ARMED FORCES
COVENANT

THE ARMED FORCES COMMUNITY WITHIN THE SOLENT

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

Contents

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Members of the Needs Assessment Steering Group:

- Aggies
- Alabaré
- Citizens Advice Portsmouth
- Gosport Borough Council
- Isle of Wight Council
- Naval Families Federation
- Portsmouth City Council
- Portsmouth Hospitals NHS Trust
- Royal Naval Benevolent Trust
- Solent NHS Trust
- Southampton City Council
- Veterans Outreach Support

Organisations who provided specific output:

- ABF The Soldier's Charity
- Agamemnon Housing Association
- Alcohol Specialist Nurse Service (ASNS) at Queen Alexandra Hospital in Portsmouth
- Aurora New Dawn
- CESSA Housing Association
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- Defence Business Services
- Defence Statistics Health
- Forces Employment Charity
- Gosport and Fareham Multi-Academy Trust
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Executive summary

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the Armed Forces, and their families, are treated fairly. This needs assessment has been conducted on behalf of the Solent Armed Forces Covenant Partnership Board representing Portsmouth, Southampton and Gosport, and the Isle of Wight Civil Military Partnership Board, to inform the work of the Partnership and support local partners to meet their statutory duties under the Covenant.

The Armed Forces community makes up a significant proportion of the population across the four local authorities (Gosport, the Isle of Wight, Portsmouth and Southampton) that are represented in the Solent Partnership. The number of regular serving personnel based in the Solent has grown steadily over the last five years, while Gosport has the highest proportion of veterans (12.5%) of any local authority in England. This report estimates the total size of the Armed Forces community in the Solent at just over 90,000 people.

Notwithstanding the historic, social, cultural and economic factors that make the Armed Forces such a central part of the region, with them representing more than one in eight people in the region, it is vital that there is good understanding of the needs of the Armed Forces community locally. The Armed Forces Act (2021) places a duty on public bodies including councils, the Police and health providers to uphold the Covenant principles. Health, education and housing have been specified by the Covenant Duty as the basis for a successful life and areas where there is potential for the Armed Forces community to experience disadvantages.

The remainder of this needs assessment looks at each of those in turn, before also considering how key events, such as the Covid-19 pandemic, have impacted in recent years. Each chapter contains recommendations specific to that area, with the final section looking at local delivery of the Covenant itself.

Health and wellbeing

The challenges faced by Armed Forces communities in accessing health care have been exacerbated by the pandemic and other pressures on health services. While these pressures are similar to those experienced by the wider population, the lack of consistent approaches to recording data on Armed Forces communities limits the ability to ensure specific disadvantages are not being experienced. The establishment of the Hampshire and Isle of Wight Integrated Care System (ICS), supported by the local authorities in the Solent region that are part of that system, provides an opportunity to reboot the action required to address this risk of disadvantage. This could include more consistently asking people if they are members of the Armed Forces community and using the answers to focus action to meet their needs.

The risk of disadvantage faced by the spouses and partners of serving people and their children as a result of geographical relocation is increasingly recognised by local health providers and local authorities in the Solent. There is also an opportunity to explicitly broaden the focus of relevant health initiatives to address the potential disadvantage faced by this cohort as well as veterans. While many of the issues experience by Service families in accessing GPs and dentists echo those in the wider population, there is a risk that the additional challenges of mobility compound and multiply those issues.

Good progress has been made with raising awareness of veterans through Veteran Aware hospitals, Defence Employer Recognition and Veteran Friendly GP Practices. However, the lack of access to veteran-specific data from primary care and secondary care makes assessing both risk and impact difficult. From the Portsmouth data that is available, it is apparent that awareness of the importance of veteran identification needs to be continued to be raised amongst healthcare professionals and veterans themselves.

Local data and stakeholder views support the continued national focus on mental health, with an increasing range of support available through initiatives, such as Op Courage, and Service charities, such as Veterans Outreach Support.

Local work to facilitate equitable access to sexual health services for individuals in the Armed Forces highlights the transformative potential of local partnership working. The strength of the local VCS in accessing national funding to address issues affecting the Armed Forces community can be seen in Aurora New Dawn's work on domestic abuse and sexual violence recovery across the Armed Forces.

Data from the Alcohol Specialist Nurse Service at Queen Alexandra Hospital in Portsmouth highlights the impact of alcohol misuse on veterans and serving personnel locally, in what has tended to be an under-researched topic.

Children and young people

The needs of Service children and young people are generally similar to the needs of those in the non-service population. However, Service life does present some unique and additional challenges for these children, particularly in relation to mobility, social integration, support and consistency of provision, which in turn can impact on emotional wellbeing, educational attainment and progression.

There is a lack of routinely available of data on a range of issues that fall with the Covenant and where there is clear evidence of risk of disadvantage from national reports and local stakeholders. Addressing this should be a priority to ensure risk of disadvantage for children from Service families is mitigated.

Attainment data shows that pupils in receipt of Service Pupil Premium (SPP) generally perform equally as well or better than their civilian peers. However, the organisations that work with Service families highlight the continuing challenges that Service children face in a number of areas, and the lack of systematically available data outside of the SPP attainment data means these issues risk being missed within local areas.

Recognising that Service children may relocate more often than the general population, and at short notice, the MODLAP Principles provide a framework for the effective management of transitions, in order to avoid Service children with special educational needs and disabilities (SEND) experiencing delays in having their needs assessed and met. It is important that local services follow those principles.

There are also many examples of good practice within the Solent of how parents, welfare organisations and service providers are working together to ensure Service families are supported at all stages, from health visiting right through to transition to work or higher education.

Housing

The current Cost of Living crisis is affecting all parts of society, with financial worries and problems clearly present within the Armed Forces veteran community and within Service families, including in relation to housing. Lower rates of home ownership, and issues around transition from Service Accommodation or during times of family breakdown, are highlighted as particular additional challenges for Armed Forces communities.

The data that is available largely supports the idea that there is a reduced risk of veterans being in housing crisis, with policies in place within local councils to ensure that they do not suffer disadvantage as a result of their service. However, resource constraints being faced by public services as a whole mean that access to services can mean lengthy waits, and lack of capacity to capture data and monitor impact of actions on the Armed Forces community makes it difficult to assess the relative impact of these waits on any specific community.

Statutory Guidance has clarified the requirements around allocating social housing for the Armed Forces community. Local authorities in the Solent have appropriate policies in place, though there is not always data available to support assessment of their effectiveness. The introduction of the new Armed Forces Duty, and the pressures around the Cost of Living crisis, provide an opportunity for further communication with Armed Forces communities about their entitlements and with frontline staff about how to identify potential disadvantage and apply the rules consistently and fairly. This could include policies to exempt from any local connection requirements divorced or separated civil partners of Service personnel, who need to move out of accommodation provided by the Ministry of Defence.

The amount of financial assistance provided by large national welfare organisations operating from the Solent region, much of which relates (directly or indirectly) to housing, demonstrates both the demand for support and the multiple sources of assistance available to Armed Forces communities. There are also statutory sources of support such as the Disabled Facilities Grant that are specifically covered by the new Armed Forces Covenant Duty.

Delivery and recent impacts

Many of the issues highlighted by the Covid-19 pandemic were present prior to it but were brought to the fore, exemplified in the literature review of Covid impacts, which highlighted the mental health issues identified in a range of Armed Forces populations.

The biggest barrier to developing approaches that minimise any disadvantage that may be experienced by Armed Forces communities remains the lack of data. Public services covered by the new Duty need to do more to encourage and enable individuals to identify themselves and ensure frontline staff are aware of the particular disadvantages that members of the Armed Forces community can experience.

There is value in having a local directory of support but there need to be resources in place to maintain it and ensure that it is up to date and widely accessible. Welfare organisations locally work well together to ensure a “no wrong door” approach, meaning that individuals seeking support will be

directed to the help they need. However, there are opportunities for better information sharing between organisations to ensure that individuals' progress towards a positive outcome is understood and appropriate action taken where required.

Conclusion

The Solent Armed Forces Covenant Partnership's Needs Assessment of the Armed Forces community has demonstrated the extent of, and the limitations to, the progress made since the 2018 Needs Assessment. The unique challenges faced by members of the Armed Forces community are increasingly recognised by statutory services. By working closely alongside the breadth of welfare and charitable organisations in this space, there is a good range of support to meet those needs and policies in place to ensure Armed Forces communities do not suffer disadvantage as a result of their service.

Local partners are well placed to meet their new statutory duty to have regard to the Covenant. However, there is no additional funding provided by central government in relation to the Covenant Act. Many of the issues identified by Armed Forces communities relate to difficulties in accessing services that are also experienced by the wider community at a time when resources are stretched in almost all areas.

Much of the progress that has been made has been down to the creation of roles within organisations with at least some dedicated capacity to focus on these issues. The funding constraints faced by public services during this period, and the challenges posed by the Covid-19 pandemic, have resulted in patchier progress than might otherwise have occurred. In particular, there has been mixed progress on the routine recording of Armed Forces status in a range of services, and the development of systems to measure the impact on both access to, and outcomes from, those services. Any action plan developed in response to this needs assessment should focus on addressing those issues to enable local partners to confidently demonstrate how they are meeting the new Armed Forces Covenant Duty.

Recommendations

1. **Recommendation:** *Continue to produce a regular Needs Assessment of the local Armed Forces community as part of the Joint Strategic Needs Assessment for each local area.*
2. **Recommendation:** *Undertake further analysis of the multivariate Census data on the veteran population when this is available, to better understand how outcomes, e.g. health compare, to what would be expected given the demographics of this group.*
3. **Recommendation:** *Request that HIOW Integrated Care Board report on how they plan to meet the Covenant Duty including representation at the local Covenant Partnership; collection, analysis and provision of data on Armed Forces community, including asking service users about Armed Forces status; and information for the Armed Forces community.*
4. **Recommendation:** *Frontline staff in NHS agencies need to be made aware of the risk of disadvantage for families, as well as serving personnel and veterans, to ensure that the processes in place to ensure no disadvantage are followed, particularly around transferring of records and placement on waiting lists.*
5. **Recommendation:** *Health partners should share good practice with one another to support further progress to advance through levels of the Defence Employer Recognition Scheme.*
6. **Recommendation:** *Explore further how the ICS approach to Population Health Management can enable a more granular understanding of the health experiences and outcomes of veterans.*
7. **Recommendation:** *Work with the Office for Veterans' Affairs (OVA), Department of Health and Social Care (DHSC) and Department for Levelling Up, Housing and Communities (DLUHC) to explore veteran-aware training for social work teams.*
8. **Recommendation:** *Encourage further research (nationally or locally) into the opportunities associated with online delivery of health services for Armed Forces communities as well as the risks associated with digital exclusion.*
9. **Recommendation:** *Continue to raise awareness of veteran specific mental health services locally, reduce the stigma associated with asking for help and ensure that frontline staff are enabled to recognise veterans presenting with mental health issues so they can be supported to access appropriate services.*
10. **Recommendation:** *Continue to work with the Navy and other local stakeholders to raise awareness of the issues and opportunities in relation to sexual health services for military personnel and ensure that awareness of civilian services is covered as part of transition arrangements.*

11. **Recommendation:** *Continue to support organisations, such as Aurora New Dawn, to access national funding to provide specialist advocacy to victims of domestic abuse within the Armed Forces community.*
12. **Recommendation:** *Continue to support the Alcohol Specialist Nurse Service at PHU and explore ways to make this available in other areas with a high proportion of veterans.*
13. **Recommendation:** *Reinvigorate the Solent Covenant Education Partnership with a view to prioritising the recording and analysis of key data (e.g. SEN numbers and outcomes, attendance of SPP cohort).*
14. **Recommendation:** *Work with schools/ clusters, e.g. Gosport and Fareham Multi-Academy Trust (GFMAT), to research the impact of service-specific issues, such as mobility, on outcomes at KS2, KS4 and transition into FE / HE.*
15. **Recommendation:** *Expand a network approach of shared support across the Solent to enable Service children attending schools with lower numbers of service pupils to feel connected their wider peer group.*
16. **Recommendation:** *Encourage Service parents to make the school aware of their status by talking to the head teacher or school admin staff.*
17. **Recommendation:** *Ensure the MODLAP principles are being met by those authorities in Solent that have signed up to them, and to share best practice with others in the region.*
18. **Recommendation:** *Share examples of good practice from early years, school settings, higher and further education providers to ensure consistency of support throughout Service children's education.*
19. **Recommendation:** *Promote the Portsmouth SPP toolkit and encourage schools to report specifically on how Service Pupil Premium is used in their school.*
20. **Recommendation:** *Work with the universities of Portsmouth, Southampton and Winchester within the Southern Universities Network (SUN) to explore how the UCAS service family flag can be used to identify outcomes for students from Service families in higher education.*
21. **Recommendation:** *Solent Partnership should explore with Forces Employment Charity how the provision for Service children within their Families Programme for employment service could be rolled out to cover the Solent region.*
22. **Recommendation:** *Clear communication and signposting is required to ensure that local responses to the cost of living crisis are aware of the specific issues that may affect Armed Forces communities, and that they can direct people to the support that is available through Armed Forces welfare organisations where appropriate.*
23. **Recommendation:** *Veteran-specific housing providers within the Solent need to be encouraged to register their vacancies on the Veterans Gateway housing support service.*

24. **Recommendation:** *Where not currently the case, a process for identification of veterans within homelessness counts should be introduced.*

25. **Recommendation:** *The Solent Partnership should work with local Welfare organisations to produce appropriate communications to the Armed Forces communities on eligibility and risk of disadvantage that can also be shared with frontline staff.*

26. **Recommendation:** *All local authorities that have not yet done so should review their local connection requirements in light of the 2020 statutory guidance and consider exempting ex-partners of Service personnel from local connection requirements.*

27. **Recommendation:** *All local authorities should ensure that appropriate policies are in place with respect to Disabled Facilities Grant; that staff are aware of the new statutory duty; and that information is provided on what grants are available and how to apply.*

28. **Recommendation:** *Use the new Covenant Act and the Forces in Mind Trust (FiMT) report on a decade of the Covenant as a driver to produce guides for frontline staff about the potential areas of disadvantage for Armed Forces communities that are highlighted throughout this needs assessment.*

29. **Recommendation:** *Explore potential resources to support development and maintenance of a local directory of support.*

30. **Recommendation:** *Produce a joint communications plan to inform potential users of welfare organisations about the local approach, including information sharing and trigger points of when to access the different support that is available.*

31. **Recommendation:** *Local welfare organisations to develop an information sharing framework to enable routine sharing of data for case management with appropriate consent.*

32. **Recommendation:** *The local authorities in the Solent should continue to work together as a cluster to maximise the resources available to meet the requirements of the Covenant and the needs of our Armed Forces communities.*

33. **Recommendation:** *The Covenant Partnership should publish an action plan and annual report on progress against the issues identified in the needs assessment.*

1 Introduction

1.1 The Armed Forces Covenant

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the Armed Forces, and their families, are treated fairly.

Those who serve in the Armed Forces, whether regular or reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given the most, such as the injured and the bereaved.

This obligation involves the whole of society: it includes statutory, voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces.

The issue that the covenant is addressing is the fair and equal access to goods, services, information and support whether from statutory, voluntary or commercial organisations.

This means:

- Ensuring that Service personnel, ex-Service personnel, and their families are NOT disadvantaged through military service
- Ensuring a level playing field so that there is equal access to any form of service or support or information
- Special consideration is given on a case-by-case basis and is at the discretion of the organisation providing it.

The Armed Forces Act, which gained Royal Assent in Parliament on 15 December 2021, enshrined the Armed Forces Covenant in law for the first time. The Armed Forces Act delivers a series of improvements and places a duty on public bodies including councils, the Police and Primary Health Care providers to uphold the Covenant principles.

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

Gosport, the Isle of Wight, Portsmouth and Southampton are four local authorities who have signed the Covenant since its launch in 2011.[1]

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
- The Isle of Wight has an active reserve unit, and has a higher percentage of veterans as part of its population than Portsmouth and Southampton[2].

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:

1 Ministry of Defence, *Armed Forces Covenant for Communities*, 2019, accessed January 5, 2022, Armed Forces Covenant for communities - GOV.UK (www.gov.uk).

2 Discussed further in section 2.

- Raise awareness among serving personnel, reservists and veterans of the support that 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
- 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 Board provides strategic governance for local delivery of the Covenant.

1.3 Background to this Needs Assessment

This needs assessment will build upon the previous Armed Forces Needs Assessment for Gosport, Isle of Wight, Portsmouth and Southampton. 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 so, this assessment will provide an updated baseline of Solent-wide understanding, establish the value of further specific thematic reviews and identify how ongoing assessment of this recognised minority can continue to be sustainably incorporated into business as usual across the Solent.

1.4 Recommendations from the previous Needs Assessment

The 2018 Needs Assessment provided a list of recommendations, which have been reviewed with partners, and RAG-rated as Green (complete or on schedule), Amber (evident progress but more work to be done) or Red (limited or no progress). 37% (18 out of 49) of the recommendations saw a green rating, 43% (21 out 49) amber, and 20% (10 out of 49) red (see Appendix 1 for the list of the recommendations along with their RAG status). Any action plan developed to address the issues identified in the current needs assessment should also include any red or amber-rated recommendations that are still relevant.

1.5 Definitions

Within this assessment, the definitions applied to the key terms will be similar to those in the previous assessment.[3]

- "Solent" will refer to the geographical areas covered by the councils of Gosport, the Isle of Wight, Portsmouth and Southampton.[4]
- "Armed Forces" will refer to the Regular Army, the Royal Navy (including the Royal Marines), the Royal Air Force, as well as the Reservists of the mentioned forces.
- "Veteran" will refer to anyone who has served at least 1 day as a regular or a reservist in any

3 Caroline Hopper, "The Armed Forces Community within the Solent - A Needs Assessment", *Solent Armed Forces Covenant Partnership Board*, 2018, p. 12, accessed November 22, 2022, The ARMED FORCES COMMMUITY WITIN THE SUB-SOLENT (portsmouth.gov.uk).

4 Neighbouring authorities e.g., Fareham have previously been invited to join the Solent Partnership and the scope of future analysis could be expanded to include Fareham Borough Council if desired.

of the forces that make up the Armed Forces. "Service leaver" will be used for someone who is in transition or has ceased to be a member of HM Armed Forces and this term will describe identified groups, including early service leavers and those within resettlement processes.

- "Armed Forces community" will refer to current personnel of the Armed Forces, veterans, as well as Royal Navy Auxiliary, Merchant Navy Seafarers and fishermen, who have served in a vessel that was operated to facilitate military operations by the Armed Forces.[5]
- Also covered within "Armed Forces community" will be "relevant family members" of currently serving personnel and veterans. As per the Armed Forces (Covenant) Regulations 2022, "relevant family members" include:
    - Partners: married, civil partnerships, divorced, dissolved, or any person whose relationship with a Service member is or was formerly 'akin to a relationship between spouses or civil partners', such as a cohabiting couple in a committed relationship.
    - Children: This includes children (including adopted children) under the age of 18 who are children of Service members or Service partners, and any other children under the age of 18 that are otherwise the responsibility of Service members or Service partners (such as foster children).
    - Relatives of Service members and Service partners that are: living in the same household, wholly or mainly financially dependent or someone for whom the Service member or Service partner has assumed regular and substantial caring responsibilities.
    - Bereaved family members.[6]

1.6 Scope

The scope of this assessment will cover the needs and experiences of the Armed Forces community within the Solent. These will be considered in relation to the fields of healthcare, education and housing which have been specified by the Covenant Duty as these are the basis for a successful life and areas where there is potential for the Armed Forces community to experience disadvantages.[7] In addition, the impact of Covid-19 will also be covered within the scope of this assessment. It is a major event that occurred since the last assessment, therefore it is important to discuss how the Armed Forces community has been affected, and it will provide an opportunity to identify any other major issues that are not covered by the statutory areas of focus.

5 The Armed Forces Covenant also covers members of the Royal Fleet Auxiliary (RFA) and the Merchant Navy, more information at Armed Forces Covenant to be extended as Annual Report is published - GOV.UK (www.gov.uk).

6 *The Armed Forces (Covenant) Regulations 2022* (SI 2022/1160), accessed November 22, 2022, The Armed Forces (Covenant) Regulations 2022 (legislation.gov.uk).

7 Ministry of Defence, *Statutory Guidance on the Armed Forces Covenant Duty*, 2022, p. 14, accessed November 24, 2022, Armed_Forces_Covenant_Duty_Statutory_Guidance.pdf (publishing.service.gov.uk).

1.7
Methodology

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

- National and local data, obtained online or through private communication from sources such as the Office for National Statistics (ONS), the Ministry of Defence (MOD) or local authorities
- Literature review from the UK Health Security Agency (UKHSA) performed at the request of Portsmouth City Council (PCC); and other published literature available online
- Interviews with local stakeholders representing Armed Forces communities' interests, carried out in the summer of 2022
- A mapping workshop held in November 2022, where a group of subject matter experts mapped local provision of support to Armed Forces communities in the Solent region, and the effectiveness of local partnerships in supporting that.

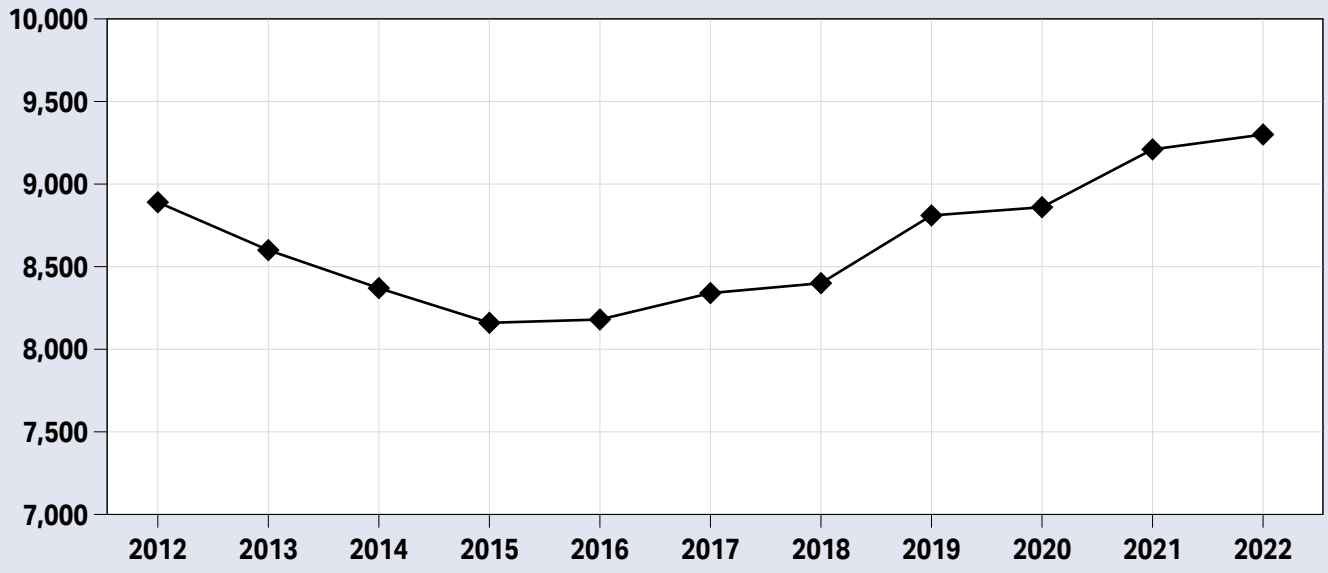
2 The Armed Forces community in the Solent

2.1 Military Locations and Personnel in the Solent

17 Military locations have been identified across the Solent (see map overleaf).[8] 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.

According to data available from the Ministry of Defence, as of April 1, 2022, there were approximately **9,300** regular serving personnel based in the Solent, which represents an increase of nearly 1,000 personnel over the last 5 years.[9] Out of the total, approximately 7,600 are in Portsmouth, 1,660 in Gosport and 40 in Southampton.[10] In terms of service type, **96.5%** are from the Royal Navy/Royal Marines (RN/RM), **3%** from the Army and **0.5%** from the Royal Air Force (RAF). In terms of rank, **20%** are Officers and **80%** are of rank other than Officer. Moreover, as of April 1, 2022, there were also approximately 2,390 MOD civilians based in the Solent.[11]

Figure 1: Change in the total number of regular serving personnel in the Solent, between April 1, 2012, and April 1, 2022.



8 The map only includes units within the boundaries of Gosport, the Isle of Wight, Portsmouth or Southampton. Nearby units such as HMS Collingwood or the Defence School of Policing, Security & Guarding are not included due to being outside of those boundaries.

9 Ministry of Defence, *Location of all UK regular service and civilian personnel annual statistics: index*, 2022, accessed January 5, 2023, Location of all UK regular service and civilian personnel annual statistics: index - GOV.UK (www.gov.uk).

10 Individual numbers for the Isle of Wight are not available.

11 Ibid.

Military Locations in the Solent

2.2
Service Leavers

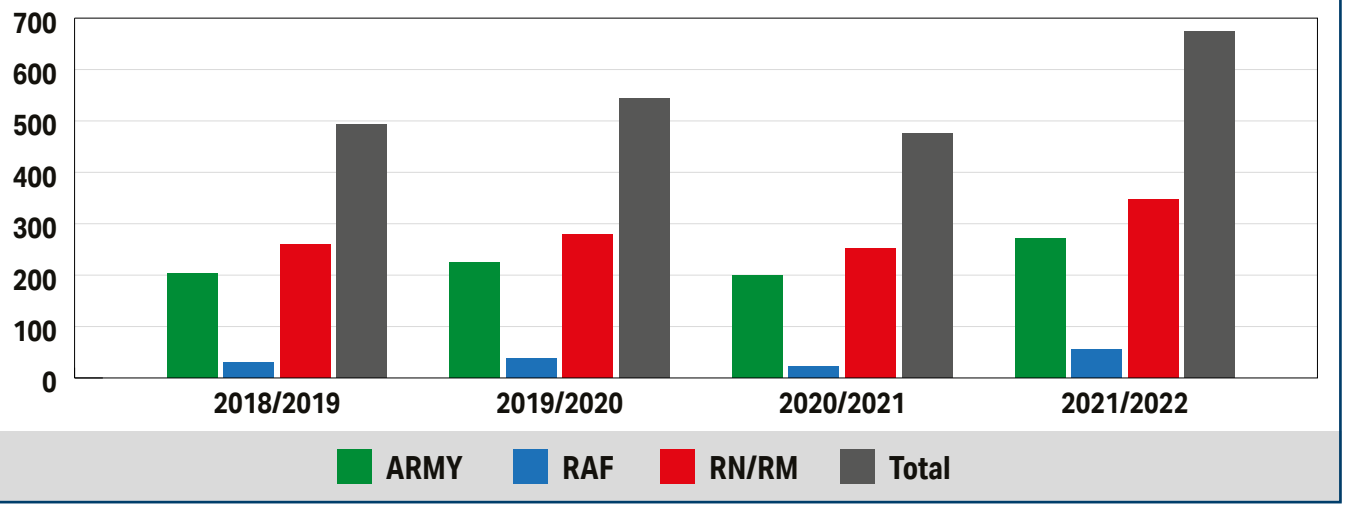
Between April 2018 and April 2022, there were **57,020** service leavers nationally, out of which **34,866 (61.1%)** were from the Army, **12,800 (22.4%)** from the RN/RM and **9,354 (16.4%)** from the RAF. Additionally, out of the 57,020 service leavers, **43,371 (76.1%)** were trained and **13,649 (23.9%)** were untrained.

