



**Health, welfare and social needs of the
Armed Forces community: a qualitative study**

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March 2011

Foreword

Over recent years the Legion has focused on producing statistical evidence to help us make difficult decisions about where to invest our generous donations. This statistical analysis has revealed to us a large and heterogeneous beneficiary population, of over nine million people, many experiencing a range of difficulties for which they were receiving little or no support.

But statistics alone can only ever provide part of the picture. To gain a deeper understanding of the issues our beneficiaries face, we needed to consider the personal lives and perspectives of individuals. Only then could we begin to understand their experiences and how operational deployment, conflict and Service in the Armed Forces have impacted, and continue to impact on their lives.

This in depth piece of research has examined the health, social and welfare needs of sub-groups within the Armed Forces community. Further, it has considered the barriers to seeking or receiving the support that is available.

The sub-groups selected were identified because they either represented those in the greatest needs or we felt that was a lack of existing research. The resulting report is a unique insight into the lives of those who put themselves at risk in the defence of others, and the families who support them.

I would like to thank all of the beneficiaries who took part in the research and gave their time so generously. I hope that their views and experiences will help to inform a wide variety of policy makers and stakeholders.

It is often said that Service in the Armed Forces is unique, unlike any other career, and this report provides a clear demonstration of that fact.

By Sue Freeth

Executive Summary

Introduction

This qualitative research assignment aimed to provide a thorough and robust evidence base for planning by gaining a detailed understanding of the welfare needs of six specific beneficiary groups with significant unmet needs.

The six groups investigated were:

- Those seriously injured by Service or their family members
- Veterans with a health condition or disability not caused by Service, and their family members
- Serving Armed Forces family members
- Estranged spouses and partners of Service personnel
- Family members or Service personnel who have died
- Gurkhas and Commonwealth soldiers discharged from the Armed Forces within the last five years.

Over 150 people were included in the research. In-depth telephone interviews were conducted during March and April 2010. The respondents came from a variety of sources including Legion client databases, the Service Personnel & Veterans Agency (SPVA), SSAFA Forces Help, Armed Forces families' federations, the Ministry of Defence (MOD) and the Brigade of Gurkhas.

Health, Welfare and Social Difficulties

Not surprisingly, all of the participants in the research had experienced some health, welfare and social needs. Many of these needs were still ongoing at the time of the research.

The most common health problems included depression, anxiety, stress, physical limitations, cognitive impairment and pain.

People in all groups faced financial hardships including lack of employment and difficulties accessing benefits.

Common social problems included loneliness, adjusting to civilian life, social isolation and difficulties with new or existing relationships.

Support Received

By definition, the majority of respondents included in the research had received some form of support for their difficulties, usually from more than one source. However, the nature and degree of satisfaction with the support they had received varied by respondent group.

Sources of support included assistance from the Armed Forces, charitable organisations, the Government, the NHS and from friends and family. Not every respondent had needed or received (or was still receiving) all of the support potentially available.

Despite having accessed support, some respondents who were particularly vulnerable demonstrated the need for ongoing intervention.

Gaps in provision of support services

Respondents were generally very positive about any support that they had received. However, many felt that there were areas where the provision of support could be improved. These included:

- Proactive support from service providers with initial contact made by the provider, rather than the onus being on the person in need
- Longer term support
- Having a designated, named personal contact
- Recognition of the needs of the family of Service personnel
- Centralised services for continuity to overcome the perception of differing levels of service depending on their branch of the Armed Forces and their geographic location.

Barriers to seeking assistance

Despite having received some form of support, many respondents reported barriers to accessing assistance or gave reasons for not seeking additional or ongoing support. These barriers also varied according to the respondent's particular situation.

For many respondents their access to support had been restricted by their lack of knowledge about available services. This was sometimes due to the Armed Forces contact being lost (if no longer living in barracks, information is less accessible) or the lack of recognition of an Armed Forces connection (information appears to be targeted at Service personnel rather than to family members).

In addition, pride and the desire to remain independent prevented certain respondents from asking for more help. Some also considered that there would be more deserving beneficiaries than themselves. A few also commented on the military mentality of accepting their lot and 'making do'. This made it harder for them to ask for help, or complain about the help they had received even if they felt it had been unsatisfactory. A minority of particularly vulnerable people lacked the motivation to look for assistance.

Atypical needs from the general UK population

Many of the difficulties and subsequent needs reported by the participants in the research are similar to those experienced amongst the general UK population. However, the evidence from our research shows that some of these needs are compounded by the peculiarities of active Service and Service family life.

The most frequently cited concerns related to the nature of modern combat which leads to such traumatic injuries and death, the unique pressures exerted on relationships and parenting and the frequent changes of location impacting on:

- Employment – continuity and progression
- Childcare – identification of childcare settings and developing network of support
- Schooling – disruption to children and difficulty in securing the 'chosen' school
- Healthcare – maintaining continuity of healthcare and social care networks
- The proximity of other family members.

Social exclusion or injustice

Our research did not reveal widespread evidence of social injustices. However, there was the perception amongst a minority of respondents (across the different groups investigated) that these had occurred. These included the perception of discrimination by employers, the removal of the 'protective Service umbrella' for estranged families, loss of social status and perceived racial discrimination.

Risk factors for getting into difficulties

With time, and with the help and support that is available, many of the respondents had overcome their difficulties. However, our research suggested that some groups face higher risk and are likely to need greater support. The people most at risk of getting into difficulties appear to be those who exhibit one or more of the following:

- Inability to secure alternative employment
- Few transferrable skills or qualifications
- Lack of a partner
- Complicated injuries or illnesses
- Having little contact or support from family
- Low income or financial insecurity
- Ongoing depression or mental health problems
- Social isolation, limited social network, change of location or accommodation
- Lack of awareness of available support
- Difficulty coping with absent partners
- Lack of preparation for transition to civilian life.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help to prevent them from falling into a downward spiral.

Our research suggests that the ways of minimising difficulties of those most at risk should include:

- Better information and how to access it, at a time when it can be absorbed
- Identifying people at risk and targeting support – for a longer period of time
- Self help groups, social contact and groups for sharing experiences
- Overcoming pride by presenting support as the responsibility of Armed Forces and veterans' organisations both for people who serve and for people who bear the consequences of living with a member of the Armed Forces
- Clarifying eligibility for support
- Recognising the particular challenges of the partners and family of serving personnel.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Differences across the groups investigated

Many common themes were identified across the groups investigated. However, certain groups appeared to exhibit problems which were specific to the nature of their situation.

- **Those seriously injured by Service, and their family members** reported physical and cognitive difficulties caused by their injuries. Impact on participation in sport, interaction with children and on employment opportunities were all cited.
- **Veterans with a long-term health condition or disability not caused by Service, and their family members** reported physical restrictions arising from their condition leading to social isolation, difficulty with home and garden maintenance and the impact on their 'well' partner.
- **Serving Armed Forces family members** faced particular challenges with employment opportunities, childcare, schooling, continuity of healthcare and establishing social networks – mainly due to the frequent changes of location and absence, through active Service of the husband.
- **Family members of Service personnel who have died** reported excellent short-term, practical support but exhibited a need for longer term, emotional support. Bereaved single, lonely parents with a poor relationship with the deceased's spouse appeared particularly needy.
- **Estranged spouses or partners of Service personnel** felt particularly unsupported by the Services once their relationship had broken down and un-informed about available assistance. Their problems included loss and lack of social networks and difficulties in adapting to civilian life (housing, schooling, employment).

