NHS Somerset

Meeting the needs of the Armed Forces community in Somerset:

Engagement review and evaluation

Version 1.0

Publication date: March 2024

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Contents

Introduction

The provision of healthcare to full-time service personnel is split between the Ministry of Defence (MoD) and the NHS. The remainder of the Armed Forces community receive healthcare via the NHS. There may be minimal exceptions to this, for example some veterans with particular healthcare needs arising from service, may have access to dedicated and bespoke support services, whilst military families abroad may access their healthcare through Defence Medical Services (DMS).

The Armed Forces Covenant document[1], sets out the Armed Forces community as including:

> **Regular personnel** – individuals currently serving as members of the Naval Service (including the Royal Navy and Royal Marines), Army or Royal Air Force.
>
> **Reservists** – volunteer reservists, who form the Royal Naval Reserve, Royal Marine Reserve, Territorial Army and the Royal Auxiliary Air Force, and Regular Reservists, who comprise the Royal Fleet Reserve, Army Reserve and Royal Air Force Reserve.
>
> **Veterans** – those who have served for at least a day in HM Armed Forces, whether as a regular or as a reservist.
>
> **Families of regular personnel, reservists and veterans** – the immediate family of those in the categories listed above. This is defined as spouses, civil partners, and children for whom they are responsible, but can where appropriate extend to parents, unmarried partners and other family members.
>
> **Bereaved** – the immediate family of service personnel and veterans who have died, whether or not that death has any connection with service.

There is an acknowledgement that not everyone in the NHS, either at a national, or local level, understands the specific health needs of the Armed Forces community and what the Armed Forces Covenant means for them. There is also an acknowledgement that some Armed Forces families have problems getting the right care and support, which can present further challenges and difficulties for them.

The Statutory Guidance on the Armed Forces Covenant Duty[2] clearly states, that:

> 'Healthcare bodies and professionals will need to understand the healthcare needs of the local Armed Forces Community. Without this, the Armed Forces community might experience challenges in accessing healthcare, or the right kind of healthcare.'

1https://assets.publishing.service.gov.uk/media/5a78c7b740f0b62b22cbcbd4/the_armed_forces_covenant.pdf
2https://assets.publishing.service.gov.uk/media/636a3e10d3bf7f16484798b0/Armed_Forces_Covenant_Duty_Statutory_Guidance.pdf

Considerate of the above, The Armed Forces team at the Somerset Integrated Care Board wished to gather the views and experiences of the Armed Forces community across the county, in order to help identify how they perceive their own needs and any areas where they believe there may be gaps in the provision currently on offer. This will allow NHS Somerset ICB to identify potential areas for development, leading to an improved offer of care, treatment, and support.

In order to capture views and experiences, engagement was carried out between June and December 2023. This was conducted by a series of group and one-to-one interviews to gather feedback.

This document includes the key findings from the engagement work, what respondents suggested NHS Somerset could do to make improvements and what action we will take and/or recommend to facilitate this.

Background

The AF community in Somerset

The Armed Forces community plays a significant role in the landscape of Somerset. Finding exact up-to-date numbers is challenging, however using data from Ministry of Defence location statistics[3], the Office of National Statistics[4], the UK Armed Forces Families Strategy 2022-32[5] and Somerset Intelligence[6], it is possible to extrapolate the following best estimates.

The population of Somerset was 571,600 in the 2021 census. Of this number, 27,902 residents identified as armed forces veterans. This represents 4.9% (almost 1 in 20) of the total population aged 16 or over. Based on data from the Office of National Statistics, which states that 57.1% of veterans are married or in a registered civil partnership, it is possible to calculate that veterans and their partners number approximately 43,834. This approximation does not consider numbers of widows/widowers of veterans or for any dependent children aged under 18.

The 2022 location statistics for the UK regular armed forces provides an approximate number of 3250 serving personnel in Somerset with 80% of these being from either the Royal Navy or Royal Marines. Using data from the UK Armed Forces Families Strategy 2022-2032, which states that of those currently serving, 49% are married or in a civil partnership and 51% of service personnel have dependent children, it is further possible to calculate that the serving community (including their families) numbers some 6500. This approximation might include some families who are not currently living in Somerset with the serving

[3] https://www.gov.uk/government/statistics/location-statistics-for-uk-regular-armed-forces-and-civilians-2022
[4] https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/bulletins/ukarmedforcesveteransenglandandwales/census2021
[5] https://assets.publishing.service.gov.uk/media/61e80893e90e07037ac9e10b/UK_Armed_Forces_Families_Strategy_2022_to_2032.pdf
[6] https://www.somersetintelligence.org.uk/census2021/

population, dependent children who are resident here at boarding school, or overlaps, for example, under 18s who are serving or veteran, but who could also potentially be counted amongst dependent children.

Whilst this is an obvious approximation and takes no account of reservists or other considerations previously mentioned, it suffices to provide a conservative working estimate of approximately 50,334 people who make up the Armed Forces community in Somerset (approximately 9% of our population).

Project rationale

Since the introduction of the AF covenant in 2011, the national conversation around provision for the AF community has increased. In March 2021, the NHS published a companion document to the NHS Long Term Plan[7], which outlined the commitments NHS England and NHS Improvement is making to improve the health and wellbeing of the Armed Forces community.

'Healthcare for the Armed Forces community: a forward view'[8] identified nine commitments which encompass the health and wellbeing needs of the AF community in their broadest sense:

- Commitment 1: Working in partnership to commission safe, high quality care for serving personnel and their families
- Commitment 2: Supporting families, carers, children and young people in the Armed Forces community
- Commitment 3: Helping the transition from the Armed Forces to civilian life
- Commitment 4: Identifying and supporting Armed Forces veterans
- Commitment 5: improving veterans' and their families' mental health
- Commitment 6: Supporting veterans in the criminal justice system
- Commitment 7: identifying and addressing inequalities in access to healthcare
- Commitment 8: Using data and technology to improve services
- Commitment 9: Driving research and innovation in Armed Forces healthcare

[7] https://www.longtermplan.nhs.uk/online-version/
[8] https://www.england.nhs.uk/wp-content/uploads/2021/03/Healthcare-for-the-Armed-Forces-community-forward-view-March-2021.pdf

This engagement project set out to explore the experiences of those who form our Armed Forces community in Somerset, as well as seeking to understand the extent to which the nine commitments identified by the NHS are currently being incorporated into healthcare practice across the county. Specifically, this project aimed to:

- Understand experiences of the AF community in Somerset
- Identify any unmet needs of the community
- Improve local conversations with the AF community and thus inform the commissioning of future NHS services to meet the need of this cohort under the obligations of the AF covenant and in line with the Universal Personalised Care model[9]

Policy context

Healthcare and the Armed Forces community is a fluid policy area. The past few years have witnessed a high number of publications which are having an influence on some of the ways in which health and community services are delivered to the Armed Forces community. At a national level, the Defence Secretary commissioned an independent review to assess the needs of military families and the extent to which existing services were meeting those needs. 'Living in our shoes'[10] was subsequently published in June 2020 and made over one hundred recommendations for the improvement of policy and services. Among these recommendations were a number which specifically sought to drive improvements in the health and wellbeing of military families, including their experiences of, and access to, health and social care.

Subsequent to this review publication, the NHS conducted an engagement exercise, the results of which were published in August 2021, entitled 'Improving Health and Wellbeing Support for Armed Forces families'[11]. Through the responses of those who engaged in the research, five key areas of need were identified:

- The NHS needs to have a better understanding of military life and culture
- The NHS needs to ensure that there are appropriate services to meet the needs of the Armed Forces community and families
- Establishing Armed Forces families support networks would help improve care and support for Armed Forces families
- Communications and engagement with Armed Forces families needs to be better
- Records management needs to be improved

[9] https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf
[10] https://assets.publishing.service.gov.uk/media/5ef46ab9e90e075c5582f501/Living_in_our_shoes_Full_Report__1_embargoed_30_June.pdf
[11] https://nff.org.uk/wp-content/uploads/2021/09/AF-families-engagement-you-said-we-will-do-August-2021.pdf

As previously cited, 'Healthcare for the Armed Forces community: a forward view', was published in March 2021, and through its identification of nine commitments, set out to recognise and address the additional life challenges often faced by the AF community.

Also in 2021, the Armed Forces Act amended the previous act of 2006 to create a legal obligation for all NHS England Integrated Care Boards. The Statutory Guidance on the Armed Forces Covenant Duty, published in November 2022, identifies one of the relevant functions in scope of the Covenant Duty as

> 'In the settings of NHS primary care, NHS secondary care and local authority-delivered healthcare services, the following functions: provision of services; planning and funding; and co-operation between bodies and professionals.'

The following year, in January 2022, The Office for Veteran's Affairs published a 'Veterans' Strategy Action Plan'[12] which highlighted the importance of understanding our veteran community:

> 'It is vital that we have a detailed understanding of our veteran population and their experiences to provide the right services and support for veterans and their families.'

It further stated the commitment that by March 2023, through the Integrated Care board framework,

> 'Every Integrated Care System has an Armed Forces lead and an agreed framework to support the Armed Forces community and every Primary Care Network has a veteran friendly accredited GP practice.'

Alongside this, and also published in January 2022, the 'UK Armed Forces Families Strategy 2022-32'[13] states its purpose as being two-fold:

> 'To inspire partnership working across the UK, honoring the enduring pledge of the Armed Forces Covenant; and to provide direction to policy makers, the single services and public service providers to empower armed forces families to live rich and fulfilling lives alongside their loved ones.'

It is evident then, that the policy context clearly aligns with the seven strategic aims of the Somerset ICB[14], but in particular, with the first four, which are to:

- Improve the health and wellbeing of the population
- Reduce inequalities

[12] https://assets.publishing.service.gov.uk/media/631f08c38fa8f502013c122e/Veterans-Strategy-Action-Plan-2022-2024.pdf

[13] https://assets.publishing.service.gov.uk/media/61e80893e90e07037ac9e10b/UK_Armed_Forces_Families_Strategy_2022_to_2032.pdf

[14] https://nhssomerset.nhs.uk/our-somerset-strategy/#:~:text=We%20want%20people%20to%20live,sustainable%20futures%20for%20all%20people.

- Provide the best care and support to children and adults
- Strengthen care and support in local communities

Furthermore, in light of the Marmot review[15] and in line with the aims of the Somerset Integrated Care System to accelerate the improvement in health and reduction in health inequalities in Somerset, it is clear that a population health approach must be adopted. This will ensure that it is the needs of our Armed Forces community which drives the action we subsequently take together with the services we commission, to ultimately support them.

[15] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Key Findings

The Armed Forces community comprises in excess of 9% of the population of Somerset – some 50,000 people. Of the approximately 3250 serving personnel in our county, 80% are from either the Royal Navy or Royal Marines.

NHS national guidance has provided five clear objectives for those working with the Armed Forces within healthcare. However, the findings of this engagement report into Somerset's Armed Forces community, suggest that not enough has previously been done to meet those objectives.

Those in the Armed Forces community do not feel that the NHS in Somerset currently has a good understanding of military life and culture. Many within the cohort feel that their unique and transient lifestyle (often not of their own choosing) is not appreciated by the NHS, either as healthcare professionals or in the role of employer. Parents do not feel that their children's needs are being met.

There is a sense that currently, the NHS is not ensuring that there are appropriate services to meet the needs of the Armed Forces community and families. For example, in areas such as dentistry, audiology and mental health support, there is a perception that the specific needs of the Armed Forces community are not being met.

Whilst the commissioning of two Armed Forces hubs in the county is undoubtedly an extremely positive first step, it is widely accepted that most of the Armed Forces families support networks are informal, largely uncoordinated and do not incorporate representation from the NHS in Somerset. This means that many forces families are left feeling isolated rather than cared for and supported.

Communications and engagement with Armed Forces families still needs to be better. Regular opportunities to engage with this community need to become standard, and relationships established and improved on, in order to promote honest dialogue and trust.

Huge improvement has been made in the numbers of GP practices who have signed up to the veteran friendly accreditation scheme, however numbers of veterans identified are still woefully inadequate. The veteran friendly accreditation also needs to be extended to include other members of the Armed Forces community, in order to facilitate the further improvement of record management.

Recommendations

In order to meet the needs of the Armed Forces population in Somerset, it is essential that their physical and mental health is not viewed in isolation, but is given consideration as part of this community's own perception of their wider health and wellbeing needs.

Paragraph 2.12 of the Armed Forces Covenant Duty Statutory Guidance states that:

> 'Healthcare professionals might not fully understand the health conditions that can arise from service, or they might not have experience of treating them. Healthcare professionals might also be unaware of the services provided for the Armed Forces Community by the NHS, local authorities and third sector. These issues can result in members of the Armed Forces Community not being able to access healthcare, or the right kind of healthcare. Ensuring healthcare staff have an awareness of the healthcare services available, and that they and their establishments signpost the Armed Forces Community to these services, can lead to improved health outcomes.'

