Buckinghamshire Council Armed Forces Needs Assessment

Buckinghamshire Council

2024

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# Introduction

## The Armed Forces Covenant

Buckinghamshire Council in July 2020 signed the Armed Forces Covenant: a voluntary statement of mutual support between a civilian community and its local armed forces community. The Covenant aims to ensure that members of the armed forces community, including family members, are not disadvantaged by virtue of their service to the nation when accessing public or commercial services. To support the local armed forces community effectively, there needs to be a clear picture of the needs, size and profile of the local armed forces community, which this needs assessment aims to support.

## Scope

The scope of this Needs Assessment will cover the Armed Forces community in Buckinghamshire. With the use of national research and local evidence the experience of the Armed Forces community will be assessed in relation to the Covenant. Areas considered are Population, Education, Healthcare, Employment, Crime and Housing.

## Methodology

The sources in the cited throughout the document were identified and used to produce a picture of issues facing the Armed Forces, Veterans and their families. Data was also gathered and analysed from colleagues within Buckinghamshire Council and its partners. There is a lack of local data relating to the Armed Forces community generally, therefore this document mainly relies on national data sources.

# The Armed Forces Population

Buckinghamshire has a long history with the Armed Forces, notably housing RAF Halton, one of the larges Royal Air Force stations in the UK, since the First World War. RAF High Wycombe, a major administrative support station, has been in place since 1941[[1]](#footnote-1).

In addition, the county is home to several reserve units including 7th Battalion the Rifles, 710 Operational Hygiene Squadron (Aylesbury and Marlow), 7644 Public Relations Squadron RAuxF (Halton), Marlow Detachment, Royal Marines Reserves (Marlow), 871 Transport Squadron (Marlow).

## Military Personnel

There are currently 3,330 military personnel living in Buckinghamshire:

*MOD Personnel Living in Buckinghamshire*[[2]](#footnote-2)*:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Buckinghamshire MOD Personnel** | **April 2022** | **April 2023** | **% change** |
| Military | 2,710 | 2,590 | -4.43 |
| Civilian | 730 | 740 | 1.37 |
| **Total** | **3,440** | **3,330** | **-3.20** |

*Military Personnel Breakdown:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Buckinghamshire MOD Personnel** | **April 2022** | **April 2023** | **% change** |
| Navy | 20 | 30 | 50.00 |
| Army | 50 | 50 | 0.00 |
| RAF | 2,630 | 2,510 | -4.56 |
| **Total** | **2,700** | **2,590** | **-4.07** |

The RAF Halton site is due to close in 2027. The impact on the Armed Forces population will need to be monitored to understand the implications for service provision.

## Service Leavers

In 2022/23 16,510 personnel left the armed forces in the UK, an increase of 12.8% compared to the previous 12 months. 81% of which were classed as Trained and Trade-Trained. Of those who were classed as Trained, 56% left voluntarily and 19% left as their service time had concluded[[3]](#footnote-3).

*UK Regular Forces Trained/ Trade-Trained Outflow, by Service and Exit Reason:*

|  |  |  |
| --- | --- | --- |
| **Type of Outflow** | **Number of Outflow** | **Percentage** |
| Voluntary Outflow | 8,400 | 62.4% |
| Time Expiry | 2,626 | 15.9% |
| Other\* | 3,584 | 21.7% |
| **Trained Outflow** | **16,510** | **100%** |

\*Other reasons include medical reasons, misconduct, compassionate, dismissals and death.

## Ex-Service Personnel in Buckinghamshire

The 2021 Census asked all those aged 16 years and over the question:

Have you previously served in the UK Armed Forces (current Serving members should only tick ‘No’)?

[ ] Yes, previously served in Regular Armed Forces.

[ ] Yes, previously served in Reserve Armed Forces.

*Or*

[ ] No.