- **Gurkhas and Commonwealth soldiers discharged from the Armed Forces within the last five years** had experienced difficulties with transferring their skills and qualifications to employment in Civvy Street and with securing opportunities to further their qualifications. Commonwealth soldiers experienced particular difficulties with accommodation at the time of discharge, understanding the British way of life, having few social or family contacts and language barriers.

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Chapter 1

Those seriously injured by Service, and their family members

1. Those seriously injured by Service, and their family members

1.1 Summary

Members of the Armed Forces Community who have been seriously injured (including illnesses) while serving in the Armed Forces and relatives of the injured exhibit a mix of health, welfare and social needs.

In common with the general UK civilian population, the effects of serious injury/ illness were devastating. Unlike the civilian population, however, some of the more recently injured respondents in particular were dealing with unusually traumatic causes of injury/ illness, specific to combat situations.

Respondents' injuries/ illness had resulted in both physical and psychological effects, though the Service mentality of 'making do' tended to prevail.

A big concern for these respondents was the impact of the injury/ illness on employment. Where medical discharge had been avoided, the Service role tended to be less active and fulfilling than that prior to the injury, and promotion prospects had dwindled. Many of the medically discharged were unhappy to have left the Services and found that they were ill equipped for the civilian roles available to them. Respondents also reported being unable to find employment reflecting their skills and training, and that their injuries had affected their future earning potential. A number had been unable to find any employment, or were too disabled by their injury/ illness to work.

Just as in civilian injuries/ illness, the effects of injuries/ illness on the respondents included mental health issues such as anger, sleep difficulties and alcohol dependence. Physical limitations such as difficulties in walking, playing sport and playing with children were also reported. Many of the injured and their relatives experienced depression, changed financial circumstances, self imposed social isolation and difficulties in adapting to the civilian way of life.

Relationship difficulties or breakdowns as a consequence of injury/ illness seemed to be more prevalent than among the general UK civilian population.

All respondents had received some form of support. As well as official support, the majority had received charitable support. In the main this was from the Legion with respect to tribunals for compensation claims. SSAFA Forces Help and Combat Stress were also cited along with other individual charitable organisations. Family and NHS support were also reported.

The recently injured and their relatives appeared more likely to have received Service support than the longer term injured. This may reflect the emergence of some of the longer term injuries after leaving Service.

Respondents who had received assistance were full of praise for it, and this applied to both medical treatment and welfare support (such as the resettlement package, travel and accommodation arrangements for visiting relatives, assistance with housing and regular contact).

Respondents perceived that support diminished over time (especially once medically discharged), that conditions that were difficult to treat became a lower priority, and that some cases had been misdiagnosed. A number of the injured were not yet 'fixed'. They had been discharged because they were not combat fit in the allotted 18 months and some were still having operations (MOD policy in this area has now changed).

All respondents had received AFCS payments or were in receipt of a War Pension. Additionally, around a third was receiving some form of benefit – Disabled Living Allowance, Mobility Component and Job Seeker's Allowance.

Most respondents had received support from their GP and their family.

Although all interviewees had received some support, most felt that they needed further help. Their greatest perceived needs were for a designated contact to outline the assistance available to them, financial assistance and legal advice. Family members of the injured mentioned the need for better communication about their relative's condition.

Gaps in service provision resulted mainly from lack of knowledge about availability of and entitlement to services. Respondents suggested that information would be useful at the time of medical discharge, when people cease to enjoy the protective care of medical teams.

Pride, the 'making do' mentality, and weariness from difficult compensation claims were other reasons why assistance had not been sought.

Clarity about availability and sources of support, proactive contact from support providers, and information sources such as websites, leaflets and welfare packs were all mentioned as ways of increasing awareness.

Social injustice and exclusion were mentioned, though not commonly. One such problem that was mentioned included a perception that learning of disabilities or cognitive impairments was off putting to employers. There was also a perception that GPs were reluctant to deal with, or lacked understanding of, their injuries or condition.

With time, and with the help and support available, many of the respondents had learnt to live with their devastating injuries. Our research does however suggest that some people face higher risk and are likely to need greater support. Factors that appear to increase the risk of getting into difficulties are:

- Inability to secure alternative employment
- Poor skills or qualifications qualified (other than for military employment)
- Lack of a partner
- Complicated injuries or illnesses
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression or mental health conditions
- Social isolation.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help prevent them from falling deeper into a cycle of unemployment, depression, loneliness and low self esteem.

1.2 Introduction

This Chapter addresses the welfare needs of members of the Armed Forces Community who have been seriously injured (including illnesses) by Service in the Armed Forces and their family members.

Respondents injured within the last five years were sourced from the Service Personnel & Veterans Agency (SPVA). In order to embrace veterans with a long-term injury/ illness (defined by the Legion as one that is present for more than five years), the research included clients of the Legion's War Pension and Compensation service. Family members were sourced through SSAFA Forces Help (family support groups) and the SPVA.

The extent and impact of the injury/ illness is explored, along with its effect on the respondent's housing situation and employment, the support they have received, the difficulties experienced, their outstanding needs and the barriers to securing further assistance.

The Chapter summarises both our findings and the issues raised by interviewees during the research. Our findings are illustrated with statements made by interviewees, which are written in italics with quotation marks.

We conclude the Chapter by offering some observations and suggestions of our own in response to some of the issues that emerged from the research.

1.3 Research methodology

In-depth telephone interviews were conducted with 55 respondents, with calls lasting from 30 minutes to one hour.

Respondents injured within the last five years met all the following criteria:

- In receipt of, or in process of claiming for, AFCS payment – tariff: 2-12
- Serving in, or veterans of, the Army, Royal Marines, Royal Navy or RAF
- Suffering from either combat or non-combat injuries.

Respondents injured for longer than five years met all the following criteria:

- In receipt of a War Pension, with a 20% disability or higher
- Not in receipt of AFCS payment
- Veterans of the Army, Royal Navy or RAF
- Suffering from either combat or non-combat injuries.

Family members of those injured within the last five years met all the following criteria:

- Wife/ partner or parent of the injured Service personnel/ veteran
- The injured relative was serving in, or a veteran of, the Army, Royal Marines or RAF
- Relative suffered from either combat or non combat injuries.

Further details on research methodology, definitions, recruitment and sampling can be found in Appendix 2.

1.4 Respondent profile

Of the 20 respondents injured within the last five years, all were male, nine were still serving in the Forces and eleven were veterans. Length of service ranged from three to twenty four years.

All 20 respondents injured for longer than five years were veterans. Thirteen were under the age of 65 years. Only one was female. Length of service ranged from one year (National Service) to 40 years.

Eight of the 15 family members of those injured within the last five years were spouses/ partners (all female). Seven respondents were parents (five mothers, two fathers). Six of the respondents' relatives were still serving in the Armed Forces and nine were veterans. Length of service ranged from 1.5 to 31 years.