A "business as usual" request to the Ministry of Defence has shown that within the Solent, between April 2018 and April 2022, there were a total of **2,186** service leavers with a Solent permanent home address at the point of exit.[12] Out of those service leavers, **1,139 (52.1%)** were from the RN/RM, **899 (41.1%**) were from the Army and **148 (6.8%)** were from the RAF. Additionally, out of the 2,186 service leavers, **1,620 (74.1%)** were trained and **566 (25.9%)** were untrained.

Table 1: Number of service leavers with a Solent permanent home address at the point of exit between April 2018 and April 2022, by service type.

Financial year	ARMY		RAF		RM		RN		Total
	Trained	Untrained	Trained	Untrained	Trained	Untrained	Trained	Untrained	
2018/2019	147	56	22	9	193	41	19	7	**494**
2019/2020	156	69	27	11	216	25	19	20	**543**
2020/2021	117	83	15	8	199	23	10	20	**475**
2021/2022	166	105	23	33	276	32	15	24	**674**
Total	**586**	**313**	**87**	**61**	**884**	**121**	**63**	**71**	**2186**

Figure 2: Regular Personnel resettling with a registered home address in the Solent between April 1, 2018, and April 1, 2022



12 Ministry of Defence - Defence Business Service, *RE: MISR0002199-Leavers- O_SP*, dated January 27, 2023.

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

The Ministry of Defence does 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.

However, the ONS 2021 Census included, for the first time, questions about Armed Forces veterans. The Census provides the most accurate numbers for the number of veterans up to date and allows for a more precise and in-depth analysis.

One downside of the Census Veteran numbers released thus far is that at the time of writing, only univariate data (one variable only) has been released. The ONS intends to release multivariate data (more than one variable) in early 2023. This will include an analysis of characteristics such as ethnic group, religion, gender identity, legal partnership status and country of birth. Following this, data on veterans' housing and accommodation situation, and health and well-being, will also be published. There are releases scheduled in 2024 which will focus on employment, crime and the financial situation of veterans.

Nevertheless, the available univariate data shows that in 2021, there were **1,853,112** people in England and Wales that reported that they had previously served in the UK Armed Forces (**3.8%** of usual residents aged 16 years and over). Out of those, 76.3% (1.4 million people) previously served in the regular forces, 19.5% (361,000 people) in the reserve forces, and 4.3% (79,000 people) served in both the regular and reserve forces. And in England and Wales, there were **1.7 million** households (**7.0%** of all households) with one or more persons who had served in the UK Armed Forces.[13]

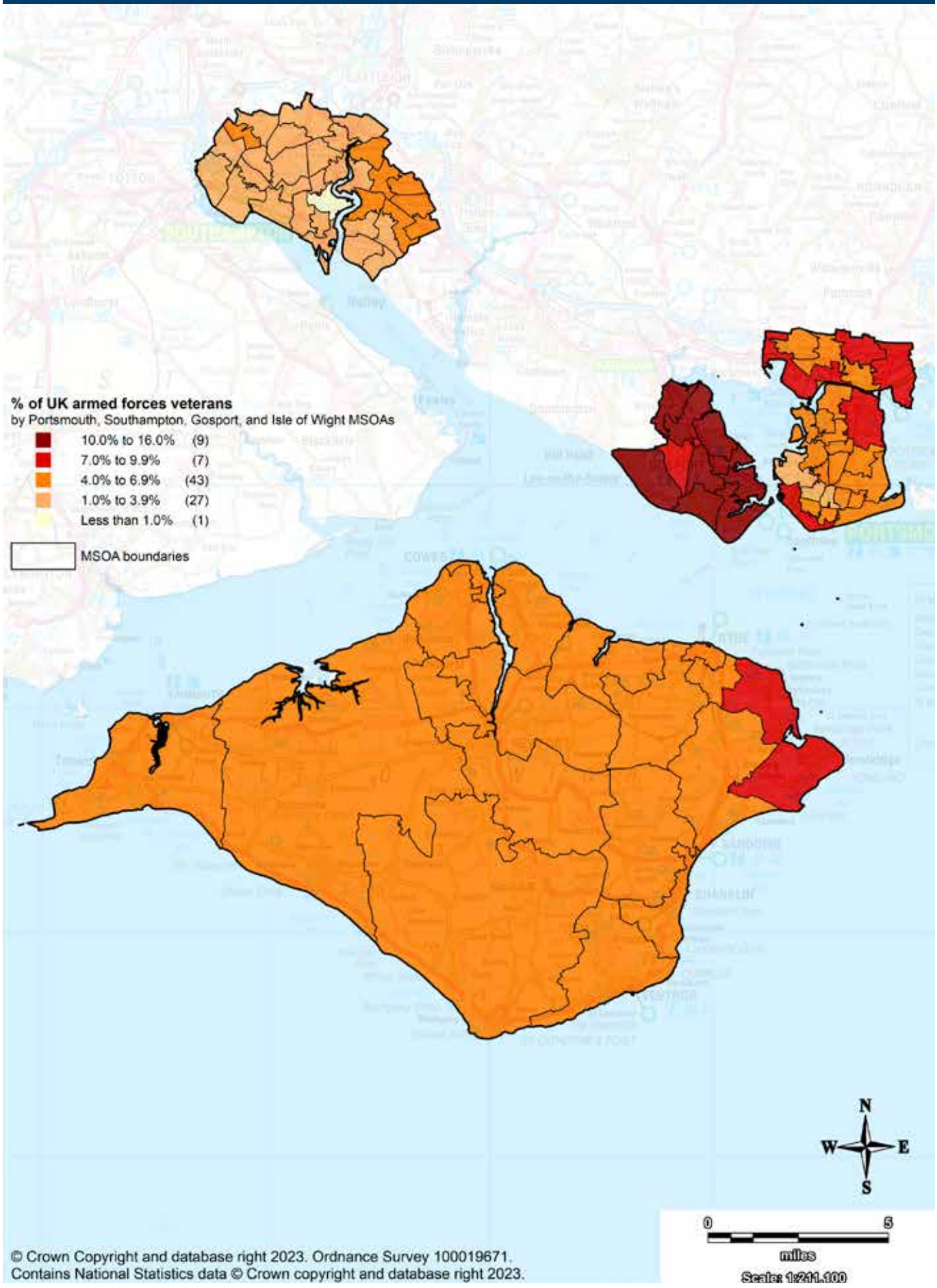
The numbers for the Solent show that in 2021, there were **31,255** people who reported that they had previously served in the UK Armed Forces (**5.9%** of usual residents aged 16 years and over). However, the percentage is not representative of the whole of the Solent as there are difference between areas. People who reported that they had

Table 2: Number of the people, aged 16 years and over, in the Solent that reported that they have previously served in the UK Armed Forces in the 2021 Census.

Local Authority	Previously served in regular UK Armed Forces	Previously served in reserve UK Armed Forces	Previously served in both regular and reserve UK Armed Forces	Has previously served in any UK Armed Forces	Has not previously served in any UK Armed Forces
Gosport	7,493	649	280	8,422	58,789
Isle of Wight	5,681	1,204	309	7,194	112,392
Portsmouth	7,660	1,281	337	9,278	161,542
Southampton	4,770	1,346	245	6,361	198,007
Total	**25,604**	**4,480**	**1,171**	**31,255**	**530,730**

13 Office for National Statistics, *UK Armed Forces Veterans, England and Wales: Census 2021*, 2022, accessed January 5, 2022, UK Armed Forces veterans, England and Wales - Office for National Statistics (ons.gov.uk).

Figure 3: A map showing the proportion of the usual resident population aged 16 and older who reported in the 2021 Census that they were veterans, split by MSOA.



previously served in any of the UK Armed Forces represent **12.5%** of usual residents aged 16 years and over in Gosport, **6%** on the Isle of Wight, **5.4%** in Portsmouth and **3.1%** in Southampton.[14]

Additionally, further analysis of the Census data shows the percentage of veterans within smaller neighbourhoods within local authority areas, known as Middle-Layer Super Output Areas (MSOAs). In Gosport, the percentage of veterans who have served in any UK Armed Forces across MSOAs ranges from 9.2% in Rowner to 15.7% in Alverstoke & Privett. On the Isle of Wight, the percentage ranges from 5.2% in Newport Central & Parkhurst West to 7.8% in Bembridge & Nettlestone. In Portsmouth, the percentage ranges from 2.3% in Portsea to 8.7% in Cosham North. And in Southampton, the percentage ranges from 1% in Newtown & Nicholstown to 4.8% in Townhill Park.

Further analysis also allows us to look at the percentage of households with 1 or more persons who had previously served in any of the UK Armed Forces. In Gosport, the percentage is 21.5% and across the MSOAs the percentage ranges from 16% in Rowner to 27.4% in Alverstoke & Privett. On the Isle of Wight, the percentage is 10.4% and across the MSOAs the percentage ranges from 8.2% in Ryde Central to 13.5% in Bembridge & Nettlestone. In Portsmouth, the percentage is 10.2% and across the MSOAs the percentage ranges from 6.6% in Southsea Fawcett Road to 16.3% in Cosham North. And in Southampton, the percentage is 6% and across the MSOAs the percentage ranges from 1.9% in Newtown & Nicholstown to 9.1% in Townhill Park.

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.

By drawing from data available from the Ministry of Defence, such as the Armed Forces Continuous Attitude Survey (AFCAS),[15] and the 2021 Census, it is possible to arrive at an approximate number, which shows that the size of the Armed Forces community within the Solent may be somewhere in the region of up to **90,765** adults and children. When compared against the total population numbers from the 2021 Census, the Armed Forces community may represent **13.2%** total population of the Solent region: **27.3%** of the total population in Gosport, **11.3%** of the total population on the Isle of Wight, **18.0%** of the total population in Portsmouth and **5.7%** of the total population in Southampton. The table below provides a breakdown of this estimated number.

Limitations

The 2022 AFCAS (Armed Forces Continuous Attitude Survey) was carried through a disproportionate stratified random sample of approximately 28,000 trained UK Regular Service personnel. The extrapolation of this data at a local level may not always reflect local demographics. Additionally, the

14 Ibid.

15 Ministry of Defence, *Armed Forces Continuous Attitude Survey (AFCAS) 2022*, 2022, accessed December 8, 2022, Armed Forces Continuous Attitude Survey 2022 Main Report (publishing.service.gov.uk).

Table 3: Estimate size of the Armed Forces community in the Solent.

Local Authority	Regular serving personnel[2]	Regular serving personnel partners[3]	Regular serving personnel children[4]	Veterans[5]	Veteran partners[6]	Veteran children[7]	War widow(er)s[8]	Reservists[9]	Total
Gosport	1,660	1,195	813	8,422	6,064	4,127	94	*	**≈22,375**
Isle of Wight	*	*	*	7,194	5,180	3,525	35	*	**≈15,934**
Portsmouth	7,600	5,472	3,724	9,278	6,680	4,546	84	*	**≈37,384**
Southampton	40	29	20	6,361	4,580	3,117	24	*	**≈14,171**
Total	**9,300**	**6,696**	**4,557**	**31,255**	**22,504**	**15,333**	**237**	**883**	**≈90,765**

1. ** Denotes a null or an unknown value.*
2. *Numbers used in section 2.1, from Ministry of Defence's annual personnel statistics.*
3. *Calculated from AFCAS survey at a rate of 72% (47% respondents married, 25% in long-term relationship).*
4. *Calculated from AFCAS survey at a rate of 49% (respondents who have children they support financially).*
5. *Veteran numbers used in section 2.3, from the 2021 Census.*
6. *Applying the AFCAS rate of 72% to calculate Veteran partners.*
7. *Applying the AFCAS rate of 49% to calculate Veteran children.*
8. *Number of reservists received from the Defence Business Services, discussed in section 2.6.*
9. *Data from Ministry of Defence, Armed Forces pension and compensation recipients, discussed further in the next section.*

survey was carried out among serving personnel and not veterans, and it is possible that Veteran percentages are different. Therefore, these estimates should be treated as illustrative rather than absolute.

2.5
Pension & Compensation Payments

As of April 1, 2022, **10,635** individuals within the Solent were in receipt of a pension and/or compensation payments.[16] 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, **2,707** 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.

Pensionable service varies according to the individual's personal circumstances and which

16 Ministry of Defence, *Location of Armed Forces pension and compensation recipients: 2022*, 2022, accessed January 5, 2022, Location of Armed Forces pension and compensation recipients: 2022 - GOV.UK (www.gov.uk).

Table 4: Ministry of Defence compensation and/or pension payments.

Local Authority	All[1]	Of which veterans[1]	AFPS Recipients[2]	WPS Recipients: veterans (Disablement Pensioners)	WPS Recipients: War Widow(er)s	WPS Recipients: Other War Pensioners[5]	AFCS Recipients: Serving Personnel[3]	AFCS Recipients: veterans[3/4]	AFCS Recipients: GIPs in payment
Gosport	4,394	4,142	3,952	488	94	*	158	155	13
Isle of Wight	1,377	1,318	1,179	243	35	*	24	35	6
Portsmouth	3,907	3,622	3,119	433	84	5	199	439	27
Southampton	957	911	802	165	24	*	20	48	8
Total	**10,635**	**9,993**	**9,052**	**1,329**	**237**	**9**	**401**	**677**	**54**

1. Subtotals cannot be summed as an individual may be in receipt under more than one scheme.

2. All veterans in receipt of their pension under AFPS 75 and AFPS 05. Excludes pensioners in receipt of their pension under AFPS 15.

3. Figures do not match other published AFCS statistics on lump sum recipients as this bulletin excludes those who have a date of death recorded on the CAPS.

4. All individuals awarded compensation under the AFCS after leaving Service, and in-Service recipients of compensation who had later left Service as of 31 March 2022.

5. Includes War Orphans, War Parents, Adult Dependants and recipients of a Child Allowance under the WPS.

*6. *Denotes a number lower than 5.*

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 55.[17]

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 injuries.[18]

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

17 Private communication with Royal British Legion (RBL) (JF), dated December 4, 2017.

18 Ibid.

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.

2.6 Reserves

As of October 1, 2022, there were **34,756** volunteer reservists nationally, out of which **27,947 (80.4%)** were in the Army, **3,609 (10.4%)** in the Royal Navy/Royal Marines and **3,200 (9.2%)** in the Royal Air Force.

A "business as usual" request to the Ministry of Defence has shown that within the Solent, the current number of volunteer reservists stands at **883**.[19] Out of those reservists, **570 (64.6%)** were in the Army, **248 (28.1%)** were in the Royal Navy/ Royal Marines and **65 (7.4%)** were in the Royal Air Force.

2.7 Conclusions and recommendations

The Armed Forces community continues to represent a significant proportion of the population across the four local authorities that make up the Solent Partnership. Notwithstanding the historic, social, cultural and economic factors that make the Armed Forces such a central part of the region, with more than one in eight people in the region, it is vital that there is good understanding of the needs of the Armed Forces community locally.

The number of regular serving personnel based in the Solent has grown steadily over the last five years, while Gosport has the highest proportion of veterans (12.5%) of any local authority in England.

Recommendation: *Continue to produce a regular Needs Assessment of the local Armed Forces community as part of the Joint Strategic Needs Assessment for each local area.*

Recommendation: *Undertake further analysis of the multivariate Census data on the veteran population when this is available to better understand how outcomes, e.g. health compare, to what would be expected given the demographics of this group.*

Table 5: The current number of volunteer reservists with a registered home address within the Solent

Assignment Type	ARMY Count	RAF Count	RM Count	RN Count
Called Out Reservist	10	*	*	*
Sponsored Reserve	9	*	*	*
Volunteer Reserve	551	63	20	222

1. Where an asterisk is present, figures are suppressed due to a count of less than 5.

19 Ministry of Defence - Defence Business Service, *RE: MISR0002199- O_SP*, dated January 20, 2023.

3 Health and wellbeing

3.1 Context

Research and information available indicate that generally the majority of those within the Armed Forces community have needs in line with the general population.[20] However, there are issues which can be exacerbated or more prevalent within the Armed Forces. The Defence People Health and Wellbeing Strategy 2022-2027 from the Ministry of Defence gives an idea of some of the issues through the health priority themes, such as Musculoskeletal (MSK) Health, Mental Wellbeing & Resilience, Addressing Health Inequalities or Suicide Prevention.[21]

The primary risk of disadvantage in relation to health faced by spouses, partners and families, and Service people is in terms of their access to primary care and their position on waiting lists.[22]

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 Defence Medical Services (DMS) in partnership with NHS England.[23] Local NHS services are used for veterans, reservists not on active duty, spouses, civil partners and dependants.[24]

3.3 Serving personnel

The numbers of Armed Forces personnel and entitled civilian personnel registered for DMS in each of the four areas of the Solent have become more difficult to obtain since the last Armed Forces Needs Assessment due to the NHS restructuring. This has resulted in a single Integrated Care System covering Hampshire and the Isle of Wight, which should result in a more joined up and consistent offer but has made disaggregating some data down to the geography covered by this needs assessment more challenging. Two sets of numbers will be thus provided, from 2019 and 2022 to reflect the situation before and after the restructuring.

Looking ahead, Integrated Care Boards are specified within the new Covenant Duty and will need to consider how they meet recommended good practice and the commitments set out in the Forward View.[25]

20 Local Government Association, *Meeting the public health needs of the Armed Forces*, 2017, accessed December 20, 2022, Meeting the public health needs of the Armed Forces: a resource for local authorities and health professionals

21 Ministry of Defence, *Defence People Health and Wellbeing Strategy 2022-2027*, 2022, p. 3, accessed December 20, 2022, Defence_People_Health_and_Wellbeing_Strategy.pdf (publishing.service.gov.uk).

22 Forces in Mind Trust, *Our Community - Our Covenant*, 2016, p.29, accessed December 2, 2022, our-community-our-covenant-improving-delivery-local-covenant-pledges.pdf (fim-trust.org)

23 NHS England, *Healthcare for the Armed Forces community: a forward view*, 2021, accessed December 20, 2022, https://www.england.nhs.uk/wp-content/uploads/2021/03/Healthcare-for-the-Armed-Forces-community-forward-view-March-2021.pdf.

24 Ibid.

25 Ibid.

Table 6: UK Armed Forces personnel and entitled civilian personnel DMS registrations, October 1, 2019.[26]

NHS Region	All Persons	All UK Armed Forces	Naval Service	Army	RAF	Civilian
HAMPSHIRE AND THE ISLE OF WIGHT STP	15,430	15,310	10,560	2,640	2,110	120
Fareham and Gosport CCG	3,420	3,420	3,220	60	140	*
North Hampshire CCG	1,640	1,630	10	30	1,600	*
Portsmouth CCG	7,470	7,350	7,210	80	60	120
West Hampshire CCG	2,910	2,910	120	2,470	320	*

*1. In line with Joint Service Publication 200, numbers 5 or fewer have been supressed and presented as **

Table 7: UK Armed Forces personnel and entitled civilian personnel DMS registrations, October 1, 2022.[27]

NHS Region	All Persons	All UK Armed Forces	Civilian
NHS HAMPSHIRE AND ISLE OF WIGHT ICB	16,310	16,210	100
NHS Hampshire and Isle Of Wight ICB - 10R	8,510	8,420	90
NHS Hampshire and Isle Of Wight ICB - D9Y0V	7,800	7,790	10

1. Due to rounding, please note that totals in table 4 and table 5 may not equal the sum of their parts.

3.4
Medical discharges

Although the numbers for the Solent region are not available, the Ministry of Defence makes available the national numbers of medical discharges by ICD-10 cause codes. Between April 1, 2017, and March 31, 2022, there were a total of 8,065 cause coded medical discharges from the Armed Forces, out of which 5,200 were from the Army, 807 from the RAF, 1,362 from the RN and 696 from the RM.

26 Ministry of Defence, *Defence personnel NHS commissioning statistics: index*, 2022, accessed December 20, 2022, https://www.gov.uk/government/collections/defence-personnel-nhs-commissioning-quarterly-statistics-index.

27 Ibid.

Table 8: Medical discharges by principal ICD-10 cause code by service type, between April 1, 2017, and March 31, 2022.[28]

ICD-10 cause code group description	ICD-10 cause codes	UK Regular Army %	UK Regular RAF %	UK Regular RN %	UK Regular RM %
Infectious and parasitic diseases	A00 to B99	< 1	0	0	0
Neoplasms	C00 to D48	< 1	2	1	< 1
Blood disorders	D50 to D89	< 1	< 1	< 1	< 1
Endocrine, nutritional and metabolic diseases	E00 to E90	< 1	< 1	2	1
Mental and behavioural disorders	F00 to F99	34	40	29	11
Nervous system disorders	G00 to G99	2	5	5	3
Eye and adnexa diseases	H00 to H59	< 1	< 1	< 1	< 1
Ear and mastoid process diseases	H60 to H95	3	1	2	8
Circulatory system disorders	I00 to I99	2	2	3	2
Respiratory system disorders	J00 to J99	< 1	< 1	2	1
Digestive system disorders	K00 to K93	1	2	4	2
Skin and subcutaneous tissue diseases	L00 to L99	< 1	1	3	< 1
Musculoskeletal disorders and Injuries	M00 to M99, and S00 to T98	51	41	43	68
Genitourinary system diseases	N00 to N99	< 1	< 1	< 1	< 1
Pregnancy, childbirth and puerperium	O00 to O99	< 1	0	0	0
Congenital malformations	Q00 to Q99	< 1	< 1	< 1	< 1
Clinical and laboratory findings	R00 to R99	3	3	3	2
External Causes of Morbidity and Mortality	V01 to Y98	0	0	<1	0
Factors influencing health status	Z00 to Z99	< 1	< 1	< 1	< 1

28 Ministry of Defence, *Medical discharges among UK service personnel statistics: index*, 2022, accessed December 20, 2022, Medical discharges among UK service personnel statistics: index - GOV.UK (www.gov.uk).

Within this data, the two ICD-10 cause code groups that stand out the most are 'Mental and behavioural disorders', which includes depression and PTSD, and 'Musculoskeletal disorders and Injuries'. In each of the service types, although in different proportions, these two groups together account for 72% or more of the ICD-10 cause coded medical discharges. Additionally, when compared to the period of April 1, 2012, and March 31, 2017, the percentages of discharges due to 'Mental and behavioural disorders' have increased in all service types.[29] These numbers support the decision of the Ministry of Defence to make Musculoskeletal (MSK) Health and Mental Wellbeing & Resilience into health priority themes in its health and wellbeing strategy mentioned in section 3.1.

3.5 Transition into NHS local 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,

However, in the majority of the cases, 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 'Military Veteran' or 'Member of Military Family' SNOMED 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.

Interviews with local stakeholders within the Solent found that there are areas where the personal transition between DMS and local NHS services could be improved (see Appendix 8 for full report on stakeholder interviews):

- Identification of veterans and their military status at the point of return to the local NHS services is still an issue. It is the responsibility of the individual in terms of the registration of their status, however many ex-service personnel do not feel that it is relevant to them or necessary.
- There is also the reluctance to ask for help in the Armed Forces community, which can prove another obstacle in veterans not wanting to record their military status, and many individuals often do not ask for help until it is [perceived as] critical or they have reached a crisis point.
- Communication of the individuals' medical records moving from DMS into the local primary and secondary care services remains a significant and an ongoing issue. There are cases where the medical records are communicated incorrectly; an anecdotal example was given by one of the stakeholders that during a transition to a civilian GP practice, one patient had been recorded as having a "lower limb injury", however once they appeared at the surgery, their "injury" was in fact an amputation. And the communication of the medical records becomes more difficult

29 Ministry of Defence, *UK service personnel medical discharges: financial year 2016/17*, 2017, accessed January 21, 2023, UK service personnel medical discharges: financial year 2016/17 - GOV.UK (www.gov.uk).

in cases where the individuals have a more complex medical history.

- Veterans and serving personnel 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) and they are not to be disadvantaged due to their service. However, interviewees report that this is not always followed by the care providers.
- Local stakeholders have mentioned issues regarding the NHS waiting lists. An example was given that when waiting for a procedure, but then having to relocate due to service and moving to a new trust, individuals would sometimes find themselves at the bottom of the new waiting list, which is something that the Armed Forces Covenant is meant to prevent.
- Access to GP services was also frequently mentioned by local stakeholders. Individuals often have to wait a long time before being able to talk to a receptionist and/or then have to be available for a call back at an unprecise hour, prior to a face-to-face consultation. While these changes and challenges to primary care delivery affect everyone, it is important to communicate these issues to the Armed Forces community, so that there is clear understanding of what service they can expect.
- Individuals with poor digital skills were also reported to experience disadvantages as an increasing number of GP practices are using eConsult, which is a form of digital triage, where patients go online and submit information about medical or administrative requests to their own doctors. Again, these issues are not unique to the Armed Forces community and are also present in the general population, but further research may be required to understand if there are particular issues around digital literacy within the Armed Forces community.[30]

3.6 Primary care

3.6.1 Veteran Friendly Practices

The Veteran Friendly GP Practice accreditation scheme supports practices to deliver the best possible care and treatment for patients who have served in the Armed Forces. The scheme helps GP practices to identify, code and support their veteran patients. Accredited practices appoint a clinical lead who receives training and support, and receive an information pack to help increase their understanding of the health needs of veterans, and the services available to them. Over 1,600 GP practices in England are already accredited through this programme.[31] Research shows that "after becoming accredited, 84% of accredited practices said they feel they have a better understanding of veterans' needs".[32]

Within the Solent, there are 20 Veteran Friendly GP practices, of which five are in Gosport, four

30 Forces in Mind Trust, *A Decade of the Covenant: A review of delivery and impact of ten years of the Armed Forces Covenant*, 2022, p.27, accessed December 16, 2022, A-Decade-of-the-Covenant-Digital.pdf (pcdn.co)

31 RCGP, *Veteran friendly GP practice accreditation*, accessed January 17, 2022, Veterans' healthcare toolkit: Veteran friendly GP practice accreditation (rcgp.org.uk).

32 Alan Finnegan et al., "The Veteran Friendly Practice accreditation programme: a mixed-methods evaluation", *BJGP Open*, 6, no. 3 (2022), accessed January 17, 2022, The Veteran Friendly Practice accreditation programme: a mixed-methods evaluation | BJGP Open.

on the Isle of Wight, six in Portsmouth and five in Southampton.[33] See appendices 2, 3, 4 and 5 for the maps of Gosport, the Isle of Wight, Portsmouth and Southampton with the Veteran Friendly GP practices overlaid on the maps of Veteran proportion within the population aged 16 years and older, split by MSOA.[34] Indices of the GP practices on the map correspond to the index of the GP practices in table 9.

Table 9: Veteran Friendly GP Practices in the Solent as of December 2022.