This engagement project has revealed that despite a slowly improving awareness of the Armed Forces Covenant and of the Armed Forces Act (2021), it is evident that there is still a vast gap in responsiveness which is leading to members of the Armed Forces community in Somerset being disadvantaged.

The NHS has a legal responsibility under the Armed Forces Act (2021) to remove disadvantage as detailed in section 1H:

> 'A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces community, and this difference arises from one (or more) of the unique obligations and sacrifices of service life.'

In order to mitigate these health inequalities, a set of ten actionable recommendations have been identified.

1. Ongoing engagement with the Armed Forces community in Somerset

This report has highlighted the fact that many of those in the Armed Forces community in Somerset feel that their opinions are neither sought nor understood.

It is recommended that ongoing engagement continues, with regular opportunities provided for those within all cohorts of this community to share their viewpoints and to explain their health and wellbeing needs.

2. Improving the relationship between NHS Somerset and the Armed Forces community at times of transition

Greater consideration should be given to the impact that mobility and times of transition have on an individual and their family. Sharing information about what resources are

available to them at these times will empower them and enable them to seek support more easily.

It is recommended that a framework is devised which ensures that a pack of information which details the services provided by NHS Somerset and their partners to anyone moving into the area, or going through a point of transition (for example, becoming a parent, suffering an injury, leaving the service etc) is made available, either as a paper-based or an electronic resource.

3. Education and training for all NHS staff in Somerset

The demands placed on families by mobility and deployment need to be better recognised in Somerset. Building on the excellent work of the Royal College of General Practitioners, the Veteran Friendly and Veteran Aware schemes in primary and secondary care, effort should continue to accelerate and expand these to include the families of service personnel and of Veterans. Likewise, with the introduction of regular new initiatives and further expansion of health services to former armed forces personnel[16], the need for Somerset healthcare providers to be kept up to date is more important than ever.

It is recommended that healthcare providers should be offered basic training to ensure all those working with the Armed Forces understand the responsibility they hold to avoid disadvantaging them. Within this, work should be explored to ensure that healthcare providers in Somerset are aware of their responsibilities towards their employees who are members of the Armed Forces. Additionally, it is a recommendation that a rolling training program is established which would further ensure that any new key information is delivered effectively and ensure that all staff (including new starters upon induction) maintain the same level of awareness, in much the same way as safeguarding training is currently routinely delivered.

4. Access to dentistry for military children

Lack of access to routine NHS dental care is not exclusive to the Armed Forces community in Somerset. However, it is important to recognise that some of those from this cohort are further disadvantaged by routinely relocating. Consideration needs to be given to ways in which further support can be offered to this group, and in particular the children who have yet to see a dentist.

It is recommended that consideration is given to commissioning a mobile dentist to treat military children currently not registered with the NHS, via Somerset schools.

5. Access to mental health care for those currently serving in the Armed Forces

Currently, lower-level mental health and wellbeing needs are not being met for serving personnel in Somerset. Safeguarding is a priority for all concerned and must meet the military thresholds for removing personnel from active service, access to weapons and other

[16] Government delivers further expansion of health services to former armed forces personnel - GOV.UK (www.gov.uk)

potentially high-risk activities should their mental health status warrant it. This responsibility lies with the Principal Medical Officer. As the current situation stands, serving members of the Armed Forces community are not able to be referred, or refer themselves, into local Talking Therapies provision.

It is therefore recommended that a part-time health and wellbeing practitioner is appointed to provide a direct access link between the Medical Centre at RNAS Yeovilton to work alongside the PMO with VCFSE organisations, to receive direct referrals and create bespoke recovery pathways.

6. Mental health care for the children of serving personnel

This research project has highlighted the stresses and anxieties caused to children of all ages by having a parent in the Armed Forces. Currently, emotional wellbeing support is largely offered through individual schools in the form of Emotional Literacy Support Assistants (ELSA), but this is for a limited period and is often not delivered at the exact time of need. Moreover, it is generally funded through Service Pupil Premium payments, which further disadvantages children in schools with low numbers of service children.

The recommendation of this report is threefold: firstly, that basic training around the potential emotional and wellbeing needs of Armed Forces children is offered to all Somerset education settings, including those who currently have no Service Pupil Premium children on roll. Secondly, it is a recommendation that a rolling training program is established which would further ensure that any new key information is delivered effectively and ensure that all staff (including new starters upon induction) maintain the same level of awareness, in much the same way as safeguarding training is currently routinely delivered.

Thirdly, it is recommended that more research is done in this area to ascertain the type of early evidence-based, emotional support package that could potentially be commissioned to best support young people in the Armed Forces community at the immediate point of need.

7. Audiology referral for veterans with hearing loss

Based on the higher than national prevalence of veterans within our Somerset community, and given the mental health and isolation issues associated with hearing loss, it is a recommendation of this report that a dedicated audiology referral line is commissioned, specifically to support veterans within the Armed Forces community.

8. Regular physical and mental health checks for veterans

Many of the Veterans interviewed for this expressed concern that they faced increased likelihood of conditions such as heart attacks, strokes, mental health anxieties and musculoskeletal conditions, as a result of their previous service.

It is therefore recommended that further research is carried out into whether there is evidence to support this supposition with a view to building on the Somerset NHS Health Checks to make these more frequent for veterans, possibly expanding them to also include mental wellbeing checks.

9. Mesothelioma screening program

In light of the well documented incidence of asbestos in sea king helicopters and of their prevalence in Somerset at RNAS Yeovilton, it is a recommendation of this report that a mesothelioma screening program be introduced. It is proposed that future screening is and made available to all veterans or former civilian employees who consider they may have been exposed to asbestos on sea king helicopters.

10. Skin cancer research in veterans

Veterans interviewed as part of the research for this report have presented anecdotal evidence that those in the Armed Forces may be at increasing risk of skin cancers as a result of previous service. This has been raised as a concern by the Armed Forces community in Somerset.

It is the recommendation of this report that further research is carried out into the number of veterans who have previously received, and continue to receive, a skin cancer diagnosis across the county.

Engagement process

Methodology

Initially, a questionnaire (in both electronic and paper formats) was planned to gather data for this research piece, as one of the primary barriers to the commissioning of services which had been previously identified, was a historical lack of quantitative data. However, after due consideration, this was rejected for several reasons. Broadly speaking, these reasons were threefold.

Primarily, it was acknowledged that a questionnaire would not proactively engage with those who may be digitally excluded or who may face barriers to engagement participation, for example disengaged members of the veteran community or young children from military families. Secondly, it was felt that with the limited timescale available, a questionnaire might not reach as many members of the AF community as would be desired and would be insufficient to hear the voices of a representative sample of individuals from the Armed Forces community in Somerset. Finally, it was felt that a quantitative design would have favoured measurement and prediction, as opposed to a qualitative design which encourages exploration and interpretation.

As a consequence, a qualitative methodological approach was chosen for this engagement piece, as it was considered most applicable for this type of research. The choice to utilise a qualitative approach was ultimately determined following consideration of a number of factors.

Primarily, this engagement piece was intended to explore the experiences of members of the AF community. Specifically, the intention was to ascertain whether there were aspects of life within the community in which there were potential gaps in provision. A qualitative methodology, with an emphasis on capturing lived experience, was therefore deemed to be most suited to the engagement intention and carried the advantage of providing nuance, complexity and context.

A second important consideration, was the fact that in contrast to a quantitative methodology, which captures data with no interaction between the researcher and those being studied, a qualitative methodology accepts that a researcher is not divorced from those being studied but instead, that the interaction between the researcher and participant is an integral part of the process. The ultimate aim of this engagement was to understand the needs of the AF community in Somerset. In order to best achieve this, it was essential to develop relationships and trust with members of this community.

A phenomenological qualitative methodology was adopted as the intention of this engagement work was to study participants' lived experiences of the world. The phenomenological approach seeks to capture experiences, thoughts and feelings by the researcher listening empathically without questioning or judgement. It was decided that a semi-structured interview process would be most appropriate, as it provided an opportunity for participants to describe personal experiences which had meaning and relevance to them.

Participants

Multiple strategies were used to identify potential participants.

For veteran participants, the main method of identification was via Armed Forces Veterans' Breakfast Clubs and Royal British Legion groups. Of the 25 groups contacted, 11 did not reply, 12 expressed an interest and 12 were visited. Two replied to say they didn't admit visitors. Initial emails were sent in June 2023 (Appendix A). A second follow up email was sent to those groups who had not responded in the Autumn of that year.

Dependents of serving members of the AF community were approached via schools using data provided by Somerset Council, which listed the numbers of children in Somerset in receipt of Service Pupil Premium. Any school with 10 students or more in receipt of SPP was contacted and asked if they would like to be part of the project (Appendix B). This group included Pupil Referral Units. Of the 49 state schools contacted, 29 did not reply, five expressed an initial interest and requested a copy of the parent letter (Appendix C) but received no responses from parents and 12 were subsequently visited. In addition, three replied to say they were unable to help. All independent schools in the county were also contacted (17 in total). Two expressed an initial interest and requested a copy of the parent letter. These were then followed up with visits. One independent school said they had no service children currently in attendance and the remainder did not reply. As with the emails to veterans' groups, initial emails were sent at the end of the 2022-23 academic year. Follow-up emails were sent to those schools who had not responded at the start of the 2023-24 academic year.

Family members were approached in a variety of ways. Often this was as a result of interviews with veterans or dependents. Other ways included through coffee mornings, mother and toddler groups and word of mouth. Promotional materials advertising the engagement work were distributed through VCFSE groups as well as at various veterans' roadshows and Armed Forces Day.

Serving members of the AF were similarly approached in a variety of ways and included those who instigated contact through the promotional materials distributed at RNAS Yeovilton families' day, welfare events held at the base and through non-serving partners.

In addition to this, interviewees included individuals who were aware of the engagement work and made direct contact, personnel from RNAS Yeovilton and Norton and members of other groups not listed above.

The views of over 300 individuals were recorded in the engagement process. The age of the interviewees ranged from 4 to 96.

Materials

There were no formal materials used to carry out the interviews, other than a Dictaphone. The interviews with adults were loosely based around two key questions (Appendix A) and a

request to 'tell me about life as a … '. When interviewing children (those under 18), the questions were adapted slightly (Appendix D).

Procedure

Depending on location, interviews were conducted either individually or in groups. It was explained to all interviewees that all comments would be anonymised and that any recordings/transcriptions made would be permanently deleted at the end of the engagement process, in line with ICB Information Governance practices. For this reason, any direct quotations have had names, locations and any other identifiable comments removed. In order to further anonymise the identities of children (those under 18), quotes are identified by academic key stage, rather than year group (Appendix E).

Analytical strategy

The substantial amount of data gathered was best suited to thematic analysis. An inductive approach to theme identification was employed, as the aim of this engagement project was to seek understanding of a set of experiences, thoughts and behaviours[17]. It was felt that an inductive approach provided a broader, more expansive analysis of the entire body of data.

A five step process was followed. Firstly, familiarity with the data was sought. Each interview was recorded and listened to several times. At this point a summary transcription was made and coded with additional coded notes being made. Coding at this general level first was a useful step towards organising the data into meaningful categories. From these, reoccurring viewpoints were identified which were subsequently further refined. After repeated listening and refining, the codes were consequently revised and combined into recurring themes.

These themes were then reviewed once again by reading through the transcription excerpts and accompanying notes in order to ensure they were useful and accurate representations of the data. Some sub-themes were identified. It is well documented that thematic analysis is subjective and often relies on the researcher's judgement. Therefore, in an effort to overcome any confirmation bias, an attempt was made to actively search for diverse viewpoints and contradictory opinions from the coded data.

[17] https://www.tandfonline.com/doi/abs/10.1080/0142159X.2020.1755030

Discussion

Several distinctive themes emerged from the coded data which together, tell a story of the needs of the Armed Forces community in Somerset. These themes were organised under three main headings but were further subdivided.

- Profile and visibility of the Armed Forces community in Somerset
- Physical health and mental wellbeing
- Points of transition

Profile and visibility of the Armed Forces community in Somerset

Lack of understanding of an Armed Forces lifestyle

Recommendation 96 in Living in Our Shoes[18], suggested the following:

The Prime Minister to spearhead a change of culture to:

- make the recognition and care of armed forces families a national priority
- ensure that the UK population understands the critically important role played by the armed forces in keeping our country safe
- promote pride in and respect for serving personnel and their families; and ensure that all Serving personnel and their families feel valued.

At the time of this recommendation (2020), the Secretary of State for Defence corresponded with the Prime Minister, who agreed to spearhead and support change.

However, regardless of this intention, many of those interviewed expressed unhappiness at the lack of understanding of their situation and the ignorance of those (including those In the healthcare sector) who were in a position to potentially support them and reduce disadvantage.