Despite providing physical/ psychological help to their relative as required, only two respondents (one mother, one wife) considered themselves to have a caring responsibility for their relative.

1.4.1 Nature of injury

Where respondents, or the relatives of respondents, had been injured within the last five years, the nature of the injury was usually combat-related. Many injuries had resulted from Improvised Explosive Devices or being shot. These had caused physical impairments (loss of limb, head injuries) and resulting neurological and mental health problems (for example Post Traumatic Stress Disorder). Only a quarter of respondents/ relatives had a routine training or sports injury, or an illness (for example, Lyme Disease).

In many cases, the nature of the injury (and resulting PTSD) is unique to Service personnel.

Of the 20 respondents who had been ill/ injured for more than five years, twelve had a disability level of 40% or above. For the remainder, the level was between 20 and 39%.

This group with long-term conditions had a broader range of injuries/ illness. In only a few cases had these occurred in combat (mainly through being shot); the majority had arisen during normal duties: back injuries from lifting heavy objects, for example, or general wear and tear, exposure to dangerous substances due to inadequate precautions, or sports injuries. One-off mentions included neurological illness, traffic accidents and PTSD. All of these respondents had conditions as a consequence of Service but for some these only developed after leaving Service.

1.4.2 Overall impact of injury

Injured/ ill respondents reported that their condition had a major impact – physical and psychological - on their way of life. The majority were concerned that their situation would only become worse:

“It has totally changed my life and that of my family.”

“It has had a massive psychological impact – it’s not part of a soldier’s psyche to have people helping you.”

Half of those injured more recently (within the last five years), and a quarter of the rest, spontaneously discussed either the loss of their job, or being restricted to lower paid jobs/ jobs which did not reflect their skills and training:

“I can no longer do the job I was trained to do.”

A few also mentioned being restricted in their participation in certain sports, leisure activities and in their ability to play with their children/ grandchildren.

Over half of injured respondents had to cope with physical difficulties such as restricted walking, reduced lifting/ reaching capabilities, pain, fatigue, lack of sleep and discomfort when driving:

“The mind is still there, I just can’t physically do what people of my age can do.”

Cognitive difficulties and mental health issues such as memory loss, mood swings and depression were also discussed. Two respondents with PTSD reported suicidal thoughts and the breakdown of their marriages.

Despite frustration at the changes in their lives, some of the more recently injured respondents gave the general impression that they were trying to make the best of their situation:

“My situation may not improve but I will get better at adapting.”

Relatives of injured Armed Forces personnel generally reported less dramatic impacts and were evenly split as to whether or not they thought the situation would improve. Only four of these respondents had experienced a change in housing circumstances (two as a consequence of leaving Service and two either moving in with an injured son or having an injured son move in). Those leaving Service accommodation as a result of their spouse’s medical discharge had not received assistance in finding alternative housing.

Where concerns were reported by relatives, they tended in the case of partners to focus on the impact on children, and, in the case of parents, to be articulated as distress at their son's situation. One off concerns related to coping with a partner's anger and the possible effect on the marriage:

"He came back a different person, he shouts a lot and this gets me down."

1.5 Effect on employment

1.5.1. Recently injured respondents

Nine of this group were still serving in the Armed Forces at the time of the interview. One was due to be medically discharged in July; of the other eight, all had experienced at least a minor change to their role following their injury. Four were happy in their new role, and four were not:

"I would like to continue in this instructor role – I'm very happy. However, some days I feel guilty about not being with the lads if they are out on tour."

"I'm in a static office job now – it's very different from the commando role. It's away from my aspirations and very frustrating."

Eleven of the recently injured respondents were no longer serving, having been medically discharged. Not everyone articulated a reaction but a few expressed disappointment at having had to leave the Services, and a small number were pleased:

"I was not happy about leaving the Army – I loved my job."

"I was glad to leave, it was better than being given some awful desk job"

A small number of these veterans were unemployed, the rest were in some form of employment.

Most of the recently injured respondents reported that their injuries/ illness had affected the type of role (Service or civilian) they could undertake:

"I have to think about how I can match my skills with my (physical) capabilities – it's not necessarily what I would have chosen to do."

Additionally, subsequent roles did not reflect the level of training and skills which had been acquired prior to their injury/ illness:

"It's hard to convert military skills to general skills."

This group also discussed the curtailment of promotion prospects (Service and civilian) and the loss of future potential earnings:

"I'm now in a security role – it's not ideal and it's less pay than I am capable of."

A couple of respondents reported a sense of loss of identity following medical discharge.

1.5.2 Respondents injured more than five years ago

All those injured for more than five years were veterans: six had been medically discharged, the remainder had left Service for other reasons (for example end of contract, family reasons, frustration at change of role/ lack of promotion). Two thirds of this group reported that, as with the more recently injured, their injuries/ illness had an impact on their choice of employment, use of their skills/ training and future prospects:

"Very early on I realised my options were closed as to what I might have gone on to do and earn."

None of those medically discharged were happy that this had happened, and all were dissatisfied with their subsequent employment (or lack of employment):

"I was gutted, the Army was my life. I had no other skills or industry experience and couldn't find employment."

The 14 veterans who had not been medically discharged were evenly split as to whether their injuries/ illness had affected their subsequent employment:

"I had to have a job with light duties when I left Service – otherwise I would have been capable of a better paid job"

"I left Service because my contract was up – my injury had no impact on my role in Service at the time or since leaving."

Around half of all the injured respondents discussed Service support relating to their employment. Of these, most of the recently injured were happy with the support received – across all of the Services and despite the concerns raised about role limitations – while the longer term injured were mostly dissatisfied due to perceived inadequacies in, or lack of, assistance. All the dissatisfied respondents were Army veterans.

Three of all the injured respondents felt that they had been discriminated against once prospective employers became aware of their physical or cognitive impairments:

"Once I mentioned my spinal injuries people didn't seem to want to know."

In general, relatives of the injured did not experience difficulties at work. On the contrary, many found their employers supportive in giving them the time off that they needed to be with their injured relative.

Three wives had had to give up their work because it was incompatible with leaving their injured/ ill partner (either alone or with the couple's children).

Two parents were affected financially – one because he was self employed, the other because she had to return to work earlier than she would have liked.

1.6 Health, welfare and social needs

Many respondents experienced difficulties as a result of their illness/ injury. For some, these difficulties have been resolved over time, but for others the difficulties persist.

1.6.1 Health needs

The majority of all injured respondents were still suffering from the physical effects of their injuries. They reported physical limitations such as inability to participate in sports or play with their children, constant pain, limitations on driving and general fatigue:

"I'm always in pain and I get exhausted even just from walking to the shops."

Around a half of the injured respondents reported mental health issues including anxiety, stress, anger, depression, low self esteem, lack of hope, sleep difficulties or a dependence on alcohol. People with injured relatives also experienced anxiety, tiredness and depression:

"I worry what will happen to my son if I die."