Index	GP Practice Name	Local Authority
1	Bury Road Surgery	Gosport
2	Gosport Medical Centre	Gosport
3	Rowner Health Centre	Gosport
4	The Willow Group	Gosport
5	Solent View Medical Practice	Gosport
6	Newport Health Centre	Isle of Wight
7	Esplanade Surgery	Isle of Wight
8	Tower House Surgery	Isle of Wight
9	St. Helens Medical Centre	Isle of Wight
10	Craneswater Group Practice	Portsmouth
11	Drayton Surgery	Portsmouth
12	Kirklands Surgery	Portsmouth
13	Portsdown Group Practice	Portsmouth
14	Sunnyside Medical Centre	Portsmouth
15	Trafalgar Medical Group Practice	Portsmouth
16	Aldermoor Surgery	Southampton
17	Hill Lane Surgery	Southampton
18	Living Well Partnership	Southampton
19	Lordshill Health Centre	Southampton
20	Solent GP Surgery	Southampton

3.6.2 Data issues

Despite this, it has proved challenging to get data from across the Solent on numbers of patients registered to GPs. The transition from CCGs to the new HIOW Integrated Care Board (ICB) has created new structures around data and intelligence, which have been placed under considerable strain by additional pressures including from the Covid-19 pandemic. While the veteran identifier should be collaboratively recorded, it is not currently within the commissioning datasets that the Commissioning Support Unit have access to[35]. Further direction from the ICB would be required in order to undertake the necessary work around contracts, data architecture and information governance in order to make this data available.

Data was obtained from GP practices in Portsmouth, which showed the following:

Table 10: Number of Armed Forces veterans or those with a connection to the Armed Forces across Portsmouth GP practices as of October 2022.

Code	Description	Count	Percentage of all GP patients
1a – 1d	Veterans	5910	2.5%
1e	Reservists	28	0.0%
1f – 1g	Armed Forces Occupation	1223	0.5%
1h – 1j	Family and/or dependant	921	0.4%
Total		**8082**	**3.4%**

33 RCGP, *Veteran friendly GP practice accreditation*, ibid.

34 Ibid.

35 Private communication with Hampshire and Isle of Wight Health and Care Intelligence Team

Table 11: Armed Forces veterans diagnoses across Portsmouth GP practices as of October 2022.

Code	Description	Count	Percentage of all GP patients
2a – 2c, 2s – 2t	Mental health (anxiety, depression, family history of depression, PTSD)	2220	1.0%
2d	Alcohol dependence	131	0.1%
2e	Drug dependence	247	0.1%
2f	Rheumatoid arthritis	46	0.0%
2g	Osteoarthritis various	768	0.3%
2h – 2j	Cardiovascular disease	354	0.1%
2k – 2m	Diabetes	1431	0.6%
2n – 2p	Hearing loss/ problems	1039	0.5%
2q – 2r	Blindness	12	0.0%

1. Subtotals cannot be created as an individual can be diagnosed with more than one problem.

The numbers of patients registered to GPs in Portsmouth as having a military connection remains well below the estimated numbers for the Armed Forces community. There has been a decline in the numbers recorded since the previous needs assessment. In 2017/18, GPs were offered a small financial incentive to register and record veteran status. The reduction in recording may reflect slippage following the end of this targeted effort. Gosport and Fareham CCG incentivised GPs to register military connections in 2018/19, but the lack of data makes it impossible to evaluate the impact of this effort.

The issues reported locally and in national reviews by Armed Forces communities in accessing health care have been exacerbated by the pandemic and other pressures on the health service. While these pressures are similar to those experienced by the wider population, the lack of consistent approaches to recording data on Armed Forces communities limits the ability to ensure specific disadvantages are not being experienced.

The establishment of the HIOW Integrated Care System, supported by the local authorities in the Solent region that are part of that system, provides an opportunity to reboot the action required to address this risk of disadvantage. This should include more consistently asking people if they are members of the AFC and using the answers to focus action to meet their needs. The developing programme of work around Population Health Management could also offer a way of better understanding the health journey of those recorded as having a military connection, and could be explored further.

3.7
Hospital care

3.7.1 Support to veterans as 'anchor institutions'

In 2017, the Veterans Covenant Hospital Alliance 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.[36]

The hospitals which chose to become part of the volunteer group are known as "Veteran Aware" hospitals, and have committed to:

- 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.

The number of accreditations has increased since the last Armed Forces Needs Assessment and today 104 NHS trusts that have been accredited as "Veteran Aware". Within the Solent, this includes the Isle of Wight NHS Trust, Portsmouth Hospitals University NHS Trust (PHUT), South Central Ambulance Service NHS Foundation Trust (SCAS), Southern Health NHS Foundation Trust (SHFT) and University Hospital Southampton NHS Foundation Trust (UHS).[37] This is an improvement from the last Armed Forces Needs Assessment when only PHUT was present.

Moreover, the MOD has a "Defence Employer Recognition Scheme", which encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the Armed Forces community, and align their values with the Armed Forces Covenant. Within the Solent, PHUT and SCAS are the only NHS Trusts or NHS Foundation Trusts to be gold award holders.[38] The Isle of Wight NHS Trust, Solent NHS Trust, SHFT and UHS all hold bronze awards.[39]

3.7.2 Treatment

In terms of the demand for hospital care from the veteran community, the following data was obtained from the Queen Alexandra Hospital in Portsmouth (part of PHUT)[40]:

Between September 2021 and September 2022, there were on average **37** emergency department attendances a month, out of which **13** were

36 Ministry of Defence, *Armed Forces Covenant annual report 2017*, 2017, accessed December 20, 2022, Armed Forces Covenant annual report 2017 - GOV.UK (www.gov.uk).

37 NHS England, *Veteran Aware NHS trusts*, accessed December 20, 2022, NHS England » Veteran Aware NHS trusts.

38 Ministry of Defence, Defence Employer Recognition Scheme, 2022, accessed December 20, 2022, Defence Employer Recognition Scheme - GOV.UK (www.gov.uk).

39 Ibid.

40 Private communication with the Armed Forces Covenant Lead Nurse, dated November 3, 2022.

admitted and **24** were not admitted, from the Armed Forces veterans.

Between September 2021 and September 2022, there were on average **321** Armed Forces veteran patients on the waiting list for a procedure. For September 2022, there is also data on the type of procedures that the veteran patients were waiting for:

Table 12: Veteran patients waiting for a procedure at end of September 2022, split by procedure type.

Main Speciality Code	Main Speciality Description	Total
100	General Surgery	29
101	Urology	15
110	Trauma and Orthopaedics	34
120	Ear Nose and Throat	24
130	Ophthalmology	14
140	Oral Surgery	61
160	Plastic Surgery	10
301	Gastroenterology	11
320	Cardiology	11
330	Dermatology	18
340	Respiratory Medicine	12
502	Gynaecology	12
	Other[1]	26
Grand Total		**277**

1. In the group of "Other" are main specialities, which had less than 10 patients waiting, and this includes Orthodontics, Oral and Maxillofacial Surgery, Anaesthetics, Endocrinology and Diabetes, Clinical Haematology, Audio Vestibular Medicine, Renal Medicine and Rheumatology.

From the numbers above, it is worth highlighting that the speciality with the largest number of veterans waiting for a procedure is oral surgery. Out of 61 patients waiting for a procedure, 12 patients have an OPCS description[41], and those patients are waiting for an extraction of a tooth or multiple teeth. It is possible that those numbers reflect the wider problem of oral health in the UK. However, it is unclear in the case of the remaining 49 patients, with a "Null" OPCS description, whether there are recording issues or whether those numbers could be indicative of something else.

There is also data on the total general veteran admission and emergency department attendances between January 2019 and October 2022.

Table 13: Average monthly general veteran admissions and emergency department attendances per year, from 2019 to 2022.

Year	Average number of veteran patients per month	% Increase from previous year
2019	72	
2020	85	18%
2021	105	24%
2022[1]	139	32%

1. Data for 2022 up to October.

The average monthly number of veteran patients has increased in each year and increased more quickly each year. From 2019 until 2022, it has increased by 67 patients, which is almost double. Concrete conclusions should not be drawn from this as the doubling of the number may be a reflection of improved recording of the veteran status of patients, rather than an increase in veteran patients. However even if this is the case, it supports the idea that there is still significant under-recording of veteran status within health systems.

41 The OPCS Classification of Interventions and Procedures (OPCS-4) is a statistical classification of interventions and procedures undertaken in the NHS reflecting current clinical practice.

3.8
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. However, there is a lack of research into this and the numbers of veterans accessing social care is unknown.[42]

The Veterans' Strategy Action Plan 2022-24 only briefly mentions social care with a suggestion that the Office for Veterans' Affairs will work with relevant departments to introduce veteran-aware training for social work teams into every local authority in England. Given the high proportion of veterans in the local area, councils in the Solent would be well placed to pilot this work or seek to be an early-adopter when such training is available.[43]

The 2014 survey from the Royal British Legion found that 370,000 older veterans reported being lonely, and over twice that number reported experiencing some relationship or isolation difficulty – equivalent to around 770,000 people.[44] To help alleviate the issues of loneliness and isolation, the Royal Navy Association (RNA) ran an initiative called "Project Semaphore", which was extended in response to the Covid-19 pandemic, to provide isolated veterans with an iPad, training, support and 1 year's broadband.[45] Moreover, veteran-specific charities, such as the Veterans Outreach Support, run weekly social groups and organise weekly outdoor/indoor/online activities in which individuals can partake for free and that can help to alleviate the issue of loneliness. Ex-Service personnel in care settings as a result of service tend to be much younger than most residents in care homes in which they live; this lack of peers can lead to loneliness and isolation and in some cases declining physical and mental health.[46]

Within the Solent, the RNBT's newly built Admiral Jellicoe House is the only veteran-specific care home. Located in Portsmouth, it offers resident-centred care and dedicated dementia support to veterans of the Royal Navy and the Royal Marines and their dependants in a purpose-built luxury home.

While numbers are not known, it is likely that a significant number of individuals in residential care across the region will be veterans. The Confederation of Service Charities (Cobseo) has produced a guide to supporting veterans in

42 Forces in Mind Trust, *A Decade of the Covenant: A review of delivery and impact of ten years of the Armed Forces Covenant*, 2022, p. 80.

43 Office for Veterans' Affairs, *Veterans' Strategy Action Plan: 2022–2024*, 2022, p. 18, accessed December 15, 2022, Veterans' Strategy Action Plan 2022-2024 (publishing.service.gov.uk).

44 Royal British Legion, a *UK Household Survey of the Ex-Service Community*, 2014.

45 Royal Naval Association, *Project Semaphore*, accessed January 23, 2023, Project Semaphore | Royal Naval Association (royal-naval-association.co.uk).

46 Forces in Mind Trust, ibid.

residential care.[47] 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.

It remains the case that 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, it may be of value to take account of veteran status when assessing for adult social care. This can ensure they are signposted to the available support and that appropriate consideration is given to potential unforeseen sources of disadvantage e.g. see section 5.8 for details of how compensation for injuries incurred during military service is discounted when means testing Disabled Facilities Grants at PCC.

3.9
Spouses, partners and dependants

The research about the impact of service life on spouses, civil partners and dependants' health and well-being is not as extensive as the research about the impact of service life on the serving personnel. However, there is literature, which suggests that partners and spouses have an increased risk of developing mental health and wellbeing difficulties, if their serving partner is suffering from post-traumatic stress disorder (PTSD) or poor mental health.[48]

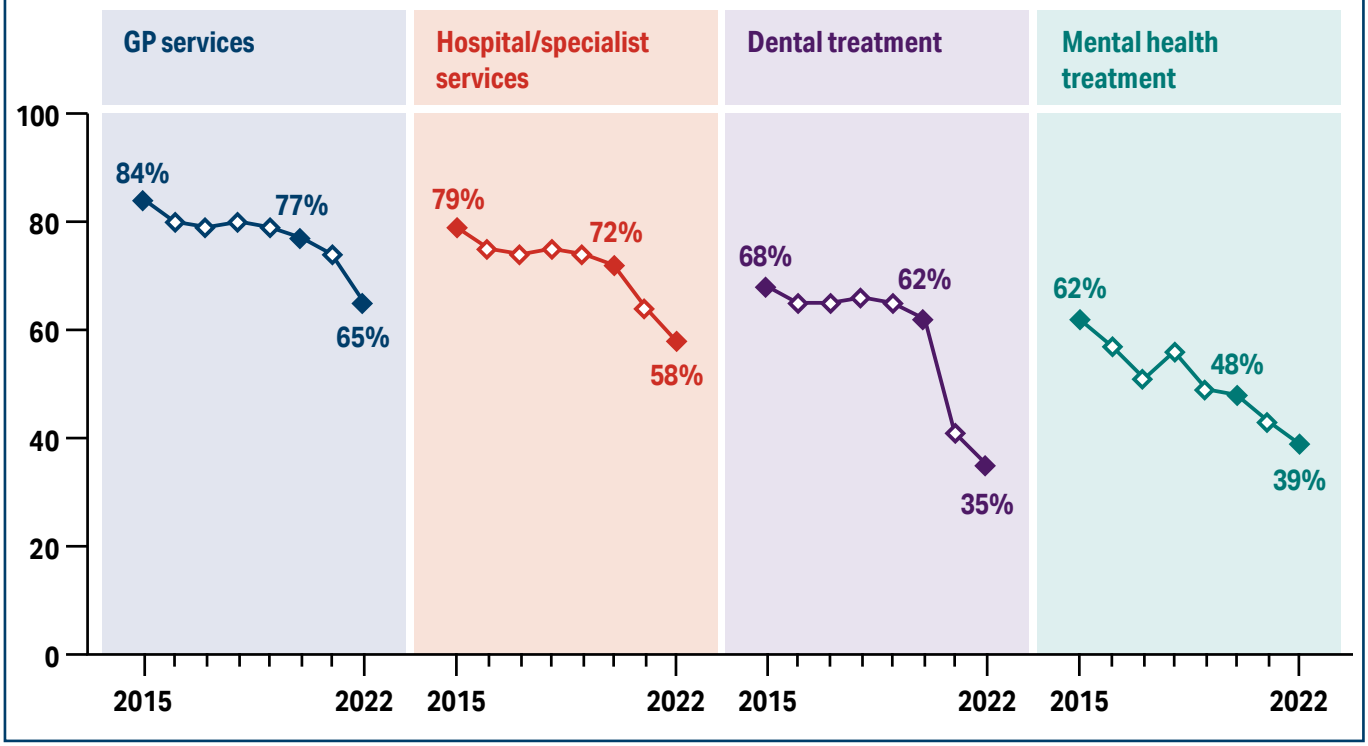
Moreover, the Ministry of Defence runs an annual Families Continuous Attitude Survey (FamCAS), in which information is gathered on the views and experiences of the spouses/civil partners of Regular trained Service personnel.[49] Within the survey, there is a section on health care and it highlights some problems that families of Armed Forces personnel encounter. Of those requiring access, the proportion of families able to access healthcare without difficulties has fallen since 2015. The proportion has fallen by 84% to 65% in terms of access to GP services, from 79% to 58% in terms of hospital/specialist services, from 68% to 35% in terms of dental treatment and from 62% to 39% in terms of mental health treatment. Additionally, apart from GP services, less than half of families who moved whilst undergoing treatment were able to continue their treatment without difficulty. 53% were able to continue healthcare treatment within GP services, 42% were able to continue healthcare treatment within hospital/specialist services, 42% were able to continue mental health treatment and 28% were able to continue dental treatment.

47 Cobseo, *Supporting Military Veterans in Residential Care*, 2019, accessed December 20, 2022, supporting-military-veterans-in-residential-care.pdf (cobseo.org.uk).

48 Carrie Donoho, Cynthia LeardMann, Christopher O'Malley, Kristen Walter, Lyndon Riviere, John Curry, and Amy Adler, "Depression among military spouses: Demographic, military, and service member psychological health risk factors", *Depress Anxiety*, 35, no. 12 (2018): 1137-1144, accessed December 20, 2022, Depression among military spouses: Demographic, military, and service member psychological health risk factors - PubMed (nih.gov).

49 Ministry of Defence, *Tri-service families continuous attitude survey: index*, 2022, accessed December 20, 2022, Tri-service families continuous attitude survey: index - GOV.UK (www.gov.uk).

Figure 4: % able to access each healthcare service without difficulty[50]



3.10 Reservists

Reservists can be described as the "invisible population" as they fit into both Armed Forces and civilian life. When not mobilised, they do not require as much support as regulars as they do not have as much disruption to family life as their regular counterparts. They often serve in the area in which they live, therefore have their existing support network around them and they are not required by service to relocate every few years.

However, at the point of mobilisation, reservists' service becomes full-time and there are a lot of parallels to regulars. The Armed Forces Reserves can therefore be somewhat of a "grey area", not only in what support they and their families may require, but also with regards to what support they are entitled to. They are able to use some military healthcare services, but not the full spectrum as a regular would, and when and where they can use them seems to vary a lot.

In terms of health needs, 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 behaviours.[51]

50 Ibid.

51 Gursimran Thandi, "Risk-taking behaviours among UK military reservists", *Occupational Medicine*, 65, no. 5 (2015): 413–416, accessed December 20, 2022, Risk-taking behaviours among UK military reservists | Occupational Medicine | Oxford Academic (oup.com).

Higher rates of risk-taking behaviour such as smoking, risky driving and violence have also been seen in reservists that have been deployed.[52] An increased rate of PTSD in deployed reservists has also been observed nationally.[53]

The Ministry of Defence runs an annual Reserves Continuous Attitude Survey (ResCAS), in which the attitudes of Reserve Forces personnel across the Royal Navy Reserve (RNR), Royal Marines Reserve (RMR), Army Reserve and Reserve Air Force (RAF) on a variety of topics are assessed and monitored.[54] In 2022, ResCAS for the first time included questions about well-being. Below is included a table, which compares the scores of Armed Forces to the general population, and the scores are measured on a scale from 0 (Not at all) to 10 (Completely).

Table 14: Comparison of scores of Armed Forces Reserves and the general population to questions about life satisfaction and well-being, 2022.[55/56]

Question	Army Reserves[1]	RAF Reserves[1]	Maritime Reserves[1]	General population[2]
Overall, how happy did you feel yesterday?	6.2	7.3	7.2	7.5
Overall, how satisfied are you with your life nowadays?	6.1	7.2	7.1	7.5
Overall, to what extent do you feel the things you do in your life are worthwhile?	6.5	7.4	7.5	7.8

1. *The results for Army, RAF and Maritime Reserves come from ResCAS 2022*
2. *The results for the general population come from the Office for National Statistics' report on Personal well-being in the UK*

Looking at the scores of the different Reserves, the RAF and Maritime Reserves report more or less similar life satisfaction and happiness. However, the Army Reserves report notably different scores, which are lower on average by 0.98. Moreover, compared to the general population, all Reserve services report lower life satisfaction and happiness. While the scores of the RAF and Maritime Reserves differ from the general population on average by only 0.32, the results of Army Reserves are lower on average by 1.33.

When comparing the scores of the Reserves to the general population, it should be kept in mind that there are differences in demographics, in particular that the majority of the Reserves are male. National figures also include a larger proportion of over 60s, who generally score their well-being higher than younger people. Thus, concrete conclusions should not be drawn from this.

52 Ibid.

53 Local Government Association, *Meeting the Public Health Needs of the Armed Forces community: A resource for local Authorities and Health Professionals*, 2017.

54 Ministry of Defence, *Reserves Continuous Attitude Survey Results 2022*, 2022, accessed December 20, 2022, 01 Front Page (publishing.service.gov.uk).

55 Ibid.

56 Office for National Statistics, *Personal well-being in the UK: April 2021 to March 2022*, 2022, accessed December 20, 2022, Personal well-being in the UK - Office for National Statistics (ons.gov.uk).

3.11 Mental health

Due to aspects such as the demographics or selection at recruitment, Armed Forces veterans are more likely to be male, white and old and have fewer pre-existing or hereditary conditions. Moreover, when compared to the general population, they also suffer from different patterns of mental health illness and have historically been higher users-and abusers-of alcohol and tobacco.[57]

As a result of the culture within the Armed Forces community, many veterans also experience a reluctance to ask for help, something briefly mentioned in section 3.5. The reluctance often stems from the fact that asking for help could be deemed by individuals as a "sign of weakness" and help is not sought until the situation reaches a crisis point. Local stakeholders mentioned that this is particularly true for junior ranks and that they fear possibly getting in trouble for seeking help.

3.11.1 Stakeholder views

In interviews with the local stakeholders, mental health was a significant theme and the need to improve mental health services was frequently mentioned (see Appendix 8 for detail). Issues raised included:

- Long waits for both A&E and referral to a mental health professional
- Lack of appropriate support for patients who present a risk to themselves and others

There were some suggestions that access to mental health services has improved for some as, with improving technology, it is easier to access someone virtually, however the uptake of this is variable. Some patients prefer it as it is quick and easy, but others feel that they do not receive as good a service when it is virtual - which was difficult during the pandemic when it was often the only option.

Additionally, it was also noted that there are lots of veteran specific services and that in comparison to their civilian equivalents, those who have previously served have more support options available to them through various charities and organisations. Veterans Outreach Service (VOS) are conducting a mapping exercise of mental health and care support for veterans across the South East region that will be available in 2023.

3.11.2 Operation Courage

One such veteran-specific service is Op Courage. Created in 2021, this NHS service provides specialist and integrated care for those Armed Forces veterans suffering from a mental health crisis. It combines previously separate services of the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS), the Veterans' Mental Health Complex Treatment Service (CTS) and the Veterans' Mental Health High Intensity Service (HIS), allowing veterans to access the most suitable level of service for them across England.

Data obtained from Op Courage for the area of Hampshire and the Isle of Wight shows the number of referrals to its TILS and CTS services in the financial years 2021/22 and half of 2022/23.[58]

57 Andrew Bacon et al., "National Health Service interventions in England to improve care to Armed Forces veterans", *BMJ military health*, 168, no. 1 (2022): 95-98, accessed December 20, 2022, National Health Service interventions in England to improve care to Armed Forces veterans | BMJ Military Health.

58 Private communication with Op Courage, dated November 2022.

Figure 5: Diagram of Veteran Integrated Care and the scope of help offered by Op Courage

Veteran Integrated Care

1. **Complex operating environment**
2. **Interdependencies** – Op COURAGE brokers social, physical and mental health support

1. Diagram of Veteran Integrated Care reproduced with the permission from Berkshire Healthcare NHS Foundation Trust.

Table 15: Number of referrals to Op Courage's TILS and CTS services in financial years 2021/22 and 2022/23, split by 6-month periods.

Service	Apr-Sep 2021/22	Oct-Mar 2021/22	Apr-Sep 2022/23
TILS	109	120	131
CTS	22	31	23
CTS % of TILS	20.2%	25.8%	17.6%

1. Important to note that CTS referrals are a subset of TILS, as all referrals have to go through TILS to be assessed and the only those with military attributable mental health issues progress to CTS.

In terms of demographic breakdown, between those three 6-month periods, 91.65% of referrals were men and 8.35% were women. By age bracket, 0.2% of referrals from patients under 21 years, 7.35% were aged 21-30 years, 22.75% were aged 31-40 years, 28.85% were aged 41-50 years, 20.25% were aged 51-60 years, 13.95% were aged 60 years and over, and 6.35% did not state their age. By service type, over 55% of referrals were from Army, over 30% were from the Royal Navy or the Royal Marines and a little over 5% were from the RAF, while the remaining referrals were of unknown service type.

Op Courage can help individuals access other NHS services, such as "Improving access to psychological therapies" (IAPT), which is a programme that began in 2008 and its services provide evidence-based psychological therapies to people with anxiety disorders and depression. Although it is not a veteran-specific programme, within its data ex-British Armed Forces and their dependants are identified and the data can be seen at CCG level.

Table 16: Number of referrals received to IAPT from ex-British Armed Forces and their dependants and the treatment outcomes in the year 2021/22.[59]

CCG	Referrals Received	Finished Course Treatment	Improvement	No reliable change	Deterioration	Reliable Recovery
NHS Portsmouth	165	75	60	15	*	45
NHS Hampshire, Southampton and Isle of Wight	825	360	245	90	20	165

1. Where an asterisk is present, figures are suppressed due to a count of less than 5 referrals.

3.11.3 Veterans Outreach Support

In terms of local initiatives, one highly successful initiative, which has been briefly mentioned in section 3.9, is Veterans Outreach Support (VOS). Since the last Armed Forces Needs Assessment, the charity has continued to support veterans of all three services, the Merchant Navy, their spouses and partners in the local area. VOS has grown both in geographical terms and with the overall service offer. It continues to provide clinical mental health support, but can now also provide wellbeing and welfare support to service users. This holistic approach is widely accepted as a successful model for those in need.

VOS run a monthly Drop In event both in Portsmouth and the Isle of Wight. The charity offers direct, on the day, access to triage services and mental health needs assessments, alongside immediate access to over 30 appropriate services including housing, employment, military pensions (VetsUK) and DWP. Alongside this monthly flagship event the charity runs a weekly programme of wellbeing events including regular "tea and stickies" social groups but also activities both indoor and outdoor,

59 NHS Digital, *Psychological Therapies, Annual report on the use of IAPT services, 2021-22*, 2022, accessed December 20, 2022, Psychological Therapies, Annual report on the use of IAPT services, 2021-22 - NDRS (digital.nhs.uk).

daytime and evening as well as the weekend. These groups are all free to service users and often form part of improving their wellbeing alongside any mental health support they are offered. Welfare support is bespoke for service users and the team will either directly assist or support the service user to access other services.

For the year 2022, though mindful that covid regulations and the slow return of vulnerable service users have had an impact in the first quarter of 2022, statistical analysis shows the following.[60]

- Average of 100 different veterans engaging in wellbeing events each month
- Average of 75 veterans attending Drop In events each month, including an average of 19 new service users each month
- 74% users are from Portsmouth, 14% from Gosport and 12% from other local areas such as the IOW
- 56 veteran volunteers support our outreach work
- Most common age group seeking treatment remains males aged 55 and over.

3.11.4 Combat Stress

Analysis of Combat Stress data carried out by Northumbria University for the Map of Need project funded by the Armed Forces Covenant Trust[61] found postcode clusters of Combat Stress Service Users concentrated in or around major cities including Portsmouth. The spatial distribution of Combat Stress service users was strongly associated with the distribution of military pension & compensations. Therefore, this would suggest that the distribution of military pension & compensation recipients might serve as a useful proxy indicator when seeking to locate areas with veteran populations who are experiencing mental ill health. For instance, in the South West, the location of military pension & compensation recipients explained approximately 86% of the variation in spatial distribution of Combat Stress service users.

3.11.5 Mental Wellbeing Support

There are a number of examples of support for mental wellbeing that are supported by partners locally. For example, following a successful pilot and having helped secure resources nationally, Naval Families Federation (NFF) will continue the initiative to offer free access to the health app, Headspace, for the Royal Navy and Royal Marines community in 2023, including to family members. Headspace combines the ease of use of technology, but also eliminates the issues with the quality of service. Whilst using the headspace app, the individual is not relying on another person and can use the app for as much and as long as they wish. Thanks to the app, the individual has access to unique tools and resources to help reduce stress, build resilience, and aid better sleep.

3.12 Sexual Health

PCC worked with colleagues from the Navy, Terrance Higgins Trust (THT), Solent NHS Trust Sexual Health Service, Home Start Portsmouth and the Aggie Weston Charity to develop a paper on the sexual health of military personnel in Portsmouth. It formed part of the overall Sexual

60 Private communication with VOS, dated December 14, 2022.

61 Armed Forces Covenant Trust Fund, *The Map of Need*, accessed December 8, 2022, The Map of Need: Armed Forces Covenant Fund Trust.

Health Needs Assessment for Portsmouth, setting out the opportunities currently available and the ambitions relating to sexual health provision for military personnel visiting and living in Portsmouth.

The long-term ambitions are to facilitate equitable access to sexual health services for individuals in the Armed Forces through transformation and quality improvements across a wider geographical area. While the detail of the support to military personnel is outside the scope of the Covenant Needs Assessment, the issues identified will impact on the wider Armed Forces community. In addition, it will be important to ensure that those transitioning into civilian life are aware of the services that are available to the wider population.

