
Veterans

Health Needs Assessment

Doncaster Data Observatory
June 2015

1. Executive Summary

- 1.1. Nationally and locally the health and wellbeing of ex-service personnel or veterans has achieved increasing importance with the publication of the Armed Forces Covenant and the mayoral commitment to provide a "strong voice for veterans".
- 1.2. Anecdotal evidence suggests that Doncaster provides a strong recruiting ground for the armed forces, and is also thought to attract significant numbers of ex-service personnel who come to the borough to live.
- 1.3. There could be as many as 29,200 veterans living in Doncaster. Another estimate has put the figure at closer to 22,000. This population is largely male and significantly older than the general population. The population could fall by half over the next 20 years. Many veterans face some or all of the following challenges: Poor mental health, Alcohol misuse, Long term conditions relating to service, homelessness and offending.
- 1.4. There could be between 800 and 1,400 veterans in Doncaster with PTSD, and between 4,200 and 8,000 with some kind of mental health problem. Veterans who appear vulnerable to mental health problems are: early service leavers, those who have served in Iraq or Afghanistan, or who had pre service mental health problems. There is also evidence to suggest that reservists who have been exposed to trauma can also be vulnerable to mental health problems.
- 1.5. Alcohol consumption is an important part of military culture but can leave veterans with alcohol problems after their service has finished. There could be between 2,700 and 5,200 veterans with alcohol problems.
- 1.6. The Royal British Legion has identified significantly higher rates of musculoskeletal, cardiovascular and respiratory problems in veterans.
- 1.7. Veterans can be at risk of homelessness which can also be related to mental health problems.
- 1.8. Many Veterans are in the prison system, however veterans are no more likely to offend than the general population, and evidence indicates that they are often there due to alcohol and violent offences.
- 1.9. The following are the recommendations of this report:
 1. Build on this health needs assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
 2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
 3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).

4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the health and wellbeing board and ensure that their issues are addressed in health strategies such as the Health and wellbeing strategy.
6. Ensure that the Councils overview and Scrutiny committee addresses veteran health issues in their programme of work.
7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health needs of veteran are addressed.
8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.

2. Introduction

2.1. Health Needs Assessment

2.1.1. According to the National Institute of Clinical Excellence (NICE) a Health Needs Assessment (HNA) *is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.*¹

2.1.2. This document brings together national research and local evidence of the health and health-related needs of veterans within Doncaster.

2.2. Why focus on Veterans?

2.2.1. The Armed Forces covenant was published in 2011. It was established to outline the relationships between the armed forces, the nation, and the government. Its aim is to ensure members of the armed forces community (AFC) are not disadvantaged in comparison to others and are treated with due respect. The covenant covers serving and ex-serving personnel and their families.

2.2.2. Doncaster's elected mayor has also made a local pledge to support veterans locally. Although there are no military bases in Doncaster, since the closure of RAF Finningley in 1996, it is thought that many veterans choose to settle in the area at the end of their military service.

2.2.3. Doncaster currently has two reserve forces (Army) bases at Sandford Road, Balby (219 South Yorkshire Transport Squadron) and Danum Road (D Company, Royal Regiment of Fusiliers).

2.2.4. It is probable that many ex-service personnel choose to settle in Doncaster at the end of their service.

2.3. The National Armed Forces Covenant

2.3.1. The armed forces covenant sets out the relationship between the nation, the government and the armed forces. It recognises that the whole nation has a moral obligation to members of the armed forces and their families, and it establishes how they should expect to be treated².

2.3.2. The covenant's two main principles are that:

- the armed forces community should not face 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 most such as the injured and the bereaved

¹http://www.nice.org.uk/proxy/?sourceurl=http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/hda_publications.jsp?o=705

² <https://www.gov.uk/government/policies/fulfilling-the-commitments-of-the-armed-forces-covenant/supporting-pages/armed-forces-covenant>

2.3.3. Since the covenants launch in 2011 veterans have been helped in many ways, including: giving priority to veterans accessing NHS services for service related conditions, educating GPs on how to support veterans' health needs, improving mental health provision, help with education, priority for government funded home ownership schemes.