The Census 2021 results state that there are 15,128 people in Buckinghamshire that marked yes to the above question. As a proportion of Buckinghamshire’s over 16-year-old population this represents 2.5% have served in Regular Armed Forces, 0.7% in Reserve Armed Forces, 0.1% in both and 3.4% in any UK Armed Forces.[[4]](#footnote-4)

This makes Buckinghamshire the local authority with the 11th highest population of ex-service personnel in the country (of 331). However, by percentage of population who have served in any UK Armed Forces, Buckinghamshire ranks 230th.

The ONS plan to release a further breakdown by protected characteristics within 2023 which will provide a more complete picture of the ex-service personnel residing in Buckinghamshire.

# Education

Service children make up approximately 0.5% of the total school population in England. It is estimated that there are between 38,000 and 175,000 dependants of military personnel in education[[5]](#footnote-5). Applying the 0.5% to the Buckinghamshire school population of 87,615 (including Academies), would give an estimate of 438 dependents of military personnel in Buckinghamshire schools.

## Pupils in Buckinghamshire

The number of secondary-age students from Armed Forces familes is not held by Buckinghamshire Council due to the volume of Secondary Schools in Buckinghamshire that are Academies. However 92% of Primary Schools remain under the status of Maintained, these records show that there are 479 students within these schools. The highest numbers are in Danesfield Schools (120), Naphill & Walters Ash School (106) and Halton Community Combined School (67). These schools are close to either RAF High Wycombe or RAF Halton. This shows that Buckinghamshire schools have above the expected national average of children from military families.

## Attainment

Service families often face additional pressures on family life resulting from separation from loved ones due to deployment on exercises and operations. Service families also tend to be more mobile with moves sometimes unplanned and at short notice[[6]](#footnote-6). In 2023, 28% of service families had at least one child change schools, the previous 12 months. 17% changed schools for Service reasons[[7]](#footnote-7). Just over a quarter of families (26%) with school aged children said they experienced difficulties with their children’s schooling in the past year. This can lead to disrupted continuity of education for children. However, there is not much difference between the attainment of service children and non-service children[[8]](#footnote-8).

# Healthcare

There is a lack of Buckinghamshire specific data around the health and wellbeing of the armed forces community. One key issue is that the number of primary care patients identified through their patient records as being military veterans is low, with data provided by the local ICB indicating that in March 2023 only 1,282 veterans were recorded in Buckinghamshire primary care out of a population of over 15,000. One action included in the Buckinghamshire Drugs and Alcohol Strategy 2023-28 action plan is to increase the number of patients identified as veterans in their patient records to 5,000.[[9]](#footnote-9)

A national initiative has been developed to ensure that GPs are better equipped to serve veterans and their families through the Veteran Friendly GP Practice accreditation delivered by the Royal College of General Practitioners in conjunction with the NHS. Out of 48 GP practices in Buckinghamshire, 21 are currently accredited as Veteran Friendly GP Practices[[10]](#footnote-10),[[11]](#footnote-11).

## Overall Health & Wellbeing

The World Health Organisation identifies three core determinants of health:

* Social and economic environment
* Physical environment
* Individual behaviours and characteristics[[12]](#footnote-12)

The Ministry of Defence is unique as an employer insomuch as it can positively influence these determinants of health across its population. Armed Forces personnel are provided with stable employment, housing, welfare services, strong leadership and a sense of unit cohesion[[13]](#footnote-13).

The health and wellbeing of the serving military population is generally good compared with the general population, due to the expected physical fitness required to join, social support networks available, and access to healthcare and employment. Many service personnel are very fit and active and tend to be younger than the general population, with the majority aged between 20 and 40 years old and male.[[14]](#footnote-14)

Data from the 2021 census shows that the self-reported general health of UK armed forces veterans is broadly similar to the general population. Census data shows that the majority of veterans are over 65, and therefore their physical health needs are broadly similar to the overall population i.e., difficulties with mobility, visual and hearing impairment and difficulties with self-care[[15]](#footnote-15). However, there appears to be a lack of recent data relating to the physical health of veterans, as opposed to mental health. This may be explained by the overall poor rates of primary care patients known to be veterans.