According to the MoD UK Tri-Service Families Continuous Attitude Survey Results 2023,[19] fewer families are satisfied with their quality of life as a service family, compared to last year. This decrease is particularly evident for Royal Navy (RN)/Royal Marine (RM) and Royal Airforce (RAF) families, with RN/RM families now the least satisfied compared to other service families. Spouses' views on whether their family benefits from being a service family are mixed. Whilst just over a third (32%) agree that their family benefits, 37% disagree.

[18] https://assets.publishing.service.gov.uk/media/5ef46ab9e90e075c5582f501/Living_in_our_shoes_Full_Report__1__embargoed_30_June.pdf
[19] https://assets.publishing.service.gov.uk/media/64c2679df92186000d866638/Tri-Service_Families_Continuous_Attitude_Survey_2023_Main_Report_Accessible.pdf

One common theme amongst partners of serving personnel who took part in this engagement project, was frustration at the attitude that difficult or stressful situations and circumstances were often of their own instigation or down to their own 'choice'.

A lot of people, and this is a saying that boils my blood when someone says this. 'Oh well, you knew what you were marrying'. My father in law said that to me. That's not how it works. You don't say to someone that's had a baby, who says 'this is really hard'. 'Oh well you knew you were having a baby'. That's not support.

Partner of a serving person

Another spouse who had recently moved to the county, spoke of how there had been no formal support available to her before marrying a serving person. Consequently, she had turned to social media in order to learn about the possible implications for her and her two children from a previous relationship. Even so, although the information she learned was useful to her, it was not entirely comprehensive, as she was unaware that her children were now entitled to receive Service Pupil Pemium as their step-parent, who now had parental responsibility, was a serving member of the military community[20].

Going into being a military wife was like … I literally watched videos of like other people doing it because it's such a big commitment. You can't just … it's nor normal … where you get to come home every day and have a cuddle. They could go away for six weeks or months or however long and you have to be strong and it's not always easy when you've got children and families at home.

Partner of a serving person

[20] https://www.gov.uk/government/publications/the-service-pupil-premium/service-pupil-premium-spp-information-sheet#:~:text=Step%20children,-Step%20children%20of&text=A%20child%2C%20where%20the%20service,biological%20parent%2C%20is%20also%20eligible.

Irritation was also expressed at the assumption that if you had been a in a relationship with a serving person prior to marriage, you somehow bore responsibility for choosing that lifestyle.

> **You don't know what the lifestyle is going to be like because you have … had … to be married to live with your other half on the patch so although everyone will say you knew what you were getting yourself into, you don't realise until you have kids and get married to them what it's like to actually have them not there all that time.**

Partner of a serving person

Employment issues for partners of serving personnel

This lack of understanding and awareness around what life is like for the partners of serving personnel was also referenced repeatedly during conversations around employment.

Results in the UK Tri-Service Families Continuous Attitude Survey Results 2023 (previously cited), state that of the 38% of spouses who looked for a job, about five-eighths (63%) experienced difficulties finding suitable employment. Top reasons cited by the 63% who experienced difficulties were:

- 53% reported having a spouse who is often away
- 50% had a partner unable to assist with care responsibilities
- 48% said that their extended family live too far away to assist with childcare

> **Everyone I know, my family and everything, are sort of like 'yes, but you've got to see how lucky you are. You've got given a house. You've got to understand how lucky you are. You don't have to work.' And I'm like, no, but I want an actual house [of my own] and to get that I want to be able to work. I can't because of the situation with the kids and my husband going away.**

Partner of a serving person

Many partners of serving personnel spoke of the fact that they struggled with issues around employment and felt this was made more difficult because of their life as part of the Armed Forces community. One spouse joked that it is virtually impossible to find a job which will work around being a military wife, as from the outset, you are informing any future

employer that you are unreliable and cannot be depended upon to turn up for your shifts. She also described how it is a 'chicken and egg' situation, as she claimed it was impossible to get a 'working from home' job without prior experience, but that it was impossible to get work experience when you couldn't get a job.

> **How do you go to a job and say, 'Hi, I've got no previous experience, also I might have to leave in two years, also I might not be able to come in at the drop of a hat'? You know, work from home jobs exist, but you've got to have experience to get them really. It feels like you're kind of trapped when it comes to working around the [military].**
>
> **Partner of a serving person**

It wasn't just the constant possibility of having to relocate at short notice and uncertainty around deployment which were identified as barriers to working whilst living with a serving person. One of the most recurring topics was that of organising childcare around unplanned absences of a partner. Whilst it was acknowledged that single parents in civilian life can sometimes find themselves in a similar position, reference was also made to the fact that partners of serving people can often be in a locality a considerable distance from friends and family and so have less social support to draw on. Living in Our Shoes[21], cites numerous examples from both British[22] and American[23] research around the detrimental impact of high mobility on an Armed Forces spouses' careers, being one of the most negative aspects of service life. As is highlighted in the 2020 report,

> 'This is a concerning finding given that research in the United States has shown that spousal employment is an important contributor to the wellbeing of military spouses and partners, and to the financial health of many military families. Moreover, the pursuit of a career is said to be a major component of military spouses' own assessment of their quality of life.'

The recently published UK Armed Forces Families Strategy 2022-2032[24], recognises the pressures faced by AF families in terms of balancing a career and childcare as a military partner.

> 'Today, dual-earning couples are the norm rather than the exception. Coping with the upheaval of military life is far more difficult when balancing two careers; especially when the career of the serviceperson's partner or spouse may take

[21] https://assets.publishing.service.gov.uk/media/5ef46ab9e90e075c5582f501/Living_in_our_shoes_Full_Report__1__embargoed_30_June.pdf
[22] https://wrap.warwick.ac.uk/106995/7/WRAP-military-spousal-partner-employment-identifying-barriers-support-required-Lyonette-2018.pdf
[23] https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1442-2018.2011.00659.x
[24] UK Armed Forces Families Strategy 2022-32 (publishing.service.gov.uk)

precedence. For the 13% of dual-serving couples in the armed forces, balancing the needs of two careers presents its own unique challenges. For those couples or single-parent families with children, access to good quality out of hours childcare is essential.'

I think some people think the only worry Is that your partner will go away in a conflict. It's not. That's actually the least of my worries. I always say to [name of partner], I see stuff on the news, you know … 'What's the percentage of you going there?' He's like, 'Zero. We're not going to [location]. Quite simply we're not,' but then he'll go, 'Oh, I'm doing four months in [location]. That's my, you know … It's those training exercises, but they're necessary. But you're left on your own to do both jobs plus your own working job, potentially.

Veteran and partner of a serving person

Another interviewee commented on how fortunate she felt to work in a school.

You have to find a job that … you've got to treat yourself as a single parent because they're never here. So I'm quite lucky working in a school that [name of child] does come to this school so our half terms are the same, so are our holidays. Because you have no family support. So like holidays, you're like, what am I meant to do if you've got children? There's no one to look after them. So finding employment is hard.

Partner of a serving person

However, the frustration of one interviewee was evident.

What they've got to understand is, we don't get warnings like … you know … we do … it could be a 24 hour warning. It could be a two-month warning. We don't choose to get told. Yeah. But like the thing is when our children are sick and it's just us, we can't work and like, so when we get told off or we get a sick warning or… that makes it even more stressful because then it's like …it's not my fault. My child is sick. and I have to put them first.

Partner of a serving person

Ignorance of the Armed Forces Covenant within the health sector

To show their support and understanding of the issues facing the Armed Forces community in the UK, organisations are able to sign the Armed Forces Covenant[25]. By signing the Covenant, organisations are afforded the opportunity to become part of the Defence Employer Recognition Scheme[26]. There are three tiers to this award with various steps to completion. On reaching Gold standard, the employer must proactively demonstrate their forces-friendly credentials as part of their recruiting and selection processes. They should ensure they are registered with the Forces Families Jobs (FFJ) portal[27] who promote themselves as being

> 'the go-to place for training, employment and volunteer roles for family members of currently serving UK military personnel.'

Here, you can

> 'apply for jobs and access employment and training opportunities with companies and organisations who are Forces family friendly.'

However rather alarmingly, one spouse spoke of her experience of working in a Somerset secondary care setting. This establishment has signed the Armed Forces Covenant and by doing so, has pledged to support the Armed Forces community. The employer is also a Gold ERS holder, which means that they have agreed, amongst other things, to ensure that their workforce is aware of their positive policies towards defence people issues.

The individual employed at this setting expressed their frustration at the fact that she was shown no understanding of her personal situation (as a result of being a military spouse), and at the fact that key members of staff were completely unaware of the Armed Forces Covenant and what it represents in practice.

My partner went away very quickly for an emergency Op, just for a week. Luckily, my ward sister was OK with it. But then like I had to use either unpaid leave which was fine, but they got really frustrated.

I asked them [about the AF covenant] and HR had no idea what I was talking about. Not being mean, I tried to speak to them about it just because I didn't want to be written up for like missing shifts.

They tell you, and this is something that upset me, 'maybe you should go back onto bank, you won't be permanent because your partner's military,' and that means you can't progress in your career.

Partner of a serving person

[25] https://www.armedforcescovenant.gov.uk/
[26] https://www.gov.uk/government/publications/defence-employer-recognition-scheme
[27] https://www.forcesfamiliesjobs.co.uk/

Unfortunately, this was not the only healthcare organisation whose staff showed a lack of awareness around the Armed Forces Covenant and what it stands for. This was a recurring theme for those in the AF community who were aware of the covenant themselves but were frustrated that those in Primary and Secondary healthcare were not.

I belong to the [name] surgery, and there is a nominated GP in there for service people. I get an appointment with him and to the best of my knowledge and belief he's not ex services either, so I really don't understand. It seems like more of a box ticking exercise. When I completed the application form, there was nothing on there that identified ex service people, so how they work with that element of society I don't know. I'm new to Somerset, I moved in in March. So I came up from Southampton where the veterans service down there, it being, probably being a city, was much, much bigger than it is here and had a much more of a focus for people identified within there to um identify individuals that were struggling perhaps financially, mental health wise, physical wise and a very prescribed route of referring those people up.

Veteran

In response to hearing the previous interviewee's comment, another veteran expressed his own frustration at the lack of communication between primary healthcare staff and veterans.

I've been there 30 years and that's the first time I've heard there's a [nominated] doctor there. I didn't know that. I've been ex military there for 30 years. Do you know who it was? It's probably Dr [name] and she's just left. No communication … lack of information.

Veteran

One female veteran explained that whilst undergoing treatment for breast cancer, she had seen a sign in her GP surgery telling her that she should inform staff if she was a veteran. She then went on to describe the receptionist's response.

I said, 'It says there I'm supposed to tell you if I'm ex army.' [She replied], 'Yeah. What do you want me to do about it?'

Veteran

A large number of veterans who took part in the engagement project, were completely unaware of the Veteran Friendly GP practice accreditation programme, which is run by the Royal College of General Practitioners (RCGP) and NHS England[28]. Many claimed they had no recollection of having been asked whether they had served in the Armed Forces, and had no knowledge of whether their own surgeries were Veteran Friendly. As a result of this, all the veterans groups who participated in the project, asked for or were given further details of the scheme so that they could promote it further on their social media platforms.

One veteran who now works in a secondary healthcare setting, had no idea of the RCGP accreditation programme.

> **It would be nice if doctors at the hospital and your own doctor's practice actually know you're a veteran because there are things out there for veterans that you can get help for, you know.**
>
> **Veteran**

The same veteran expressed frustration that there is no way of identifying staff members of the Armed Forces community in his work place, despite there being posters which promote the fact that there is a Defence Medical Welfare Service representative on site. He had worked at that setting for more than five years and was still not aware of who the DMWS rep was and had never knowingly met them.

> **If they know someone's a veteran they're supposed to say something. What I think would be good is if the person had something like a T-shirt to say who they are. I wear it and everyone knows then [that I'm a veteran].**
>
> **Veteran**

[28] https://veteranaware.nhs.uk/

Without exception, identifying members of the Armed Forces community in healthcare settings was viewed as a positive step forward and something that should be relatively straightforward to achieve.

> **When you leave the armed forces, right, when you register with a GP, the GP says, 'Who's your previous doctor?' and Joe Bloggs round the table will go, 'Oh, I was with electronic command this, or group company this, or lieutenant commander this,' so the clue there is I was registered with a military doctor. There's the clue. Therefore, you're a military veteran, so why on earth at that point do they not go on, 'Yeah, he was a military veteran then.'**
>
> **Veteran**

At the start point of this engagement project, nine per cent of Somerset's GP practices had signed up to the GP Veteran Friendly accreditation process. At the time of writing, this had increased to 68%. This is a laudable increase, however, it has become very evident from interviews carried out during the course of this engagement project, that signing up to the scheme is just the first step. To be truly successful, being aware of the specific make-up and needs of this part of the AF population needs to become deeply embedded in day-to-day practice. This viewpoint was highlighted by several interviewees when they spoke about their own experiences of secondary care and the Armed Forces Covenant in Somerset.

