Service on Mortality: Quantifying the Healthy Soldier Effect - ScienceDirect
[15] Office for National Statistics (2021), *Census.*
[16] Annual Medical Discharges in the UK Regular Armed Forces
[17] KCMHR 20-year study finds enduring impact of combat in Iraq and Afghanistan on PTSD rates of UK Armed Forces

suggest that participants faced institutional racism and discrimination when accessing services for mental health. Research participants reported feeling as though they were treated differently, feeling unheard, not being taken seriously when reaching for support. Systemic pressures and wider problems in the community also influenced seeking support for their mental health[18].

Disability

A significantly higher proportion of the Gloucestershire veteran population (29%) considered themselves disabled, than the non-veteran population (19%)[19].

The data is not able to draw any links between increased rates of disability, increased age and/or injuries sustained in service.

Education

17% of veterans reported having 'no qualifications', compared to 15% of non-veterans. This difference is statistically significant[20].

For all types of qualifications listed, a smaller proportion of veterans had attained them, compared to non-veterans.

Veterans were more likely to select 'Other' (type of qualification) when reporting on the type of highest level of qualification attained (14.4%), compared to non-veterans (7.7%)[21].

Housing

22.1% of the Gloucestershire veteran population living in households, live alone, compared to 15.9% of the non-veteran population[22].

According to 2023-24 homelessness duty data, 0.9% of households owed a homeless duty contained an individual who had served in HM Forces (31 in total)[23]. Gloucester had more households containing an individual who had served in HM Forces and was owed a Homeless Duty than all other districts, however it is also worth noting it has a higher number of households owed a homeless duty. The Forest of Dean has the highest percentage of households owed a homeless duty containing an individual who had served in HM Forces (1.5% of households).

[18] Mental health treatment experiences of commonwealth veterans from diverse ethnic backgrounds who have served in the UK military
[19] Office for National Statistics (2021), *Census.*
[20] Office for National Statistics (2021), *Census.*
[21] Office for National Statistics (2021), *Census.*
[22] Office for National Statistics (2021), *Census.*
[23] Statutory Homelessness: Detailed Local Authority Level Tables, April 2023-March 2024, MHCLG.

Employment

37% of non-veterans are economically inactive, whilst 56% of the veteran population are economically inactive[24].

In the veteran population, 91% of economic inactivity is due to retirement, compared to 63% in the non-veteran population. This means that 51% of all veterans are retired (compared to 23% of non-veterans).

Veterans are much less likely to report being 'students'.

Gloucestershire Armed Forces Survey 2021/22

This survey was conducted by Gloucestershire County Council on behalf of the Armed Forces Covenant Partnership. It was shared within and disseminated by the Partnership. 172 participants completed the survey in 2022.

The majority of respondents were veterans, whereas some described themselves as a spouse, civil partner, parent, or child of serving and ex-service personnel (including those bereaved) and the minority of participants were currently serving.

The survey included participants from all six districts but approximately half of participants lived in Gloucester.

Most participants did not know about the Armed Forces Covenant in Gloucestershire or were aware of it but had not used it.

Data indicates that veterans are statistically more likely to be:

- Male, older, and white
- Unpaid carers
- Living alone and economically inactive
- Reporting poorer health and higher rates of disability
- Having 'no qualifications', though more likely to hold other types of qualifications

Most participants (61%) said they have not experienced difficulties accessing public services in Gloucestershire. Most participants said they were very likely or likely to use an armed forces hub. Participants said they would find the following type of support most useful:

- *Social groups (Veteran's Breakfast Clubs, Local Military Groups etc)*
- *Advice or help from services i.e. DWP, NHS, Council*

[24] Office for National Statistics (2021), *Census.*

- *Advice or help from charities i.e. Royal British Legion, H4H, SSAFA, Combat Stress, Blind Veterans*
- *Meeting for a cup of tea/coffee – (Brews and wets)*

The following services were the most likely to be accessed by participants through an armed forces hub:

- *Pensions*
- *Mental health*
- *Health and social care*
- *Debt, money management and financial advice*

Participants would most value an armed forces hub that was accessible, in a central location with parking. Participants would most like to attend in the daytime in the week. Participants said they were most likely to find services and support through internet searching and social media. Participants were most likely to already be receiving support from their GP and the NHS. Most did not know whether their GP practices was 'Veteran's Accredited Aware'.

Summary

Members of the armed forces community represent a distinct and significant population within Gloucestershire, with proportions exceeding the England average, warranting focused attention. This group, including veterans, has unique characteristics and needs that differentiate them from the general population and should be considered in local planning and service design.

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- Male, older, and white
- Unpaid carers
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These factors suggest increased vulnerability and potential for social isolation, with implications for housing, employment, health, and social care services. Veterans may also face additional barriers in accessing support, including lower awareness, familiarity, and confidence in navigating civilian services. Their experiences within the armed forces may shape how they interact with local systems, often requiring tailored approaches to engagement.

Importantly, survey feedback from members of the armed forces community indicates that they value armed forces hubs; holistic and safe spaces in which they can connect with others who share lived experience and access advice on a range of social, emotional and practical issues. There is also a clear need for wider service awareness, such as ensuring GPs and frontline services are veteran aware.

The data presented should inform local decision-making, ensuring that the design and delivery of services actively consider the needs and experiences of the armed forces community and veterans living in Gloucestershire.

Further Information

For more information on the AFC and national and local support options, please visit: www.gloucestershire.gov.uk/your-community/the-armed-forces-covenant