3.12.1 Sexual health data specific to the Armed Forces

There is a lack of available quantitative data through public health data systems locally or nationally to identify the sexual health status of military personnel. However, it is observed that there are subpopulations within the Armed Forces that have characteristics associated with higher risk of poor sexual health, including:

- High population of 17-25 year olds
- Young people with low academic attainment
- Travel overseas to areas with high rates of sexually transmitted infections (STIs) and Blood Borne Viruses (BBV), including HIV
- Individuals whose country of origin has a high HIV rate.

In any workforce or general population, when looking sexual health needs it is important to consider the needs of other groups at disproportionately high risk of poor sexual health outcomes. Indicators include anyone who frequently changes sexual partners and male born individuals who are gay, bisexual and other men who have sex with men (GBMSM).

3.12.2 Portsmouth data

- Portsmouth has some of the highest rates in relation to sexually transmitted infections (STIs) in the South East, with increasing rates of Gonorrhoea rising above the England trend line[62]
- Portsmouth has a high rate of HIV, meaning that additional measures are recommended in relevant NICE guidance and NICE standards
- In 2020, it was identified that the south-west of the city had a **high** rate of Gonorrhoea, which is a geographic area populated by a high rate of student population and residents with a high prevalence of deprivation. Military accommodation is positioned nearby. The area also consists of centres providing night-time economy venues.

3.12.3 Local provision

Portsmouth has an integrated sexual health service hub, with postal home self-sampling STI testing provision, HIV treatment centre, PrEP provision, abortion and vasectomy provision locally provided by Solent NHS Trust (www.letstalkaboutit.nhs.uk). The local sexual abuse and rape crisis (SARC) centre is also located within Portsmouth boundaries.

Work has been completed to summarise the sexual health provision available to Armed Forces personnel nationally and also access in Portsmouth.

62 Office for Health Improvement and Disparities, *Public health profiles*, 2023, accessed January 5, 2023, https://fingertips.phe.org.uk

Research in regard to sexual health within the Armed Forces is limited, however interviews with local stakeholders provide some insights that helped inform a Sexual Health Needs Assessment for Portsmouth. This included:

- Increased risk of STIs from people using social media apps to have anonymous sex during periods of lockdown
- Increased demand for remote testing kits and emergency contraception
- Anecdotal evidence that there are Armed Forces personnel, who identify as heterosexual, but experiment and attend "homosexual clubs" when away from their family. This is complicated with regards to healthcare as they are less likely to come forward for testing for diseases and this puts them at a higher risk of STIs.

3.13 Domestic abuse

Research from the King's Centre for Military Health Research (KCMHR) at King's College London has found that "Armed Forces personnel are significantly more likely to both experience and perpetrate intimate partner violence and abuse (IPVA) than the wider civilian population.

This study assessed the IPVA experiences of 5,557 UK military personnel who reported having an intimate partner within the last year. 90% (4,865) of respondents were male, and 65% (3,612) were from the Army. Across the sexes, experiences of IPVA were similar, with 13% of men and 11% of women saying that they had experienced some form of violence or abuse from their partner and 10% of men vs 7% women reported having perpetrated IPVA. The researchers identified high levels of bidirectional IPVA with almost 50% of military personnel who reported perpetrating IPVA also experiencing some form of abuse.

Male participants reported a higher likelihood of perpetrating emotional and psychological abuse, as well as controlling behaviour, than female participants, while both males and females were just as likely to report perpetrating severe physical abuses such as kicking, biting, and hitting.

Male respondents were also more likely to report experiencing severe forms of physical abuse, such as being kicked, bitten, or hit, while female respondents reported a higher prevalence of fear and threats."[63/64]

Within the Solent, Aurora New Dawn, a charity established in Portsmouth in 2011, aims at tackling the issues of IPVA. It prevents domestic/ sexual abuse and stalking by training professionals, strengthening institutions and supporting victims.

Funding from Armed Forces Covenant Fund Trust, Royal British Legion and Army Central Fund has enabled Aurora to develop and deliver a bespoke advocacy service for victims within British Armed Forces, globally (serving personnel/ Reservists and their families) since 2017.

Data obtained from Aurora for the period between May 5, 2018, and August 5, 2022, shows that Aurora supported 241 victims in its Armed Forces advocacy

63 King's College London, *More than 1 in 10 Armed Forces personnel have experienced Intimate Partner Violence and Abuse*, 2022, accessed December 20, 2022, More than 1 in 10 Armed Forces personnel have experienced Intimate Partner Violence and Abuse (kcl.ac.uk)

64 Deirdre MacManus et al., "Intimate partner violence and abuse experience and perpetration in UK military personnel compared to a general population cohort: A cross-sectional study", *Lancet Regional Health – Europe*, 2022, accessed December 20, 2022, Intimate partner violence and abuse experience and perpetration in UK military personnel compared to a general population cohort: A cross-sectional study - PMC (nih.gov).

service (215 women and 26 men). A sample of 190 service-users showed 93% felt safer after accessing Aurora. It also trained 500 diverse tri-service personnel in domestic/sexual abuse/coercive control including 300 in stalking awareness (100% of whom reported increased knowledge, awareness and confidence to respond to stalking cases).[65]

In addition, Aurora has a pilot programme to run bespoke groups for sexual violence recovery and domestic violence across the Armed Forces, funded by the Covenant Fund from October 2022 to September 2023.

3.14 Causes of death

Overall, in 2021, the UK regular Armed Forces were at a statistically significant lower risk of dying compared to the UK general population. More specifically, the UK regular Armed Forces were at a:

- 76% significantly decreased risk of dying as a result of a disease related condition
- 38% significantly decreased risk of dying as a result of external causes of injury and poisoning (accidental, violent or suicide) compared to the UK general population.[66]

A study from the University of Manchester has shown that in general, Armed Forces Veterans are at no greater risk of suicide than the general population. However, there are some important differences between cohorts. While the suicide rates were lower than the general population for veterans over 35 years old, the study found that suicide rates were 2 to 4 times higher for veterans under the age of 25, when compared with the general population of the same age group. Additionally, the study also found that being male, being discharged from the forces before the age of 34 years, being untrained, and having served for less than 10 years were risk factors for suicide. The research also showed that a quarter of veterans who had died by suicide had been in contact with specialist mental health services in the 12 months prior to their death.[67]

Data obtained from Portsmouth gives an idea of the situation regarding Veteran suicide in the Solent.[68] Requests for data for the other local authority areas in the Solent partnership did not result in information being provided.

In Portsmouth, two (n=2) veteran suicides have been identified in the audit of Portsmouth Coroner's death by suicide reports from 2019 to 2020. The methodology used to determine veteran status within coroner's reporting and subsequent suicide audits does not include cross referencing the individual's details with the Ministry of Defence; therefore, the absence of veterans within these audits must be treated with caution.

This intelligence has identified an age range of 25-30 and 41-50; adverse life experiences include a recent diagnosis of PTSD, homelessness, sexual trauma, domestic violence, issues with drug use; and both cases record problems with sleep.

65 Private communication with Aurora New Dawn, dated November 7, 2022.

66 Ministry of Defence, *Deaths in the UK regular Armed Forces: Annual summary and trends over time 1 January 2012 to 31 December 2021*, 2022, accessed December 20, 2022, 20220331_Deaths in the UK Regular Armed Forces_2022_O (publishing.service.gov.uk).

67 The University of Manchester, *New figures provide latest data on veterans suicide*, 2022, accessed December 20, 2022, New figures provide latest data on veterans suicide (manchester.ac.uk).

68 Private communication with PCC, dated August 17, 2022.

Veterans are not considered a high-risk group within the 2022 - 2025 Suicide Prevention Action Plan for Portsmouth. However, the council will continue to closely monitor any suspected suicide of veterans across the ICS area via the Police-led Real Time Surveillance Working Group.

3.15 Alcohol use and misuse

Briefly mentioned at the beginning of section 3.12, when compared to the general population, Armed Forces veterans have historically been higher users-and abusers-of alcohol. Some of the factors that explain this are that there is a strong culture of drinking within the Armed Forces with a "work hard, play hard" attitude. Loneliness and boredom can sometimes play a role in contributing to excessive alcohol consumption. This can turn into addiction or misuse, and carry on into life outside the military. In cases where veterans have had experiences of war that have affected them psychologically, alcohol abuse can hide underlying severe mental problems such as Post Traumatic Stress Disorder (PTSD). A survey by charity PTSD Resolution has found that 46% of the 500 UK Armed Forces veterans who responded used alcohol or drugs to manage the symptoms of trauma.[69]

However, research into alcohol use among Armed Forces veterans is not as extensive as into mental health and a systemic review of literature has found that "there appears to be an over-reliance on self-report questionnaires for the assessment of alcohol use in a military population focussing on symptom severity, with a paucity of research considering personal experiences and meanings ascribed to alcohol use" and that there is "a lack of consistency in the tools and measures used to assess alcohol use in a military population".[70]

Data obtained from the Alcohol Specialist Nurse Service (ASNS) from the Queen Alexandra Hospital in Portsmouth for the period 2020-22 gives an insight into the alcohol use among veterans and Serving Personnel in the Solent (the identifying question asks whether the individual is a current or an ex Armed Forces member). The data also has the potential to inform wider national research[71] and builds on the 2018 Needs Assessment, which recommended continued investment in specialist substance misuse services for current and former Service personnel.

Table 17: Referrals to ASNS at Queen Alexandra Hospital in Portsmouth for the period 2020-22, split by year and referral type.

Referral type	2020	2021	2022
All	2399	2503	2728
Current or Ex Armed Forces member	148	162	180
Current or Ex Armed Forces member % of All	6.17%	6.47%	6.60%

69 PTSD Resolution, *Many UK Armed Forces Veterans Are Relying on Alcohol or Drugs to Relieve Military Trauma*, 2021, accessed December 20, 2022, Many UK Armed Forces Veterans Are Relying on Alcohol or Drugs to Relieve Military Trauma - Cobseo.

70 Alison Osborne et al., "Military service and alcohol use: a systematic narrative review", *Occupational Medicine*, 72, no. 5 (2022): 313–323, Military service and alcohol use: a systematic narrative review | Occupational Medicine | Oxford Academic (oup.com).

71 Private communication with the Alcohol Specialist Nurse Service, dated January 5, 2023.

Table 18: Armed Forces referrals to ASNS at Queen Alexandra Hospital in Portsmouth for the period 2020-22, split by year and location of the individual referred.

Location	2020	2021	2022
Portsmouth	62	58	57
Hampshire	82	103	120
Out of Area	*	*	*

1. *Where an asterisk is present, figures are suppressed due to a count of less than 5*

Table 19: Armed Forces referrals to ASNS at Queen Alexandra Hospital in Portsmouth for the period 2020-22, split by year and source of the referral.

Referral source	2020	2021	2022
Inpatient ward	114	125	120
Emergency Department	27	33	54
GP	*	*	*
Community Alcohol Team	*	*	*
Employer	*	*	*
Outpatients	*	*	*

1. *Where an asterisk is present, figures are suppressed due to a count of less than 5*

Table 20: Armed Forces referrals to ASNS at Queen Alexandra Hospital in Portsmouth for the period 2020-22, split by year and age group.

Age group	2020	2021	2022
0-17	*	*	*
18-24	*	*	*
25-34	6	10	11
35-44	17	17	19
45-54	21	23	28
55-64	30	34	34
65-74	26	31	31
75-84	28	30	39
85-94	16	17	16

1. *Where an asterisk is present, figures are suppressed due to a count of less than 5*

There has been a consistent trend of increasing Armed Forces referral to the ASNS. The following two case studies provided by the ASNS show two veterans' journeys from alcohol dependence to consuming zero alcohol written up by a specialist veterans worker.[72/73]

Case study 1:

"Dave is a 42-year-old male who served 12 years in the Army. The ASNS team were alerted about Dave from the ambulance team (the ambulance team regularly wait with patients in the carpark until space in A&E becomes available). Dave had informed the ambulance team that he had recently been drinking heavily and this had an impact on his mental health. The ambulance had been called out to Dave due to Dave having suicidal ideations.

72 Ibid.

73 Dave and Mick are fictional names given to the patients to keep their identities anonymous.

The ASNS Nurse and OT assessed Dave whilst he was in the ambulance outside of QA Hospital.

The ASNS assessment and brief intervention deemed that Dave was not drinking to a dependent level, therefore did not need a detox, but would benefit from the alcohol service support and booked a follow up outpatient appointment for Dave.

Dave was supported with some breathing exercises and positive mental health strategies whilst in the ambulance. Due to this, Dave did not need to be admitted to hospital, took a taxi home without needing to attend A&E and the Ambulance were then free to attend another call out.

Dave was invited to attend 4 OT sessions in the ASNS evening clinic which worked around his working hours. These covered alcohol awareness sessions, meaningful activities/hobbies to support self-regulation and minimise cravings, healthy sleep hygiene techniques and emotional resilience to support with his worry, rumination & anxiety.

Dave remained abstinent from alcohol during the 4 weeks these OT sessions were completed and reported that "it was the best he had physically and mentally felt in a long time" with his health and wellbeing dialog score increasing by 8 points. During his final OT session before discharge, He reported that he was going to remain abstinent permanently and has not had any hospital admissions since."

Case study 2:

"Mick is a 48-year-old Navy veteran who left the Navy to become a full-time carer for his parents. He did not claim any income benefit for being a full-time carer and lived with his parents in their sheltered age 65+ house. Following the loss of his parents, Mick had begun to increase his alcohol consumption to deal with his grief and once his mother had passed away, his drinking amount became dangerous, and he was admitted to QA.

Due to Mick being under the age limit for the sheltered housing, he had resided in for many years, once his mother had passed, he was given notice that he had to vacate the property in 4 weeks' time. Mick had been in contact with the council. However, the council could only offer a shared room in a hostel. Mick had no access to benefits, no access to work and no access to anywhere to store his family's belongings, and was concerned about staying in a hostel, as he had never interacted with people with substance misuse before.

After an assessment, a warm referral to Alabaré was made, including arranging an appointment with them to discuss housing options. A warm referral to SSAFA for financial support was also made and the contact details for various Veteran charities that could support him at this time were provided.

A week later Mick has moved all his belongings into a storage unit and is living in a room within a shared house at Alabaré, with a key worker appointed to support him with his wellbeing, financial support and more permanent housing options. Mick has not consumed any alcohol since leaving hospital and is going to attend a bereavement support group for veterans at QA next month."

3.16 Dental Care

Perceptions of increased disadvantage in relation to healthcare have been exacerbated by the impact of the Covid-19 pandemic and other pressures on the health service. Local stakeholder

interviews highlighted problems in accessing NHS dental care that were mirrored in the national FiMT report. While it is seen by Armed Forces families and veterans as an example of disadvantage, it sits in a context where access to dental care is also a major current issue in the general population. This means that it is increasingly difficult to distinguish between disadvantage generally and that experienced by members of the Armed Forces community.[74]

3.17 Conclusion

The challenges faced by Armed Forces communities in accessing health care have been exacerbated by the pandemic and other pressures on the health service. While these pressures are similar to those experienced by the wider population, the lack of consistent approaches to recording data on Armed Forces communities limits the ability to ensure specific disadvantages are not being experienced. The establishment of the HIOW ICS, supported by the local authorities in the Solent region that are part of that system, provides an opportunity to reboot the action required to address this risk of disadvantage. This could include more consistently asking people if they are members of the Armed Forces community and using the answers to focus action to meet their needs.

Recommendation: *Request that HIOW Integrated Care Board report on how they plan to meet the Covenant Statutory Duty including representation at local Covenant Partnership; collection, analysis and provision of data on Armed Forces community including asking service users about Armed Forces status; information for the Armed Forces community.*

The risk of disadvantage faced by the spouses and partners of serving people and their children as a result of geographical relocation is increasingly recognised by local health providers and local authorities in the Solent. There is also an opportunity to explicitly broaden the focus of relevant health initiatives to address the disadvantage faced by this cohort as well as veterans.[75] While many of the issues experience by Service families in accessing GPs and dentists echo those in the wider population, there is a risk that the additional challenges of mobility compound and multiply those issues.

Recommendation: *Frontline staff in NHS agencies need to be made aware of the risk of disadvantage for families as well as serving personnel and veterans to ensure that the processes in place to ensure no disadvantage are followed, particularly around transferring of records and placement on waiting lists.*

Good progress has been made with raising awareness of veterans through Veteran Aware hospitals, Defence Employer Recognition and Veteran Friendly GP Practices. However, the lack of access to veteran-specific data from primary care and secondary care makes assessing both risk and impact difficult. From the Portsmouth data that is available, it is apparent that awareness of importance of the veteran identification needs to be continued to be raised amongst healthcare professionals and veterans themselves.

74 Forces in Mind Trust, *A Decade of the Covenant: A review of delivery and impact of ten years of the Armed Forces Covenant*, 2022, p. 26.

75 Ibid.

Recommendation: *Health partners should share good practice to support further progress with one another to advance through levels of the Defence Employer Recognition Scheme.*

Recommendation: *Explore further how the ICS approach to Population Health Management can enable a more granular understanding of the health experiences and outcomes of veterans.*

Recommendation: *Work with the OVA, DHSC and DLUHC to explore veteran-aware training for social work teams.*

Recommendation: *Encourage further research (nationally or locally) into the opportunities associated with online delivery of health services for Armed Forces communities as well as the risks associated with digital exclusion.*

Local data and stakeholder views support the continued national focus on mental health, with an increasing range of support available through initiatives such as Op Courage and service charities including Veteran Outreach Support.

Recommendation: *Continue to raise awareness of veteran specific mental health services locally, reduce the stigma associated with asking for help and ensure that frontline staff are enabled to recognise veterans presenting with mental health issues so they can be supported to access appropriate services.*

Local work to facilitate equitable access to sexual health services for individuals in the Armed Forces highlights the transformative potential of local partnership working. The strength of the local VCS in accessing national funding to address issues affecting the Armed Forces community can be seen in Aurora New Dawn's work on domestic abuse and sexual violence recovery across the Armed Forces.

Recommendation: *Continue to work with the Navy and other local stakeholders to raise awareness of the issues and opportunities in relation to sexual health services for military personnel and ensure that awareness of civilian services is covered as part of transition arrangements.*

Recommendation: *Continue to support organisations such as Aurora New Dawn to access national funding to provide specialist advocacy to victims of domestic abuse within the Armed Forces community.*

Recommendation: *Continue to support the Alcohol Specialist Nurse Service at PHU and explore ways to make this available in other areas with a high proportion of veterans.*

Data from the Alcohol Specialist Nurse Service at Queen Alexandra Hospital in Portsmouth highlights the impact of alcohol misuse on veterans and serving personnel locally, in what has tended to be an under-researched topic.

4 Children and young people

4.1 Context

Estimates of the number of Service children in the UK are often of the total number at national level. However, by applying different percentages to the 2021 Census population of children aged 0-15 years in each local authority (**14,741** in Gosport, **20,873** on the Isle of Wight, **37,184** in Portsmouth and **44,553** in Southampton), attempts can be made at estimating the numbers at local level.

One of the percentages is from the Local Government Association (LGA), who found that around 8% of children aged 0-15 years are from current and ex-serving Armed Forces families.[76] Another percentage is the proportion of veterans in each local authority (12.5% in Gosport, 6% on the Isle of Wight, 5.4% in Portsmouth and 3.1% in Southampton). However, applying this veteran percentage would assume that all veterans have children, thus the next percentage is the veteran percentage but with the AFCAS rate applied to it. The AFCAS rate, discussed in section 2.4, reports that 49% of Army personnel have children that they support financially. The veteran percentage with the AFCAS rate applied gives a new percentage of 6.1% for Gosport, 2.9% for the Isle of Wight, 2.6% for Portsmouth and 1.5% for Southampton. The last percentage is the percentage of Service Pupil Premium (SPP) students in each local authority, which is 10.2% in Gosport, 0.5% on the Isle of Wight, 3.6% in Portsmouth and 0.3% in Southampton. SPP is further discussed in section 4.4.

Applying these different percentages to the 2021 Census population of children aged 0-15 years in each local authority shows that in the Solent, there could be between **3,080** to **9,388** Service children aged 0-15 years.

As a result of their parents' involvement within the Armed Forces, the lives of Service children are impacted by several challenges. The length of parental deployment has been shown to be negatively correlated with attachment, academic performance and overall mental health and well-being. Service children's lives are also impacted by non-deployment factors such as mobility. Frequent relocation, sometimes unplanned and at short notice, can present challenges in terms of educational performance, friendships and access to healthcare[77], while finding and securing a school place can come with challenges that non-Service families do not routinely face. Long periods of parental separation and the revolving shift from a two-parent to a one-parent household can also place unique stressors on children and young people from Service families, as well as on the families themselves.[78] The UK Armed Forces Families Strategy document also adds an important an element to the discussion about deployment. The difficult and challenging aspects of deployment are not felt only during long overseas deployments: "lower profile deployments involving less apparent physical danger can have an equally disruptive

76 Local Government Association, *Meeting the Public Health Needs of the Armed Forces community: A resource for local Authorities and Health Professionals*, 2017, p. 5.

77 Lauren Godier-McBard, Abigail Wood & Matt Fossey, *The Impact of Service Life on the Military Child: The Overlooked Casualties of Conflict– Update and Review Report, Naval Children's Charity*, 2021, p.13, accessed December 2, 2022, The-Impact-of-Service-Life-on-the-Military-Child-The-Overlooked-Casualties-of-Conflict-Update-and-Review-Report-Interactive-Singles-1.pdf (navalchildrenscharity.org.uk).

78 Ministry of Defence, *Living in our Shoes: Understanding the needs of UK Armed Forces Families (Commissioned Review)*, 2020, accessed December 2, 2022, Living in our shoes full report (publishing.service.gov.uk)

Table 21: Estimates of the number of Service children aged 0-15 years in the Solent.

Local Authority	LGA %	Veteran %	Veteran % with AFCAS rate	Local SPP %
Gosport	1,179	1,843	903	1,504
Isle of Wight	1,670	1,252	614	104
Portsmouth	2,975	2,008	984	1,339
Southampton	3,564	1,381	677	134
Total	**9,388**	**6,484**	**3,177**	**3,080**

Table 22: Estimates of the number of Service children aged 0-5 years in the Solent.

Local Authority	LGA %	Veteran %	Veteran % with AFCAS rate	Local SPP %
Gosport	414	648	317	528
Isle of Wight	548	411	202	34
Portsmouth	1,093	738	361	492
Southampton	1,331	516	253	50
Total	**3,386**	**2,312**	**1,133**	**1,104**

effect on family life" and "non-operational separation, or weekly commuting, can [also] subject family relationships to significant strain".[79]

4.2 Early years and childcare

Estimating the number of Service children aged 5 years and under can be a bigger challenge as reports and studies often focus only on the number of all children and do not look at the numbers within different age groups. However, using the same percentages as in the section above, and 2021 Census population of children aged 0-5 years in each local authority (**5,181** in Gosport, **6,854** on the Isle of Wight, **13,659** in Portsmouth and **16,637** in Southampton), attempts can be made at estimating the numbers at local level.

Applying these different percentages to the 2021 Census population of children aged 0-5 years in each local authority shows that in the Solent, there can be between **1,104** and **3,386** Service children aged 0-5 years.

Armed Forces families with infants and young children experience similar needs and problems as civilian families. However, the problems are often exacerbated due to the parents' involvement in the Armed Forces, especially as such families are more likely to be living away from their wider family support network.[80] Research has shown

79 Ministry of Defence, *UK Armed Forces families Strategy 2022-32*, 2022, accessed January 16, 2023, UK Armed Forces families Strategy 2022-32 (publishing.service.gov.uk).

80 Local Government Association, *Meeting the Public Health Needs of the Armed Forces community: A resource for local Authorities and Health Professionals*, p.5.

that couples which experience more frequent and lengthier deployments also experience greater levels of parental stress and depressive symptoms.[81] Moreover, mental health problems tend to be especially prevalent among couples with young children during deployment periods, where one of the partners raises the children alone.[82] In addition, one study identified that the risk of postpartum depression is three times more likely in mothers whose partners were deployed during the pregnancy.[83]

Health visiting services in Portsmouth and Southampton are provided by Solent NHS Trust who have signed the Armed Forces Covenant and are Bronze Award Holders within the Defence Employers Recognition Scheme. They have updated their systems to capture information about Armed Forces status of the people they work with. This helps them to provide a tailored service to Armed Forces families, connecting them with information and other support as required. Solent NHS Trust have convened a new perinatal mental health group as part of the HIOW Military Mental Health Alliance, with the first meeting taking place in December 2022.

Given the problems experienced by Armed Forces families, childcare centres play a particularly important role in providing help and support to those families. Yet, childcare comes with its own set of challenges for Armed Forces families, which are highlighted in the Naval Families Federation's (NFF) 2021 childcare report. The report found that the key challenges are affordability, availability and flexibility.[84]

- Affordability: 73% of the NFF's survey respondents said that cost is the main difficulty that they face when trying to find suitable childcare. In addition to this, Armed Forces families also experience increased childcare costs, compared to civilian families, due to factors such as deployments.
- Availability: As a consequence of low availability of childcare in many parts of the UK, it is difficult for families to access and arrange childcare between assignment or when children transition between provisions due to age. There is also a lack of affordable and quality out-of-hours childcare and for children with disabilities.
- Flexibility: Childcare providers are often unable to accommodate short-notice changes or ad-hoc bookings stemming from the unpredictable nature of Armed Forces working patterns, which results in 'overbooking' and increased costs.

In terms of childcare centres within the Solent that place additional focus on Service children, the "Naval Under Fives" organisation is a voluntary managed charitable organisation, providing childcare and education. It has seven settings in total, which includes four in Gosport, two in Portsmouth and one in Fareham. Its locations are based within Ministry of Defence accommodation,

81 Jennifer Trautmann, Jeanne Alhusen and Deborah Gross, "Impact of deployment on military families with young children: A systematic review", *Nursing Outlook* 63, no. 6 (2015): 671, accessed December 2, 2022, Impact of deployment on military families with young children: A systematic review - ScienceDirect.

82 Ibid

83 Daniel Robrecht, Jeffrey Millegan, Lynn Leventis, Jo-Bette Crescitelli, and Robert McLay, "Spousal military deployment as a risk factor for postpartum depression", *The Journal of Reproductive Medicine* 53, no. 11 (2008): 860, accessed December 2, 2022, Spousal military deployment as a risk factor for postpartum depression - PubMed (nih.gov).

84 Naval Families Federation, *Childcare Report 2021*, 2021, p.6, accessed December 2, 2022, NFF-Childcare-Report-2021.pdf.

and they take children from babies to the end of pre-school.[85]

Home-Start Portsmouth, a local voluntary organisation supporting families with children under five, is working in partnership with the Royal Navy and Royal Marines Charity to help with issues of isolation in Royal Navy and Royal Marine families. The partnership offers home visits to any referred or self-referred family with a child aged under 12 who has a Royal Navy or Royal Marines serving family member; they offer a 10-week "nurturing programme" designed to alleviate social isolation whilst giving parents the tools for a nurtured and empathetic home; and they provide "stay & play" sessions at Cockleshell Community Centre for navy parents to attend with their children.[86]

4.3 Education

Several reports, such as one from The Forces in Mind Trust, have identified that children of serving members of the Armed Forces may face disadvantage compared with non-Service children, particularly in relation to schooling and school admissions due to the mobility of service.[87] The core Armed Forces Covenant response regarding 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
- Councils must commit to removing disadvantage for Service children, as appropriate for the area.