## Mental Health

The mental health of serving personnel is broadly similar to the general population, and the rate of those needing specialist mental health treatment is lower than the general population. The rate of PTSD amongst serving personnel is lower than the general population, at 0.2% or 2 in 1,000 in 2022/23 compared to 4% in the general population.[[16]](#footnote-16)[[17]](#footnote-17)

The rate of Royal Navy and RAF personnel seen in military healthcare settings for mental health reasons is higher than for other services, at 15.2% and 14.9%. This is particularly relevant for Buckinghamshire given the relatively high numbers of serving RAF personnel in the county.

Post Traumatic Stress Disorder (PTSD) rates in veterans are estimated to be higher than that seen the general population. A study showed PTSD rates of 7.4% in UK veterans of all conflicts in 2014/16 compared with 4% within the civilian population. Working in a combat role impacts on the rate of PTSD, with the rate of PTSD in veterans whose last deployment had been in a combat role was 17%. The rate for veterans whose last deployment was in a service support role was 6%[[18]](#footnote-18).

The families of Service personnel can also be affected by the demands of a family member working in the Armed Forces. Nearly one third (30%) of children experienced clinical levels of anxiety when a parent was currently deployed or recently returned[[19]](#footnote-19). A 2019 study showed that military spouses/partners were more likely to meet the criteria for probable depression than the general population, which may be as a result of service life.[[20]](#footnote-20) There is also a growing body of evidence suggesting 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.[[21]](#footnote-21)

Op COURAGE: the Veterans Mental Health and Wellbeing Service is an NHS mental health specialist service which helps serving personnel due to leave the armed forces, as well as veterans and their families with support and treatment for mental health issues.[[22]](#footnote-22) Op COURAGE South East is the local service covering Buckinghamshire.

## Alcohol Misuse

One issue previously identified for service personnel was alcohol misuse (2004/6)[[23]](#footnote-23). More recent research has found that the rate of alcohol misuse had fallen from 16% in 2004/6 to 10% in 2014/16[[24]](#footnote-24). A 2016/17 Ministry of Defence (MoD) study concluded that 61% of the cohort questioned may potentially be at increasing risk or above of alcohol related harm. The percentage of personnel in this risk group was significantly higher in the Naval Service than the RAF and Army[[25]](#footnote-25).

*Percentage of personnel who may potentially be at increasing risk or above of alcohol related harm by Service:*

|  |  |
| --- | --- |
| **Service** | **% who may potentially be at increasing risk or above of alcohol related harm** |
| Naval Service | 67% |
| RAF | 62% |
| Army | 59% |

## Smoking

Although overall tobacco smoking rates are decreasing in the serving population, figures are still higher than the overall population at 18% vs 13.3% [[26]](#footnote-26),[[27]](#footnote-27). However, smoking rates among RAF personnel are lower than average and lower than the general population at 10%.

## Access to healthcare services for Service families

Nationally, the proportion of service families who report that they are able to access healthcare without difficulties has decreased significantly since 2015. The impact of COVID-19 lockdowns on healthcare provision is likely to have contributed to this as the sharpest decrease has occurred since 2020. Of those requiring access, the proportion of families who say they were able to access GP services without difficulty in 2023 was 62%, for hospital/specialist services it was 53%, dental treatment was 35% and mental health treatment 37%. [[28]](#footnote-28)

Evidence shows that there is an impact on service families’ access to healthcare when having to move. Less than half of families who moved whilst undergoing treatment said they were able to continue their treatment without difficulty, and 28% of families said they were able to continue hospital/specialist services without difficulty, the lowest level ever reported.

## Transition to civilian life

Most serving personnel make the transition from Armed Forces to civilian life successfully, but for some service leavers and their families, the transition can be more difficult when the change is unplanned or when an individual has complex and enduring health issues. Service leavers can face a range of barriers in accessing the right care, including a lack of understanding of their illness or injuries and a failure to recognise the impact of traumas they may have experienced in service or on transition from military life. They may have limited knowledge of the services available to them and may seek treatment options outside the NHS without a proper assessment of their needs.