2.3.4. The NHS Commissioning Board report "Securing Excellence in Commissioning for the Armed Forces and their Families" also establishes the responsibilities of both primary care and secondary care to veterans and reservists (when not mobilised) in the light of the covenant.³

2.4. Doncaster's response to the Armed Forces Covenant

2.4.1. In Doncaster the elected mayor, Ros Jones, has identified 5 priorities for Doncaster. Priority five is to be a strong voice for (our) veterans⁴. To achieve this the mayor has made a commitment to:

- Appoint a dedicated Veterans Champion - This will provide a dedicated resource to help those leaving the military and returning to Doncaster to find jobs and housing.
- Set up a Veterans Steering Group to help provide an operational support delivery framework and strategic direction.
- Introduce a Guaranteed Interview Scheme – local companies are to be recruited to the scheme and will be promoted locally through the Council and the Chamber as well as nationally through forces agencies.
- Commemorate our heroes by offering bereaved families the chance to name streets after their loved ones⁵.

2.4.2. This HNA is intended to support the work of the Veterans Steering Group established by the mayor.

2.5. Definitions of Veterans

2.5.1. Internationally the term 'veteran' varies from country to country. In the United Kingdom the term means someone who has served at least one day and drawn at least a day's pay⁶. The literature review undertaken as part of this needs assessment identified two frequently used definitions of veterans.

2.5.2. For the purposes of this document we will use The Royal British Legion definition as it encompasses all ex-service personnel and is also used within guidance produced for use by General Practitioners (GPs) to meet the healthcare needs of

³ Securing excellence in commissioning for the Armed Forces and their families, 2013, NHS Commissioning Board. <http://www.england.nhs.uk/wp-content/uploads/2013/03/armed-forces-commissioning.pdf>

⁴ http://www.doncaster.gov.uk/mayor/my_priorities/my_priorities.asp

⁵ http://www.doncaster.gov.uk/mayor/my_priorities/Be_a_strong_voice_for_our_veterans.asp

⁶ Burdett et al, 2012, "Are you a veteran?" Understanding of the term "veteran" among UK ex-service personnel: A research note, Armed Forces & Society, 00(0), 1-9. <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/veterans/burdett-2012-veterans.pdf>

veterans⁷. Consideration must also be given to the relevance of the term 'veteran' as not all ex-military may identify with this title, especially those in younger age groups, perhaps therefore saving the term veteran for those from the older generation. Younger former service personnel often refer to themselves as "ex-service".

The Ministry of Defence defines a veteran as:

"Anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists)"

The Royal British Legion defines a veteran as:

"Anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces."

⁷ <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~//media/Files/Policy/A-Z-policy/Veterans.ashx>

3. Aims and Objectives

3.1.1. The aim of this health needs assessment is to:

1. estimate the size of the veteran population within Doncaster;
2. undertake a literature search to assess the health needs of the veteran population;
3. identify locally available services to veterans; and
4. make recommendations to improve the health and wellbeing of Doncaster's veteran population.

4. Determine the size of the veteran population within Doncaster

4.1.1. A literature search and local knowledge has confirmed that there are no official records of veteran populations available, therefore the population has been estimated based on the best available data. The estimates we present are an approximation based on national data sources. These sources include the Office of National Statistics (ONS), surveys, and armed forces pension data. These data therefore should be viewed with caution, and are intended to be indicative and open to revision should new data become available. Early service leavers will not be represented in the pension data.

4.2. Doncaster Veteran Population Estimate

4.2.1. The veteran population for Doncaster was calculated using the results of a study published by ONS⁸. The paper produced an estimate of the number of veterans currently residing in private households in England. These estimates used a nationally representative survey of adults in England from the Adult Psychiatric Morbidity Survey (APMS). This data set enabled the authors to calculate the numbers of veterans resident in England using the 2007 population estimates⁹. Using these figures and applying the estimates to the Doncaster population the numbers of veterans resident in the borough are provided in Table 1. These figures apply to the year 2007.