Almost a quarter of the recently injured respondents and three long term injured respondents discussed a perception that NHS GPs were reluctant to deal with or did not understand their injuries or condition. A small number claimed that their medical records had gone astray:

"I'm trying to find a GP who understands my background. It's made worse because my medical documents have not been sent to my GP."

A few respondents mentioned that their condition had only become apparent after they had left Service. This meant limited, if any, access to Service support and a greater degree of difficulty in receiving compensation.

1.6.2 Welfare needs

Almost half of the recently injured group, a third of the relatives and a quarter of the longer term injured reported financial difficulties, due to unemployment and/ or reduced earning potential.

Two fifths of the longer term injured, a few of the recently injured and a couple of relatives discussed problems with War Pension or AFCS payments. Generally that they felt the amount did not reflect the extent and impact of the injury/ illness. A minority of the longer term injured felt that the SPVA had worked against them, rather than with them, in securing their claim.

"I had to go to tribunal to get my War Pension increased – when I'm reassessed again I may lose it."

A quarter of the recently injured respondents, but only two of the longer term injured, cited difficulties in obtaining benefits:

"I'm not entitled to any benefits – if anything they want to take money off me!"

A small number of the recently injured mentioned having had housing difficulties after leaving Service.

1.6.3 Social needs

Almost half of all the injured respondents, but only three relatives, reported difficulties, or even breakdown, in their relationship with their partner:

"We've had some marital problems – my wife gets cross with me – I'm not the extrovert I was."

Over a third of the injured had had difficulties at first in adapting to the civilian way of life – for example a more relaxed work ethic:

"Civil life is slow and relaxed, the work rate is slow, the attitudes are slow, I found I had to look for work, as opposed to being given work."

A quarter of injured respondents and a couple of relatives reported lack of confidence:

"Sometimes I don't like to go out – I think people will be talking about me."

A few respondents touched on social effects such as feeling isolated, reluctance to socialise or loss of comradeship having left Service:

"I miss the 'crack' with my mates – I'm not used to being on my own."

A few wives of injured Service personnel reported feeling unable to leave their husband alone for any length of time, whether for work or to socialise:

"I can't leave him alone to go out to work."

1.7 Support received

All respondents had received some form of support following their or their relative's injury or illness. The nature and quality of this varied, and although there was satisfaction with the help received there were still areas where more support was considered necessary.

1.7.1 Government support

By definition, all the recently injured respondent group had received an AFCS payment and the longer term injured were in receipt of War Pensions.

Around a third of recently injured respondents spontaneously mentioned having received help from the SPVA with respect to their claim.

Nearly half of the recently injured group, a third of relatives and a quarter of the longer term injured were receiving some type of benefit, such as Disabled Living Allowance, Mobility Component or Job Seeker's Allowance.

1.7.2 Charitable support

Around three quarters of the injured respondents and half of the relatives had received some form of charitable support.

The Legion was mentioned by three quarters of the longer term injured, nearly half of the recently injured group and a third of the relatives – mainly with respect to help at tribunals for compensation claims

"I went to the Legion for advice – they did a cracking job on the compensation side of things."

Combat Stress and SSAFA Forces Help were both mentioned by a few, the latter mainly for having supplied financial assistance.

One-off mentions were given to BLESMA, Battleback, Shelter, Headway and Age Concern.

Both the Legion and SSAFA Forces Help were criticised by a couple of respondents, one of whom in particular felt that the Legion had not prepared themselves for his tribunal.

Individual respondents, across the three respondent groups, commented on there being no local office for the Legion and / or SSAFA Forces Help.

1.7.3 Service support

Just over two thirds of the recently injured (across all branches of Service) were full of praise for the assistance they had received – both medical treatment and welfare support

from the regiment. The latter included the resettlement package, travel and accommodation arrangements for visiting relatives, assistance with housing, and regular contact:

"The medical staff were brilliant, the welfare staff were excellent. I had everything I needed and I can talk to them whenever I want."

A third of the recently injured group had not, however, felt well supported, all of them veterans of, or still serving in, the Army:

"I haven't been offered anything – I feel like I have fallen through the cracks."

Of the longer term injured group, only a quarter were positive about the Service support they had received – mainly medical care, though some mention was also made of welfare assistance. Nearly two thirds felt that they had been unsupported, the majority of them Army veterans:

"The Forces were not very supportive – I left and then didn't hear from them again."

Nearly two thirds of relatives reported receiving Service welfare assistance. Half of all relatives commented on the fantastic medical support given to the injured person. A third of all relatives criticised the Services for lack of support (a lack of communication, poor visiting rights, no assistance with travel or accommodation, no support after discharge of the injured person):

"The communication was very poor after the initial call."

Around a quarter of all respondents, across all Services, perceived that the injury or illness had initially been misdiagnosed or treated:

"They were slow to diagnose the illness and as a result there has been even more damage."

A quarter of the recently injured, across all Services, and one of the longer term injured, perceived that if their injury/ illness was difficult or time consuming to treat then medical staff lost interest in them:

"I found that if I wasn't progressing at the pace they wanted me to they lost interest - they couldn't fix me so wanted to find someone they could fix."

1.7.4 Other support

The majority of respondents had received some other form of support, whether in addition to or in place of Service and/ or Government support.

In the main, this support was from family, GP or friends:

"My family had to do things which the Army should have been doing."

1.8 Outstanding needs

Despite all injured respondents having received some form of support, a number of outstanding needs were identified by this group of respondents.

The relatives of injured Service personnel also identified a number of outstanding needs, which differed slightly from those of the injured.

Please note that 'a few' refers to about a fifth of respondents (approximately four out of 20, 11 out of 55) and 'a small number' refers to about a sixth (approx. three out of 20, nine out of 55).

The needs of the injured included:

- An initial face to face briefing or designated contact to explain what to expect and what is available (a third of injured respondents):

"I would have liked some kind of liaison officer showing me what to do."

- Financial assistance and advice (a few injured respondents).
- Legal advice, with respect to compensation claims (a few injured respondents).
- Contact by external organisations to offer assistance (a small number of recently injured respondents).
- Assistance with insurance claims where organisations make proving a claim difficult (a small number of recently injured respondents). PAX was specifically mentioned by one respondent.
- Better medical treatment and regular check ups by the military (a small number of injured respondents).
- Availability of local support (a small number of injured respondents).
- Psychiatric support (a small number of injured respondents).
- Support groups for people with similar experiences (a small number of injured respondents).
- Single mentions were also made of a perceived need for regular reviews, and for help for family members as well as the injured.

The needs of family members of injured Service personnel included:

- Regular communication, with parents as well as partners, regarding the progress of their relative (a third of respondents):

"They should regularly phone you to keep you updated on your family member."

- Financial support (a third of respondents).
- Regular phone calls to check that everything is alright (a few respondents).
- Support for family members, not just the injured person (a few respondents).
- Group therapy for family members who are in similar situations (a few respondents)
- A small number of mentions were also made of a perceived need for benefits advice and for counselling.

1.9 Gaps in support provision

Our research identified gaps in services for many respondents.

1.9.1 Need for better information

Around half of all the respondents had either been unaware that help would be available or not thought to seek help:

"I wouldn't know who to approach – you don't get told by anyone."