NHS England and NHS Improvement, together with the MOD, Armed Forces charities and those with lived experience, has developed the Armed Forces Personnel in Transition: Integrated Personal Commissioning for Veterans (IPC4V) Framework, which is a new, personalised care approach for Armed Forces personnel who have complex and enduring physical, neurological and mental health conditions attributable to their service. Through the support of a dedicated veterans’ welfare manager, individuals have more choice and control over how their care is planned and delivered, with all the organisations providing care working in collaboration. This approach aims to put into place agreed health and wellbeing arrangements whilst the individual is still serving, ensuring that care and support starts at the right time and continues as they move into civilian life.

# Employment

Post armed-forces employment, the large majority of Veterans leave with good skills, experiences and attitudes, which are in demand in the civilian workforce[[29]](#footnote-29). The 2017 Annual Population Survey (APS)[[30]](#footnote-30) stated that working age veterans were as likely to be employed as non-veterans (78% and 79% respectively).

82% of service spouses are employed, including 11% of spouses who are also serving in the Regular Armed Forces. [[31]](#footnote-31)

## Services Personnel Civilian Employment

The 2021 MOD Statistical Bulletin reported that 83% of UK regular service leavers were employed at six months after leaving the Armed Forces. 12% were economically inactive and 6% were unemployed. Those who were more likely to be unemployed were medically discharged personnel (10%) and service leavers from an ethnic minority background (18%)[[32]](#footnote-32).

## Issues with Moving to Civilian Employment

There is proportion of ex-services personnel whose transition to civilian life becomes problematic. This has a negative impact on these individuals as well as their families and society as a whole[[33]](#footnote-33). The Veterans’ Transition Review (2014) concluded that a positive transition process is important for the Armed Forces, and wider society, not just the individual. The key to a positive transition is preparation and sharing of key information with the individual. Those with the shortest Service career, Early Service Leavers, were the most likely to experience unemployment and other problems due to receiving only basic support for transition[[34]](#footnote-34).

# Crime and the Criminal Justice System

Ex-services personnel have a lower lifetime rate of criminal convictions than the general population. However, ex-military personnel are more likely to commit violent offences after leaving service than other offences[[35]](#footnote-35).

## Prison Population

Over 10% of the prison population in England and Wales is made up of veterans (circa 20,000 individuals)[[36]](#footnote-36). The 2014 MOD Analytical Summary identified that overall, offenders who were ex-service personnel had similar or lower levels of need in a range of areas compared with those who did not serve in the armed forces. However, it was identified that there were some areas of need where greater support was necessary e.g., alcohol misuse[[37]](#footnote-37). Conversely, the 2014 HM Inspectorate of Prisons paper identified that ex-military personnel have a similar level of need arising from mental health and alcohol misuse problems as the general prison population, but are more likely to feel depressed or suicidal when arriving at prison, to have physical health problems, or a disability[[38]](#footnote-38).

## Veteran Offender Profile

National data collected from 29 Liaison and Diversion services in 2015–2016 showed of the 62,397 cases, 1,067 (2%) had previously served in the Armed Forces, and 48,578 had no previous service history. Results of this study showed veterans were generally older, and less likely to be unemployed than non-veterans, but just as likely to have an unstable living situation (including homelessness). The presence of an anxiety disorder with veterans was associated with:

* Higher levels of interpersonal violence
* Motoring offences
* Anxiety disorders
* Hazardous drinking patterns

This study identified that among offenders in the criminal justice system who have been identified as needing health or welfare support, veterans differ from non-veterans with regards to their health and welfare needs and offending behaviour[[39]](#footnote-39).

# Housing

The UK Armed Forces Continuous Attitudes Survey 2019 (AFCAS19) [[40]](#footnote-40) reports that 76% of Armed Forces personnel live in Service accommodation during the working week. Personnel in the Army (34%) and RAF (31%) are more likely to reside in Service Family Accommodation.

## Home Ownership

Half of Armed Forces personnel own their own home, this percentage is much higher for Officers (76%) compared with other ranks (44%). Army personnel had the lowest rate of home ownership than all the Services (42%). Nearly two-thirds of those that gave a reason as to why they haven’t purchased their own home stated that they cannot afford to buy a suitable property[[41]](#footnote-41).