Within the Solent, data from PCC gives an example of school demand.[88] During the May 2022 census, surplus places in Portsmouth stood at 8.5% in primary sector and 12% in secondary sector. However, there are significant variations for some year groups and geographically in the city e.g. the significant proportion of surplus places in the secondary sector are in one school. As with other neighbouring LAs, over the last year Portsmouth has had increased number of applications from families moving into area from overseas.

All Service children moving into Portsmouth have been found school places, although 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. However, in some cases, Service children have been admitted over the Published Admission Number (PAN), where appropriate to do so.

Additionally, Portsmouth have also encouraged schools/academies to add Service Premium as an admission criterion and the majority of schools in Portsmouth have incorporated this into this their admission policies.

In Gosport and Portsmouth, which have service family accommodation sites, the numbers of Service children are higher in schools closest to the accommodation sites. This means that, while

85 Naval Under Fives, Naval Under Fives Childcare | Naval Under Fives.

86 Home-Start Portsmouth, Home-Start Portsmouth Royal Navy and Royal Marines Charity (hsportsmouth.org.uk).

87 Forces in Mind Trust, *Our Community - Our Covenant*, 2016, p. 29, accessed December 2, 2022.

88 Private communication with PCC, dated December 13, 2022.

in Portsmouth the average percentage of Service children all local authority maintained and academy is **3.5%**, there are schools with percentages of **13.4%** and **14.5%**. In Gosport, while the average is **10.2%** there are schools with percentages of **18.8%** and **30.6%**. Appendices 6 and 7 demonstrate service family demand for schools in Gosport and Portsmouth.

4.4
Service Pupil Premium

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 deployment.[89] 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 £320 per annum for each identified service child on roll. The SPP was extended ("Ever 6 service child") in 2020/21, so that a pupil who was eligible for service child premium since the 2015 school census was eligible as well as a child recorded for the first time in 2020. Examples of how SPP is used by schools in the Solent region are set out in section 4.7 below.

In 2021/22, **80,030** children were identified as eligible for Service Pupil Premium (SPP) by the Department of Education, and this comprises **0.9%** of all school children in state-maintained schools in the UK.[90/91] In 2022, a combined total of **2,222** pupils were registered for SPP in state-funded schools in Gosport, Isle of Wight, Portsmouth and Southampton, representing **2.5%** of the total cohort.[92]

Table 23: Service Pupil Premium by Local Authority and compared to national numbers[1]

Council	Total number of children (R–Yr 11)	Number of children registered for SPP	SPP as % of total cohort
Gosport	10,658	1086	10.2%
Isle of Wight	16,734	83	0.5%
Portsmouth	26,449	943	3.6%
Southampton	33,377	110	0.3%
Total (Solent)	**87,218**	**2222**	**2.5%**
National	**8,414,639**	**80,030**	**1.0%**

1. Local Authority and national numbers are for the academic year 2021/2022.

89 Nerys Roberts, David Foster and Robert Long, *The Pupil Premium* (Briefing Paper Number 6700), 2022, accessed December 28, 2022, The Pupil Premium (parliament.uk).

90 Ibid, p.8.

91 Department for Education, *Schools, pupils and their characteristics*, 2022, accessed December 6, 2022, Schools, pupils and their characteristics, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk).

92 Information obtained from education departments at HCC, PCC and SCC between June and November 2022.

Limitations of SPP data: Service child numbers include pupils attending the school that are eligible for SPP in 2022 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 in year R to 11 (aged 4-16 years) are eligible for SPP.

Local stakeholders report that some parents do not know what SPP is and will not know to make schools aware therefore it is important that schools ask. In addition, Service parents need to be encouraged to make the school aware of their status by talking to the head teacher or school admin staff. The same applies if a pupil has moved schools - many parents assume that the information automatically transfers to the new school.

4.5 Attainment

The 2022 Armed Forces Covenant and Veterans Annual Report found that *"the GCSE attainment of Service children in England is level with comparable non-Service children in England, as is the proportion of Service children in state-funded schools in England attending a school rated as Outstanding or Good by Ofsted. Service children are more likely to move school at times outside of the normal admissions round, but Service children in England are at least as likely to continue in sustained education or employment after Key Stages 4 and 5 as comparable non-Service children."*[93] The Children's Commissioner's 2018 report into the experience of Service children again noted the impact of mobility on their attainment, with Ministry of Defence figures showing that Service children are more likely to move school that non-Service children. Attainment for both groups of children are affected by mobility, with 46.7% and 25.9% of service and non-Service children (respectively) achieving the expected standard when attending 4 or more secondary schools.[94] While children were more likely to experience multiple moves in primary school before becoming more settled during secondary school, the proportion of Service children making multiple moves compared to their civilian peers means that the potential negative impact of this is noteworthy. Unfortunately, local data about the frequency of children's relocation and the changing of schools was not available.

The attainment data obtained from the councils of Portsmouth and Southampton shows that Service children do often perform equally as well or better than their civilian peers.[95]

In the comparison in Portsmouth, Service children performed better than their civilian peers in both 2019 and 2022 in all measures. Moreover, even as the results for both sets of students have improved between 2019 and 2022, service students have shown greater improvement.

In the comparison in Southampton, the story is slightly different. In 2019, Service children

93 Ministry of Defence, *The Armed Forces Covenant and Veterans Annual Report 2022*, 2023, accessed January 16, 2023, Armed_Forces_Covenant_annual_report_2022.pdf (publishing.service.gov.uk).

94 Children's Commissioner, *Kin and Country: growing up as an Armed Forces Child*, 2018, accessed December 16, 2022, KIN-AND-COUNTRY-Growing-up-as-an-Armed-Forces-child.pdf (childrenscommissioner.gov.uk).

95 Information obtained from education and data department at PCC and SCC in November 2022.

Table 24: Attainment Comparison in Portsmouth

Year	2019		2022	
Comparator	Service Premium	Other Pupils[1]	Service Premium	Other Pupils[1]
Cohort	52	1595	60	1856
Attainment 8	45%	40.6%	52.1%	42.9%
English & Maths 9-5	44.20%	34.70%	53.30%	40.70%
English 9-5	63.50%	51.30%	68.30%	56.70%
Maths 9-5	46.20%	40.20%	63.30%	46.40%

Table 25: Attainment Comparison in Southampton

Year	2019		2022	
Comparator	Service Premium	Other Pupils[1]	Service Premium	Other Pupils[1]
Cohort	*		*	
Attainment 8	43.3%	44.1%	53%	45.9%
English & Maths 9-5	*	31.40%	40.00%	41.40%
English 9-5	50.00%	44.60%	40.00%	45.90%
Maths 9-5	40.00%	41.20%	70.00%	61.20%

1. "Other pupils" refers to everyone not identified as service premium.

*2. * denotes suppressed figures due to low count.*

performed slightly worse in terms of Attainment 8 and Maths 9-5, but performed better in terms English 9-5. In 2022, the Service children overtook than their civilian peers, and similarly as in Portsmouth, experienced a much greater improvement in both Attainment 8 and Maths 9-5, but they fell behind in English 9-5. However, the comparison in Southampton suffers from an important limitation. Some numbers had to be supressed due to the small cohort size, and as such, definitive conclusions should not be drawn from these numbers.

While the attainment of Service children in comparison to their peers does not highlight reasons for concern, the impact of service life may be limiting them from reaching their full potential. Interviews with local stakeholders also highlighted the impact that transition between schools can have on crucial aspects such as PHSE, where particular topics may be covered once or twice a year, leading to children that move more frequently potentially missing important parts of this curriculum.

4.6 Special Educational Needs

National reports have consistently found that Service children with additional needs or disabilities often experience additional challenges, on top of those associated with being from a service family. The Selous Review in

2020[96] echoed the National Audit Office (NAO) consultation in 2013, which showed 73% of respondents identified as having children with special educational needs reporting difficulties associated with arranging schooling for their children.[97] These issues were first identified in Ofsted's 2011 review of the quality of provision and outcomes for Service children which identified that Service children with Special Educational Needs and/or disabilities (SEND) 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.[98]

Hampshire County Council (HCC) and PCC are both part of the MOD Local Authority Partnership Group (MODLAP), which is committed to working together to improve the experience and outcomes of all Service children. MODLAP is trying to increase the consistency in how local authorities transfer Education, Health and Care Plans (EHCP) for Service children, so that children's histories and specific requirements are picked up easily upon relocation to a new area. It has established a set of principles to provide a framework for the effective management of transfers of Service children with SEND which build on the SEND code of practice.

Work undertaken for the 2018 Needs Assessment found that numbers of pupils in receipt of Service Pupil Premium and registered with Special Educational Needs (SEN) were low in all four council areas. In Gosport, the cohort was just big enough to make comparison in relation to statements of need and/or the provision of an 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%). 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%). 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%).[99] However, as a result of resource constraints on data teams within local authorities, data on Service children with SEND was not available to support this updated needs assessment.

Notwithstanding the challenges of accessing the data, 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 still required to understand Service children with SEN, experience of education and broader life within the Solent area, with local stakeholders echoing the national literature[100] in highlighting it as a continued area of concern.

96 Ministry of Defence, *Living in our Shoes: Understanding the needs of the UK Armed Forces Families (Commissioned Review)*, 2020, pp. 73-76.

97 National Audit Office, *The education of Service children: findings of a National Audit Office consultation* (Briefing for the House of Commons Defence Committee), 2013, accessed December 5, 2022, 10145-001-The-Education-of-Service-Children.pdf (nao.org.uk).

98 Ofsted, *Children in Service families: The quality and impact of partnership provision for children in Service families*, 2011, accessed December 5, 2022, Ofsted publication (publishing.service.gov.uk).

99 Information obtained from education from HCC, PCC and SCC education departments dated February 19, 2018.

100 Ministry of Defence, *Living in our Shoes: Understanding the needs of the UK Armed Forces Families (Commissioned Review)*, 2020, pp. 73-76.

4.7
Support for Service children

Within the Solent region, different approaches have been taken to support Service children to manage the unique challenges of service life. Some examples of good practice are set out below, but it is important to note that local stakeholders report that parents are often not clear on how SPP is used to support their child, and many schools in the region do not report on their use of SPP. This echoes the findings of the Selous Review which found that, across England, "SPP is not being utilised to its full potential and Service children are losing out on valuable support as a result".[101]

In Gosport, the Gosport and Fareham Multi-Academy Trust (which comprises two secondary schools, two primaries and a specialist SEN school) supports over 300 Service children. Through their Service children and Families roles (Lead, Practitioner and Coordinator), they ensure that all Service children and their families have the environment, support and guidance to ensure their specific needs that relate to being a Service family are met. A three-year plan for the next phase of this work is currently being developed and the team are keen to share their experience with other settings in the Solent.

On the Isle of Wight, small numbers of Service children, coupled with high levels of dispersion in terms geography and age groups, has invited a different approach focused on general awareness raising, with guidance being developed and distributed to signpost schools who have identified service pupils. Moreover, from a careers perspective, there is also proactive engagement with Military Outreach, as a result of which reservists attended career fairs and the Royal Navy Attract Team have been in touch secondary schools.

In Portsmouth, "Pompey's Military Kids" is a joint initiative run by representatives from various schools across the city, in partnership with PCC and Aggies, a naval charity which provides pastoral support. To date, 31 schools, and 833 Service children have been connected in this initiative which provides Service children with a supportive peer network. It provides school staff with practical tools they can use with children from service families to support them to manage the cycle of deployment. Aggies' staff facilitate a number of activities, including sports days, Christmas carol services and theatre trips to provide networking opportunities and enhance the quality of life of the military children. Expansion of a network approach across the Solent would enable Service children attending schools with lower numbers of service pupils to feel connected their wider peer group.

Moreover, in Portsmouth, Caron Berry (Chair of Portsmouth Parent Board and Service wife and mother) and Caitriona Scully (Senior Educational Psychologist, PCC), are producing a toolkit for schools in receipt of SPP that will be launched alongside this needs assessment. It highlights good practices from a number of Portsmouth schools with a range of SPP numbers on roll, and of which the examples below are just a small sample of what each school is doing:

- An after-school club for Service children called Forces Friends (Solent Infant School)

101 Ibid., p. 69.

- Through membership of Portsmouth Military Kids, supporting pupils to attend the PMK Sports Day (St George's Beneficial CofE Primary School)
- Encouraging deployed parents to email their children at school and preparing memory boxes for children to share work or activities with deployed parents on their return (Solent Junior School)
- A Connecting Forces Group that brings together staff with military connections, Service children and veterans to provide a friendly support system (Miltoncross Academy)

While schools are held to account for the spending of SPP funding through Ofsted inspections, government guidance is clear that spending of SPP should be accounted for separately to main Pupil Premium funding. The toolkit that has been developed in Portsmouth includes an example template for how to report this which, if used more widely by schools in the Solent area, would enable more robust analysis of how SPP is enabling schools to support their Service children.

For all the schools maintained by the Local Authority, Southampton City Council (SCC) has a provision in its schools' admissions policies to prioritise Service children. However, there are no additional initiatives in place to support Service children, due to the low numbers. Additional initiatives would require a solution outside of schools, such as for example a dedicated Armed Forces Schools officer to work with children across schools, which SCC is unable to fund.[102]

Support for Service children and families is also present within the charity sector. For example, large national organisations based in the Solent include the NFF who help Naval Service families with any aspect of Service life, including childcare, all stages of education including SEND, as well signposting to other support; and the Naval Children's Charity (NCC) supports Naval Service children and their families both directly and through community work and resources.

Forces Employment Charity runs a Families Programme to support civilian spouses and partners of serving and ex-Forces personnel on their journey into employment. As part of this they are the delivery partner for EM3, a new initiative from Enterprise M3 Local Enterprise Partnership and the European Social Fund, that provides support to Service children as well. This work recognises the lack of specific careers support to children from Service families, particularly if they are part of a small SPP cohort in their school. While the funding only covers children aged 14-24 with a serving parent or carer in the M3 LEP area, they do provide support to families living in Hampshire and the Isle of Wight. Through their education and skills liaison work in 2022, young people in Year 11 from Armed Forces families have highlighted issues including lack of awareness about why a CV is needed or how to write personal statements and covering letters, and parental expectations both to achieve at school (despite the impact of service life) and potentially to follow into military careers. This was in addition to the challenges caused by mobility and parental separation discussed elsewhere in this report.

102 Private communication between SCC and PCC dated November 9, 2022.

4.8
Further and higher education

Research undertaken by the University of Winchester has identified that fewer Service children go to university compared to the general population.[103] This has been further highlighted by the Office for Students (OFS), which estimated that the participation rate is 24% compared to a national average of 43%.[104] The Winchester 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 situation.[105] This point has been further highlighted in the research by McCullouch, Hall and Ellis[106], where in interviews with undergraduates from Armed Forces families natioanlly about post-16 education, they were told things such as:

- "…it costs money to carry on after 16"
- "I worried about my parents' finances"
- "I didn't get to go where I wanted to go because I wanted to stay where I was initially but the army wouldn't pay for that"
- "I ended up going to probably one of the worst rated colleges in the country just because it was nearer to me and it was free"

And the messages and recommendations from the Winchester research included 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.

The University and Colleges Admissions Service (UCAS) has produced a toolkit to support children from Armed Forces families on their journey to higher education.[107] It includes practical tips on how to highlight the skills and strengths gained through their experiences and to provide context on how things like frequent school changes may have impacted on their attainment.

Southern Universities Network (SUN) also employ Progression Mentors, including at Fareham College, who are working to improve how learners from military backgrounds are supported. The OFS decision that these students fall under the remit of targeted support and strategic outreach for progression toward HE means there are further opportunities to develop this work locally, alongside those from other widening participation criteria.

103 The University of Winchester, *Further and Higher Progression for Service Children: Research Paper*, 2016, accessed December 5, 2022, UoW-research-paper_Further-and-Higher-Progression-for-Service-Children.pdf (scipalliance.org).

104 Office for Students, *Children from military families*, 2020, accessed December 5, 2022, Children from military families - Office for Students.

105 The University of Winchester, *Further and Higher Progression for Service children: Research Paper*.

106 Judith McCullouch, Michael Hall and Sophie Ellis, "The Education of Children from Military Families: Identity and Agency", *Educationalfutures*, 9, no. 2 (2018): 16, accessed December 5, 2022, BESA-Journal-EF-9-2-1-mccullouch.pdf (scipalliance.org).

107 UCAS, *Supporting Children from UK Armed Forces families (Service children)*, accessed December 15, 2022, Supporting children from UK Armed Forces families (Service children) | Undergraduate, Conservatoires, Teacher Training | UCAS.

4.9 Welfare

As mentioned throughout this section, due to their parents' involvement in the Armed Forces, Service children are affected by several challenges, which in turn lead to the children experiencing increased anxiety, depression and overall worsened mental health and well-being. The NCC report also highlighted while younger children experience more disruption to their lives, older children have a better understanding of the military service and as a result experience more sadness and worry regarding their parent's safety.[108]

However, despite the known negative impacts of Armed Forces life on Service children, 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 SPP students at schools with social care systems, which is labour-intensive, cannot be done regularly and is inaccurate as not all Service children are identified by SPP.

4.10 Children and young people conclusions and recommendations

The needs of Service children and young people are generally similar to the needs of those in the non-service population. However, Service life does present some unique and additional challenges for these children, particularly in relation to mobility, social integration, support and consistency of provision which in turn can impact on emotional wellbeing, educational attainment and progression.

There is a lack of routinely available of data on a range of issues that fall with the Covenant and where there is clear evidence of risk of disadvantage from national reports and local stakeholders. Addressing this should be a priority to ensure risk of disadvantage for children from Service families is mitigated.

Recommendation: *Reinvigorate the Solent Covenant Education Partnership with a view to prioritising the recording and analysis of key data (e.g. SEN numbers and outcomes, attendance of SPP cohort).*

Attainment data shows that pupils in receipt of SPP generally perform equally as well or better than their civilian peers. However, the organisations that work with Service families highlight the continuing challenges that Service children face in a number of areas and the lack of systematically available data outside of the SPP attainment data means these issues continue to risk being missed within local areas.

Recommendation: *Work with schools/clusters, e.g. Gosport and Fareham Multi-Academy Trust (GFMAT), to research the impact of service-specific issues, such as mobility, on outcomes at KS2, KS4 and transition into FE / HE.*

Recommendation: *Expand a network approach of shared support across the Solent to enable Service children attending schools with lower*

108 Lauren Godier-McBard, Abigail Wood & Matt Fossey, *The Impact of Service Life on the Military Child: The Overlooked Casualties of Conflict– Update and Review Report*, Naval Children's Charity, 2021, pp.25-30.

numbers of service pupils to feel connected their wider peer group.

Recommendation: *Encourage Service parents to make the school aware of their status by talking to the head teacher or school admin staff.*

MODLAP provides a framework for local authorities to work together to meet the needs of children and young people with special educational needs and disabilities from Service families in areas, such as parts of the Solent region, where there are high numbers of Service children. Recognising that Service children may relocate more often than the general population, and at short notice, the Principles agreed provide a framework for the effective management of transitions, in order to avoid Service children with SEND experiencing delays in having their needs assessed and met. It is important that local services follow those principles.

Recommendation: *More should be done to ensure the MODLAP principles are being met by those authorities in Solent that have signed up to them, and to share best practice with others in the region.*

There are many examples of good practice within the Solent of how parents, welfare organisations and service providers are working together to ensure Service families are supported at all stages, from health visiting right through to transition to work or higher education.

Recommendation: *Share examples of good practice from early years, school settings, higher and further education providers to ensure consistency of support throughout Service children's education.*

Recommendation: *Promote the Portsmouth SPP toolkit and encourage schools to report specifically on how Service Pupil Premium is used in their school.*

Recommendation: *Work with the universities of Portsmouth, Southampton and Winchester within the Southern Universities Network (SUN) to explore how the UCAS service family flag can be used to identify outcomes for students from Service families in higher education.*

Recommendation: *Solent Partnership Should explore with Forces Employment Charity how the provision for Service children within their Families Programme for employment service could be rolled out to cover the Solent region.*

5 Housing

5.1 Context

Members of the Armed Forces community are reported to have poor understanding of some of the realities of civilian life and perceive themselves to experience disadvantage in relation to housing.[109] The qualitative survey of local stakeholders representing Armed Forces communities also highlighted the ongoing perception that access to housing is a particular challenge for some parts of the Armed Forces community, with 'local connection' policies of local authorities still being seen as difficult to navigate (see section 5.5 below).

There are ways in which the Armed Forces population is in a more precarious position in relation to housing, compared to the population as a whole, e.g. due to the potentially lower rates of home ownership. The English Housing Survey from the Department for Levelling Up, Housing & Communities (DLUHC) shows that in 2020/21, 65% of all households in the UK were owner occupiers.[110] Although not directly comparable, this percentage is higher than what is reported among Armed Forces personnel or among military spouses/partners. During the Cost of Living crisis in 2022, it became apparent that people who were renting compared to those paying a mortgage were significantly more likely to find it difficult to afford their energy, rent or mortgage payments.[111]

The Armed Forces Continuous Attitude Survey (AFCAS) 2022 reports that 51% of the Armed Forces personnel own their home and that percentage has remained unchanged since 2017.[112] Whereas, the Families Continuous Attitude Survey (FamCAS) 2022, which is directed the spouses/partners of Armed Forces personnel, reports that 60% of the families own their homes and that percentage has remained unchanged since 2014.[113] It is important to note that the AFCAS and FamCAS surveys both had low total response rates (33% and 18% respectively), and as such, it is important to treat these percentages with caution. Additionally, the issue of lower home ownership is more pronounced at ranks other than officer as in both AFCAS and FamCAS, home ownership among Officers and spouses/partners of Officers was above the national percentage (76% in AFCAS and 81% in FamCAS).

Data obtained from Citizens Advice Portsmouth (CAB) shows that in a "Forces for Families" project, directed at Armed Forces veterans and which ran between September 2018 and May 2022, housing was one of the top four concerns among veterans seeking help from CAB.[114] 29 out 272 **(11%)** clients sought help in relation to housing. Out of the 29 clients, 18 **(62%)** were between the

109 Forces in Mind Trust, *Our Community - Our Covenant*, 2016, p. 17, accessed December 8, 2022.

110 Department for Levelling Up, Housing & Communities, *English Housing Survey*, 2021, p. 3, accessed 8 December, 2022, English Housing Survey: headline report (publishing.service.gov.uk).

111 Office for National Statistics, *Opinion and Lifestyle Survey*, 2022, accessed November 14, 2022, Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk).

112 Ministry of Defence, *Armed Forces Continuous Attitude Survey (AFCAS) 2022*, 2022.

113 Ministry of Defence, *Families Continuous Attitude Survey (FamCAS) 2022*, 2022, accessed December 8, 2022, UK Tri Service Families Continuous Attitude Survey Results 2022 (publishing.service.gov.uk).

114 Private communication with Citizens Advice Portsmouth, dated November 18, 2022.

ages of 30 and 44. 13 out 29 **(45%)** of the clients were female, compared to 12 out of 29 **(41%)** being male.[115] The gender split suggests that housing difficulties in particular could be more of an issue for females; in the gender split for the total number of clients seeking help from CAB, females represented **35%** of clients and males represented **48%**.[116] However, it is necessary to remember that 29 is not a large sample and concrete conclusions should not be drawn from this.

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 postings.[117] The two main types of Service accommodation are Single Living Accommodation (SLA) and Service Family Accommodation (SFA) and they are widely used among Armed Forces families as the AFCAS reports that 73% are in either SLA or SFA.[118]

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. However, the levels of satisfaction with Service accommodation have been steadily falling. Compared to 2015, the 2022 satisfaction levels have experienced a 10% fall in all categories. Satisfaction with the overall standard has dropped from 58% to 48%, satisfaction with responses to requests for maintenance / repair work has dropped from 40% to 30% and satisfaction with the quality of maintenance / repair work has also dropped from 40% to 30%.[119]

In addition to the falling satisfaction levels, the MOD admits that the current accommodation is now outdated and does not adequately meet the needs of the Service personnel. There are several flaws with the current system: it is not flexible and does not accommodate different ways of living, forcing some to opt out subsidised accommodation; it is based in part on rank, rather than need; and it also has large overheads and increasing need for repairs.[120]

With the above in mind, the MOD is currently piloting a new way of providing living accommodation to eligible service personnel, entitled the Future Accommodation Model (FAM). This includes being supported to rent a home in the private market and a widened entitlement that is based on need, rather than rank and that recognises family composition beyond traditional

115 The percentages for females and males add up to 86%. In 4 out of 29 (14%) clients, the gender was not recorded.

116 The percentages for females and males add up to 83%. In 17% of the clients, the gender was not recorded.

117 Louise Brooke-Holland, *Armed Forces Housing* (Briefing Paper Number 07985), 2017, accessed December 8, 2022, Armed Forces Housing (parliament.uk).

118 Ministry of Defence, *Armed Forces Continuous Attitude Survey (AFCAS) 2022*, 2022, p. 18.

119 Ibid.

120 Ministry of Defence, *What you need to know about the Future Accommodation Model*, 2022, accessed 8 December, 2022, - What you need to know about the Future Accommodation Model - GOV.UK (www.gov.uk).

models alongside existing options of SLA and SFA.[121] There are currently three pilot sites: HMNB Clyde, Aldershot Garrison and RAF Wittering, and a decision was due to be taken in 2022 on whether to extend FAM across the rest of the UK.[122]

The Leader of Portsmouth City Council has offered to explore a local pilot scheme with the council providing maintenance in line with its model for local authority housing. The greater flexibility in the FAM model could potentially be utilised in different ways in local areas though securing national engagement in local schemes can be a barrier.

Given that the none of the three national pilot sites are based in Gosport, the Isle of Wight, Portsmouth or Southampton, the impact of FAM within the Solent area is currently unknown. However, as FAM is more flexible and living in accommodation within the private rental sector is an option, it is possible that if FAM is extended to the Solent area, interest in privately rented accommodation within the Solent may increase in as personnel previously accommodated by the MOD seek a better deal.

Some recent housing cases identified by PCC have noted that service families fear the increase in costs in moving from SFA to private rented accommodation. Within FAM, help is offered to make private accommodation more affordable. "Rental Payment" help includes a "core payment", which is a fixed sum payment of £125 per month and a "geographic payment", which is a payment to ensure that the costs of renting are the same wherever an individual is based and varies according to how expensive the area is and the family size.[123] However, with rents increasing significantly in the private sector over the past year, there is likely to be a growing gap between the FAM payment and the actual costs.

Within the Solent there are multiple SFA sites, capable of accommodating **4,266** people (including spouses, civil partners and dependants) and in December 2022 the occupancy rates for SFA in the Solent are close to full capacity, with some voids due to upgrades.[124] It is useful to also point out that compared to the previous Armed Forces Needs Assessment, the MOD no longer have a policy to keep 10% of Service Accommodation vacant as a buffer.[125]

Table 26: Service Families Accommodation in the Solent

Area	Number of SFA properties	Capacity (adults and children)
Gosport	900	2324
Portsmouth	714	1942
Isle of Wight	0	0
Southampton	0	0
Total	**1614**	**4266**

Within the Solent, several SLA sites have been identified in Gosport and Portsmouth: HMS

121 Ibid.

122 Ibid.

123 Ministry of Defence, *What you get under FAM if you're renting your own home*, accessed January 28, 2023, FAM - What you get under FAM if you're renting your own home | Royal Navy | Discover My Benefits (mod.gov.uk).