"I didn't even think of asking for help – that kind of thing wasn't around when I joined up."

"It didn't occur to me to go to the Legion, I wouldn't know how they could help."

Amongst a small number of the injured there was a fear of rejection. A lack of information and understanding about their entitlement to support meant they did not want to risk making the 'wrong' approach:

"I wasn't going to phone someone on the off chance they might be able to help me."

1.9.2 Pride

Around a quarter of recently injured respondents and a few of the longer term injured were prevented by pride from asking for help:

"I don't want to be classified as disabled, I don't want to be a burden."

A few of the injured respondents showed the military mentality of self reliance:

"I didn't ask for help, I felt I should have been able to deal with it myself."

"The Army breeds the attitude to just get on with it."

In similar vein, some injured respondents felt that there were people worse off than themselves, who were more deserving of help:

"I don't want to take away from someone else."

Only one family member mentioned pride as a barrier to seeking support.

1.9.3 Other barriers to seeking support

A small number of injured respondents indicated that they had been put off seeking charitable support after their initial contact:

"I feel let down by the Legion over the tribunal – they never wrote back to me."

A few of the longer term injured had been put off seeking further assistance by their battle to receive a War Pension:

"I was worn down by the fight."

A couple of recently injured respondents suggested that at the time support was offered, they were too focused on the medical problems to think about other kinds of support:

"You're not always sure what you need until the dust has settled."

Other reasons for not seeking or receiving support mentioned by single respondents were:

- One of the first to be injured – support not in place.
- Welfare Officer incompetent.
- Not having the motivation to look for help – either initially or after a bad first experience.
- Wanting to be proactively contacted to avoid appearing to beg.

1.10 Raising awareness of support

For half of all respondents, lack of awareness was a barrier to accessing support. Respondents made a number of suggestions for rectifying this:

- Every injured person should be given a personal contact to steer them in the direction of available support and explaining how to access it; further thought to be given to timing (while the person was still in hospital or after discharge)
- Basic information or welfare packs should be made available to everyone who is injured while serving in the Armed Forces. These should contain details of what to do and whom to contact
- Interactive website
- Proactive contact by charitable organisations (although this raises data protection issues).
- Pre-deployment briefings
- Pre-discharge briefs
- Better advertising by the Legion of the services available
- Advertisements in newspapers
- Fliers in hospitals and GP surgeries.

1.11 Conclusions

Our interviews have confirmed that injured Service personnel and their families have particular needs. Significant injury will of course have a serious impact on anyone's life – whether Service personnel or civilian – but the nature of Service in the Armed Forces means that the risk of this is particularly high amongst this group.

We found that injured Service personnel were willing to work, but that in many cases their efforts had been frustrated by their injuries.

Whilst many people learn to live with devastating injuries, for some it leads to a spiral of problems. These individuals may be able to be helped by more targeted support. Factors that appear to increase the risk of getting into difficulties are:

- Inability to secure alternative employment
- Poor skills or qualifications (other than for military employment)
- Lack of a partner
- Complicated injuries or illnesses
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression or mental health conditions
- Social isolation
- Lack of awareness of available support.

Injured Service personnel and their family members were generally full of praise for the support offered by the Services at the time of their injury or illness. There was some concern, however, that this support was not lasting. This seemed particularly pronounced for the longer term injured and where the respondent was no longer serving in the Armed Forces.

To a considerable degree respondents lacked awareness of the support available, other than that offered by the Services.

We noticed a particular gap in provision for the relatives of injured Service personnel; support was generally focused on the injured.

Our research leads us to suggest that ways of minimising people's difficulties could include:

- Getting better information to them about available support, at a time when they are better able to absorb the information.

Chapter 2

Veterans with a long-term health condition or disability *not* caused by Service, and their family members

2. Veterans with a long-term health condition or disability not caused by service, and their family members

2.1 Summary

Veterans with a long-term health condition or disability not related to Service, and their families, exhibit a mix of health, welfare and social needs.

In common with the general UK civilian population, the physical, mental and social effects of a long-term health condition were significant.

Respondents reported a reduction in mobility meaning they were less able to perform physical activities including home and garden tasks, self-care, and getting out and about. Many had received adaptations to their homes, for example stair lifts and wet rooms. Nevertheless, a mentality of 'making do' and accepting their lot tended to prevail.

Employment tended not to have been affected, but this was mainly due to the condition or disability having arisen after retirement age. A small number had been affected before retirement, needing to take less physically demanding jobs or jobs with a lower earnings potential. A few spouses reported that they had left employment in order to look after their partner.

Among the problems reported by veterans, in addition to the difficulties imposed by their physical limitations, were depression, constant pain, financial difficulties, relationship difficulties and social isolation. Family members also reported exhaustion and the impact on their own social lives.

All respondents had received some form of support, many of them from the Government and all of them from the Legion (mainly for aiding mobility). Age Concern and SSAFA Forces Help, as well as other individual charitable organisations, were also named as sources of support.

Most respondents had received support from their GP and their family but only a few appeared to have paid carers.

Though many respondents continued to have outstanding needs, the level of satisfaction with the support received was high. A number appeared to be aware of sources of assistance, but there was a degree of reluctance to seek further help (in case they were taking it away from someone 'more deserving') or to appear to be asking for charity. Others were unaware that help was available, or that they might be eligible.

Although all interviewees had received some support and many felt that this was adequate, our research suggests that, for some, more help is called for, mainly with mobility, household/garden duties, money, and social contact.

Gaps in service provision resulted mainly from lack of knowledge about availability of and entitlement to services. For some, sources of support had only been found after their availability had been suggested by a friend or relative.

Pride, the desire to remain independent, and the 'making do' mentality were major barriers to seeking assistance. Additionally, if support had been received once, many considered that they were not entitled to, or justified in, receiving subsequent help.

Clarity (through advertising) about availability and sources of support, proactive contact from support providers, and information sources such as pamphlets and leaflets were all mentioned as ways of increasing awareness.

Social injustice and exclusion were not themes amongst this group of people. Where social isolation was reported, it appeared to be a consequence of the physical condition, as might be experienced by others in similar situations.

This group of people do appear to be able to access support but our research suggests that some are particularly in need of support. Factors that appear to increase the risk of getting into difficulties are:

- Severe physical impairments
- Lack of a partner
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression
- Social isolation.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help prevent these vulnerable individuals from falling into a deepening spiral of physical limitations, depression, and loneliness.

2.2 Introduction

This Chapter addresses the welfare needs of veterans of the Armed Forces who have a long-term health condition or disability not caused by Service, and the family members of veterans with a long-term health condition or disability. 'Long-term' is defined as the condition/disability having been present for more than five years.

Veterans, all of whom had received a grant for their condition or disability, and family members of veterans, were sourced from the Legion's Immediate Needs Grants Programme.

The extent and impact of the injury/ illness is explored, along with its effect on the respondents' housing and employment, the support they have received, the difficulties experienced, their outstanding needs and the barriers to securing further assistance.

We have been assisted by a Steering Group established by the Legion, consisting of Legion staff and external organisations, as listed in Appendix 3. We are most grateful for their input.