Age group (years)	Estimated number of veterans		
	Males	Females	Total
16-24	340	220	558
25-34	956	135	1,073
35-44	1,992	232	2,228
45-54	1,959	400	2,346
55-64	2,131	344	2,469
65-74	5,891	160	5,948
75+	6,376	1,240	7,549
Total	19,097	2,700	21,674

Note: Estimates are rounded to the nearest whole number

4.2.2. As Table 1 shows the estimated veteran population in Doncaster is around 21,700 of which 19,000 are men and 2,700 women. The veteran population is significantly older than the general population. Around 62% of veterans were

⁸ Charlotte Woodhead et al, An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, Population Trends, 138, Winter 2009, Office for National Statistics
<http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--138--winter-2009/an-estimate-of-the-veteran-population-in-england--based-on-data-from-the-2007-adult-psychiatric-morbidity-survey-.pdf>

⁹ <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

over 65 years old compared to the Doncaster resident population in 2007 which has around 20% aged 65 and over (See table 2).¹⁰

Table 2: Population estimates for Doncaster (2007)

Age group (years)			
	Males	Females	Total
16-24	18,120	16,820	34,840
25-34	17,900	17,100	35,000
35-44	21,700	22,100	43,700
45-54	20,300	20,200	40,600
55-64	17,800	18,200	36,000
65-74	12,100	13,700	25,800
75+	9,100	13,900	22,900
Total	117,200	122,020	238,840

Note: Numbers are rounded to the nearest 100, except the 16-24 year age group. Totals may not sum due to rounding

4.2.3. The ONS study also forecast the veteran population from 2007 to 2027 (See tables 3 & 4). This work showed that the numbers of veterans will reduce over a ten year period. This is because of reductions in the numbers of older veterans.

Table 3: The numbers of male veterans resident in Doncaster households between 2007 to 2027

Age group (Years)	2007	2017	% change 2007-17	2027	% change 2017-27	% change 2007-27
16-24	300	600	75.1	600	0	75.1
25-34	1,000	600	-40.2	800	39.7	-16.5
35-44	2,000	1,300	-36.8	900	-32.2	-57.1
45-54	2,000	2,200	13.3	1,400	-35.4	-26.8
55-64	2,100	1,800	-14.3	2,100	13.1	-3.1
65-74	5,900	1,900	-67.7	1,600	-14.3	-72.3
75+	6,400	5,400	-15.0	2,200	-59.5	-65.6
Total	19,100	13,500	-29.4	9,400	-30.5	-50.9

Note: Numbers rounded to nearest 100

Table 4: The numbers of female veterans resident in Doncaster households between 2007 to 2027

Age group (Years)	2007	2017	% change 2007-17	2027	% change 2017-27	% change 2007-27
16-24	200	100	-70.7	100	0	-70.0
25-34	100	200	74.1	10	-58.6	-28.0
35-44	200	200	-30.3	300	68.5	17.5
45-54	400	200	-38.3	200	-30.3	-57.0
55-64	300	400	10.2	200	-38.3	-32.1
65-74	200	300	10.4	400	10.1	24.6
75+	1200	500	59.3	300	-48.2	-78.9
Total	2700	1900	29.8	1400	24.5	-47.1

Note: Numbers rounded to nearest 100

¹⁰ <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

4.2.4. Although these figures provide us with an estimate of the veterans locally there are limitations based on the methods of calculation which need to be considered alongside them. The calculation is likely to underestimate the actual population due to using household residents, therefore excluding those veterans who may be in institutions, for example, prisons or care homes. This may lead to underestimates particularly in the older and younger age groups. From a survey of ten prisons in England and Wales it was estimated that ex-service personnel accounted for 9.1% of all prisoners.¹¹ With Doncaster having a relatively large prison population this may have a bigger impact on the figures than in other areas.

4.2.5. Additionally, veterans may have been less likely to complete the survey, therefore leading to an underestimation of the numbers used to calculate the proportions. A more accurate estimate could be achieved if all large scale surveys could include questions on military service to help identify the veteran population.

Some data is currently available which suggests the veteran population in Doncaster could be as high as 29,200. However it has proved very difficult to establish the provenance of these data and so they should to be treated with caution. The veteran population estimate used previously in this report excludes veterans who may be resident in communal establishments (Nursing homes, Care homes and Prisons). With more than 62% of the veteran population aged over 65 years, this means that there may well be a significant number of older veterans in care homes and nursing homes in Doncaster.