124 Private communication with the Ministry of Defence, dated December 8, 2022.

125 Ibid.

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 1,600 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 used to be delivered by the Joint Service Housing Advice Office but after a government review that office no longer exists and a revised set of its outputs is now delivered by the Defence Transition Services (DTS), part of Defence Business Services (DBS).[126] DTS delivers an annual programme of civilian housing briefings to help inform and guide Service personnel and their families about the choices available to them and the need to plan ahead.[127]

The Single Persons Accommodation Centre for the Ex-Services (SPACES) is designed to help single service leavers to find appropriate accommodation when they leave. There is also the Services Cotswold Centre (SCC), which is a tri-Service facility that provides short term transit accommodation for service personnel, their spouses, civil partners and families.[128] Additionally, In April 2018, the Cobseo 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. However, searches within the online system for the Solent area did not return any local providers. 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.

5.4 Veteran-Specific housing

There are several providers of veteran-specific housing within the Solent. 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 Portsmouth[129]

Agamemnon Housing Association provides onsite colleagues that promote 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

126 Ministry of Defence, *Information and guidance on civilian housing*, 2022, accessed December 8, 2022, Information and guidance on civilian housing - GOV.UK (www.gov.uk).

127 Ibid.

128 Ibid.

129 Agamemnon Housing Association, https://agamemnonha.org/our-courts/

Solent Agamemnon have six schemes (two in Gosport, three in Portsmouth and one in Havant), 99 two-person and 142 one person homes with a total of 241 affordable homes available. Agamemnon also have a small number of homes that have been adapted for disabled tenants and they continue to explore and develop more properties for veterans in the area.[130]

CESSA Housing Association - Gosport and Portsmouth[131]

CESSA Housing Association provides sheltered housing to veterans, their spouses, partners, widows/widowers, parents and children who are aged 60 or over, including National Service, former Reserve Forces, MOD Civilian Employees, and RFA & RNXS. Within the Solent, CESSA Housing Association have four accommodation sites (1 in Gosport and 3 in Portsmouth), with 75 (double - 2-person) and 61 (single - 1-person) flats. Six double flats are disability-adapted and some others are wheelchair accessible. The Association also manages a property in Southsea on behalf of Greenwich Hospital, a Crown Naval Charity, that takes only ex RN, RM, WRNS, QARRNS, RN National Service, RFA & RNXS, and their spouses & partners. This has 10 (2 person) and 27 (1 person) flats; none are wheelchair accessible.[132]

CESSA Housing Association also has another property in Stubbington, with 16 (double – 2-person) and 39 (single – 1-person) flats. Two properties are disability-adapted.

Haig Housing Trust - Isle of Wight and Portsmouth[133]

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 exService 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.

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,

130 Private communication with Agamemnon Housing Association, dated January 9, 2023.

131 CESSA Housing Association, CESSA Housing Association | (cessaha.co.uk)

132 Private communication with CESSA Housing Association, dated December 19, 2022.

133 Haig Housing Trust, Haig Housing Trust

specifically designed to cater for veterans leaving prison. This accommodation closed in April 2018. Care after Combat 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

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 FiMT report notes *"Potential disadvantage in relation to social housing needs to be considered in the context of the critical shortage and competing demands for this very limited stock. There are many members of society who are experiencing great difficulty accessing social housing, including cohorts with needs similar to those experienced by the AFC such as ex-offenders or people fleeing domestic abuse"*.[134]

The Statutory Guidance on the Armed Forces Covenant Duty 2022 specifies that Councils:

- Must disregard the local connection rule when considering applications from serving members, or veterans who have been out of the military for five years or less, bereaved spouses, and existing or former reservists suffering from injury, illness or disability attributable to their service. This exemption has also been extended to divorced or separated spouses or civil partners of Service personnel, who are required to move out of accommodation provided by the MOD.
- 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. This additional preference has also been extended to members of the Armed Forces community suffering from mental ill health (wholly or partly attributable to Service) to ensure that they are given appropriate priority for social housing.[135]

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. Stakeholder interviews showed the perception remains that a local link must be demonstrated and that this can be difficult to prove. This perception could prevent people seeking support, although it is also worth noting that access criteria to council housing is highly constrained by lack of supply in most areas.

Within the Solent, in 2022/23, data from Gosport Borough Council (GBC) identified 7 live cases from Armed Forces community and this represented 1.1% of total live cases at the time.[136] Data from PCC showed that 45 out of 2079 (2.2%) current Housing Register Applications have a Main

134 Forces in Mind Trust, *A Decade of the Covenant: A review of delivery and impact of ten years of the Armed Forces Covenant*, 2022, p. 34.

135 Ministry of Defence, *Statutory Guidance on the Armed Forces Covenant Duty*, 2022, p. 56.

136 Private communication with GBC, dated September 5, 2022.

Applicant or Partner listed as "Ex-Forces".[137] In July 2022, the Isle of Wight Council (IOWC) identified 12 applications from the Armed Forces community in its system.[138] SCC currently has no process in place to identify service personnel who have been accepted onto the waiting list. However, it is something the council is looking at implementing in the near future.[139]

In terms of the council responses, the government code of guidance has a specific chapter that advises councils how to deal with social housing applications from former Service personnel.[140] All of the Solent councils have an allocation policy (which sets the rules for the social housing waiting list) that may put members of the Armed Forces community in a better position than others e.g. by disregarding the local connection rule for eligible applicants from the Armed Forces community. For example, an individual might be considered to have a local connection when they ordinarily would not, or they may receive additional priority. When deciding whether an individual is entitled to temporary accommodation whilst waiting for the application to be assessed, it is also considered whether the individual's vulnerability is as a result of the Armed Forces connection.[141] [142] [143] [144]

All Councils allocate housing based on need. It remains important to ensure that all staff are trained and made aware of the specific ways in which Armed Forces communities may be particularly disadvantaged. This could include local work to address the gap in understanding between local authorities and the Armed Forces community in relation to housing.

5.6 Homelessness

Homelessness, among veteran community especially, is not easy to measure. One of the most accurate existing methods is CHAIN (Combined Homelessness and Information Network). CHAIN is a multi-agency database recording information about people sleeping rough and the wider street population in London.[145]CHAIN collects information about "verified rough sleepers", those who have been seen sleeping rough by outreach workers, as well as "wider street population", those who have a "street lifestyle" of begging and street drinking. There is a differentiation between the two groups, as not all of those who have a "street lifestyle" are also rough sleepers.[146] The CHAIN full report for Greater London for the year 2021/22

137 Private communication with PCC, dated July 14, 2022.

138 Private communication with IOWC, dated July 14, 2022.

139 Private communication with SCC, dated July 13, 2022.

140 PCC, Homelessness - if you are a member of the Armed Forces - Portsmouth City Council.

141 Ibid.

142 GBC, Gosport Armed Forces community - Gosport Borough Council.

143 IOWC, Microsoft Word - 200911 Allocation Policy New FINAL Nov 2019 (islandhomefinder.org.uk).

144 SCC, Information and support for the Armed Forces community (southampton.gov.uk).

145 Homeless Link, *CHAIN*, accessed December 8, 2022, CHAIN | Homeless Link.

146 Ibid.

finds that 291 "verified rough sleepers" with an Armed Forces background have been identified, which represents 5% of the total number of the "verified rough sleepers". Moreover, 110 of the 291 (2%) are of UK nationality and 181 out of the 291 (3%) are of non-UK nationality. These percentage remain largely consistent when compared with previous years.[147] These percentages confirm estimates from a report from the Royal British Legion, which estimates that between 3% and 6% of homeless people have an Armed Forces background.[148]

However, it is also important to keep in mind that firstly, time spent in the forces could have been at any point in the person's life, and it is not necessarily the case that the person has recently been discharged. Secondly, areas in the Solent, such as Portsmouth and Gosport have a higher percentage of ex-Armed Forces personnel and applying national percentages to those areas could potentially be misleading. And thirdly, the numbers above exclude 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 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 problems. In 2013, the Centre for Housing Policy commissioned the University of York to undertake research regarding the support and accommodation needs of veterans in Britain.[149] 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, data obtained from Gosport shows that in the last 3 financial years, there were 37 veterans who were identified as homeless or pre-homeless - 15 in 2020/21, 10 in 2021/22 and 12 in 2022/23[150]. Data from Portsmouth shows that 136 of 5874 (2.3%) households making a homeless approach in the last 3 financial years had a Main Applicant or Partner listed as "Ex-Forces", but no veterans have been identified in its homelessness counts.[151] Private communication with SCC showed that no homeless veterans were identified in its homelessness counts.[152] The Isle

147 Greater London Authority, *Rough Sleeping in London (CHAIN Reports)*, accessed December 8, 2022, Greater London full 2021-22.xlsx (airdrive-secure.s3-eu-west-1.amazonaws.com).

148 Royal British Legion, a UK Household Survey of the Ex-Service Community, 2014, accessed December 8, 2022, Household Survey | Veteran Needs | Royal British Legion.

149 Anwen Jones, Deborah Quilgars, Lisa O'Malley, David Rhodes, Mark Bevan and Nicholas Pleace, *Meeting the Housing and Support Needs of Single Veterans in Great Britain* (University of York: Centre for Housing Policy), 2014, accessed December 8, 2022, Meeting the Housing and Support Needs of Single Veterans in Great Britain (york.ac.uk).

150 Private communication with GBC, dated December 13, 2022.

151 Private communication with PCC, dated November 26, 2022.

152 Private communication with SCC, dated July 13, 2022.

of Wight has not identified any homeless veterans as it does not have a process identifying veterans in its homelessness counts.[153] However, it is also important to highlight a point raised by VOS that although there may be few homeless veterans on the streets, there are hidden homeless veterans, who seek help from VOS, who are staying in poor or short-term accommodation.[154]

Alabaré work with homeless veterans in Gosport. They 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).

Additionally, in terms of government action, in 2018, the government introduced the Homelessness Reduction Act duty to refer, which requires the Secretary of State for Defence to refer members of the Regular Forces, who may be considered to be homeless or threatened with homelessness within 56 days, to a local housing authority of their choice, with the individual's consent. A person who is vulnerable as a result of having been a member of Her Majesty's Regular Armed Forces (a veteran) has a priority need for accommodation.[155]

The Veteran Strategy Action for 2022-24 from the Office for Veterans' Affairs states that more accurate and consistent recording of veteran status among homeless people will be one of the priorities for DLUHC and that research will be carried out about how to achieve this goal.[156]

5.7 Financial and life skills

Similarly, to the civilian population, financial worries and problems are very much present within the Armed Forces veteran community. Data obtained from CAB's "Forces for Families" project, shows that **48.5%** (132 out of 272) of the recorded enquiries were of categories relating to money and finance and, where the gender was recorded, **48%** (63 out of 132) enquiries were from males and **32%** (42 out of 132) enquiries were from females. Delving into the individual enquiry types, the most prominent types related to: benefits & tax credits & universal credit **(22%)** financial

153 Private communication with IOWC, dated July 14, 2022

154 Private communication with VOS, dated November 29, 2022.

155 Department for Levelling Up, Housing & Communities, *Improving access to social housing for members of the Armed Forces*, 2020, accessed December 8, 2022, Improving access to social housing for members of the Armed Forces - GOV.UK (www.gov.uk).

156 Office for Veterans' Affairs, *Veterans' Strategy Action Plan: 2022–2024*, 2022, p. 13. Veterans' Strategy Action Plan 2022-2024 (publishing.service.gov.uk).

services & capability **(16.5%)** and debt **(9.9%)**.[157] However, while there were more enquiries from males in terms of all enquiries relating to money and finance, in the category related to benefits, credits and universal credit, females represented **52%** (31 out of 60) of the clients and males represented **40%** (24 out of 60).[158] This shows an overrepresentation of females as in the total number of clients seeking help from CAB, females represented **35%** of clients and males represented **48%**.[159]

Similar issues have been seen in the wider population with welfare benefits and debts among the top three issues among clients accessing support from Advice Portsmouth between 2019 and 2021.[160] The PCC Cost of Living helpline (launched in November 2022) shows a gender split, with 63% (111 out of 163 callers) to being female in the period up to January 3, 2023. However, these figures are not directly comparable due to different time periods covered, target audience and methodology. The CAB project was aimed at a veteran population that is disproportionately male although was open to the whole family, so it is difficult to make assumptions about the veteran status of the person making contact.[161]

5.8
Support from Welfare organisations

Several national charities provide significant help to Armed Forces veterans and their families within the Solent. Royal Naval Benevolent Trust (RNBT) total expenditure amounted to £5.9m in 2021/22, which included expenditure on providing financial assistance to beneficiaries of over £2.4m (£1.4m on individual grants and £1.1m on Regular Charitable Payments)[162]. RNBT supports serving and former serving Royal Naval Ratings and their beneficiaries wherever they are in the world. However, there are clear benefits to the Solent Armed Forces communities from having large welfare organisations such as RNBT based in Portsmouth. Their partnership with Lightning Reach was set up to help eligible beneficiaries facing financial hardship to receive support, recover from shocks and build financial resilience. It enabled a swift response to the cost of living crisis and provides a one-stop portal for accessing other sources of financial assistance. In addition, a total of £3.2m was invested to provide high quality residential and nursing care for residents at Pembroke House and enabling its almshouse occupants to live independently. In total, 2,656 beneficiaries were helped through various forms of assistance. Moreover in 2022, the RNBT made a significant investment in Hampshire. In the summer of 2022, the city of Portsmouth saw the

157 Private communication with Citizens Advice Portsmouth, dated November 18, 2022.

158 The percentages from females and males add up to 91.7%. The gender was not recorded for 8.3% of the clients

159 The percentages for females and males add up to 83%. In 17% of the clients, the gender was not recorded.

160 Private communication with PCC Tackling Poverty Coordinator, November 15, 2022

161 Internal access to PCC Cost of Living Dashboard, accessed January 6, 2023.

162 Beneficiaries include serving personnel, their families, veterans and their families.

completion of the project to build the Admiral Jellicoe House care home. The total cost of the care home was £10.7m.[163]

ABF The Soldiers' Charity provide support to serving soldiers, veterans, and their families from the British Army, by awarding grants to individuals through their Regiments and Corps and grants to delivery charities. In the financial period 2021/22, its charitable expenditure was £8.4m, supporting more than 3000 cases of need and 66 delivery charities supporting around 65,000 members of the Army family in 48 countries. In Hampshire, it supported 187 cases of need, awarding grants in excess of £153,000 and a further 5 cases of need with grants in excess of £4,500 on the Isle of Wight.[164]

Geographic analysis of the support provided by SSAFA (the Armed Forces Charity) in 2019 was undertaken by the Northumbria University as part of the Map of Need project funded by the Armed Forces Covenant Fund Trust[165]. It showed that the main purpose of assistance was household goods (brown) - 16.5% and household goods (white) - 9.3% with cases concentrated in Scotland and the South East[166], Portsmouth was one of the three local authorities with the highest case count, while Gosport postcodes (PO12 and PO13) registered among the highest SSAFA case counts. Gosport also had the highest prevalence of SSAFA cases compared to the overall population. However, both Portsmouth and Gosport registered a slight decrease in cases between 2014 and 2019 and were modelled (pre-pandemic) to see further decreases in their cases, albeit from a high base. This is in contrast to local authorities in parts of Scotland and Cornwall that the model suggests will see continued growth in their already high case counts.

5.9
Disabled Facilities Grant

Disabled Facilities Grants (DFGs) are for adaptations to a disabled person's home, enabling them to live comfortably and independently. Local housing authorities in England and Wales have a statutory duty to provide home adaptations for people of all ages and tenures eligible for a DFG, subject to a needs assessment, eligibility criteria and a means test. This can include Armed Forces personnel or their families living in their own accommodation, and veterans. Members of the Armed Forces might suffer injuries that require home adaptations when the leave Service, or frequent relocations may impact on family members with disabilities.

Local authorities should ensure that appropriate policies are in place; that staff are aware of the new statutory duty; and that information on what grants are available and how to apply are provided. For example, PCC provides information on home adaptations on its Covenant web pages and uses its discretionary policy not to means test applications to disregard any Armed Forces

163 The Royal Naval Benevolent Trust, *Impact Report 2021/22*, 2022, accessed December 8, 2022, Our Publications | The Royal Naval Benevolent Trust | Royal Naval Benevolent Trust (rnbt.org.uk).

164 Private communication with ABF, dated November 21, 2022.

165 Armed Forces Covenant Fund Trust, *The Map of Need*, accessed December 15, 2022.

166 Armed Forces Covenant Fund Trust, *The Map of Need Project*, accessed December 15, 2022, Open_Access_SSAFA.pdf (covenantfund.org.uk).

compensation schemes for injury or disability sustained on active service. However, data on veteran status of applicants is not recorded, so overall numbers of DFGs that relate to the Armed Forces community are not available.

5.10 Conclusions and recommendations

The current Cost of Living crisis is affecting all parts of society, with financial worries and problems clearly present within the Armed Forces veteran community and within Service families including in relation to housing. Lower rates of home ownership, and issues around transition from Service Accommodation or during times of family breakdown, are highlighted as particular additional challenges for Armed Forces communities.

The data that is available largely supports the idea that there is a reduced risk of veterans being in housing crisis, with policies in place within local councils to ensure they do not suffer disadvantage as a result of their service. However, resource constraints being faced by public services as a whole mean that access to services can mean lengthy waits, and lack of capacity to capture data and monitor impact of actions on the Armed Forces community makes it difficult to assess the relative impact of these waits on any specific community.

Recommendation: *Clear communication and signposting is required to ensure that local responses to the cost of living crisis are aware of the specific issues that may affect Armed Forces communities, and that they can direct people to the support that is available through Armed Forces welfare organisations where appropriate.*

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

Recommendation: *Where not currently the case, a process for identification of veterans within homelessness counts should be introduced.*

Statutory Guidance has clarified the requirements around allocating Social Housing for the Armed Forces community. Local authorities in the Solent have appropriate policies in place though there is not always data available to support assessment of their effectiveness. The introduction of the new Armed Forces Duty, and the pressures around the cost of living crisis, provide an opportunity for further communication with Armed Forces communities about their entitlements and with frontline staff about how to identify potential disadvantage and apply the rules consistently and fairly. This could include policies to exempt from any local connection requirements divorced or separated or civil partners of Service personnel who need to move out of accommodation provided by the MOD.

Recommendation: *The Solent Partnership should work with local Welfare organisations to produce appropriate communications to the Armed Forces communities on eligibility and risk of disadvantage that can also be shared with frontline staff.*

Recommendation: *All local authorities that have not yet done so should review their local connection requirements in light of the 2020 statutory guidance and consider exempting ex-partners of Service personnel from local connection requirements.*

The amount of financial assistance provided by large national welfare organisations operating from the Solent region, much of which relates (directly or indirectly) to housing, demonstrates both the demand for support and the multiple sources of assistance available to Armed Forces communities. There are also statutory sources of support such as the Disabled Facilities Grant that are specifically covered by the new Armed Forces Covenant Duty.

Recommendation: *All local authorities should ensure that appropriate policies are in place with respect to Disabled Facilities Grant; that staff are aware of the new statutory duty; and that information is provided on what grants are available and how to apply.*

6 Delivery of the Covenant and impact of Covid-19

6.1 Impact of Covid-19

The emergence of Covid-19 and the subsequent policy interventions since early 2020 have had a profound impact on people's health and wellbeing in all parts of society, including the Armed Forces community. Although the pandemic is still ongoing, the majority of society is now in a phase of "living with Covid". As such, this report is able to look back at the impacts of the pandemic and the restrictions and changes it led to, as a major change that has taken place since the last needs assessment. This includes both direct and indirect impacts gathered through a survey of local stakeholders from Armed Forces communities (see Appendix 8).

The direct impact of Covid in terms of mortality was disproportionately felt among older people; those in more deprived areas; those with a disability; and people from ethnic minorities. The 2021 Census data breaking down the veteran population in a way that allows meaningful comparison with the non-Service population in this way is not yet available. However, it is highly likely that the veteran population will have experienced higher mortality as a result of Covid-19 than the overall population, given that a greater proportion of the veteran population is over 65 where mortality from Covid-19 was also significantly higher.

6.2 Literature Review

UKHSA's Knowledge and Library Service were commissioned to review the published literature on the impact of Covid-19 on Armed Forces communities. The review identified useful reports from organisations such as SSAFA and COBSEO, as well as peer-reviewed publications. Of the latter, 105 results were obtained, 18 of which were UK based. Of these, the main focus was on the impact of pandemic restrictions on veterans with pre-existing mental health conditions. Where appropriate these have been used to inform the relevant sections through this needs assessment.

6.3 Impact on mental health

Stakeholder interviews found that increased mental health issues have been identified in almost all of the populations served by the interviewees. This included:

- Spending lots of time together in families e.g. when required to work from home or isolate, when they are perhaps not used to it, which is particularly true of serving families, puts a lot so strain on relationships and was noted to cause issues and breakdown of family life in some instances
- Increased social isolation which had a greater impact on serving families who perhaps were more isolated from their existing support network due to living away from them and/or their spouse being deployed
- Financial strain on individuals who are no longer serving was also mentioned as jobs were cut, further burdening individuals
- Young people have suffered disproportionately worse mental health outcomes than adults.[167] In younger generations/those who are currently

167 The Health Foundation, *Unequal pandemic, fairer recovery*, 2021, accessed December 16, 2022, Unequal pandemic, fairer recovery - The Health Foundation.

serving, interviewees identified easy IT access has having created some issues, including among young people confined to barracks for long periods of time during the pandemic. This included increased numbers of individuals presented with issues such as addiction and online gambling, as well as issues linked to easy access to pornography and illicit substances.

6.4 Other non-Covid issues identified

Our survey of local stakeholders reiterated the finding from the previous needs assessment, and mirrored the finding from the 2022 FiMT report that there can be reluctance to seek support. Within services including health and social care, and particularly but not exclusively with older veterans, this can lead to individuals not seeking help until an issue has reached crisis point. With the pandemic being closely followed by a cost of living crisis, there have been multiple factors that increase the risk of crisis for many in society. It is important the statutory services across the Solent consider the cross-cutting impacts of the risk of disadvantage faced by Armed Forces communities when developing response to new societal challenges.

There is also widespread recognition within the statutory and voluntary sectors, and within Armed Forces communities themselves, of the pressure that services are under. Resource constraints, combined with additional demands and reductions in capacity imposed by the pandemic, are likely to have contributed to the slow or stalled progress on some of the issues identified by the previous needs assessment.

6.5 Mapping local provision and partnerships

A small group of subject matter experts mapped local provision of support to Armed Forces communities, and the effectiveness of local partnerships in supporting that. A workshop was held in November 2022, hosted by Aggies at Castaway House in Portsmouth. Partners looked at the strengths, weaknesses, opportunities and threats around both provision and partnerships in Solent area for Armed Forces communities.

Strengths in local provision and partnerships included the widespread passion for working collaboratively to support Service families, and the breadth of services available locally including national service charities and non-Service offers including Citizen's Advice and Solent MIND.

Key weaknesses included a lack of coordination between what different parts of the system are offering, and the fact that many service communities only come forward when in crisis, making preventative work challenging.

Opportunities for better information sharing around case management were identified, as well as the chance to build on work already in train e.g. VOS mapping of mental health and care pathways across the South East.

Threats included the stretched resources in statutory services and the VCS, meaning families can still find themselves on long waiting lists for statutory services and that charities are forced to compete for funding.

There has been significant progress in the ways that large statutory providers recognise and

support the Armed Forces community, including as signatories to the Covenant, through the Defence Employers Recognition Scheme and through local actions such as the Hampshire and Isle of Wight Military Mental Health Alliance. Welfare organisations continue to play a vital role in supporting the needs of the local Armed Forces community, with Portsmouth benefitting from the location of a number of national organisations within the region as well as strong local networks and partnerships.

6.5 Conclusions and recommendations

Many of the issues highlighted by the pandemic were present prior to it but were brought to the fore, exemplified in the literature review of Covid impacts which highlighted the mental issues identified in a range of Armed Forces populations. The recommendations from this section are broadly applicable outside of the context of Covid-19 and reflect the current position across a number of organisations and services.

The biggest barrier to developing approaches that minimise any disadvantage that may be experienced by Armed Forces communities remains the lack of data. Public services covered by the new Duty need to do more to encourage and enable individuals to identify themselves and ensure frontline staff are aware of the particular disadvantages that members of the Armed Forces community can experience.

Recommendation: *Use the new Covenant Act and the FiMT report on a decade of the Covenant as a driver to produce guides for frontline staff about the potential areas of disadvantage for Armed Forces communities that are highlighted throughout this needs assessment.*

There is value in having a local directory of support, but there need to be resources in place to maintain it and ensure it is up to date and widely accessible. Within specific themes, there are a variety of similar resources so it will be important to build on what is already there and not duplicate efforts. This could be service-specific or could link with existing voluntary and community sector directories (HIVE Portsmouth, Hampshire CVS Network). The work to develop the Solent Pass for veterans between various drop-in groups following the 2018 Needs Assessment provides a strong foundation for this. There are opportunities to learn lessons from why this ultimately was not delivered, including the need for buy-in from a critical mass of providers.

Recommendation: *Explore potential resources to support development and maintenance of a local directory of support.*

Welfare organisations locally work well together to ensure a "no wrong door" approach, meaning that individuals seeking support will be directed to the help they need. However, the breadth of different sources of support may inhibit some from coming forward, particularly given the often-cited reluctance to seek help exhibited by Armed Forces communities. There are opportunities for better information sharing between organisations to ensure that individuals' progress towards a positive outcome is understood.

Recommendation: *Local welfare organisations to develop an information sharing framework to enable routine sharing of data for case management with appropriate consent.*

Recommendation: *Produce a joint communications plan to inform potential users of welfare organisations about the local approach, including information sharing and trigger points of when to access the different support that is available.*

7 Conclusions

The Solent Armed Forces Covenant Partnership's Needs Assessment of the Armed Forces community has demonstrated the extent of, and the limitations to, the progress made since the 2018 Needs Assessment. The unique challenges faced by members of the Armed Forces community are increasingly recognised by statutory services. By working closely alongside the breadth of welfare and charitable organisations in this space there is a good range of support to meet those needs and policies in place to ensure Armed Forces communities do not suffer disadvantage as a result of their service. Local partners are well placed to meet their new statutory duty to have regard to the Covenant. However, there is no additional funding provided by central government in relation to the Covenant Act. Many of the issues identified by Armed Forces communities relate to difficulties in accessing services that are also experienced by the wider community at a time when resources are stretched in almost all areas.

Much of the progress that has been made has been down to the creation of roles within organisations with at least some dedicated capacity to focus on these issues. The funding constraints faced by public services during this period, and the challenges posed by the Covid-19 pandemic, have resulted in patchier progress than might otherwise have occurred. In particular, the routine recording of Armed Forces status in a range of services, and the development of systems to allow the impact on access to and outcomes from those services to be measured, has shown mixed progress. Any action plan developed in response to this needs assessment should focus on addressing those issues to enable local partners to confidently demonstrate how they are meeting the new Armed Forces Covenant Duty.