The Chapter summarises both our findings and the issues raised by interviewees during the research. Our findings are illustrated with statements made by interviewees, which are written in italics with quotation marks.

We conclude the Chapter by offering some observations and suggestions of our own in response to some of the issues that emerged from the research.

2.3 Research methodology

In-depth telephone interviews were conducted with 36 respondents, with calls lasting from 30 minutes to one hour.

Veterans met all the following criteria:

- Not in receipt of War Pension or AFCS payment
- Veterans of the Army, Naval Services or RAF
- Had received a grant for their condition/disability
- Non-Service related condition/disability which developed after leaving Service and had been present for more than five years.

Of the 16 family members interviewed, all but three were relatives of a veteran who met all the above criteria. The other three were veterans who met the first three criteria and had a non-Service wife with a long-term condition or disability present for more than five years.

NB: none of the 16 family members represented the Royal Navy.

Further details on research methodology, definitions, recruitment and sampling can be found in Appendix 2.

2.4 Respondent profile

Of the 20 veterans with a long-term health condition/disability, four were women and all but one were aged 65 or over. Length of service ranged from two to thirty years. Between them, respondents had a range of health issues: 14 had arthritis, 12 had cardiovascular problems, nine had a mobility difficulty, seven had respiratory problems and six diabetes. Less frequently mentioned were sight impairment, mental illness, cancer, stroke and hearing difficulties.

Twelve of the 16 family members of those with a long-term health condition/disability were wives. One was a brother, and three were veteran husbands whose wife had a long-term condition. Four were aged between 45 and 59, and the remaining twelve were 65 or more. Their relatives' length of service ranged from one to 22.5 years. Health conditions included 10 with cardiovascular problems, nine with arthritis and six with diabetes. Less frequently mentioned were hearing and/or sight impairment, mental illness, cancer, physical disabilities and respiratory problems.

2.4.1 Impact of the condition

The large majority of veterans reported that the main impact of their condition was physical limitation, such as a reduction in their mobility or ability to perform certain activities:

“There are things that I can’t do which I always used to do such as gardening and housework. I live alone and walk with a frame.”

Difficulty with walking, household/garden duties, self-care or sleep, and constant pain, were all frequently cited. A small number considered themselves to be housebound.

Only two respondents considered their condition to have had little impact:

“It slows me down a bit but I still get out.”

None of the respondents thought their condition would improve, and seven expected it to deteriorate over time.

The main impact reported by family members was a less active lifestyle and restrictions on what they could do outside the home – such as socialising or going on holiday – whether as a couple or individually.

“He can’t really go out – we lead quite separate lives.”

“My life revolves around him and is restricted by him. I’ve hardly been out.”

Despite only seven family members describing themselves as carers, most appeared to offer their relative some kind of care:

“We help care for each other.”

None of the family members thought their situation would improve.

2.4.2 Effect on employment and housing

All but one of the veterans were retired. A small number of these reported that their condition or disability had affected their employment when they were of working age, mainly by reducing their capacity for physically demanding work.

The one respondent of employment age was unemployed due to his disabilities.

Four family members had given up their work in order to care for their relative. For many others, their relative’s condition had worsened only after retirement.

The effect of their condition or disability on their housing was not discussed with veterans, but most of the relatives said they had needed to make adaptations to their home, such as stair lifts or wet rooms, in order to avoid moving:

“Without the Legion, and the adaptations they helped us make, we would have had to move.”

Two family members reported moving to sheltered housing with their ill/ disabled relative.

2.5 Health, welfare and social needs

Many respondents experienced difficulties as a result of their or their relative’s condition/ disability.

2.5.1 Health needs

All of the veterans were in regular contact with their GP in order for their condition to be monitored and managed. The majority of veterans were physically restricted by their condition or disability. Walking and daily tasks such as household duties, self care and gardening were, if not impossible, difficult and time consuming:

“Household jobs are difficult, tiring, time consuming and frustrating.”

Nearly half of the veterans complained of depression resulting from their physical restrictions whilst nearly a third complained of constant pain – which sometimes resulted in sleep difficulties.

Half the family members complained of tiredness and/or exhaustion. A third reported feeling depressed. A few respondents mentioned the limitations of normal ‘old age’ issues such as reduced mobility and difficulty performing odd jobs. All of the family members reported that their relative was in regular contact with their GP (for checkups and ongoing treatment). Three of the family members also reported being under the care of the GP themselves.

2.5.2 Welfare needs

Around a third of the veterans and almost half the family members reported financial difficulties. A few veterans, and one husband, claimed that the illness or disability had, while they were of working age, affected their earning potential:

“I had to stop various jobs because of my mobility difficulties.”

“We are barely managing – we couldn’t deal with any unexpected repairs on the house and we may soon have to restrict our heating.”

2.5.3 Social needs

Around a third of veterans reported that their social life had been affected by their condition/disability. They were less able and therefore less likely to go out, leading to a sense of isolation and lack of companionship:

"I can't get out and about so easily so I see people less often."

Nearly two thirds of family members – all of them spouses – considered that their social lives had been limited by the condition/disability. They were less able to go out than before, either because their spouse was unable to or because they felt unable to leave their spouse alone:

"My life revolves around him and is restricted by him. I hardly ever go out and if I do, I cannot go out for long."

A couple of respondents from both groups reported that their diminished freedom to socialise had had a negative impact on their relationship with their spouse:

"We find that we now get on top of each other."

2.6 Support received

All respondents had received some form of support, usually from more than one source. Despite receiving support however, it was apparent that many respondents had waited until they were desperate before seeking assistance.

At least two thirds of veterans and just under a third of family members spontaneously considered themselves to be satisfied with the support they had received, despite many of them continuing to display outstanding needs. In view of the age profile of the respondents, this may reflect the older generation's reluctance to complain and tendency to be grateful for any help at all.

A small number of family members were dissatisfied with their level of support. Additionally a couple of veterans felt that their Service pension meant they received too much money for any additional financial support:

"My Army pension means I'm not entitled to any other help."

2.6.1 Government support

All but two veterans and two family members reported being in receipt of some type of benefit, such as Disabled Living Allowance, Attendance Allowance or Carers' Allowance.

Nearly half of the veterans and a quarter of family members reported receiving help from Social Services, mainly with adaptations to their home.

2.6.2 Charitable support

All the respondents had, by definition, been supported by the Legion, and they were full of praise for its assistance. They had been compelled to rely on charity to provide help which they could otherwise not afford. Though this support mainly focused on help with mobility problems (Electronically Powered Vehicles, stair lifts, reclining chairs and walk-in showers), Poppy Breaks, Poppy Calls services and food parcels were also mentioned. Nearly half the veterans and a quarter of family members said that the Legion had secured this support by contacting their former regiments:

"The Legion applied to my old regiment for funding for a mobility scooter, ramp and shed. They were extremely efficient and generous."

A few respondents reported having received help from Age Concern (particularly with form filling) and SSAFA Forces Help. One-off mentions were made of CAB, Five Ways and Housing 21.