4.3. Armed Forces Pension data

4.3.1. Another source of data that can provide some insights into the veteran population in Doncaster can be drawn from the annual release of armed forces pension and compensation data from the Ministry of Defence (MoD)¹². There are two main schemes to consider:

- War Pension Scheme (WPS) – this provides no-fault compensation for all ex-service personnel where illness, injury or death is caused by Service from the start of the First World War in 1914 up until 5 April 2005.
- Armed Forces Compensation Scheme (AFCS) – came into force on 6 April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the Armed Forces and Reserve Forces Pensions Scheme.

¹¹ Charlotte Woodhead et al, An estimate of the veteran population in England: Based on data from the 2007 Adult Psychiatric Morbidity Survey, Population Trends, 138, Winter 2009, Office for National Statistics <http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--138--winter-2009/an-estimate-of-the-veteran-population-in-england--based-on-data-from-the-2007-adult-psychiatric-morbidity-survey-.pdf>

¹² Annual Location of UK Armed Forces Pension and Compensation Recipients as at 31 March 2014, 2015, Ministry of Defence <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients>

4.3.2. As at March 2014 there were 339,585 people in receipt of either WPS or ARCS (including other armed forces related pension schemes) in England, of these 314,565 were veterans. In Doncaster there were 2,645 recipients of which 2,515 were veterans. These figures can be used to give a rough indication of the proportion of the resident population in Doncaster who are veterans living with some kind of illness or disability (related to their service). In England there are around 766.6 veterans in receipt of WPS/AFCS payments per 100,000. In Doncaster this figure is 1,086.2 per 100,000. While some caution should be applied to the interpretation of these figures, they do imply that Doncaster may have higher numbers of veteran's resident in the borough many of these with illnesses and disability resulting from their time in service¹³.

4.4. Health Data

4.4.1. There is currently no accurate record of veterans within the health system. Whilst serving in the forces medical care is provided by Defence Medical Services, transferring into the NHS when they leave the forces. On registering with a GP there may be a flag notifying of previous armed forces service but this is not always included therefore these records cannot be used to measure the population. An added issue is that any record of returning from the military is lost when transferring to another GP. The Department of Health **recommends** using Xa8Da Read codes "History relating to military service" on medical records but there is no evidence that it is widely used. There may also be an issue with veterans registering with a GP when they first leave the service as most leave in good health so may not register straight away. There was some guidance for GPs "Meeting the healthcare needs of veterans: A guide for general Practitioners" produced in January 2011 to help General practitioners understand the needs of veterans¹⁴.

¹³ Rate were calculated by dividing the numbers of veterans in receipt of a pension or compensation by the population aged 20+ years old multiplied by 100,000

¹⁴ <http://www.rcgp.org.uk/policy/rcgp-policy-areas/veterans-healthcare-needs.aspx>

5. Assessing the health needs of the local veteran population

5.1.1. A comprehensive literature review was conducted and focussed mainly on documents including past health needs assessments conducted across the country over the past 5 years. There were several common themes emerging as a result of this review. These sources recognise the lack of accurate data on both veteran populations and their health needs with data being estimated using a variety of data sources and research. Most documents reviewed relied on the same sources of evidence and references and therefore similar recommendations were seen throughout. They also highlighted the need to improve the quantity and quality of data available.

5.1.2. From the literature and past research the following are some of the major health and wellbeing challenges facing some of the veteran community in Doncaster:

- Risk to mental health
- Alcohol misuse
- Long term health conditions (relating to service)
- Housing and risk of homelessness
- Crime and offending

5.2. Mental Health

5.2.1. The National Audit office published a report in 2007, about the transition of service personnel to civilian life. The report found that around 3/4 of armed forces personnel found the transition from service to civilian life easier than they expected or as easy as they had expected. However the report notes that those who served for a shorter time found the adjustment more difficult¹⁵.

5.2.2. A large scale literature review of the evidence of the health of veterans was undertaken by King's College London¹⁶. The report marshalled evidence from both UK and the USA, obviously the experiences of American and British veterans will differ. The report found that the prevalence of mental disorders in veterans was broadly in line with that of the general population. There was an increased risk of suicide in veterans aged 24 and under, but the risk in veterans above that age was more or less the same as the general population.