There are a variety of schemes and published advice that can assist Armed forces personnel and veterans with purchasing their own home. Since the introduction of the Forces Help to Buy scheme, the South East has accounted for 12% of the payments, but as of April 2021, 28% of Service personnel.[[42]](#footnote-42)

## Veterans and Housing

When Veterans leave the Armed Forces it is for many the first time they are required to find a home for themselves. Despite this they are as likely as the general population to own their own home and there is no evidence to say homelessness is of a greater issue than in the wider population. This is in part due to initiatives and support already in place across the UK. There is however a public perception that homelessness within the Veteran population is a significant problem.[[43]](#footnote-43)

On the 27th June 2020, the UK Government announced new measures to ensure access to social housing was improved for members of the Armed Forces, veterans, and their families. The Government set out how councils should priorities access to social housing for veterans who need support with their mental health.[[44]](#footnote-44)

## Homelessness

A literature review by the Royal British Legion found that the proportion of veterans in London’s single homeless population has fallen from above 20% in the 1990s to 6% in 2008. The reduction has been attributed to a number of factors including an improved MoD resettlement provision, better intervention from ex-Service charities and reduced output from the Armed Forces. It was found that the profile of veterans are, in the majority, the same as the wider homeless population however there were some differences. Homeless veterans were found on average to be older, have slept rough for longer, less likely to have substance misuse issues but more likely to have alcohol misuse issues[[45]](#footnote-45).

# Recommendations

1. Work to improve the data held by Buckinghamshire Council and its partners to better understand the needs of the Armed Forces population. Including but not limited to Social Care Teams, Revenues & Benefits, Thames Valley Police and NHS Commissioners.
2. Raise awareness through local communications of the Armed Forces Community Covenant and its meaning.
3. In 2023-24 the ONS will publish the Census Armed Forces data by further characteristics, this will include age, ethnic group and religion. This will allow us to further understand the breakdown of Buckinghamshire’s veteran population and should be analysed accordingly with insights included in future versions of the needs assessment.
4. Following the 2021 Census, the ONS commissioned a Veterans Survey, the first results of this were published in December 2023 with more insights due to be shared in 2024. As above, these results should be analysed for inclusion in future needs assessments.
5. Increase the number of Veteran Friendly GP Practices in Buckinghamshire.
6. Increase the number of veterans registered through primary care.

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2. [Location Statistics for UK regular armed forces and civilians: 2023 (gov.uk)](https://www.gov.uk/government/statistics/location-statistics-for-uk-regular-armed-forces-and-civilians-2023) [↑](#footnote-ref-2)
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6. [Meeting the public health needs of the armed forces: a resource for local authorities and health professionals](https://local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource_v06.pdf#:~:text=Service%20families%20often%20face%20additional%20pressures%20on%20family,with%20moves%20sometimes%20unplanned%20and%20at%20short%20notice.) [↑](#footnote-ref-6)
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9. [Buckinghamshire Drugs and Alcohol Strategy 2023-28](https://www.healthandwellbeingbucks.org/resources/Councils/bucks-public-health/downloads/DAS-2023-2028.pdf) [↑](#footnote-ref-9)
10. [GP and GP Practice Related data - NHS Digital](GP%20and%20GP%20Practice%20Related%20data%20-%20NHS%20Digital) [↑](#footnote-ref-10)
11. [RCGP Learning - Veteran Friendly Accreditation](https://elearning.rcgp.org.uk/mod/book/view.php?id=12533&chapterid=285) [↑](#footnote-ref-11)
12. [Determinants of health (who.int)](https://www.who.int/news-room/questions-and-answers/item/determinants-of-health) [↑](#footnote-ref-12)
13. [MHW Executive Summary (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703404/MHW_ExecutiveSummary.pdf) [↑](#footnote-ref-13)
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17. <https://cks.nice.org.uk/topics/post-traumatic-stress-disorder/background-information/prevalence/> [↑](#footnote-ref-17)
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