Of those interviewees who were aware of the Armed Forces Covenant, many expressed uncertainty around its worth and relevance to them.

> **I've been in hospital a lot the last few weeks. I see the pledge to be Armed Forces aware but what does that mean? What does that mean though, as a veteran, to me? So my wife's a veteran as well. She's been in hospital the last four weeks … I think there's a danger of diluting the good work, isn't there because if we all see it but don't see anything of it, then we'll think, you know, it's just another catch phrase.**
>
> **Veteran**

Another spoke of his perception of the purpose of the Covenant in the same secondary care setting.

To many, many people it doesn't seem to mean anything. You know, you go into [hospital] – you see it on the wall and it's there. We do this … we do … but what do they do? I mean I personally have no complaints about [hospital]. They've been very, very good to me and still are. But you know, I just wonder how the Armed Forces covenant comes into it.

Veteran

During the course of the project, it also became apparent that even if care settings were aware of the Covenant, members of the Armed Forces community did not believe it was effective or was working as it was intended to. One partner of a serving person spoke of her less than satisfactory experience.

I'm actually going in for a hysterectomy next week and I've been fighting for this for six years because every time we move, I get put to the bottom of the queue.

Partner of a serving person

When asked whether she was aware of the Covenant and its intended role in preventing exactly what she was describing, she was quick to explain that she was in fact, well aware of the theory, but when she had approached her Somerset GP in practice, it had made no difference to the outcome.

It doesn't work. We've done that before and they say 'oh, you'll just have to join the queue again' and then you start the whole process over again.

Partner of a serving person

Another spouse who was one week away from moving out of the county, was terrified of finding herself in a similar position.

I'm due to have a hysterectomy at [hospital] but I'm also moving house. So like out of the area. So I've already done like all of the pre-ops, all that stuff, … I'm so far up the list now that I've already done my pre-op assessment, I've had like iron infusions and stuff like that and they've still not given me a date so I'm moving to [location] as part of his job, but I'm so worried that I'll go to the next hospital and regardless of the covenant that they won't put me at the top.

Partner of a serving person

At this point in the interview, she was advised that her best course of action was to contact her consultant's secretary to ask for an inter provider transfer document (IPT), which would need to be completed by the Somerset secondary care setting she was transferring from. It is important to note that this setting holds Gold standard from the Veteran's Covenant Healthcare Alliance (VCHA). Again, however, it was apparent that staff were unaware of the Covenant and how best to support her.

But I spoke to them about it the other day. I said, 'Oh, I've been informed to let you know that I'm … to put on my notes … that I should be covered by the Armed Forces Covenant,' um and she was like, 'What's that?'

Partner of a serving person

Other interviewees shared their concerns about the lack of awareness shown by the civilian medical community at a primary care level towards veterans who had seen active service, and how this could potentially affect their health.

GPs need to be aware that anybody who's been to Afghanistan or somewhere like that will be carrying a card, saying that this person has quite possibly been exposed to high levels of depleted uranium, so when you get somebody coming in you might be looking for a different kind of symptom that isn't necessarily there and Leishmaniasis is another one you get a card for, if you've been into an area where you get that.

Veteran

Presenting with symptoms due to such exposure would be unlikely given the time periods involved, however, the concern experienced by veterans that primary healthcare practitioners might not be aware of such military-specific risks, is valid. Exposure to asbestos by those veterans who previously worked at RNAS Yeovilton was raised by one interviewee (more is written about this under 'health concerns linked to military service' later in this discussion) as he was becoming increasingly concerned about the risk of mesolthelioma.

One for this area in particular that you'd like GPs to be aware of, is an aircraft that was based here in large numbers – the Sea King – until six years ago, has been identified now as having a large number of asbestos components fitted and several engineers have passed away over the last couple of years. So there's a huge group running on it that are providing information and it's been promulgated now in the navy and their doctors are aware and I think it has also in the airforce, but I'd left at that point. So they are all over this search but I wonder if the local GP population are aware that they might have a higher incidence of mesothelioma.

Veteran

Paragraph 2.12 of the Armed Forces Covenant Duty Statutory Guidance states that:

> 'Healthcare professionals might not fully understand the health conditions that can arise from service, or they might not have experience of treating them. Healthcare professionals might also be unaware of the services provided for the Armed Forces Community by the NHS, local authorities and third sector. These issues can result in members of the Armed Forces Community not being able to access healthcare, or the right kind of healthcare. Ensuring healthcare staff have an awareness of the healthcare services available, and that they and their establishments signpost the Armed Forces Community to these services, can lead to improved health outcomes.'

This reinforces the importance and urgency of identifying and understanding our Armed Forces community in Somerset.

> **If your record or if your name had a marker on it that says there's an armed forces background, then that might be a trigger for a conversation.**
>
> **Veteran**

Physical health and mental wellbeing

A second theme which ran through every cohort in the Armed Forces community was concern around their physical health needs and mental wellbeing. Whilst issues around the understanding and awareness shown by healthcare professionals towards the Armed Forces community have been covered in the previous section, there were many other frustrations shared around the theme of health.

GP and dental access

Whilst not specific to the AF community, many interviewees commented on the difficulty of being able to see a GP, or access a dentist. Lack of dental care, in particular, was viewed as being exacerbated by moving to or from the area at short notice.

> **So right now since 2020, we don't have a dentist still. My husband's like, every six months he's seen a dentist but we're still waiting to see a dentist. So I was like, why can't we just get family to see a dentist as well?**
>
> **Partner of a serving person**

There was a lot of frustration that children were unable to register for dentists and confusion as to why they couldn't be seen by the same dentist that saw their serving parent.

> **There's a reason why they get them on base and it is literally because they move around and if you've got families that move around too, then what's the difference between their priority and us?**
>
> **Partner of a serving person**

One group of partners discussed the fact that whilst they believed the AF Covenant was supposed to 'keep their place in the queue', this would not support them as the waiting lists were over two years and they moved every two years. Others acknowledged that this was not just an AF issue but was much wider, although they expressed concern that their child would never actually see a dentist.

Everyone is being disadvantaged, but they're probably being disadvantaged more.

Partner of a serving person

One serving member of the Armed Forces told me of his concerns for his young family of two children.

We've not been able to register for a dentist. Does that mean my child is never going to get any dental care?

Serving person

Similarly, the difficulty of getting a GP appointment was often raised, although acknowledged to be non-specific to the AF community.

In three years I've had a stroke, covid and my gall bladder removed and I haven't seen him [GP]. What chance have I got for a cough?

Veteran

Specific health concerns linked to military service

One group of veterans explained how they often discussed their health needs amongst themselves. They spoke anecdotally of people they knew who had 'dropped dead' and said they felt that some type of regular health check for veterans would be beneficial to their long term physical health.

[Name] um recommended that we have an annual MOT for service personnel which recognises the different types of medical condition associated with them. For example, Royal Marines having heart attacks, muscular skeletal problems, mental health issues. So the MOT, annual MOT, health check by the nominated GP or nurse would be ideal because it would give people a sense that they actually are being looked after rather than just a box ticking exercise.

Veteran

One specific ADVANCE Study in this area is a collaboration between the Academic Department of Military Rehabilitation (ADMR, Stanford Hall), Imperial College London and King's College London[29]. The study investigates both the physical and psycho-social outcomes of battlefield casualties in the long-term. Imperial News[30], reported their initial results in 2021, saying that:

> 'British soldiers injured in Afghanistan may have a higher risk of heart disease and stroke, compared to their uninjured colleagues.'

They further stated that:

> 'In an analysis of preliminary data, researchers found that in the years since returning home, veterans who sustained combat-related injuries had a significantly increased risk of cardiovascular disease compared to veterans who returned home uninjured.'

Whilst this information was qualified by a reminder that the findings were from the baseline data analysis, it will be interesting to follow the study over the next planned 12 year period.

Muscular Skeletal Disorders (MSD)

The same cohort were aware that muscular skeletal disorders are the biggest cause of annual medical discharges in the UK regular armed forces[31], but felt that this wasn't always given due consideration by medical professionals in Somerset's civilian community.

[29] https://www.advancestudydmrc.org.uk/publications/

[30] https://www.imperial.ac.uk/news/232174/british-veterans-with-combat-injuries-greater/#:~:text=In%20an%20analysis%20of%20preliminary,veterans%20who%20returned%20home%20uninjured.

[31] https://assets.publishing.service.gov.uk/media/64abc46f112104000cee6541/20230713_-_Medical_Discharge_Statistics_202223.pdf

A lot of my friends have had knee replacements, hip replacements, and all that sort of stuff. And they've been on a waiting list … some of them went private to get it done because they couldn't get it done quickly.

Veteran

Another concern which came out of a conversation about reduced mobility due to MSD, was around a lack of NHS chiropodists, although again, this was accepted as being an issue which was non-specific to the Armed Forces community.

I'm still a qualified podiatrist myself. It's another skill. That is one I think is very necessary for the elderly. They simply can't access their feet. I have seen some terrible cases where people have let their nails grow for maybe six months and they're like claws and they cause terrible problems in the shoe and whatever. And I've quite happily cut them down because they haven't had a state registered chiropodist.

Veteran

Hearing loss

One specific health concern which was frequently referenced by veterans, was that of hearing loss. Disappointingly, this was often discussed with a sense of inevitability; after a career in the military, it seemed to be widely accepted that hearing loss was an expected outcome. According to the UK Veterans Hearing Foundation (UKVHF) [32], veterans under 75 are 3.5 times more likely to experience hearing difficulties than their counterparts in the UK civilian population of the same age. UKVHF also asserts that Tinnitus affects up to 30% of military veterans, which is twice the prevalence rate in the non-veteran population, and is the most common service-connected disability among veterans. Lost Voices – a Royal British Legion report on hearing problems among service personnel and veterans[33], shared the results of their online and in person survey, reporting that only 15 per cent of respondents reported feeling satisfied with the level of support they had received for their hearing problems.

[32] https://www.veteranshearing.org.uk/hearing-loss-statistics/
[33] https://storage.rblcdn.co.uk/sitefinity/docs/default-source/campaigns-policy-and-research/lost_voices_hearing_loss_report.pdf

I think the other thing that came up was around access to services such as, um, hearing tests and facilities like that which obviously tend not to come to GP surgeries now, but quite often are done by private companies so there would need to be a link across and referral.

Veteran

Together, hearing loss, noise-induced hearing loss and tinnitus comprise the third most likely reason for discharge from the Armed Forces, after musculoskeletal causes and mental health issues[34]. According to the organisation Hearing Dogs for Deaf People[35],

> 'Hearing loss detaches people from interactions with others. It makes understanding those who mumble or turn away during conversations impossible. The human world is built around interaction and community support, and deafness can take all of this away.'

This is of particular concern given that veterans also experience higher than average levels of isolation[36].

One veteran interviewee spoke of the difficulties she and her husband (also a veteran) have endured for years as a result of his hearing loss. He described his situation as 'a nightmare' and although he wasn't medially discharged, believes that his hearing loss is what ultimately, albeit indirectly, ended his career as he wasn't considered suitable for promotion.

You lose your rank of any type once you've got an illness that can't be stabilised or sorted out, so automatically you lose everything. You go back down to private. It's wrong.

Veteran

[34] https://assets.publishing.service.gov.uk/media/5f3a85e8d3bf7f1b0e24424c/20200814_-_MedicalDisBulletinFinal_-_O.pdf

[35] https://www.hearingdogs.org.uk/deafness-and-hearing-loss/impacts-of-deafness/#:~:text=Isolation%20and%20loneliness&text=Hearing%20loss%20detaches%20people%20from,take%20all%20of%20this%20away.

[36] https://covenantfund.org.uk/wp-content/uploads/2022/10/Tackling-Loneliness-Report-Final-Share-5-October.pdf

His wife spoke of the negative effects his hearing loss had on their family.

> **He went through a lot of stress himself over the whole situation. He was angry that he'd lost his career, he was angry that he'd just been thrown out like that, um and he was having to deal with a lot of stuff himself about it. And I said, [name] you can't just let it go. You only know one thing. You've come out, you can't hear properly.**
>
> **Veteran**

She went on to detail what they perceived as the NHS' failure to meet his needs, which included debilitating Tinnitus as well as hearing loss.