5.2.3. The report highlighted concerns relating to early service leavers. This group were found to have more adverse health outcomes; they tended to have more mental health problems and higher suicide rates compared with veterans who have served longer.

5.2.4. A second concern was the mental health of service personnel who had been deployed in Iraq or Afghanistan, and who had pre-service vulnerabilities. Pre-

¹⁵ Leaving the Services, National Audit Office, July 2007
<http://www.nao.org.uk/wp-content/uploads/2007/07/0607618es.pdf>

¹⁶ Fear N et al, Health and Social Outcomes and Health Service Experiences of UK Military Veterans: A summary of the evidence, Kings College London, November 2009.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113749.pdf

service vulnerabilities are a set of factors associated with poor family relationships and/or higher levels of behavioural disturbance prior to joining a service. These factors are associated with poorer mental health outcomes.

5.2.5. The Royal United Service Institute has reported that after exposure to high levels of trauma, the mental health needs of reservists can be greater than regular service personnel, reporting similar levels of trauma exposure¹⁷.

5.2.6. The prevalence of mental health problems in the veteran community in Doncaster is very difficult to ascertain. There are no reliable statistics on the numbers of veterans resident in the borough and all of the data relating to mental health is based on national reports and estimates. This means that the following figures should be considered indicative of the levels of need in the veteran community not a true measure of them. In the population section the veteran population was calculated to be around 21,600 in 2007. However by 2017 this will have fallen as older veterans die. The following estimates will use the 2017 estimates (Table 3 & 4) as a 'low' estimated population and the population suggested in the box on page 6 as a 'higher' estimate' (15,400 and 29,200).

5.2.7. An estimate published by the NHS Confederation¹⁸ suggests that 27.2% of veterans have a common mental disorder and 4.8% suffer from Post-Traumatic Stress Disorder (PTSD). These figures mean that in Doncaster there could be between 4,200 and 8,000 veterans with common mental health problems, and between 740 and 1,400 with PTSD. Evidence suggests veterans are more likely to develop delayed onset PTSD than the general population¹⁹.

5.3. Alcohol misuse

5.3.1. Alcohol consumption and in particular consumption that can be detrimental to health is a concern that has been highlighted in a number of national reports, it is one of the four biggest behavioural risks to health (along with smoking, obesity, and lack of exercise)²⁰. A review by Jones and Fear noted that alcohol is an important aspect of military culture and may, in fact, help in the process of improving unit cohesion²¹. The authors note, nevertheless, that alcohol can also bring attendant health problems especially for younger, single males and those who have undergone stressful experiences.

¹⁷ The Mental Health of UK Armed Forces Personnel – the impact of Iraq and Afghanistan; Royal United Service Institution (RUSI) Journal, April/May 2011
http://www.kcl.ac.uk/kcmhr/_publications/iraq%20and%20afghanistan/Forbes%202011%20-%20mental%20health%20UK%20armed%20forces.pdf

¹⁸ Improving mental health services for veterans, November 2010, NHS Confederation.

http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/mhn_briefing_210.pdf

¹⁹ Veterans: Positive Practice Guide; March 2009; Improving Access to Psychological Therapies national programme
<http://www.iapt.nhs.uk/silo/files/veterans-positive-practice-guide.pdf>

²⁰ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking>

²¹ Jones E & Fear NT, Alcohol use and misuse within the military: A review, April 2011, International Review of Psychiatry, 23,116-72.

<http://www.kcl.ac.uk/kcmhr/publications/assetfiles/alcoholsmoking/Jones2011-Alcoholuseandmisusewithinthemilitary.pdf>

5.3.2. According to a report from King's College London, along with depression and anxiety disorders, one of the most common problems faced by ex-service personnel is alcohol consumption²². As with mental health, early leavers from the forces are particularly at risk compared to longer serving veterans.

5.3.3. The 'Fighting fit in the north' report estimates that around 18% of veterans will have some kind of alcohol-related issue²³. This means that in Doncaster there could be between: 2,700 and 5,200 veterans living with alcohol problems.