2.6.3 Other support

The majority of respondents had received support from their family, mainly practical help with physical tasks, and from their GP/the NHS. Of those who mentioned NHS support, over half of the veterans and a couple of family members thought that they or their spouse had been let down in some way, such as misdiagnosis or lengthy waiting time for appointments:

"I was not impressed with how they treated my mouth condition."

A small number of respondents reported being supported by paid carers, although there was the general sense that outside care was not desired. A couple of family members reported friends helping them with lifts to and from places outside of the home. One-off mentions were made of occupational therapists and the Church.

2.7 Outstanding needs

Despite the veterans being a group of people with a number of needs (particularly health and social), half of them said they needed no further support. This may reflect a reluctance on the part of the older generation to complain or accept help (see Section 7.2), rather than there being no genuine need:

"I'm managing fine and would rather just soldier on."

Even so, just under a third of veterans would like further financial support, and mobility aids and more general information both received a small number of mentions.

Just over a third of veterans said they would know whom to approach, should they feel a need for further support:

"I would approach them (GP, Social Services, the Legion) if I desperately needed them."

Family members were more likely to report outstanding needs, although a quarter claimed not to need further support.

Three family members felt that support should be focused on the younger generation of Service personnel.

The following needs were each mentioned by a small number of family members:

- Personal contact to offer advice and support
- Help with household/garden maintenance
- Financial assistance for mobility car/scooter
- Being able to socialise.

2.8 Gaps in support provision

Our research identified gaps in services for a number of respondents.

2.8.1 Need for better information

Around half of the veterans and a third of family members had been unaware that help would be available or had not thought to seek help:

"I had never thought of anyone, I didn't realise you could approach them."

"People don't know what's out there."

For a few respondents, sources of support had been found only after a friend or family member had made them aware that such help was available.

A small number of veterans had regarded their association with the Services (and the Legion) as having ended when they had left Service:

"I left Service so long ago that I didn't think the Legion would be interested."

Three veterans reported lack of knowledge about the benefits system and their entitlements had prevented them from seeking this kind of assistance:

"I didn't apply for any benefits because I didn't know what was there and I didn't think I would qualify."

2.8.2 Pride

Half of the veterans and almost two thirds of family members had been prevented by pride from asking for help. They were reluctant to 'ask for charity' and felt there were people who were worse off than themselves. This was particularly evident amongst veterans of National Service who considered young men injured in Iraq and Afghanistan to be more deserving of support than themselves who had not served in such difficult and dangerous postings.

Family members also spoke of wanting to be independent and accepting their lot:

"I'm not the type of person who would approach one of these organisations. I don't like to ask for charity, it's embarrassing."

"We like to be independent, it's our lot and we just have to get on with it."

2.8.3 Other barriers to seeking support

A couple of veterans and family members reported that the value of their Service pension meant that they were not eligible for support.

A couple of references were also made by family members to carer support groups. They found these difficult to attend as they did not want to leave their spouse alone for such a length of time.

One family member thought she had to be a member of the Legion to qualify for support.

2.9 Raising awareness of support

For nearly half of all respondents, lack of awareness was a barrier to accessing support. Respondents made a number of suggestions for rectifying this:

- Better advertising of services – in the media, local papers, community centres, GP surgeries.
- Information leaflets/pamphlets regarding availability of, and means of access to, support services
- Proactive contact by charitable organisations (note that this has implications for data protection)
- Two respondents requested that information be available via routes other than the internet.

2.10 Conclusions

Our interviews revealed some specific needs among veterans with long-term health conditions/ disabilities and their families. Since the great majority of the people we interviewed were over 65, it is not surprising that these needs exhibit similarity with those of elderly people in general. The age profile of the respondents, combined with the fact that long-term conditions and disabilities

can befall people at any age, means that a degree of caution needs to be exercised in drawing any conclusions about the needs of younger veterans with long-term conditions or disabilities.

Veterans with long-term health conditions/disabilities, and their families, are receiving support and, in general are satisfied with any assistance they have received. The support offered by the Legion does make a difference to the lives of the people they have helped.

Many of this group are aware of the help they are entitled to (from the Legion and other sources) and how to obtain this when, and if, it is required. There are nevertheless many who lack awareness of the help available, many who feel that they cannot return to ask for additional assistance and many who, for whatever reason, might allow a great deal of time to elapse before seeking support. The risk exists that, in certain cases, this will lead to a spiral of further problems. This might be able to be averted by targeting support more precisely; people at particular risk of getting into difficulties appear to be those to whom any of the following apply:

- Severe physical impairments
- Lack of a partner
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression
- Social isolation.

We noticed a particular gap in the provision of social support for family members of veterans with a long-term condition/disability. Support groups requiring time away from the person with the condition or disability were not regarded as a viable solution.

Pride, a reluctance to complain, and the general attitude of 'making do' can prevent veterans and their families from seeking initial or follow-up support. Other important obstacles to people getting the support they need are lack of awareness that the Legion can help and uncertainty about how to go about obtaining their assistance.

Our research leads us to suggest that ways of minimising people's difficulties could include:

- Getting better information to them about available support and how this can be accessed.
- Clarifying eligibility for support and availability of support (both one-off and continuing assistance).
- Advertising to family members that their spouse, sibling or parents may be eligible for support.
- Developing the ability to identify those who are particularly at risk and targeting support more precisely, or for longer periods of time.
- Providing social contact for people who are relatively housebound through their own or their family member's condition/disability.

- Overcoming pride by presenting support as the responsibility of Service and veterans' organisations to people who bear the consequences of serving with the Armed Forces.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Chapter 3

Serving Armed Forces family members

3. Serving Armed Forces family members

3.1 Summary

The wives of Service personnel exhibit a mix of social, welfare and health needs; many accept these as integral to the way of life they have chosen.

A number of respondents were in the unusual situation of spending some of their time as a single parent and the rest of it co-parenting with their husband. In the 'single parent' role, Service wives face challenges similar to those encountered by single parents in the general UK civilian population – having to take decisions alone, dealing with children missing their father, coping alone with children's behavioural problems/discipline, other practical and emotional challenges, and compromising on employment options in order to offer stability – yet they lack the recognition and support that society offers to 'true' single parents.

The frequent relocation which is characteristic of Service family life also presented special challenges with finding jobs, career development, continuity and choice in education and healthcare, and childcare.

Finding suitable childcare was a particular challenge, thanks to the disruption caused by frequent relocation – leading to difficulty building up local knowledge, personal contacts, and the friendship networks that can facilitate shared childcare – and to living far away from relatives who might have been able to help with childcare. As a result many respondents had had to choose not to work outside the home, or to compromise on their choice of work.

Another major problem was the absence of one partner for long periods of time, which, respondents said, put pressure on marriages as couples periodically readjusted to living together again as well as making it hard for husbands to share childcare.

Depression, financial concerns, loneliness and social isolation were also reported.

All but two respondents had received some form of support, usually from more than one source. Support had been received through the NHS, from the Services (financial aid, housing allowances, support for children's behavioural problems), from charitable organisations (accommodation issues, food, clothing and heating vouchers, holidays), through benefits and allowances and from other less frequently mentioned sources.