> **And then when he came out, it was the start of having to deal with the National Health and hearing. Backwards and forwards and backwards and forwards and backwards and forwards and this hearing aid and that hearing aid. And one day he came home with a hearing aid in a box in a pocket with a wire going to the hearing aid. He came home with one of those - I cried. It made me cry. I thought, why are they doing this? Why can't they sort him out with something suitable for him? He struggled horrendously with it over the years. We've struggled since 1983. It's part and parcel of life for us. We don't expect anything different these days.**
>
> **Veteran**

Mesothelioma

Mesothelioma (referenced earlier in this report) is another condition which was perceived by some interviewees to be of particular relevance to Somerset, because of the documented links between Sea King helicopters[37] and asbestos. Sea Kings have long been associated with this area, with the first Royal Navy machines arriving at RNAS Yeovilton in 1969[38] and the last flying day for the Sea King at Yeovilton taking place in 2016[39]. In late 2018, the Ministry of Defence investigated the incidence of asbestos in Sea King helicopters[40] and concluded that:

> 'Historically, asbestos containing material was used where resistance to heat or an insulating property was required. In the sea king this was principally in gaskets and

[37] https://www.gov.uk/government/news/sea-king-helicopters-asbestos--2
[38] https://uk.corgi.co.uk/community/blog-and-news/aerodrome/farewell-old-friend-raf-sea-king-retires#:~:text=The%20first%20Westland%20built%20Sea,Yeovilton%20later%20the%20same%20year.
[39] https://www.airscene.co.uk/news/aviation-news-uk/uk-event-news/farewell-to-the-sea-king-at-rnas-yeovilton/
[40] https://www.gov.uk/government/news/sea-king-helicopters-asbestos--2

seals located around the engines, gearboxes, heating and ventilation systems. These areas were exposed to routine maintenance activity.'

This tallies with the anecdotal recounts of some interviewees, who believe that it is former engineers who are most at risk of developing mesothelioma in future. Interestingly though, one veteran raised the issue of the partners and children at home who would have come into contact with asbestos indirectly through the serving engineer. He also spoke about those office staff who worked above the engineering work-space with open windows in summer, whilst clouds of dust (potentially asbestos dust) were widely dispersed.

It is worth nothing that according to Imperial College London[41], in terms of cancer,

'Asbestos remains the most significant occupational risk factor.'

Skin cancer

The final specific health condition which was raised as a concern due to service, was that of skin cancer. This was of particular concern to those who had served in the first Gulf war.

According to MoD Defence Statistics[42], between 1 April 1995 and 31 March 2018, there were 21,087 claims made for skin cancer under the War Pension Scheme (WPS), of which 20,276 were awarded compensation.

There is a lack of specific UK research which looks at increased risk of skin cancer for those in the Armed Forces, however the American Melanoma Research Alliance[43], suggests that experiencing prolonged sun exposure is common for many military personnel, especially those serving in outdoor occupations or deployed to sunny or hot regions. This can increase their risk of developing melanoma, as roughly nine out of ten skin cancers are caused by UV exposure.

According to statistics provided by Somerset Intelligence[44], more people develop skin cancer and die from it in Somerset than compared to the average across England. Although the Public Health England skin cancer profiles were last updated in 2015 with data covering 2011-2013, the figures were still 'current' in 2021. In the ten years to 2015, the number of new skin cancer cases in Somerset rose by almost 50%. Furthermore, the incidence of malignant melanoma for all ages in Somerset was significantly higher than the England average with 574 cases diagnosed between 2011 and 2013, a rate of 34.0 cases per 100,000 population against an England average of 23.3 cases per 100,000 population. The suggestion is made by those providing the data, that one factor contributing to the higher than national average could be that Somerset has a higher than average proportion of residents aged over

[41] https://www.imperial.ac.uk/news/111246/occupational-risk-factors-linked-over-8000/
[42] https://assets.publishing.service.gov.uk/media/5ecfe4f7d3bf7f4607b90abe/PUBLIC_1580211274.pdf
[43] https://www.curemelanoma.org/blog/article/melanoma-risk-in-the-military-community#:~:text=Sun%20Exposure%20and%20Temperature%3A%20Experiencing,are%20caused%20by%20UV%20exposure.
[44] https://www.somersetintelligence.org.uk/skin-cancer.html

75. However, no consideration has been given to the higher than national average of veterans in the Somerset profile.

One of the veterans interviewed was concerned that there was not enough publicity around the possible implications of past service for veterans, which he felt could lead to patients or doctors ignoring 'early warning signs'.

> **They also said to me, 'You've got skin cancer on your head,' and the nurse down in [hospital] said to me, 'Were you ever in the military?' and I went, 'Yeah, I was in the navy,' and she went, 'bloody typical, you bloody military people … ' and she gave me the leaflet or the link online, for um, what is, what has become a big problem for the military and the government, because when I was 16 or 17, not that long ago, they just sent us off into the wild without any kind of true care for that problem. And she said the biggest problem was we knew about it, or the military knew about it, from the Australian navy (her lot) [referencing his partner] because they had it 40 years ago. Well apparently, during the first Gulf, the Ozzies who were over in the Gulf as well, were issuing out our lot with suncream – 50, factor 50 suncream – and saying you've got to wear it, but our lot, were just, our military bosses were going, 'We're not supplying it because it's not an issue.' It's only an issue 40 years later.**
>
> **Veteran**

Mental wellbeing

In 2008, the Government Office for Science published the results of a project which looked at how to improve mental capital and mental wellbeing through life[45].

> 'An individual's mental capital and mental wellbeing crucially affect their path through life. Moreover, they are vitally important for the healthy functioning of families, communities and society. Together, they fundamentally affect behaviour, social cohesion, social inclusion, and our prosperity.'

One of the subheadings under the unique obligations and sacrifices listed in the Statutory Guidance on the Armed Forces Covenant Duty is that of stress:

> 'Members of the Armed Forces Community might experience stress as a result of the other obligations and sacrifices of service life. For service personnel this might be exacerbated by the pressures of the work itself, including having to conduct operations in a range of unfamiliar, dangerous or distressing environments, and the

[45] https://webarchive.nationalarchives.gov.uk/ukgwa/20140108150414mp_/http://www.bis.gov.uk/assets/foresight/docs/mental-capital/mentalcapitalwellbeingexecsum.pdf

importance of the work of protecting their country. Deployment abroad can be tough on family members, who might experience feelings such as loneliness or worry about the safety of loved ones deployed abroad. The service partner might have the burden of acting as a single parent while the service person is deployed. Families might also find themselves suddenly needing to take on additional caring responsibilities in the event of injury or bereavement. Members of the Armed Forces Community might suffer in silence and try to cope with issues alone, due to a perceived stigma of speaking up, or a belief that people outside the Armed Forces will not understand their experiences.'

There are innumerable organisations and charities which support the mental wellbeing of the Armed Forces Community. According to the NHS website[46], Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. It is possible to self-refer or to be referred by a GP or charity. In order to receive support, you must be a resident in England who has served in the UK armed forces, be registered with a GP surgery and provide your military service number.

Even so, the overwhelming theme which emerged from the qualitative data gathered for this engagement piece, was that of need surrounding mental and emotional wellbeing. This was true across all cohorts within the Armed Forces community.

Separation from a serving parent

The interviews which were conducted with children (under 18s) were very informal. They were loosely prompted by three questions (Appendix A). The response to the second question about what they dislike about having a parent in the armed forces was consistently dominated by one key aspect of military life.

I don't really like it cos he has to go away a lot.

Key Stage 1

I miss my dad a lot. Once when he went to the desert, I cried when he was away because I missed him so much.

Key Stage 1

[46] https://www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists/

They always have to go away and you don't get to see them for a long time.

Lower Key Stage 2

My dad goes away quite a lot. He's been away for seven months this year and we didn't know where he went. I just don't like it when he goes away.

Lower Key Stage 2

I miss my daddy when he goes away.

Lower Key Stage 2

He's going away for three years. So each year, he's going away for 6 months.

Lower Key Stage 2

He has to go away a lot and mum has to do everything. It's stressful.

Upper Key Stage 2

This sentiment was not just shared by primary aged children. Those of secondary age and in tertiary education expressed the same anxieties.

Long term deployment. Cos my dad, he doesn't get moved around but he gets, like when he goes away, it's always for 9 months to a year.

Key Stage 4

My dad's normally gone for most of the year.

Key Stage 4

He goes away. It happens quite often when they get promoted.

Key stage 3

When I was 4, my dad was posted out to Afghanistan. And you know, they miss birthdays and Christmases.

Key Stage 5

Some of the interviewees, including some very young ones, were able to articulate their anxieties around why they didn't like their parent going away.

I already know what I don't like about it. Every day I'm thinking when dad's on his ship, I'm like, ah I hope he doesn't crash into anything and he sinks. That's what I hate.

Key Stage 1

My dad's already been away for a long time but now he's going for half a year again. Sometimes I think he's going to die or not come back.

Upper Key Stage 2

Ever since a friend of mine who used to work in our Navy passed away while away, um, I get a bit worried about him going away ever since. And now it's just life really and I'm not too sure about him going away and that.

Key Stage 4

The effects of deployments and separation on children are discussed widely in Living in our Shoes: understanding the needs of UK Armed Forces families (previously cited). In this, the authors state that:

> 'It is well-recognised that having a parent serving in the military creates unique stressors and challenges for children and young people which are not always recognised and addressed in schools and in wider society.'

The report goes on to say that,

> 'There is no doubt that the more time Serving personnel spend away from home, the greater the stress on family life and on couple relationships.'

How I look at it now, me and my husband have been together for like 16 years, 17 years . How I … I just look at it … It's me and the kids. If he's here it's a bonus. So I arrange life and work and clubs and all of that if I can do it. If he's home then it's a bonus and he can help out. But I have to be able to do it by myself because you don't know if he's going to be here there and everywhere.

Partner of a serving person

I think I've got the stage where I've had to just, from a very, very young age, accept that that's the relationship I've got with my parents. It's his job and I'm like, although it is upsetting, and I do sometimes just see like, at the end of the day, children being picked up from their parents and see their dads or like, I don't know, it would be like a school event or like even just hockey matches. All the parents on the sidelines and mine are the only ones not there. It hurts! But I think because that's what I'm used to, I've just had to kind of adapt to it. So I'm … I think it is just a level of … at the moment it is what I'm used to and nothing I can really control, so although I don't really like to think about what's happening to him over there, it's out of my control.

Key Stage 5

These last two years of his job, I think we worked out he's been home about three months in total.

Partner of a serving person

The longest I've ever spent, not seeing him is about two, three months. The longest he's ever been back is six weeks. The closest he ever worked was two and a half hours away.

Upper Key Stage 2

I don't really like it when my dad goes away because he usually goes … he either stays at home or he goes on long trips, he never goes on short ones.

Upper Key Stage 2

Many of the parents who were interviewed also spoke around the difficulties experienced by their children when their serving partner was away.

They know when he's gone. They won't say I want daddy, but they'll get really, really emotional about the tiniest things. [Name] will suddenly get really like loads of sensory issues about clothes and stuff, more than usual, like loads of stuff comes out.

Partner of a serving person

Another parent spoke of the distress her youngest child experienced when her partner was absent.

I thought it would just be my eldest but last year when [partner] went away, every man, she had a thing about men … they would talk to her and she'd cry. My neighbour would come out the house and say hello to her and she'd burst into tears.

Partner of a serving person

Similarly, a serving member of the Armed Forces explained how he had seen his young daughter become more aware of his absences.

In the last 12 months I've been to [five countries across four continents]. In 12 months. And in, um it was only in, during the [most recent] trip that she just suddenly got I think old enough, it's kind of mentally developed, you could see by all accounts the impact that it kind of was starting to have on her. In that she would talk about missing daddy in a way that she didn't previously. and 'When's daddy coming back,' that sort of stuff.

Serving person

As well as the emotional distress caused, one parent explained how her partner's absence combined with the Covid pandemic, had badly affected her young (KS1) son in other ways.

So when Covid happened and it was right at the beginning and you know, we were all told to stay at home, he went away the following week and you know when you were all suddenly sent home, the children were sent home and um he was supposed to be going away for four and a half months, but it actually got extended to nine months. He was away for nine months. It was the worst time … we had the children at home and I felt like then … you were really … there was no support. I feel like that time … normally because your military circle sort of rally round you a bit cos you know, you tend to get invited to other families for dinner or a play date, but obviously you weren't allowed to see anybody so we were really isolated. That was one of the worst times I think as a military family. That combination …

And actually it really impacted my son. We ended up having to see a child psychologist after this because he developed sort of tics and it was all sort of linked to that deployment I think and the departure and stress.

Partner of a serving person

This aligns with evidence cited in the document, Early Support for Military-Connected Families: Evaluation of Services at NSPCC Military Sites[47], where the authors quote Fear et al, (2018), saying that:

> 'Although the differences are relatively small, children with military fathers are more likely to demonstrate a higher frequency of emotional and behavioural problems than the UK general population.'

Whilst the Covid pandemic was undoubtedly an emotionally challenging time for the majority of young people, having to deal with the extended deployment of a parent during such an uncertain and unchartered time, only served to exacerbate the stress.