5.4. Long term health conditions (relating to service)

5.4.1. The key principle for the health services in this country is that "*they (veterans) experience no disadvantage in accessing timely, comprehensive and effective healthcare and that they receive bespoke services for their particular needs or combat-related conditions including, for instance, specialist limb prostheses and rehabilitation.*"²⁴ People usually leave the forces in good health but for some they may have long term conditions or injuries relating to their service that will require treatment under the NHS in the future. Veterans are entitled to some priority care, based on clinical need, for service related conditions so encouraging veterans to make their status known would allow their military history to be taken into account when assessing health needs. Veteran status should be recorded on primary and secondary care records and within referrals in order for this to be taken into account and not to disadvantage veterans if moving around the country.

5.4.2. According to a survey by the Royal British Legion²⁵ significantly higher prevalence of musculoskeletal, cardiovascular, respiratory, mental health, sight and hearing conditions were reported in the adult ex-service community (veterans and their dependants) compared to the general adult population. The largest differences in health are in the younger age groups where the ex-service community report over double the poor health in some age cohorts compared to their peers. The armed forces network should promote the health of younger veterans as there are increasing numbers of 16-34 year olds leaving service each year. More research needs to be carried out on the health needs of this group.

5.4.3. Veterans who have lost limbs in combat often have more complex needs than civilian amputees. Those who have been injured in combat may have multiple amputations and specialist prosthetics which require different treatment to civilians whose amputations may be health or age related. They also have experienced different levels of treatment while in the armed forces than the NHS

²² Ibid Fear et al

²³ Johnson, N & Johnson P, 'Fighting Fit in the North: Option Appraisal for implementation of the Murrison Review 'A Mental Health Plan for Servicemen and Veterans' NHS North East, August 2011
<http://www.safn.org.uk/documents/Fighting%20Fit%20in%20the%20North%20East.pdf>

²⁴ Securing excellence in commissioning for the Armed Forces and their families, 2013, NHS Commissioning Board.
<http://www.england.nhs.uk/wp-content/uploads/2013/03/armed-forces-commissioning.pdf>

²⁵ Profile and needs of the Ex-service community 2005-2020, The Royal British Legion, 2006
<http://www.britishlegion.org.uk/media/33526/summary%20and%20cons.%20report.pdf>

can provide. The Murrison report²⁶ recommended a number of national specialist prosthetic and rehabilitation centres across the country are introduced to support veterans who have lost limbs due to their military service to ensure the services provided meet the requirements of veterans and use the experience to develop NHS services in the future.

5.5. Housing and risk of homelessness

5.5.1. Housing and homelessness may be a risk for ex-service personnel as they settle back into civilian life following their time in service. The needs of veterans in relation to housing may be similar to other members of the public but consideration must also be given to any increased needs in relation to housing, particularly for those with major disabilities. The importance of ensuring veterans have access to quality housing and housing support is recognised within the Armed Forces Covenant.

5.5.2. Homelessness data in general is sparse due to its nature. A study of the homeless in hostels and on the street in London in 2008 estimated that 6% were veterans (approximately 1,100)²⁷, although this has fallen considerably since the 1990's when it was over 20% and homeless veterans are often older than the general homeless population. Veterans may not know about or understand the role of different services and charities which are available to support them, both in housing needs and other aspects of their transition. As a result it may be difficult for veterans to establish a local connection with housing support or register on housing lists. Where records of applications for support or homelessness are available recording veteran status should be encouraged to provide a clearer picture of the situation. As homelessness is also related to poor physical and mental health identifying this group would be beneficial in order to both improve their health and wellbeing and provide the necessary support.

5.6. Crime and offending

5.6.1. The evidence of the links between being a veteran and offending and prison are not well understood in the UK. Some of the limited evidence indicates that ex-service personnel are less likely to be in prison than the general population and that around 3.5% of the national prison population are veterans²⁸. Other estimates by the National Association of Probation Officers (NAPO) have ranged from 5% to 17%²⁹.

5.6.2. While the evidence suggests that veterans are less likely to be in prison they may be in prison for reasons associated with their previous career. The Howard League for Penal Reform found that the main reasons for veteran offending

²⁶ A better deal for military Amputees, Andrew Murrison MD MP, June 2011
<http://www.bapo.com/Framework/ResourceManagement/GetResourceObject.aspx?ResourceID=669e7d8b-e5e2-46c0-9785-7629fef3fcfa>

²⁷ Johnson et al (2008), The experiences of Homeless Ex-Service Personnel in London, Centre for Housing Policy, University of York.