Recommendation: *The local authorities in the Solent should continue to work together as a cluster to maximise the resources available to meet the requirements of the Covenant and the needs of our Armed Forces communities.*

Recommendation: *The Covenant Partnership should publish an action plan and annual report on progress against the issues identified in the needs assessment.*

Appendix 1

List of recommendations from the previous Needs Assessment and their RAG status[168]

Recommendation no.	RAG Status	Recommendation
1	AMBER	Local Authorities need to be proactive about using their existing systems to understand the size of the local Armed Forces community
2	RED	More work is required to understand the needs of foreign and commonwealth members of the Armed Forces community within the Solent
3	GREEN	More work is needed to encourage GP practices and members of the Armed Forces community to record military connections
4	GREEN	NHS agencies need to be made aware of the specialist treatment, compensation and support services available to members of the Armed Forces community
5	RED	Specific support for veterans around healthy life style and comorbid health problems would be prudent
6	GREEN	A proactive approach needs to be taken to ensure that family members understand the need to register their military connection with their GP
7	GREEN	A proactive approach is needed to ensure Reservists understand the need to register their military connection with their GP
8	GREEN	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	AMBER	Targeted messaging to reservists in relation to smoking, alcohol consumption and stress related health problems would be prudent
10	AMBER	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	GREEN	A proactive approach is needed to ensure completion of the Armed Forces indicator within IAPT monitoring
12	GREEN	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	AMBER	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	RED	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	RED	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	RED	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	RED	Information relating to the specific needs of the Armed Forces community should be incorporated into existing strategies for reducing domestic abuse within the Solent

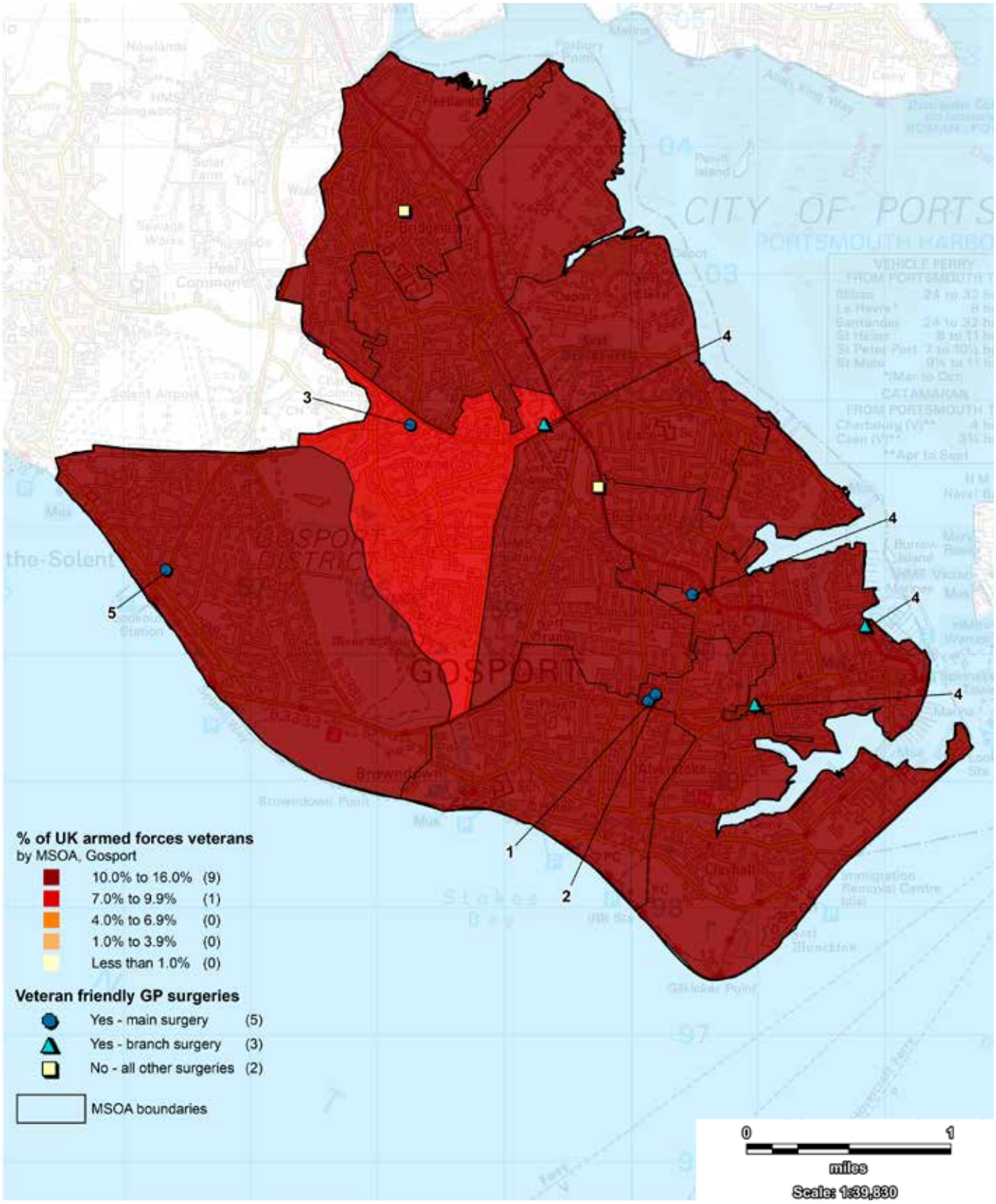
168 The RAG ratings are based on information gathered from the members of the Steering Group. All the inputs were compiled into a document and informed the rating of each recommendation.

Recommendation no.	RAG Status	Recommendation
18	AMBER	Explore with Coroner's office how veteran status can be better identified and recorded, to enable better targeting of prevention activities
19	AMBER	Targeted messaging to veterans about risky driving to complement MOD safety campaign would be prudent
20	GREEN	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	AMBER	Health and Early Help services need to engage with Armed Forces families, particularly those with children aged - years with local child health services to ensure that these families know and can access the local offer
22	AMBER	Health and Early help services 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	RED	Work with local childcare providers to develop a network of Service Family Friendly providers within the Solent
24	AMBER	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	GREEN	Solent councils need to ensure that exclusion and absence guidance provided to parents and schools reflects their commitment to the Armed Forces Covenant
26	AMBER	The Solent partnership needs to consider how to support further and higher education establishments across the Solent in 'Thinking Forces'
27	AMBER	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	GREEN	Veteran-specific housing providers within the Solent need to be encouraged to register their vacancies on the Veterans Gateway housing support service
29	RED	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	GREEN	More work is needed to embed the process of asking the question and clarify the local housing offer to the Armed Forces community
31	GREEN	Solent Councils need to demonstrate that they are taking a proactive approach to reducing rough sleeping within the Armed Forces community
32	RED	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	AMBER	An employment strategy that enables Reservists to be seen as business assets across all Council departments needs to be developed
34	GREEN	Solent councils need to be proactive in advertising the range of local employment support and opportunities available to members of the Armed Forces community

Recommendation no.	RAG Status	Recommendation
35	AMBER	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	GREEN	More work is needed to enable staff to be aware of the opportunity to self-identify and the benefits of doing so
37	AMBER	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	AMBER	Solent councils to need to clarify their position on extending Covenant commitments to cover resettlement moves
39	GREEN	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	GREEN	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	GREEN	More work is needed to ensure veterans serving in Solent prisons and their families have information about the local offer
42	GREEN	Local service information for the Armed Forces community needs to be provided to local custody staff
43	AMBER	Referral and support pathways are needed to ensure veterans experience a 'no wrong door' approach to accessing services in the Solent
44	AMBER	Use of peer support roles within existing and new services supporting the Armed Forces community should be considered to increase engagement
45	AMBER	There is demand for a VCS Armed Forces network to bring together Armed Forces specific support services
46	GREEN	Early Service Leavers are a distinct group of veterans who need additional consideration
47	RED	New and existing services need to be encouraged to utilise peer support and involve families in breaking down barriers to accessing support
48	AMBER	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	AMBER	A broad agreement in relation to data collection and high-level information sharing within the Solent partnership would enable better strategic analysis

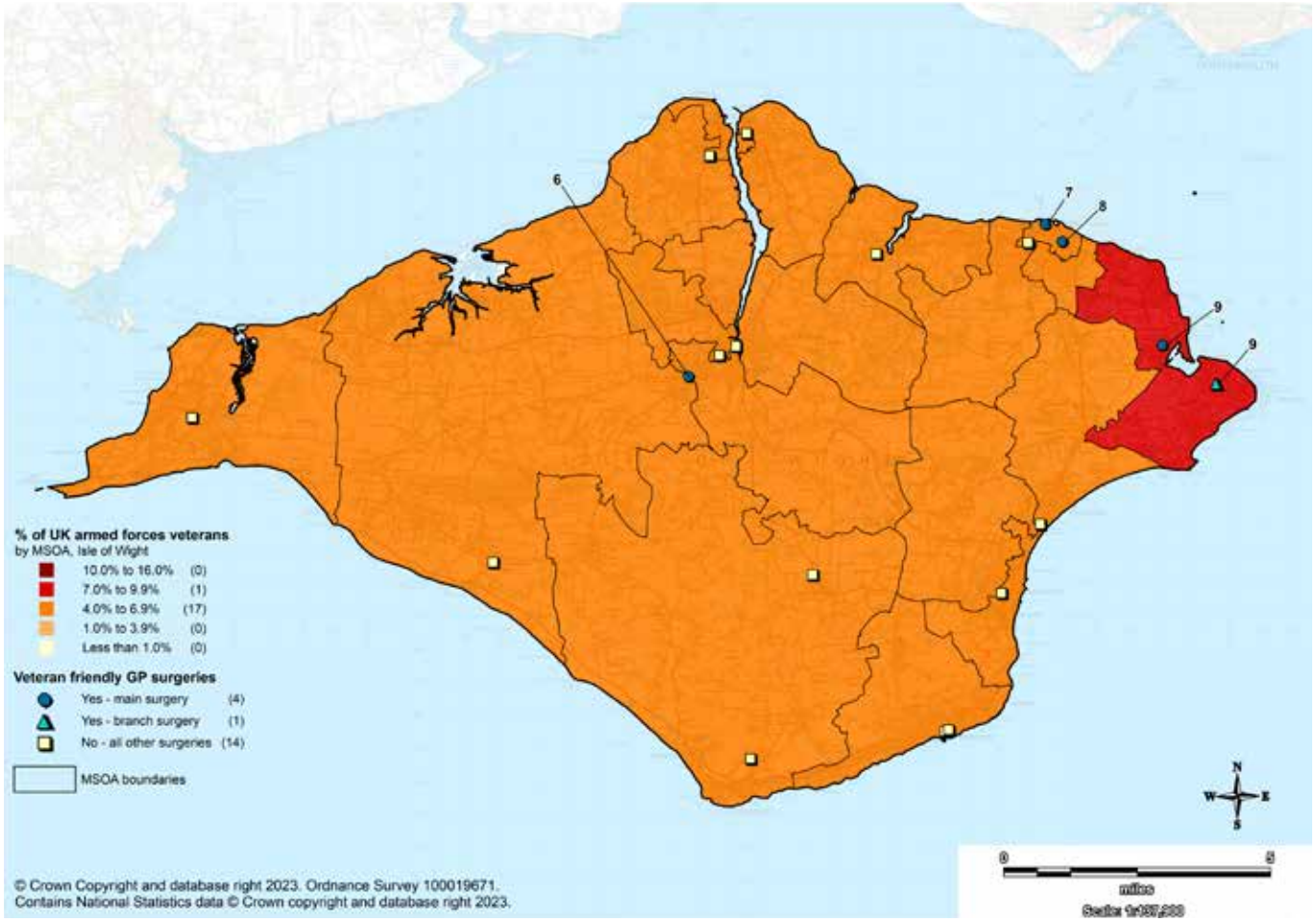
Appendix 2

Gosport – A map of Veteran Friendly GP practices overlaid on the map of Veteran proportion within the population aged 16 years and older, split by MSOA.



Appendix 3

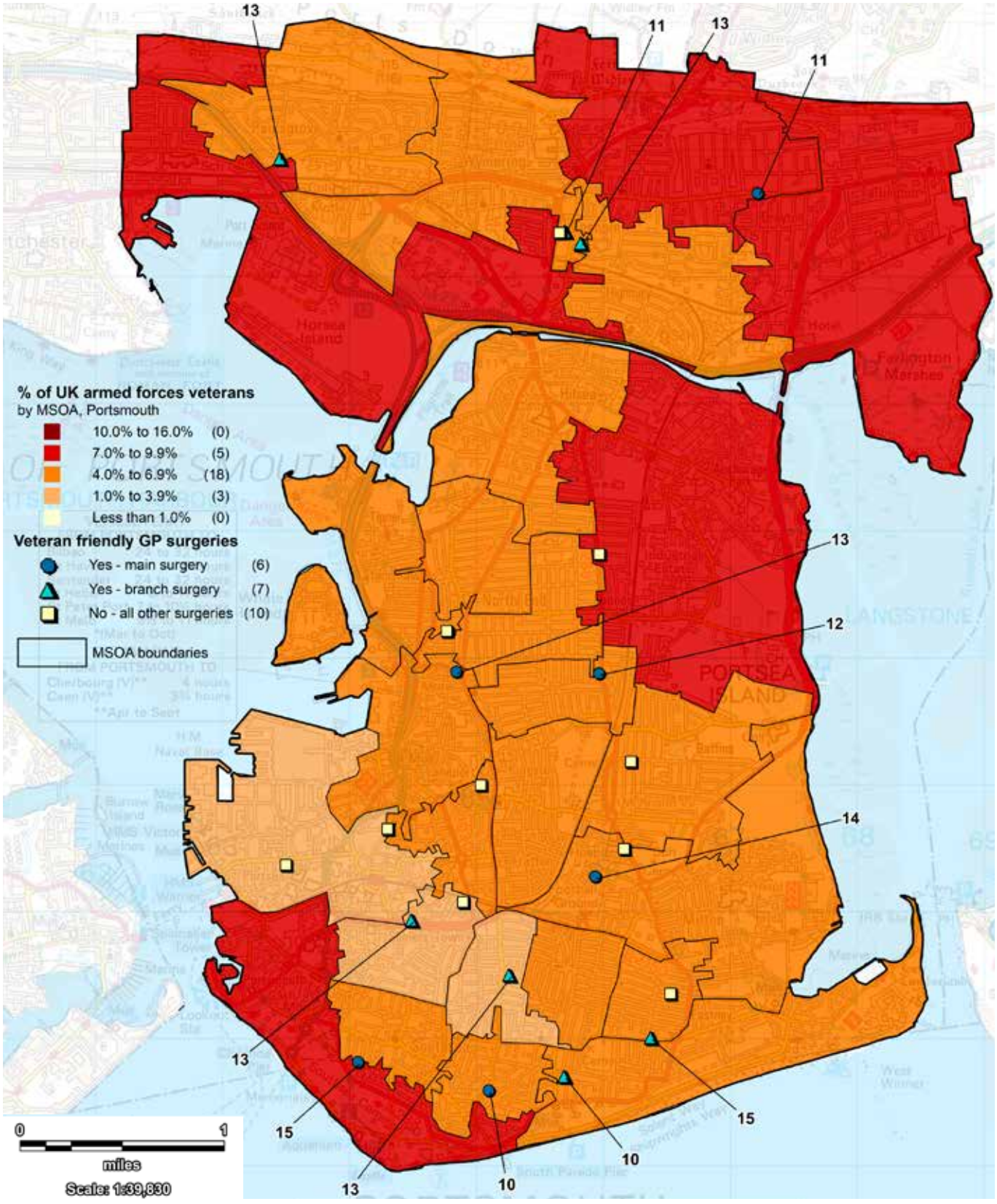
Isle of Wight - A map of Veteran Friendly GP practices overlaid on the map of Veteran proportion within the population aged 16 years and older, split by MSOA.



Appendix 4

Portsmouth – A map of Veteran Friendly GP practices overlaid on the map of Veteran proportion within the population aged 16 years and older, split by MSOA.

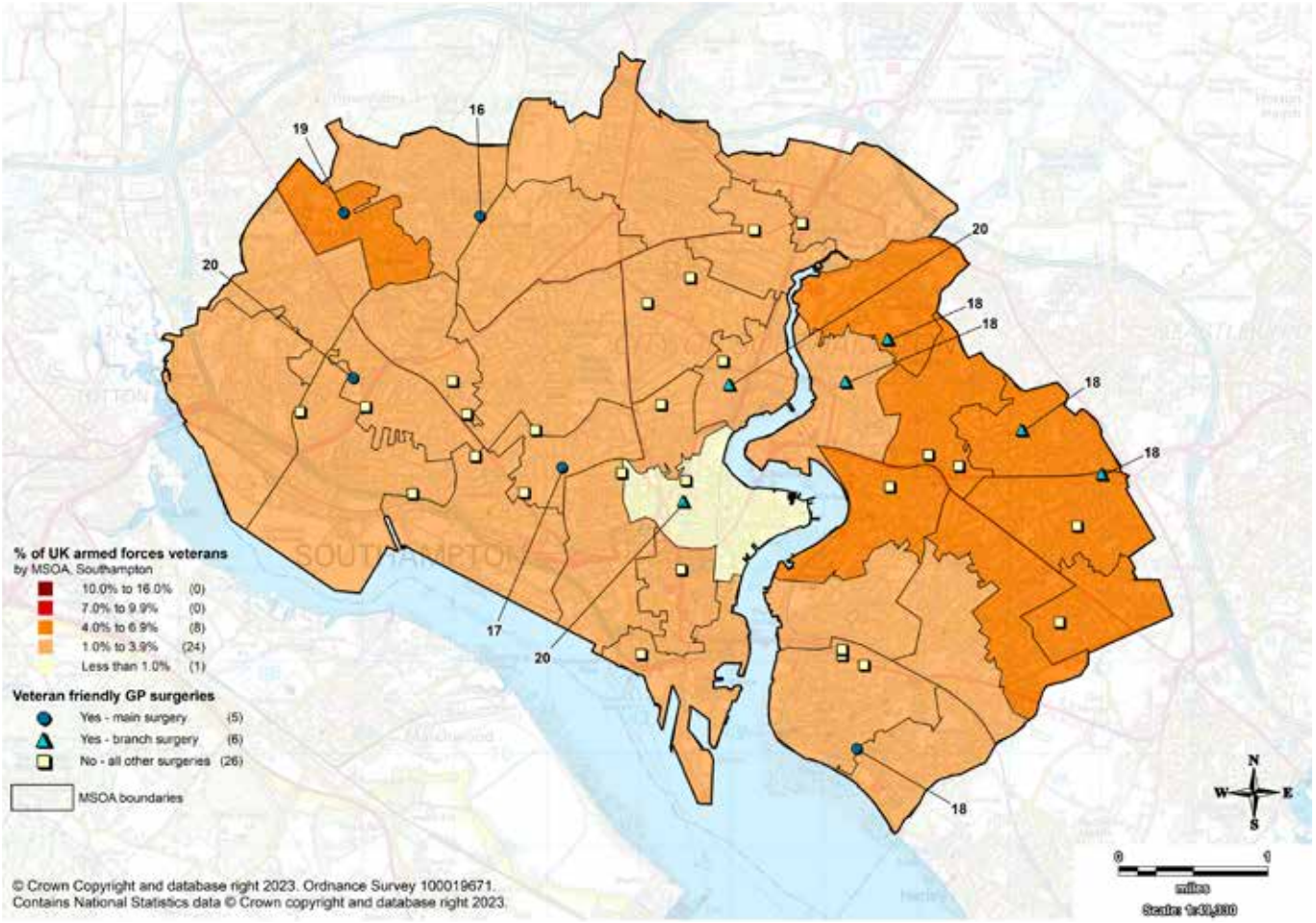
* For No. 13 - Portsdown Group Practice, Crookhorn Lane Surgery is not mapped due to being outside of Local Authority Boundaries.



Appendix 5

Southampton – A map of Veteran Friendly GP practices overlaid on the map of Veteran proportion within the population aged 16 years and older, split by MSOA.

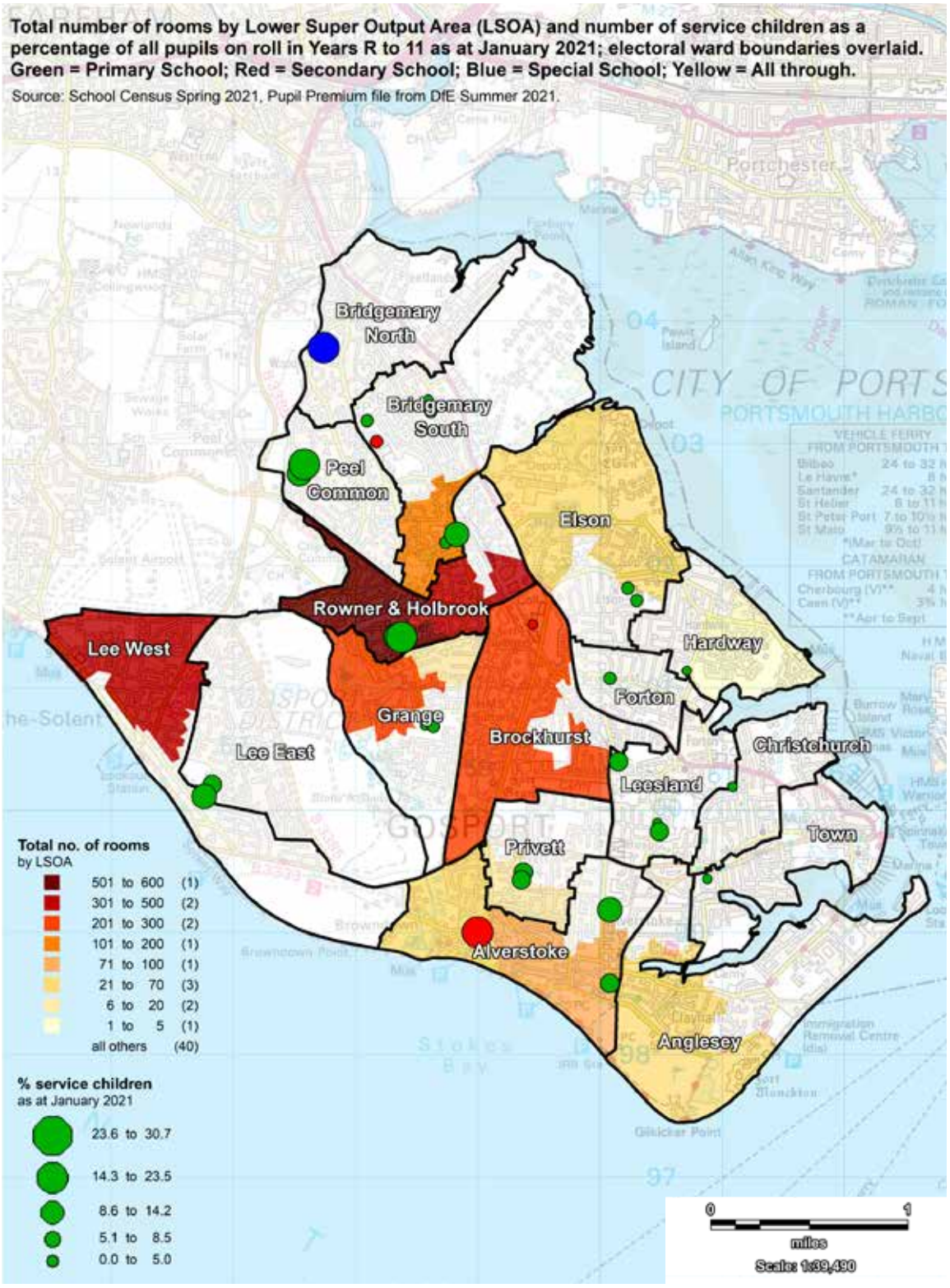
* For No. 18 - Living Well Partnership, Botley Surgery and St. Lukes Surgery are not mapped due to being outside of the Local Authority Boundaries.



Appendix 6

Gosport – Total number of Service Family Accommodation rooms, overlaid by electoral ward boundaries and number of Service children as % of all pupils on roll as of Spring 2021.

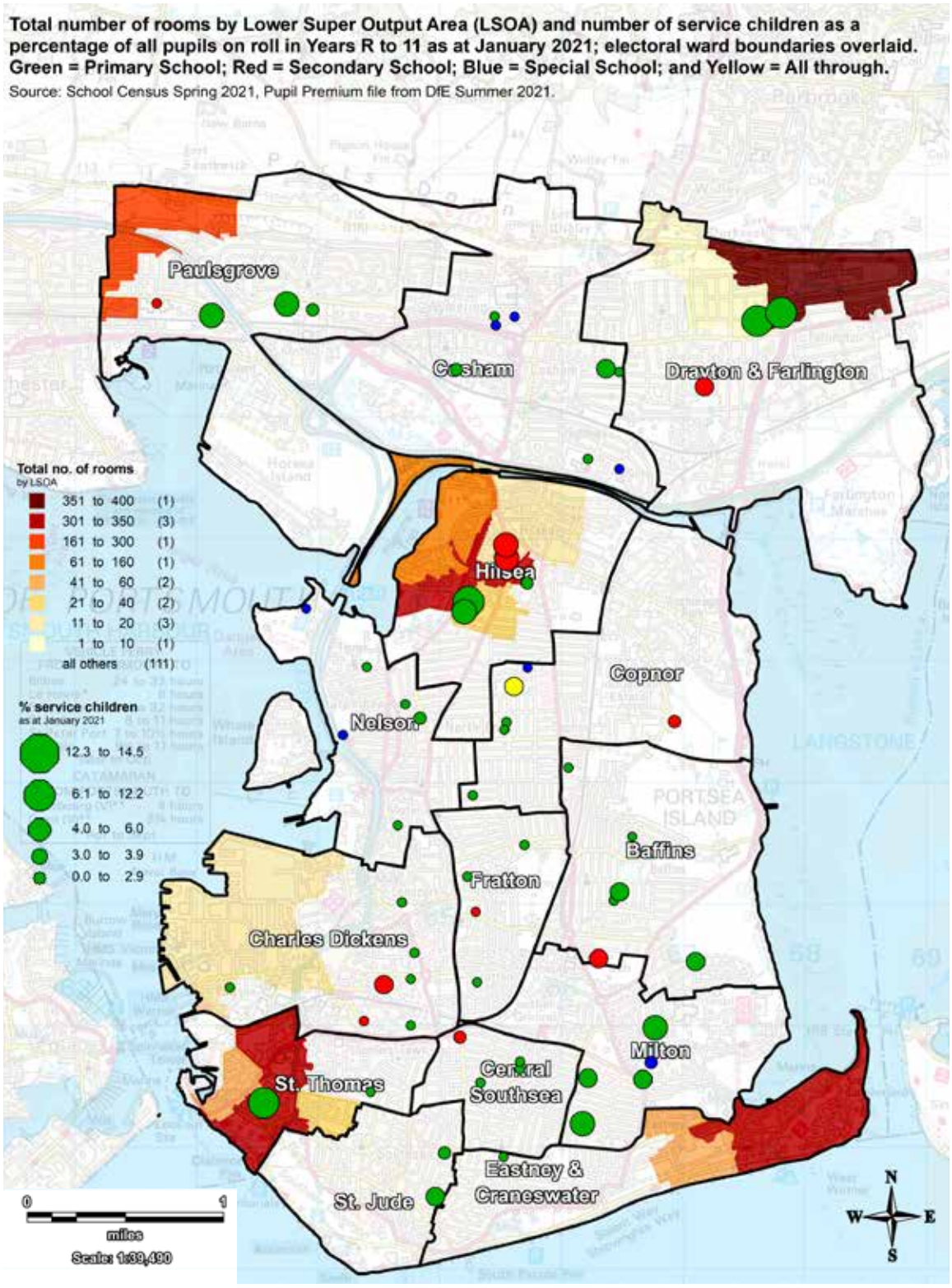
* To arrive at the number of rooms, a list of all MoD accommodation within the Solent was used. The list contains information about "dwelling size", and this is interpreted as the number of rooms within an accommodation. The "dwelling size" numbers were then summed up by LSOA.