The impact of separation was identified as one of four key themes by participants in the Service Children's Progression Alliance Community Consultation 2022[48]. Also identified was a risk of negative impact on mental health, which may be masked by coping strategies.

This is supported by many of the comments made by children and young people interviewed for this engagement project, with several of the eldest under 18s interviewees stating categorically that they felt that being part of the Armed Forces community had had a negative impact on their mental wellbeing. Additionally, some of the interviewees spoke of an increased sense of responsibility induced by their parents' deployments.

[47] https://learning.nspcc.org.uk/media/1714/early-support-for-military-connected-families.pdf
[48] https://www.scipalliance.org/assets/files/SCiP-Alliance-2022-Community-Consultation-FINAL.pdf

My dad's going to [overseas location] just before my GCSEs as well. It's definitely going to be like, I don't know … I don't really know how I feel. It's sort of … I mean we found out just before summer which was really annoying because it wasn't even on his list and we were hoping to move to [location] which is closer to here. And he gets posted to [overseas location] for 6 months. So it was a bit of a shock. It is definitely going to be a bit of a struggle for like those couple of months and he comes back a month in the summer holidays. So he leaves just after my birthday in January. And it's going to be hard because I'm going to be like revising and stuff but then I'll still have to be sort of like a father figure for my siblings and then be there for my mum as well. I think that's probably who I'm most worried about is like she's going to be home alone for the first time in like ever because [name] and [name] have only started boarding last year and stuff and so dad was at home with her. Um and then she's going to have all the dogs and then still the fact that we can't move, she can't move or live closer to us so she's still going to be like two and a bit hours away.

Key Stage 4

Reluctance to seek mental health support

More alarming perhaps, are many of the comments from young people which suggest they feel reluctant or unable to disclose their anxieties.

I feel like when you tell your parents [if you have a problem] there's almost like an uncertainty because I know my dad would like feel really guilty about it. And I wouldn't really want to say that to his face.

Key Stage 4

I just don't really like talking about it as much to my family because I know dad's going to come back soon. I don't really like making everything emotional in my family so I don't normally talk about it.

Upper Key Stage 2

You sort of get taught, not taught exactly … you learn to bottle stuff up because you don't want to put all the pressure on somebody else.

Key Stage 5

I've always kind of mentally been quite a reserved person, especially in terms of problems. If like … if I've ever been upset I feel like I almost can't communicate that because my dad's been through so much worse. If I come back saying 'Oh, I've had a really bad day at school. Someone said this, someone said that,' then I will just get the response '[Name], your dad is working, fighting for his life, and you're upset about some comment your friend said.'

Key Stage 5

I became very independent very quickly which is really affecting me now. Because I didn't go through the phase of being dependent on somebody. So now when I feel the slightest bit of dependence on somebody I feel like, oh, I'm a burden to them. I need to stop doing that. And it's why attachment is hard.

Key Stage 5

According to data provided by Young Minds in their 2022-23 Impact Report[49], 1 in 6 children aged five to 16 were identified as having a probable mental health problem in July 2020 and less than 1 in 3 young people with a mental health condition had access to NHS care and treatment. Also, and perhaps unsurprisingly, 80% of young people with mental health needs also agreed that the Covid-19 pandemic had made their mental health worse.

This research was in part supported by The Mental Health of Children and Young People in England 2023 report[50], published by NHS England, which found that 20.3% of eight to 16-year-olds had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%.

[49] https://www.youngminds.org.uk/about-us/reports-and-impact/impact-report-2023/
[50] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up

So I kind of got diagnosed with depression and anxiety when I was year 8. Um, so, and for me, only just last year did I feel able to like talk to either my friends or a teacher. I … my dad doesn't know. My mum knows the basics because I don't feel I can talk to them. And so … which makes it very hard, cos I've had things like, counselling and therapy and I've had to be like 'you can't let my parents know', which sometimes if fine, some services are fine with that, some others are like okay then we can't help you, which is really hard because then I can't access that support, um but I think because I was so, like, moving around a lot and changing schools at that time, and then you had lockdown. I kept it to myself for a really long time and I really struggled. It was a really, really low place for me and I think it goes back to what [name] said like I always, sometimes even when I can talk about it now, I hate telling people. I feel like a real burden about going to see people about it.

Key Stage 5

These comments and observations are particularly interesting and informative, given current research being carried out by the Service Children's Progression Alliance (SCIP)[51]. At the SCiP Alliance Annual Conference in 2023, Anne Chappell shared a presentation called 'Conversations about support for children from military families: exciting possibilities'[52], which addressed the fact that there is virtually no UK research into the long term implications of growing up as a service child (ie following the service child into adulthood).

'The overlooked casualties of conflict' report in 2009 identified the need to 'understand the pressures' on children from military families. Additionally, a 2022 report published in the Journal of Military, Veteran and Family Health stated that:

> 'Adverse childhood experiences (ACEs) are well-documented risk factors for poor outcomes in adulthood, including worse physical and mental health.'

Considering the pledge made by the NHS in the Long Term Plan, which makes a renewed commitment to improve and widen access to care for children and adults needing mental health support, barriers to access within the AF community are evidently an area worthy of further investigation.

One interviewee who also works in a school, reflected on the sometimes inadequate school-based support available to young people experiencing anxiety.

[51] SCiP Alliance

[52] ED55019 Information Communication Technology (ICT) and Virtual Learning Environment (VLE) Induction 2014-2015 (scipalliance.org)

I think that sometimes they don't talk about it a lot. It's not until after and then the points gone and it seems like too late for an ELSA referral. And obviously even in a small school our ELSA [Emotional Literacy Support Assistant] is, you know, busy with everything else that's going on. So sometimes, someone is managing on the surface and, you know they're not necessarily the highest priority at that time.

Partner of a serving person

This was echoed by a parent who reflected on the disparity between the level of support offered to children, depending on their school setting.

The thing that I find is that when there's a base, and then … like all the schools in [location] are kind of very familiar with military life and kids and parents. What I found, moving into my own home in a completely non-military area to a tiny school is that you need even more support with much less money. So our kids have got you know, £600 [reference to Service Pupil Premium], are even more isolated. Completely … no one knows military life. And those are the people … those are the children that need more support.

Partner of a serving person

Another parent suggested that more all-round support was needed, rather than just a focus on times of deployment.

Maybe we could have like extra, instead of like stuff for the kids when it happens [deployment], we could like, I dunno, classes for the kids of military parents to help them deal with like their emotional needs in that way or something.

Partner of a serving person

Concerns around mental wellbeing and not feeling able to access to support, were not confined to young people. Adults, also, reported feeling under the same pressure.

I remember them ringing from [location] when [name] was deployed and going, 'Is everything okay?' and I don't actually know who I was speaking to and I remember going, 'Yeah fine,' thinking no it's not at all, It's really hard and tough but I'm not going to open up to a total stranger that's caught me on the hop because I'm in the middle of doing twenty other things. You don't want your husband to be contacted when he's in the middle of something else. You don't want to be an extra burden to them do you?

Partner of a serving person

I've been in situations where I've had like panic attacks and I've been like well I can't reach out for help because if I'm on my own with two kids … what if people don't understand that yes, I'm capable of looking after my children however I'm having a panic attack and I don't want to feel like that so I want help because I don't want to feel like that but I don't want to have to worry that what if … then they think that I'm not looking after them because they don't understand. So sometimes you can't reach out for help even when you want it because they're going to know that my husband's away and my family is away and they're going to judge me. It's scary.

Partner of a serving person

Many veterans and their partners also spoke about the stress and depression they experienced at not feeling able to disclose their mental health difficulties.

I used to say to [name], you're not well, you know you're not. You tell me you're not well. And he said, I can't. I just can't say anything. I just can't. It's that peer pressure isn't it.

Partner of a serving person

But I had to keep functioning and at one point it's like it's impossible for your personal life not to affect your work life, but the attitude very much was, don't let your personal life affect your work life, you know. I'm like, hang on a minute, you know, I'm a human being. So like I'm still functioning, I'm still doing my job. But it's the impact it's having on me … I could do my job so much better had I just had maybe an hour a week or just something in place, or at least just recognition that the mental health support was needed. It would have helped, rather than, you know, just masking it.

Veteran

I have seldom ever sought out help for things. I've been incredibly anti social or a little bit isolated. I don't like accessing services because that means I have to admit there's a problem I suspect.

Veteran

Many more veterans spoke about their experiences of suffering with mental health whilst serving in the Armed Forces.

And there is still a big stigma about these specific illnesses [mental health] and I … there is a real big taboo about it especially within the Armed Forces because we can't be shown to have service personnel across tri-services to be suffering mentally.

Veteran

According to data provided in the MoD report 'Annual Medical Discharges in the UK Regular Armed Forces'[53], which was published in July 2023, mental and behavioural disorders was one of the two most common principal causes of medical discharge across all services.

Figures provided by the MoD report, 'UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 to 2021/22'[54], show that 1 in 8 (12.5%) UK armed forces personnel were seen by military healthcare services for a mental health related reason in 2021/22. Rates of those requiring specialist mental health services rose in 2021/22 to 1 in 43 (2.3%). The rate of those needing specialist mental health treatment was lower in the UK armed forces than that seen in the UK general population. This could be for a great many

[53] https://assets.publishing.service.gov.uk/media/64abc46f112104000cee6541/20230713_-_Medical_Discharge_Statistics_202223.pdf

[54] https://assets.publishing.service.gov.uk/media/62b03e138fa8f5357984239b/MH_Annual_Report_2021-22.pdf

reasons, which are beyond the scope of this project to ascertain, however it would be interesting to clarify whether a reluctance to seek mental health support was a contributory factor to these statistics.

Whilst all specialist mental health referrals are generally sent to DCMH, there is a threshold in place and usually lower-level mental health needs, for example anxiety, low mood, sleep disturbance etc, are not accepted.

Moreover, at the time of writing, military personnel in Somerset are unable to access NHS Talking Therapies. Talking Therapies for the MoD is commissioned via Birmingham and there is a clear directive from the MoD that referrals for serving personnel into local Talking Therapies services must be declined.

This can lead to these relatively lower-level mental health needs being unmet, and potentially escalating. Some veterans felt there was a clear need for NHS intervention, in order to bridge this gap.

The worst thing you can do for somebody who's struggling with mental health - obviously, at my time a soldier - is put him in front of somebody who wears a uniform, who's an officer. Not that I had anything against officers, but it's the … it's the regime again It's the, you know … it's back in that kind of environment ... oh I can't talk, oh I can't do this, can't do that. And that's the problem.

I think the NHS could help. The NHS, I think, are seen more as the experts when it comes to things like mental health, so whether the NHS could, maybe educate the military on what does this look like? What is it and that kind of stuff? That might help. Whether the NHS can set something up that can empower people and give them the ability to be able to reach out and make use of the service outside of the military.

Veteran

The stigma … people used to take the mick out of like mental health, you know. Some people used to say, like, PTSD is not a real thing. It's just an excuse to get out of exercises. That's the kind of mindset that we all had because as we all know, that's the military isn't it? You just button up and carry on because you have to.

Veteran

Often, it's just an opportunity to talk to someone, you know, and just get it out.

Veteran

Other veterans spoke of the difficulties they had after leaving the Armed Forces and the long term effects on their mental health.

Everyone in this room has got issues that they went through, whether it was during their service or afterwards that they've got to work their way through.

Veteran

That's the thing. You've got your first initial issues that you need to deal with, which I've dealt with in 2012/2013 whenever it was and then got to the point where I was like, 'Oh, actually, you know, everything's dealt with, it's brilliant, you know'. I felt great. Everything was great. But then there's all the underlying bits, the long term things, and then you know, it just kind of started creeping up again.

Veteran

No one takes into account anything you may have experienced while you've been in the forces, in my opinion. I mean, certainly when I left at the end of the day, you just left and that was it. In the sense that had you, for instance, just theoretically been involved in some pretty unpleasant situation just prior to leaving , no one was likely to have said to you, 'How are you feeling?' or, 'D'you know about the consequences of what you'd just witnessed or had to take part in?'

Veteran

When you talk about the covenant, when you're serving, the covenant is really strong for the family, but when you've come out as we've heard, without digressing too much, out of Afghanistan, there's a lot of mental health issues related to PTSD but when you're out, you're often on your own.

Veteran

One partner of a veteran who has recently been discharged from the military with complex PTSD, spoke of how her recent experiences have caused her to reflect on her own childhood and the experiences of her father, who she now believes, also suffered with PTSD.

I grew up with a father who was in the military and the damage that was done to dad was extensive and we, as children, got punished for it, because he didn't know how to deal with it.

Partner of a veteran

Drinking culture

There were also comments about self-medication through alcohol being used as a coping strategy to combat mental health issues.