²⁸ Literature review: UK veterans and the criminal justice system, The Royal British Legion.
http://www.britishlegion.org.uk/media/31583/LitRev_UKVetsCrimJustice.pdf

²⁹ Cited in Fear et al

were social exclusion, financial problems and alcohol abuse³⁰. Fear et al have reviewed offending using the Army Courts Martial and found that non-violent offences changed over time in line with national trends, violent offences on the other hand were largely fuelled by heavy drinking³¹.

5.6.3. A recent study published in the Lancet has looked at violent offending by military personnel that have been deployed to Iraq or Afghanistan³². The study found that military men were less likely to offend but did have a greater risk of committing violent offences. This was particularly marked for men exposed to combat. The men most at risk were those with a pre military history of violence. Alcohol misuse, post-traumatic stress disorder (PTSD), and high levels of self-reported aggressive behaviour on return from deployment were also found to be strong predictors of subsequent violent offending.

³⁰ <http://www.howardleague.org/military-inquiry/>

³¹ Cited in Fear et al

³² MacManus D et al, Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study, March 2013, The Lancet, 381, 9870, 907-917.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60354-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60354-2/abstract)

6. Locally services available to veterans

6.1.1. Local initiatives to Doncaster are as follows:

- Veterans dedicated telephone number at the council (01302 735600)
- 18 council customer service staff and area team veteran champion staff have received Armed Forces awareness training
- Development of AFC (Armed Forced Community) awareness Pack³³
- Dedicated veteran support web page
- Provision of English language funding to train 62 of the Ghurkha veteran community (estimated to be around 450 or 150 households)³⁴
- 4 drop in session Drop-In Sessions - The Veterans' Champions from each of our local community area teams, along with the Royal British Legion Advice and Information Officer, hold regular monthly drop-in sessions for the armed forces community.³⁵ These are:
 - East Area Team - 1st Thursday every month, 10 – 12 noon Thorne Library, The Vermuyden Centre, Field Side, Thorne, DN8 4BQ
 - East Area Team - 2nd Tuesday every month, 10am – 12 noon, Rossington Library, Holmescarr Enterprise Centre, Grange Road, Rossington, DN11 0LP
 - Central Team - 3rd Monday every month, 10am – 12 noon, Civic Office, Waterdale, Doncaster, DN1 3BQ
 - West Area Team - 3rd Thursday every month, 10am – 12 noon, Woodlands Library, Windmill Balk Lane, Woodlands, DN6 7SB

6.1.2. Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) have published their policy for the priority treatment of ex-service personnel. This is available on their website (see footnotes).³⁶

³³ <http://www.doncaster.gov.uk/sections/socialcareforadults/armedforces/index.aspx>

³⁴ Local estimate, Doncaster Council

³⁵ The 4 areas teams became 3 on 20th April, however the 4 drop-in sessions remain

³⁶ <http://www.rdash.nhs.uk/27102/priority-treatment-of-ex-service-personnel-military-veterans/>

7. Recommendations for future developments

1. Build on this health needs assessment, using a qualitative research approach, to better understand the veteran experience in the absence of complete and reliable statistical data.
2. Improve data collection in particular in GP practices and in primary care. This could be achieved by identifying GP champions to promote the recording of data in practice systems.
3. To ensure that all GP practices ask new patients about their armed forces history and use the nationally recommended Read code (Xa8Da).
4. Improve the knowledge and training of 'front of house' staff and intervention teams across the partnership, so that veterans with service related health issues or other wellbeing needs can be signposted more effectively to the most appropriate services.
5. Increase awareness of the health of veterans with strategic bodies such as the health and wellbeing board and ensure that their issues are addressed in health strategies such as the Health and wellbeing strategy.
6. Ensure that the Councils overview and Scrutiny committee addresses veteran health issues in their programme of work.
7. Partner organisations in Doncaster should undertake reviews of their policies and commissioning strategies to ensure that the health needs of veteran are addressed.
8. As a number of veterans are almost certainly in one of Doncaster's 3 prisons, the health and wellbeing of these men should be a priority.