Appendix 7

Portsmouth – Total number of Service Family Accommodation rooms, overlaid by electoral ward boundaries and number of Service children as % of all pupils on roll as of Spring 2021.

* To arrive at the number of rooms, a list of all MoD accommodation within the Solent was used. The list contains information about "dwelling size", and this is interpreted as the number of rooms within an accommodation. The "dwelling size" numbers were then summed up by LSOA.



Appendix 8

Needs Assessment for the Solent Armed Forces community – A Series of Semi-Structured Interviews

Jenna Stairs, Foundation 2 Trainee, Public Health Portsmouth

Purpose

- To gather qualitative data from Armed Forces stakeholders in the Solent region that will form part of a wider needs assessment
- To understand the impact of the Covid-19 pandemic on Armed Forces communities

Context

We are conducting a needs assessment of the Armed Forces community within the Solent area with a focus on themes set out in the new statutory duty of Housing, Education and Health; identifying emerging issues from the Covid-19 pandemic; and providing findings to inform the work of the Solent Covenant partnership.

There are a number of areas where qualitative data is required including, but not limited to, the impact of Covid-19. The Covenant Steering Group identified that much of this knowledge is held by themselves and other key local stakeholders. They recommended carrying out semi-structured interviews to gather this intelligence.

Executive Summary

Key Themes

- Mental health services and access to these, both in a time of crisis and prior to reaching this point must be improved.
- Service personnel and their families are being impacted significantly when they are required to move location and thereby NHS trust due to their service. This must be looked into to ensure that these people are not disadvantaged and their care is not delayed in comparison to non-serving personnel. This includes, but is not limited to:
  - Losing their place on waiting lists for secondary care services due to relocations/ deployments.
  - Poor communication of medical history and ongoing requirements between trusts for both those serving and their families.
- Digital poverty has a significant impact upon access to many healthcare services. This encompasses both those who do not have access to the technology required and those who do not have the knowledge/ability to use it. With increasing numbers of services relying heavily upon digital access, this is having a significant impact on certain populations.
- Identifying service personnel/ex-service personnel in healthcare settings, as highlighted in the previous AFNA, is still an ongoing issue. This is important to do as it 'opens the door' for them accessing additional support that they otherwise may not get offered. The feeling is that this may be marginally better than previously however much work still needs to be done to ensure that all are offered the services they are entitled to.
- Housing, particularly at the point of leaving service and for those/serving families who are in a crisis. Clarifying what housing support service personnel are eligible for can be challenging as this often required them to prove that they have lived in a certain location for a long period of time, which often they are not able to do as a result of their service.

Areas that require further research into issues identified:

- Service families who have children with additional needs are a poorly understood population who need additional support. Further research should be done into the needs of these families and how they could be better supported
- Sexual health in the military population. There is still a lot of hesitancy to come forward for testing/sexual health advice due to the perception of stigma associated with it, and possibly the impact that this may have on ones' service. Further investigation could be done as to how to help reduce this stigma and to encourage service personnel to come forward earlier with these issues.
- Commonwealth serving families are a poorly understood population who are isolated and likely in need of additional support. Further research should be done into how these families could be better supported

Methodology

We followed the following process to design and conduct this research:

1. Identify the information to be gathered
2. Design a qualitative survey using semi-structured interviews
3. Arrange and conduct interviews with key Armed Forces community stakeholders
4. Analyse the results and produce a summary report

The method taken to gather this information was via semi-structured interviews. Interviewees were identified by the steering group overseeing the needs assessment. A total of 8 people were interviewed within the required timeframe.

Interviews were carried out via a mixture of face-to-face interviews and interviews over MS Teams over the time period of April 2022 - July 2022. All interviewees were asked the first 4 'core' questions, followed by a selection of more specific targeted questions deemed relevant to their job role. Questions were designed to be open initially to allow the interviewee to express their concerns/issues that they have been facing with their population initially.

Interviewees were asked to provide their individual assessment based on the views of the Armed Forces communities with which they work. The responses do not represent the official position of any of the organisations that interviewees were from. The analysis does not represent the agreed position of the Solent Armed Forces Partnership or of Portsmouth City Council but will be used to inform the needs assessment.

Themes from Interviews

Initial Questions

How has the covid-19 pandemic affected your population?

Increased mental health issues has been identified in almost all of the populations served by the interviewees.

Decreased face to face interaction changed how support is accessed and provided. A lot of support services relied upon drop in centres to access their service users, particularly at the initial point of contact. As a result of the pandemic, this had to be changed a lot to find new ways to contact service users. Post pandemic, there has been

some challenge getting users to engage with face to face services again as some got used to living alone and social isolation, and became hesitant to return to in person dynamics.

Increased incidence of mental health problems during the pandemic could be due to a number of factors, including increased social isolation which had a greater impact on serving families who perhaps were more isolated from their existing support network due to living away from them +/- their spouse being deployed. Financial strain on individuals who are no longer serving also mentioned as jobs were cut further burdening individuals.

This could mean that individuals are living on their own or being in essence a single parent when they are not used to it. Furthermore they had the stress of what their spouse may be at risk of being on ship in a pandemic. Existing support networks in the military communities were challenged by the pandemic and access to them decreased.

Spending lots of time together in families when they are perhaps not used to it e.g. when required to work from home or isolate, which is particularly true of serving families, puts a lot so strain on relationships and was noted to cause issues and breakdown of family life in some instances. This in turn could exacerbate or highlight mental health issues.

Ways in which support was pushed out during the pandemic included online forums/coffee mornings/ activities, as well as going around and knocking on doors or chatting in a garden as was permitted at any given time with current regulations on social distancing. The military population was good at supporting the national effort where able in a bit of a 'call to arms' scenario. Generally they were good at looking out for and supporting each other, particularly at the start. However, it has been highlighted that those who are likely most in need of support were those who were not engaging and due to the nature of social isolation it became increasingly difficult to reach out to them.

Some individuals struggled to follow guidance set by the government and needed support to do so and did not know where to go. Difficulties associated with following the guidance in turn made it difficult to help these individuals as at risk of putting other service users/providers at risk.

Do you feel there are any areas that need 'catch up' as a result of the covid-19 pandemic?

The overarching area that was identified as needing additional support post pandemic was mental health services. Access to other secondary care services has also been identified following a lot of things being delayed due to the pandemic and still awaiting catch up.

Work has been done to create online self-referral systems from which service users will get to talk to someone within a few days which has been taken up well, however there is still much room for improvement.

Incidences of patients turning up to A+E having a mental health crisis, but not being dealt with appropriately have been highlighted on a number of occasions. The possibility of creating a better place for them to go to receive urgent mental health treatment when there is no physical issue has been raised, although much more research in to whether this would be viable is needed. One suggestion would be to have a 'mental health triage nurse', possibly working with a bespoke scoring system on the shop floor in A+E to help to manage these patients and signpost them to the

right place. This would save time and resources from the already struggling A+E systems.

It has become anecdotally more common for individuals to remain inside/isolated, going out less than they would prior to the pandemic. There could be a number of reasons for this, possibly declining health meaning that it becomes more difficult to leave the house, but also fear of the pandemic/ other diseases becoming more common due to the psychological effects remaining post pandemic. It could possibly be due to these things becoming a learned habit and something individuals have just gotten used to. This is seen most in those of advancing age, although not exclusively so.

There has been a gap in training healthcare staff up due to the pandemic, particularly so with regards to mental health, therefore training more people up to help support this is an ongoing process. Collaboration between NHS trusts in different locations to help share ideas and maximise efficiency could also be improved upon.

Has the covid-19 pandemic highlighted any areas of need?

IT access.

In older generations, they may not have access to all the technology required, or the knowledge of how to use it, to access a lot of services which became only accessible online during the pandemic. Education about IT and how to use it has been pushed out however more could be done here. Those that do not have access, although decreasing in number, become increasingly isolated as more and more things move online only - therefore it is still important to knock on doors and check in on people via the more 'traditional' means as these individuals are often the most vulnerable.

In younger generations/those who are currently serving, easy IT access created some issues. Young people confined to barracks for long periods of time during the pandemic, when they are used to being busy and outside a lot, turned to other means of entertainment. Increased numbers of individuals presented with issues such as addition and online gambling, as well as issues linked to easy access to pornography and illicit substances.

In those with mental health or substance misuse issues, they may also struggle to use the IT systems that they need to in order to book an appointment or see a clinician. This could be due to lack of patience required to fill in the lengthy forms, to not having access to/enough stability to await a call back. For example, there are often lots of 'hoops' to jump through prior to getting a face to face appointment, e.g. online form followed by discussion with receptionist followed by telephone consult before finally getting a face to face. If their issue is for example traumatic or difficult for them to discuss, having to do so at each of these steps without feeling that they are getting anywhere can be a barrier to access to the help that they need.

Those with complex needs, particularly those with severe mental health and other issues too. Often these individuals struggle to access appointments for their non mental health issues due to their mental health challenges. This means that they suffer more with it, which in turn negatively affects their mental wellbeing and starts a downward spiral.

What do you feel ought to be the number one priority for public health going forward?

Overarching response to this question was 'Mental Health Services', with access to other healthcare services featuring a lot also, particularly GP appointments and substance abuse (particularly alcohol addiction) services.

Combining all mental health services under one uniform system may help to increase awareness and access to them rather than the way it is currently, which has been described as 'a maze' and it is difficult for the patients to know where to go for what.

IT access and resolving digital poverty also mentioned.

Subsequent Themes

Access to GP services

This was frequently mentioned, with difficulty getting appointments highlighted often. Digital poverty came up here also, as patients are often required to do an e-consult or be available for a call back prior to getting through for a face to face appointment, or wait long times on the phone prior to being able to talk to a receptionist.

This is an issue nationally however affects serving people also. Generally a lot better for currently serving individuals who can access military GP where wait times are generally less than their civilian counterparts, however this is not possible for everyone/service families.

Identifying veterans and Serving Personnel in Healthcare Settings

This is an area identified in the previous AFNA as something which requires improvement. Unfortunately the onus is still on the individual to register their previous service at their new GP surgery when they leave, and as such it does still get missed out.

Furthermore, the communication of individuals' medical records once they leave service from their military practice to their civilian is another area that has room for improvement as again the onus is predominantly on the individual. An example was given of one patient being recorded as having a 'lower limb injury' however once they appeared at the surgery it transpired that their 'injury' was in fact an amputation. Incorrect details such as this, or lack of any records being transferred over at all, it seems is sadly still ongoing.

It is possible that the services are getting better at explaining things to individuals when they leave service about how they go about registering and getting their notes across. Generally those who do so are perhaps those that are more likely to engage more and need ongoing support for something existing, but the onus is very much on the individual. A lot of ex-service personnel don't feel it is relevant to them or necessary, and so simply don't bother still. Overall feeling was that this is getting better, however it is still a massive ongoing issue as the process is not at all seamless yet and further work is needed to smooth out this process.

Identifying veterans and service personnel in the hospital setting is improving with increased staff awareness that highlighting this can change the patient's journey. Having Veteran Outreach Support in the hospitals has improved access to charities etc which may be able to help speed up discharges which in turn leads to improved patient outcomes. Seeing this on the wards helps to highlight its use to the clinicians there who in turn

are better at asking and highlighting those who have served. Educating staff about this need has also been key.

Digital Poverty

A lot of healthcare and other services are being accessed increasingly via technology. This came about predominantly during the covid-19 pandemic due to needing to maintain social isolation as much as possible and a lot of the practises taken up during the pandemic have remained in place. This has a number of benefits for providers and service users alike, in that often the provider can help more service uses in a given time frame as the system can be more efficient, and it can increase convenience and flexibility for the service users.

However there are also a number of drawbacks, in that in order to access these services one needs the technology and the knowledge how to use it, which even in this day and age is not always the case. Furthermore, it requires a degree of patience and stability e.g. being available to receive a call back which is not always the case, particularly for service users with other medical issues especially to do with mental health. There often is no alternative for access for those who are unable to first use the technology which in turn excludes them, and the population affected by this is often some of the most vulnerable who arguably may benefit most from access.

Population size

Population/cohort size for particular services possibly changed due to the nature of a lot of services using online, and therefore changing the type of users. Post-pandemic we are seeing this gradually change back to how it was pre-pandemic as people adjust to in person services again. It has been noted that the number of people in care homes decreased as a result of the pandemic.

Services users post-pandemic seem to be more likely to have more complex needs now compared to those prior to the pandemic. This has been noted by colleagues all over the UK, the cause of this is not clear. Possibly due to lack of access to healthcare over the pandemic allowing things to build up or associated with the economic crash meaning that only the worst of those appropriate are being referred to help however the exact cause is unknown.

Reserves

Often described as the 'invisible population' as fit into both serving and civilian life. Generally speaking these individuals do not require as much support as regulars as they do not have as much disruption to family life as their regular counterparts. They usually serve in the area in which they live, therefore have their existing support network around them and are not required by service to move themselves and their families around the country every few years.

Nevertheless, these individuals essentially become regulars when they deploy and at this point there are a lot of parallels to regulars. Their families would potentially become essentially single parent families at this point in time, only they are less likely to be surrounded by other serving families who would be able to support them better, as may happen if they were a regular living on a married patch.

Reserves is therefore a bit of a 'grey area', not only in what support they and their families may require but also with regards to what support they are entitled to. They are able to use some military healthcare services but not the full spectrum as a

regular would, and when and where they can use them seems to vary a lot.

Reluctance to Ask for Help in the Armed Forces community

This is an area that was identified in the previous AFNA as something which could be worked upon. It was widely agreed that this is still very much the case in the Armed Forces community as a result of the culture there in comparison to civilians.

At times, asking for help could be deemed by individuals as a 'sign of weakness' and therefore they still often do not ask for help until it is critical/ they have reached a crisis point. This is particularly true for junior ranks and sometimes it has been mentioned that they fear possibly getting in trouble for doing so. Anecdotally, the impact of the terminology used is important. Avoiding using words like 'charity' and placing more of an emphasis on what someone is 'entitled' to as a result of their service can help increase uptake.

A lot of work has been done with 'Op Courage' and informal community programmes to increase awareness of what support is available and to encourage individuals to come forward and ask for help when needed. This has anecdotally helped with this and things are moving in the right direction. Nevertheless it is something which needs further investment with. Having veterans/ serving personnel on board has helped a lot as individuals are more likely to open up to them as they understand their situation and can reassure them more than non serving.

Access to Secondary Care Services

Waiting list times and how this may be affected by service and moving around which can have a huge negative impact on individuals and their families. Personnel would be placed on an NHS waiting list where they live, which they could be on for long periods of time. If they are then required to move to a new trust due to their or their relatives service, they will then be placed at the bottom of the new waiting list. There is also a risk that when they are called up for the procedure they may be deployed, therefore unable to take up the place and possibly have to go to the bottom of the list again. This delays care further and in turn has a significant impact on their physical and mental wellbeing whilst they await their procedure.

Communication between trusts is also difficult at times and moving patient notes from one trust to another is difficult, which unfortunately can be very important particularly if there is a complex medical history. This in turn can directly impact the quality of care that that patient received due to their service/service of their spouse or family member. Currently this is aided by charities and generally whoever happens to be around and able to assist, however if this process could be smoothed out at all it would improve the delivery of healthcare to those who need it. This may be more relevant for family members who have a more complex history in comparison to the serving personnel who have to meet strict medical eligibility criteria.

If a serving individual is admitted to hospital during service, it is often far away from their family and existing support network. Simple things such as having visitors and supplies brought to them therefore sometimes do not happen - which can be undertaken by the NHS Covenant Lead Nurse which is a new role being lead nationally from Portsmouth. They can also help the serving persons family to identify support that they are entitled to locally should they need to attend the hospital from far away. They also have a role in

explaining what additional support is available to serving people/veterans and linking them to the charities which will be of use to them. However, this relies upon their serving/veteran status being highlighted by clinicians at the point the patient is admitted, which is not always done. Training staff to recognise and register this is therefore very important.

Access to Mental Health services

The overarching theme of the interviews was the significant need to improve mental health services.

Managing patients in a crisis has been suboptimal anecdotally on numerous occasions. Patients often turn up to A+E to wait numerous hours before being seen only to then be referred to wait even longer to be seen by a mental health professional. During this time they are waiting in a busy A+E environment which is frequently not appropriate for them to be in at all, due to a lack of any safe alternative environment for them to be in at that time.

Interviewees told stories of patients who are clearly at risk to themselves or others being seen and discounted, likely due to lack of time and resources, then sent home. Clinicians have resorted to phoning the police to get patients arrested for their own safety due to lack of any other way to safely manage them, which is not acceptable.

There is some suggestion that access to mental health services has improved for some, with improving technology it is easier to access someone virtually, however uptake of this is variable. Some patients prefer it as it is quick and easy, however others feel that they do not receive as good a service when it is virtual - which was difficult during the pandemic.

It was also noted that there are lots of veteran specific services, meaning that those who have previously served have more options open to them through various charities etc. In comparison to their civilian equivalents.

The impact on service personnel should they have a child suffering from poor mental health was also noted. Due to moving around lots/frequent changes in the family dynamic as spouse deploys and then returns, possibly Service children are more prone to issues relating to this. It then in turn becomes more difficult to support in essentially a single parent family, possibly in a new location away from alternative support systems due to frequently moving around. It is therefore very important that sufficient paediatric mental health support is in place, possibly for serving specific children due to their unique needs. Having mental health support available to them from a healthcare professional who understands the particular stresses placed on them due to their parents' role would be very beneficial.

Access to Housing

Access to housing is a frequent issue, particularly for those who are forced to leave service early for any reason. It is not unheard of for these people, who have been 'institutionalised' from a relatively young age, to walk out of camp having been de-kitted, to have nowhere to stay that evening. These individuals are often vulnerable, and this can put them at extreme risk of declining further. Due to often having left home to join up, then the nature of military service and having always had accommodation sorted for them, these individuals do not know how to go about finding accommodation or what is required, and this can lead them to fall foul of the system and

do not know where to go to look for help. This is something that could be improved upon.

Other issues raised include military spouses who need to leave military housing at short notice. This could be due to a number of things, e.g. relationship breakdown, or having to escape an abusive relationship. Often they are far away from their home and any support network they may have outside of the military, and as such are extremely vulnerable. Delays in access to housing for serving families who have individual with additional requirements was also highlighted as a challenge.

Applying for council accommodation is perceived as complicated due to the need to have a 'link' to a local community. This can be very difficult for service personnel who have to move around a lot. Technically, if they can prove they have been posted and have lived in a location for a period of time they can apply to remain there, however in practise this is exceptionally difficult to do and takes a lot of time. Even if they have lived in an area for the required time, the council usually does not have access to the military records proving that as it is sensitive MOD information as they often lived in military accommodation for a lot of this time. Furthermore, service users who are veterans are young males who would automatically be a low priority to the council. In addition, at the point they are applying for this, service users are often leading a chaotic lifestyle as a result of all this, which makes it even more challenging.

In extremis, there are arguably more charities available to them in comparison to civilian colleagues. However knowing about these and access to these services could be improved. This was particularly challenging during the pandemic when the usual routes of referral to these services were stopped, although they did manage to keep running.

Some housing has been highlighted as inadequate by the pandemic. For example, it wasn't uncommon for a patient to be admitted to hospital and stay there for some time, to then be medically fit for discharge only to then realise that they are no longer able to remain living where they are currently. This could be due to difficulty getting up stairs after admission, or any number of things. This causes long delays in their discharge and unnecessarily long admissions, sometimes associated with patients then catching further illnesses in hospital causing poorer outcomes. If there could be a process by which this situation is managed, e.g. temporary accommodation provided, that may improve outcomes significantly. However in this setting it is again more of a national issue and not necessarily service-specific.

Commonwealth Population

Commonwealth serving personnel make up a significant proportion of the UK Armed Forces, however the unique needs and issues associated with these people can be poorly understood. Often these people are in debt as it costs them a lot of money to come to the UK in order to serve, and them more yet again if they want to bring their families. As a result of this, these personnel often start service in a significant amount of debt.

Furthermore, they are even more isolated from their support network/extended family etc than UK born serving personnel. Understanding these challenges better and ensuring that the chains of command have a brief understanding could help these individuals a lot, as it would help them to be

signposted where to go to ask for help a lot sooner if needed.

Ukrainian Refugees

Some of the individuals interviewed mentioned that they have been supporting Ukrainian refugees also. There are some challenges identified relating to this - e.g. when their planned housing does not work out once they have already arrived in the UK, they are not able to qualify for social housing so often have nowhere else to go and are at risk of becoming homeless. Endeavouring to create a community to help support these people as they are best able.

Access to Schools

Difficulty in getting school places was identified, although this is an issue for everyone in the country not necessarily military specific. Arguably those serving are at more of a disadvantage as are required to move so don't have knowledge of an area/aren't able to put names down for specific schools long in advance. Therefore often end up having to go to a school that isn't their first choice/ is further away than they would like. At times siblings have to go to different schools due to lack of places.

Children of military families are also at risk of missing out on certain important parts of education. Whilst the standard curriculum would be carried over from school to school, other critical things e.g. PHSE may only be done a couple of times a year. If a child misses something due to moving school they could be significantly disadvantaged.

Moving around due to service, with a family in tow as well is challenging. This can create issues for the children with education as well as social development, having to make new friendship groups repeatedly. Particular difficulties are faced by disabled children with additional needs from serving families, as when they then need to move school it is unlikely that their new school will be able to meet those needs immediately and the delay can have a large impact on both the child and the family as a whole as they attempt to fill in the gaps. This is also true for these families with regards to healthcare for their special needs child (difficulty getting notes across/losing space on waiting lists) and access to housing (if they have special requirements there also).

It has been pointed out that some schools do not acknowledge the difficulties faced by Service children, and furthermore do not understand the challenges these children will be facing at home as well - repeatedly moving new locations. A lot of these children will essentially be in 'single parent' families a lot of the time, then as they adjust to that the spouse will return again and the family dynamic changes once more. Educating schools about this lifestyle and how it may affect the children may help to identify and support those who need it most.

Access to Nursery Education

It is challenging to gain nursery places, and often do not get first choice. However, overall do not feel that serving families are disadvantaged particularly in comparison to civilian families in this matter.

Sexual Health

During the pandemic, there was decreased STI testing, however the numbers of terminations of pregnancy remained the same nationally. Therefore it is thought that similar amounts of unprotected sex were occurring, although perhaps more discreetly due to people being afraid of being

caught breaking covid rules. Concern that there may be increased numbers of asymptomatic STIs as a result although this has not been confirmed by data at this point. It was identified that people were using social media apps to have anonymous sex and then deleting the profiles afterwards possibly for fear of being caught breaking covid rules. As a result, this made contact tracing very difficult should it have been required. STIs are commonly seen amongst young individuals, e.g. serving personnel and this is anecdotally the case, therefore educating individuals how and when to get help is always needed.

Remote testing kits have become more widely available as a result and there was slight increase in demand for them. Furthermore, it was legalised during the pandemic to issue at home abortion pills for those very early on in their pregnancy. Generally these were received ok although there were incidences where someone was further along then they originally thought and then as a result had to attend in person due to complications, and also it is less likely that the patient would take up STI testing concurrently if doing it at home. Although again this is a national issue, the populations affected (usually young, single people) are often serving or associated with those who are.

There is anecdotal evidence that there are service people who identify as heterosexual but then experiment and attend homosexual clubs etc when away from their family. This is complicated with regards to healthcare as they are less likely to come forward for testing for diseases and this puts them more at risk of. Possibly more work could be done to identify these people, in particular by using the correct terminology e.g. 'men who have sex with men' rather than 'gay'. It has thought possible that service individuals are less likely to come forward as anything other than heterosexual also due to the relatively recent ban on homosexuals/ HIV positive individuals from serving. There is still a lot of stigma around STIs and in particular HIV making people hesitant to ask for help/support should it be needed. The military does have PEP kits for those at risk however these are not being utilised fully possibly due to the hesitancy to ask for help/support.

Access to long acting reversible contraception was reduced during the pandemic and has been highlighted as an area that needs catch up. For example, for some of the devices the license was extended so that replacing them could be delayed until the rules with regards to the pandemic settled down. Having easy access to long acting reversible contraception should be a priority for the services as the impact of an unwanted pregnancy on an individual's physical and mental health can be very significant, whether or not they decide to go through with it. Vasectomy is one of the procedures that service personnel may lose a place on a waiting list for when they are required to move due to service, or possibly deploy at the time that they are called up.

Another important point for service personnel and their families is the importance of an individual being able to attend an appointment on their own. This may be difficult if their spouse is deployed meaning that they are essentially in a single parent family. Having access to good child care is important as it may change how a consultation goes/what an individual may open up about.

Vaccination Hesitancy

Anecdotally, rates of uptake within the serving population if anything were improved in comparison to the general population, possibly

due to having been required to take other vaccinations at other points due to service.

The exception to this would be in those who have been advised differently due to medical reasons or who were pregnant or expecting to become so imminently, however again this is not related to service and is a pattern seen in the general population also.

Conclusion

Overall this has been a very useful exercise and has highlighted some topics which may not have necessarily come up in a more 'traditional' survey structure. It has clearly demonstrated a need for further investment in and improvement of certain services, particularly mental health, and how the failings currently being seen nationally are amplified in our serving personnel and their families. It has also highlighted some serving-specific needs that will need to be addressed in the coming months, particularly with regard to the upcoming legislation of the Armed Forces Covenant.

These interviews have highlighted a large number of issues which could benefit from further research into how they may be resolved also, for example assessing the unique needs of the commonwealth communities who make up a significant proportion of our Armed Forces still today. Areas like communication of notes between trusts is also something which has been causing service personnel and their families a significant amount of stress.

The findings are bullet pointed clearly in the 'executive summary' section at the start of this report.

Gaining information in this manner is important as it often brings up issues which otherwise may not have been brought up, nevertheless it is important to acknowledge that this data is anecdotal evidence, albeit from individuals with lived experience and/or extensive links to service communities. As a result, it may be useful to quantify some of these issues if possible, to further support the argument for more research and development into starting to resolving the problems seen.

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Members of the Needs Assessment Steering Group:

Organisation	Link
Gosport Borough Council	https://www.gosport.gov.uk/
Isle of Wight Council	https://www.iow.gov.uk/
Portsmouth City Council	https://www.portsmouth.gov.uk/
Southampton City Council	https://www.southampton.gov.uk/
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Aggies	https://www.aggies.org.uk/
Alabaré	https://www.alabare.co.uk/
Citizens Advice Portsmouth	https://caportsmouth.org.uk/
Royal Naval Benevolent Trust	https://www.rnbt.org.uk/
Naval Families Federation	https://nff.org.uk/
Veterans Outreach Support	https://vosuk.org/

Organisations who provided specific output:

Organisation	Link
ABF The Soldier's Charity	https://soldierscharity.org/
Agamemnon Housing Association	https://agamemnonha.org/
Alcohol Specialist Nurse Service (ASNS) at Queen Alexandra Hospital in Portsmouth	https://www.porthosp.nhs.uk/departments/learning and development/documents/Placement Profiles/Placement info sheet - Alcohol Team.pdf
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