It's so embedded in culture, it's okay to get drunk to the point where you wet yourself and everybody thinks it's funny.

Veteran

One interviewee believes that he already had an alcohol addiction when he joined up at 18, and that the Forces lifestyle enabled him to avoid acknowledging his mental health issues.

Drinking became a ***** competition, a life choice, a lifestyle to the point of this is the place and this is how I ****** up my career. This is where I've been from it and shit.**

Veteran

This drinking culture can often extend into civilian life with detrimental results to both physical and mental well-being.

> **The medication he was on wasn't conducive with drinking alcohol, obviously, and so people said, 'Come out for a beer' and I said no, because that is going to … it might be good for you to see him drink a pint of beer, but the medication he's on is not conducive, so um, I said, 'It's great for you to feel like you can be with him drinking alcohol but it's not the best thing for him.'**
>
> **Veteran**

Suicide

In 2022, the Samaritans published a paper entitled 'Armed Forces and Veterans suicide'[55] which stated that:

> 'The suicide risk of military veterans from the UK Armed Forces is not higher than the general population. However, rates of suicide are between two to four times higher among young male and female veterans (24 years and under) than the civilian population. Also at increased risk are those with depression or impacted by alcohol-related harms, those who were untrained on discharge, and those who left the armed forces involuntarily, due to an administrative, disciplinary or medical discharge.'

In light of both the aforementioned drinking culture surrounding the armed forces and the acknowledgement that many in this community struggle with unresolved mental health issues, a concerning number of the veterans' groups which engaged with this project, raised the issue of suicide.

> **There are obviously high incidences particularly within the veterans' community with suicides. We're acutely aware of that in this club because we've lost a few over recent years and we try and do what we can, but if I'm being honest it's fairly inadequate because by the time we hear that there's an issue it's usually too late.**
>
> **Veteran**

[55] https://media.samaritans.org/documents/Veterans_and_Armed_Forces_policy_position_August_2023_.pdf

Some people spent 20, 30 plus years in that environment and then suddenly it's gone. I think that's why when you look at the suicide rates, it's that initial two, three years post service because it's almost like a vacuum. They just get sucked into where, you know, healthcare … before you used to, all the stuff that came with the job, then it just disappears.

Veteran

One veteran couple spoke of a friend of theirs who had attempted self-immolation. They were also one of several groups to specifically mention veterans of the Falklands initially needing no support, but subsequently suffering with mental health issues.

One of my close friends died last July. Committed suicide. A Falklands veteran, Malta, Singapore, the whole lot.

I think part of the problem with [name] was that he'd been in a high profile job for years and years, had loads of medals, then when he left the military he basically felt like he was just a waste of time.

Veteran

A report published in the British Medical Journal in March 2024[56], quantitatively evaluated suicide in veterans. It provided evidence that unresolved traumatic effects related to operational tours caused personnel to require support. Furthermore, it provided evidence that a personalised care plan with tailored intervention options, led to improvements in participants' social networking, social activities, club membership and having people to rely on. This is of particular interest, given the Policy paper Suicide prevention in England: 5-year cross-sector strategy[57], which was published in September 2023 and states that nationally, those in a higher risk group do not specifically include the Armed Forces or veterans, but comprises:

- children and young people
- middle-aged men
- people who have self-harmed

[56] https://militaryhealth.bmj.com/content/jramc/early/2024/03/05/military-2023-002623.full.pdf
[57] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

What is interesting, however, is that the same paper does state the intention of the cross-sector strategy to address common risk factors linked to suicide at a population level by providing early intervention and tailored support. It then lists common risk factors, several of which, based on the studies previously cited in this report, could arguably apply to the veteran population in greater numbers than the civilian population:

- physical illness
- financial difficulty and economic adversity
- gambling
- alcohol and drug misuse
- social isolation and loneliness
- domestic abuse

Many of the interviewees also shared their thoughts around the causes of mental health concerns and suicidal thoughts in veterans.

I think it's the nature of the community that we've all grown up in. We tend not to share things unless you can see a clear benefit to either the person you're sharing it with or yourself, so you tend to deal with it yourself.

Veteran

It can be terribly confusing for individuals that one day are expected to go out and kill someone, the next day you're meant to go home and sort out a domestic issue and not fly off the handle and it's difficult to get that balance right.

Veteran

I did five tours of Northern Ireland, three tours of Iraq, two tours of Sierra Leone, two tours of Afghanistan … but it's now, people who did the Falklands, did Malta, did Singapore, you know, all these things that they saw, all the atrocities … so it's those people now that's starting to come up and show the signs of depression, anxiety and just the feeling of being worthless.

Veteran

However, the following was undoubtedly the most impactful comment made by a veteran during the course of this project.

Since 2012, I have been to thirteen funerals of guys who committed suicide. Thirteen.

Veteran

Points of Transition

The third theme which emerged from the data, was that of increased stress suffered by the Armed Forces community at points of transition.

In the USA, the Substance Abuse and Mental Health Services Administration (SAMHSA), hosted a webinar (April 2022) on the psychological impacts of transition for military service members.[58] The presentation identified what the authors called 'military transition theory' and suggested that the key points of transition during service life are: at the point of joining the military; initial training; first duty; exercises; deployments (combat, peacekeeping, humanitarian missions etc); relocations, and; leaving the Armed Forces. The authors suggest that these key transitions are optimal times for interventions.

Additionally, the Veteran's Gateway[59] states that:

> 'Leaving the Armed Forces impacts both the family and service leaver.'

Of course, this is true of all the key points of transition when the serving person has a partner and/or children. Many partners referenced the two periods of adjustment when a serving person is deployed or goes on a course. There is not only the adjusting to their absence, but also the adjusting to their return.

As well as specific transitions experienced by serving personnel, there are also life transitions which continue for the Armed Forces community just as they do for the civilian population. For example, having a baby, relocating, moving jobs, getting married or divorced, experiencing children leaving home and/or empty nest syndrome, experiencing the serious injury or death of someone you love or retirement.

As previously discussed, robust mental health plays a critical role in determining how well individuals manage such transitions. The NHS initiative '5 steps to mental wellbeing',[60] is specifically designed to promote self-management techniques to do this. However the advice given in the very first step only serves to highlight the disadvantages faced by large sections of the Armed Forces community. The advice states that you should 'connect with other people', because:

> 'Good relationships are important for your mental wellbeing.'

Some of the suggestions around how to achieve this are to take time each day to be with your family, for example, try arranging a fixed time to eat dinner together; arrange a day out with friends you have not seen for a while; try switching off the TV to talk or play a game with your children, friends or family; have lunch with a colleague; visit a friend or family member who needs support or company; volunteer at a local school, hospital or community

[58] https://www.thenationalcouncil.org/wp-content/uploads/2022/06/Psychological-Impacts-of-Transitions-on-Military-Service-Members_Slides.pdf
[59] https://support.veteransgateway.org.uk/app/answers/detail/a_id/753/~/families%E2%80%99-transition-from-military-to-civilian-life#:~:text=Leaving%20the%20Armed%20Forces%20impacts,before%20leaving%20the%20Armed%20Forces.
[60] https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/

group; make the most of technology to stay in touch with friends and family. Although the advice then goes on to say:

> ‘Do not rely on technology or social media alone to build relationships. It's easy to get into the habit of only ever texting, messaging or emailing people.’

For many of the serving Armed Forces personnel and their families in Somerset, they have no established relationships. They have no family close at hand. As has been discussed, for significant periods of time many of the partners of serving personnel are juggling child-care and work commitments and are therefore not able to volunteer in the community. Their main means of communicating with loved ones is entirely reliant on technology.

It is hardly surprising then, that the results of this engagement project highlighted the pressure that those in the Armed Forces community in Somerset felt at times of transition.

Pregnancy and childbirth

There are a number of things that may contribute to the likelihood of having postnatal depression. According to NHS guidance[61], these include (but are not limited to) having no close family or friends to support you and recent stressful life events. Many of the partners of serving personnel shared their experiences of pregnancy and childbirth and some of them alluded to the fact that they struggled with feelings of isolation after giving birth.

This isn't my story to tell so I'm going to be really vague about details, but I know someone who lives on the patch and they don't live in this country; they've got no family here and their other half is away a lot and she doesn't come to these things because she finds it really hard – things like the social side of stuff – and I always think she's incredibly alone. She's pregnant. She knows that her other half is going to be on a course when she gives birth and he's not going to be allowed to come home. She's got no one in this country, she's got another child as well, she's going through all of this completely alone. He's on a course now as well as the first part of the pregnancy. She's just been … and because she doesn't come here [to a coffee morning on the base], no one would know. Like no one would know if she fell down the stairs. No one would know if something happened to the baby. She's on her own completely.

Partner of a serving person

Another interviewee who at the time of her experience had only recently moved to Somerset, seemed to accept as par for the course, the fact that her partner had not been able to be with her at the birth of her second child. They were completely without a support network, having no family in this country; they had made no friends at that time, so could

[61] https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/

not arrange a childminder for their older child. The interviewee was not asked by healthcare professionals whether she was part of the Armed Forces community and believed them to be unaware of her partner's occupation. They did not question his absence or its cause.

> **It was on a school day. He came when he had dropped her ready for school, and then he was there for a while but then he had to go to pick her up.**
>
> **Partner of a serving person**

Subsequently, the interviewee was diagnosed with post-natal depression. Other participants described similar situations and experiences.

> **I had terrible post-natal depression after I had my second daughter and I think that's because I was so isolated and I was so on my own and my eldest had started school but she was in a school where there were no other armed forces children and so I didn't have that [support network].**
>
> **Partner of a serving person**

> **My youngest … I had to be induced. She was induced on the 30th December because my husband had to go away right at the beginning of January on deployment and so she was born on the 30th December. He then left on the 2nd of January and then he came back in September and she was walking by then.**
>
> **Partner of a serving person**

> **I think, if you're talking about the families of those in the forces then it definitely needs to be the NHS. Maybe, if they are struggling to have that support, maybe someone to talk to. You know, or point you in the right direction of you know, who you can talk to that understands what you're going through. I think there should be, um, maybe it could be quite nice if it was just like a 'Is your spouse in the military? What type of support do you think … you know when you're going for your prenatal checks that could be quite nice.**
>
> **Partner of a serving person**

Relocation

Another significant point of transition is that of relocation.

One serving member of the Armed Forces spoke of the complications of trying to secure school places for his children whilst at the same time, managing regular relocations.

> **The focus has to be on the families. To a degree, that sort of problem is not unique to someone in the military. Those are challenges that everyone, lots of people face across life, it's the layering on top of that of the movement of your family and all that that brings. When you start to put that together then all of a sudden it can become quite overwhelming.**

Serving person

Another spoke of the difficulties of finding a place at a chosen school.

.

> **I know my friend. They've been having to transport … and it's not even like the nearest school … for two years. And now they've actually managed to get her in, so again another change. She's had to move another school when they actually live in the same area.**

Partner of a serving person

According to the UK Tri-Service Families Continuous Attitude Survey Results 2023 (previously cited), three-quarters of families who applied for a place at a state school were allocated their first choice of school. As a comparison, whilst not directly comparable to service families, national figures on school applications[62] offer some context: 83% of secondary school place applicants received an offer of their first choice school. For primary school applicants this was 93%.

Notably, 75% of Somerset schools have Forces Pupil Premium children on roll which compares to 53% of schools nationally[63].

[62] https://explore-education-statistics.service.gov.uk/find-statistics/secondary-and-primary-school-applications-and-offers

[63] https://www.scipalliance.org/map

Frequently moving is another aspect of military life which was constantly referenced as a source of stress and anxiety by young interviewees, with only one child mentioning it in a positive light.

I like moving round though. I like change. I mean, not school wise, I like being at the same school. But moving house, I definitely like that.

Key Stage 3

This was not a sentiment shared by the majority however, who spoke of the challenges to and effects on their mental wellbeing of frequent moves, in some cases even when their schooling was relatively consistent, as a result of boarding.

You just kind of get on with it. You know, oh dear you've moved schools. Again. Like two years later. You've got to make new friends. You've got to do it all again. It's just kind of … you get used to having to sort it out yourself.

Key Stage 5

Another struggle is the constant moving every three years. So, I mean, my mum does her best to make it home but it's not a home. I don't live there. It's just a place to be and then you're moved. It's like you're a package. They don't really have much regard for military families. They have regard for the person who's in the military.

Key Stage 5

Parents, too, spoke of the additional stresses placed on their children through regularly moving.

We went through a period of time where we moved every year for seven years. It's cos of [name] …. It was a good thing because he gets promoted but it's not good for the kids because we moved every year and it started having bad … a detrimental effect, especially on the younger one. Cos he was in Reception and then he moved mid way through reception, year 1, year 2, year 3, 4 and then in year 4 … and I think it really affected his um social skills.
At that point he was at [name of school] and he started getting a tick and everything and making funny noises and he was obviously really stressed. And um then started making up stories about um being a snake in the wall and all these sort of things. I just think he was just really struggling.

Partner of a service person

The stresses and disadvantages associated with having to repeat parts of the curriculum due to relocation were also raised.

When we moved from [location] to here, she'd actually missed six months of the curriculum. Because the school she did in [location] had done the Mayans first, so she literally repeated half a year and missed half a year's education.

Partner of a service person

Disappointingly, the findings of this engagement project support the observations of a 2011 Ofsted report into the quality and impact of partnership provision for children in service families, which stated that:

> 'Inspectors found some important shortcomings in provision in the schools and local authority areas visited in England, especially where small numbers of service children were being catered for. These included:
>
> - problems with school admissions; a small proportion of the families interviewed had siblings in the same key stage in different schools because of unsuccessful applications and a lack of availability of school places
> - children missing parts of, or repeating areas of, the curriculum
> - poor transfer of information about pupils between schools, with particular difficulties with the transfer of statements of special educational need
> - slow assessment and support for service children with special educational needs or a disability
> - a general lack of awareness of service families and their additional needs. '

Sometimes the constant relocations can have life-impacting consequences.

> **We tried to get her into um into boarding school because of the moving but the CEA [Continuity of Education Allowance] wouldn't pay for her to retake year 10, which you have to do if you go into the private school. So she ended up coming to [location] with us and then it fell that she was mid A levels again so bless her, she had to change everything she was doing like GCSEs and fit into one year. So she was taking [subject] she had to change it to whatever she could take in [location] and then the same happened mid A levels. We were due to come back to … so we did have two years in [location] but we moved two houses you see. We um were coming back to [location] and same reversal. She couldn't take the same, she had to change it back, And she just had um, I mean obviously she was like 17 coming 18, she just had a meltdown, ran away, got pregnant. Decided … yeah … it was … So that's the downside of moving all the time, especially so often when they're at that age.**
>
> **Partner of a serving person**

As well as concerns around the impact of relocation on education, further implications on mental wellbeing were raised. For example, often the relocation brought with it issues around feelings of isolation. One interviewee compared her previous location to living in Somerset.

> **If my husband was deployed we could literally walk to something, like restaurants, a library. The thing is that around here you need to go on a bus which is hard, so I don't really go. I used to go to [name of a baby group]. And there was one bus that I could go on and still be back to collect [name] from school. But I always missed the bus because there was always a couple of pushchairs on the bus so I couldn't get on. Every time I missed the bus I had to wait like half an hour cos the bus is always late as well.**
>
> **Partner of a serving person**

Other interviewees spoke about their healthcare being adversely affected because of having to frequently move.

When the move happens, I end up … it affects my normal mental health issues, so all of that stuff affects it, but the only thing you can have to sort that out is the normal NHS kind of mental health therapy talk stuff where you go on a wait list for up to a year. And that's the only thing there's access to. So I recently had to access it because of our last move and it kind of means that you spend your allotted amount talking about that situation.

Partner of a serving person

I'm meant to have diabetes checks every year and then when I moved here because the system at this GP is um, the diabetes blood tests are meant to be done in your birth month. But I moved just after I was on their system, but I was due it and then it ended up being two years late because they kept saying no, we have to do it on your birth month even though it's supposed to be yearly, but because I moved it was out of sync.

Partner of a serving person

There is a further consequence for Armed Forces families of frequent relocations. The MoD document 'No Defence for Abuse'[64] published in January 2024, highlights some of the effects this constant moving can have on those in the AF community. One MoD victim-survivor is quoted as saying:

> 'In Defence, we are in a particularly vulnerable position to be abused by partners. Whether you are the serving half of the relationship or not, or if you both are, isolation from our support network due to posting and moving around is commonplace among our community. We experience different sets of challenges as part and parcel of military life.'

Recent research by King's College London[65], which was jointly funded by the MoD, found increased incidences of intimate partner violence and abuse (IPVA) in the Armed Forces community compared to the general population. Despite this, there continue to be many well-documented barriers to those in need of support. In the report 'Help-seeking for Intimate Partner Violence and Abuse: Experiences of Serving and Ex-serving UK Military

[64] No defence for abuse: Domestic Abuse Action Plan 2024-2029 (publishing.service.gov.uk)

[65] Intimate partner violence and abuse experience and perpetration in UK military personnel compared to a general population cohort: A cross-sectional study at Intimate partner violence and abuse experience and perpetration in UK military personnel compared to a general population cohort: A cross-sectional study — King's College London (kcl.ac.uk)

Personnel',[66] assignments to new locations, potentially leaving victims-survivors isolated from wider family support, is listed as a potential barrier to seeking help.

Perhaps unsurprisingly given the basis of this engagement piece, no-one interviewed during the course of this project gave a personal example of IPVA. However, it would be extremely naïve as well as very unwise, to assume that this is because it is not of concern in Somerset.

Coping with deployment/absence

As previously discussed, the transition during deployment and training exercises can place a huge strain on the Armed Forces community and can lead to feelings of isolation and stress.

One of the findings of the UK Regular Armed Forces Continuous Attitude Survey Results 2023 (previously cited) was that Royal Naval personnel continue to be the least satisfied with some aspects of post-deployment support. The percentage of those who are satisfied with the welfare support their families received dropped 5% from 2022, to 34%.

In February 2024, the UK defence journal published an article about the changing deployment of Royal Navy ships:

> 'The MoD's data reveals a notable shift in the Royal Navy's operational approach in the region, moving from episodic deployments to a strategy of maintaining permanently deployed vessels and longer deployment durations. A significant example of this shift is the permanent deployment of a Type 23 frigate since 2019, which operates with two crews to ensure greater operational availability and efficiency.
>
> The decrease in ship deployments over recent years demonstrates a strategic recalibration by the Royal Navy, focusing on sustained presence and operational efficiency over the quantity of deployed vessels.'

One currently serving person spoke of the way deployments have changed since the Gulf War and of how this has impacted his family.

What I don't want to do is in any way lessen the challenges that came with those big, unit level deployments to Afghanistan and places like that. They were dealing with challenges that frankly we're not dealing with on that scale any more … the deaths, the significant injuries etc. But the isolation that you find now in the current way of working, like I said, is maybe unique to the units in Taunton and Yeovil, I don't know, but that brings its own challenge.

Serving person

[66] Help-seeking for Intimate Partner Violence and Abuse: Experiences of Serving and Ex-serving UK Military Personnel — King's College London (kcl.ac.uk)

Even usually simple tasks can be made more difficult when a partner is suddenly deployed or sent away with little or no notice.

> **My boiler broke while [name] was in [location] in our old house and I couldn't get through to our … they were like, no it needs to be [name]. So he had to ring them at what was like four o'clock in the morning there, and say, can you please sort our boiler out.**
>
> **Partner of a serving person**

Leaving the Armed Forces

There is a vast amount of support available to those leaving the Armed Forces. Defence Transition Services[67] provides advice and signposting, and a considerable number of military charities such as the Royal British Legion[68], the Forces Employment Charity[69], the Soldiers', Sailors' & Airmen's Families Association (SSAFA)[70] and Help for Heros[71], to name but a few, provide a similar function.

Despite this, innumerable veterans discussed this period of transition, with many obviously still feeling the impact many years later.

> **I think one of the biggest issues is that transition period. You know, from military to civilian life. I think that's the biggest gap we have. That's when a lot of veterans fall down.**
>
> **Veteran**

[67] https://www.gov.uk/guidance/help-and-support-for-service-leavers-and-their-families
[68] https://www.britishlegion.org.uk/stories/how-we-help-people-leaving-the-armed-forces#:~:text=Help%20is%20just%20a%20phone,from%208am%2D8pm%20every%20day.
[69] https://www.forcesemployment.org.uk/who-we-help/service-leavers/
[70] https://www.ssafa.org.uk/
[71] https://www.helpforheroes.org.uk/

> **You've got to remember the mindset that particularly veterans tend to come out the forces where they've had generally speaking very good care and welfare and all the rest of it. When they come out the forces of course all of that's gone.**
>
> **Veteran**

Others spoke of the isolation of leaving the Armed Forces.

> **It's almost like a messy divorce. When you go from serving, it's almost like the military just go [makes a shh noise] … literally no contact. It is like the messiest divorce ever. You're out in this world and everything's different. I've been out eight years now. I've not had a letter. Nothing. You leave. Gone.**
>
> **Veteran**

According to the UK Tri-Service Families Continuous Attitude Survey Results 2023 (previously cited), the proportion of spouses who would feel happier if their partner chose to leave the service has increased eight percentage points since 2021, to 37%. Furthermore, according to the same survey, RN/RM families also feel more disadvantaged about family life (56%) compared to Army (44%) and RAF (40%) families. Fewer RN/RM families are satisfied with their quality of life as a service family (45%) compared to Army (52%) and RAF (50%) families. Half of RN/RM spouses would feel happier if their partner chose to leave the service, followed by RAF spouses (42%) and then Army spouses (31%).

Appendix A: invitation email sent to veteran's groups

Good morning

I am currently leading an engagement piece on behalf of NHS Somerset. In order to carry this out, I am hoping to speak with members of the Armed Forces community within Somerset (serving personnel, their families, reservists and veterans). The purpose of this research is to ascertain whether the health and wellbeing needs of this group are currently being met by the NHS, and to inform the future commissioning of services. This project is part of the NHS long term plan which specifically includes improving the physical and mental health of the Armed Forces population.

To this end, I would very much appreciate the opportunity to come along and chat informally with the members of your organisation. I am keen to hear the voice and opinions of veterans and to establish how they view their needs. Is this something you could facilitate? If so, I'd be very grateful if you could suggest some dates, times and locations that would be convenient.

If you would like any further information or would like to chat this through in more detail, please do contact me.

I look forward to hearing from you.

Appendix B: invitation email sent to schools

Good morning

I am currently leading an engagement piece on behalf of NHS Somerset. In order to carry this out, I am hoping to speak with members of the Armed Forces community within Somerset (serving personnel, their families, reservists and veterans). The purpose of this research is to ascertain whether the health and wellbeing needs of this group are currently being met by the NHS, and to inform the future commissioning of services. This project is part of the NHS long term plan which specifically includes improving the physical and mental health of the Armed Forces population.

To this end, I would very much appreciate the opportunity to talk informally with children of all ages from service families. Would this be something that you might be able to facilitate within a school setting? I am able to provide a letter to parents outlining the purpose of my work and to seek their consent if necessary. I am keen to hear the voice and opinions of younger people and to establish how they view their needs.

If you would like any further information or would like to chat this through in more detail, please do contact me. My hope is to engage with as many members of the Armed Forces community in Somerset as I am able; if you are aware of any members of staff or parents who are part of this cohort and who might be interested in sharing their views with me, I would be grateful if you could pass on my email and/or mobile number to them. I have also emailed the prep school as I would ideally like to speak with young people of all ages.

I look forward to hearing from you.

Appendix C: parent/carer consent letter for under 18s

Dear parent/guardian

I am currently leading an engagement project on behalf of NHS Somerset ICB. The aim of this work is to gain a better understanding of the needs of the Armed Forces community within the county. It is part of 'Healthcare for the Armed Forces community; a forward view,' published by the NHS and will inform the future commissioning of services. It specifically promotes research to better understand how we can improve all areas of physical and mental wellbeing of the Armed Forces population.

Over the course of the next few months, I will be meeting with many representatives of the Armed Forces community from a variety of settings. I have approached your child's school as I am keen to engage with children from service families to hear their opinions.

In order to capture the views and thoughts of the children being interviewed, the sessions will be recorded; dictaphone audio recordings will be transcribed and then deleted – no audio recordings will be stored elsewhere. No personal data will be intentionally captured, anonymity of individuals will be maintained throughout, and any information gathered will be GDPR compliant. Any engagement responses will be retained for no longer than five years from the project end.

If you are happy for your child to be involved in this research, please complete and return the slip below to your child's school. If you yourself, would like to be involved, I would be delighted to hear from you. Please get in touch with me directly, using the contact details below.

Yours sincerely

Appendix D: question framework

Questions asked of interviewees aged under 18:

What do you like about having a parent in the Armed Forces – what's good about it?

What don't you like about it – is there anything bad?

Is there anything that anyone could do to make it better?

Questions asked of adult interviewees:

What's working?

What's not?

Tell me about life as a …

Appendix E: key stage identification

Identifier used	Year groups	Approximate age of child
Key stage 1	Year 1 Year 2	5 – 7 years
Lower key stage 2	Year 3 Year 4	7 – 9 years
Upper key stage 2	Year 5 Year 6	9 – 11 years
Key stage 3	Year 7 Year 8 Year 9	11 – 14 years
Key stage 4	Year 10 Year 11	14 – 16 years
Key stage 5	Year 12 Year 13	16 – 18 years