Despite satisfaction with certain forms of Service support, respondents criticised the Services for lack of assistance in other areas, notably childcare, accommodation issues and finding employment

Although the majority of respondents had received some support and many felt that it was adequate, our research suggests that, for some, more help is indicated, and that ways of achieving this could include centralising support and information and fostering opportunities for social contact and integration.

Gaps in service provision resulted mainly from lack of knowledge about the availability of and entitlement to services.

Barriers to seeking assistance included self-reliance, variations in support available from different Services and/or locations, and self-imposed or perceived restrictions on access to support.

Designated central support, proactive contact from support providers, and information sources such as booklets, leaflets and websites were all mentioned as ways of increasing awareness.

Social injustice and exclusion were not common themes with this group of people; where such things were mentioned they took the form of perceived discrimination by employers and difficulty securing mortgages.

This group of people do appear to be able to access support but our research suggests that some Service wives may be at risk of developing problems such as depression, lack of confidence and social isolation. Factors that appear to increase the risk are:

- Worrying about a husband on active Service
- Struggling to cope alone
- Living far away from their immediate family
- Limited social network
- Financial insecurity.

Though many do access certain types of support, and their needs are often not dire, it seems that better targeted support could help to avert such problems.

3.2 Introduction

This Chapter addresses the welfare needs of wives of Service personnel.

Respondents were sourced from the individual Service Family Federations and from the Legion's Adventure & Family Breaks database, Civvy Street database and Case Management database.

The challenges of Service married life, focusing particularly on childcare, accommodation and the impact on employment/careers, are explored. Additionally, any support received, difficulties experienced, outstanding needs, and barriers to securing further assistance are identified.

We have been assisted by a Steering Group established by the Legion, consisting of Legion staff and external organisations, listed in Appendix 3. We are most grateful for their input.

The Chapter summarises our findings and draws out the issues raised by the people we interviewed. Our findings are illustrated with statements made by interviewees, which are written in italics with quotation marks.

We conclude the Chapter by offering some observations and suggestions of our own in response to some of the issues that emerged from the research.

3.3 Research methodology

In-depth telephone interviews were conducted with 11 respondents, with calls lasting from 30 minutes to one hour.

The respondents were all:

- Living with dependent children (except one respondent)
- Married to husbands currently serving in the Army, Royal Navy, RAF or Royal Marines.

Further details on research methodology, definitions, recruitment and sampling can be found in Appendix 2.

3.4 Service family life

All but one of the respondents were living with dependent children. The ages of the children ranged from one to 18 years.

3.4.1 Impact of Service life

The wives discussed various effects of Service married life; there was a general acceptance that this was what they had “signed up for”. In addition, three had grown up in a Service family and were used to the way of life.

Four respondents talked of the need to act independently, as a parent (supporting, disciplining) or decision maker, when their husband was away:

“There’s more pressure on me. I have to do everything, it’s not shared.”

“When he’s working away I feel like a single parent.”

Three respondents reported experiencing loneliness and anxiety when their partner was away, and a further three talked of the effect on their children:

“It has a big impact on my daughter – she suffers from separation anxiety.”

Five respondents believed their situation would improve only when their husband left Service. One of these, plus an additional respondent expressed concerns about their husband finding suitable civilian employment. One of these also worried about her and her husband learning to live with each other again:

“I’m worried about when he retires – he’ll have no job, we have a big mortgage and we’ll have to get used to living together again.”

3.4.2 Effect on employment situation

All the respondents had either chosen or been compelled to make compromises in their working situation as a result of being a 'Service wife':

"My own ambitions have had to step down but I knew this when I married him."

Seven were employed at the time of interview. Of the four who were not in employment, two were looking for suitable work and two had chosen not to seek employment in order to provide stability for their children:

"We made a conscious decision that I would not work so that I could give the children consistency and stability."

Eight respondents reported that their career had suffered in some way, because of frequent relocation (which makes job progression difficult) and/or due to having made compromises in order to find employment which fitted around the needs of their children, so as to provide stability from at least one parent:

"I have to be an employment chameleon – I have to change/retrain/re-qualify depending on what's available in the area."

"I had to take part-time work during school hours."

Respondents had the challenge of finding suitable childcare; this is of course true for the civilian population, but the difficulties are compounded for Service families by the disruption arising from frequent moves which make it hard to build up local knowledge of childcare options, personal contacts, and the friendship networks that can facilitate shared childcare.

Additionally, families were often living far away from their relatives and Service roles meant that the husband was unable to assist or share in the childcare:

"We can't afford to get childcare. I'm living far from my family and I don't really know the other wives - I don't want to leave my kids with strangers."

Two respondents touched on a reluctance to use 'informal' childcare such as other Service wives as this had the potential to cause differences of opinion:

"There was no official sort of service. The arrangement seemed to be wives set up a tally together and one wife looks after another's baby. I wasn't happy with this as a system (you often didn't know the other wives that well), so I never did it – I know it often ended in arguments."

Three respondents had perceived discrimination from employers:

"Employers seemed reluctant to take me on."

"I have been asked how long I expect to stay in the area."

3.5 Health, welfare and social needs

Though many respondents ascribed their difficulties to Service life, none appeared to be in desperate circumstances.

3.5.1 Health needs

Five of the respondents reported suffering from depression, lack of confidence and/or lack of hope for the future. One of these also reported a reliance on alcohol. Contributing factors appeared to be worry about the husband on active Service and the challenges of coping alone:

"I worry about whether I can do it on my own."

Three respondents mentioned concerns about continuity of medical/dental care for their children when moving to a new location:

"My main concern is continuity of care for my autistic son. We have to build up the relationships each time in order to set up the support system for my son."

3.5.2 Welfare needs

Seven respondents reported that the absence of appropriate and/or cost-effective childcare had restricted their ability to work:

"Childcare would be very difficult if I did work."

Four respondents reported financial difficulties resulting from various scenarios: not working; time taken to find employment in a new area; having to fund a mortgage (after being in Service accommodation); and the cost of frequent relocation (even with Disturbance Allowance):

"We have money worries because I do not work but childcare is so expensive it would not be worth my while to work."

"It's hard for me to find employment because we move about so much."

"There's that financial pressure – when he leaves Service we will both have to work full time in order to pay the mortgage."

Two respondents mentioned particular difficulties with securing a mortgage: one because of the constant changes of address, the other because her husband was away on active Service and unable to sign certain documents. This would appear to be a disadvantage particular to Service life.

3.5.3 Social needs

Eight of the respondents expressed feelings of loneliness and isolation. For two these had been restricted to the early stages of living in a new area, but for many others poor social life was a persistent problem, with no local friends or family and no opportunity to make new contacts:

"Because I don't work I don't have the opportunity to make friends in this way."

Five respondents reported concerns about the frequent need to move their children from their schools, often to very different environments or to a school that was not of their choice. Although these difficulties are not unique to the Service population, they are exacerbated by the nomadic life of a Service family:

"It's very hard to get them into the school you want when you don't yet have your new address."

"Places aren't reserved for the kids at school and you don't get a choice."

Three wives mentioned that the stress of separation, and the need to adapt to living together again after leading separate lives, put pressure on the marital relationship:

"It's hard when we live together again – we're used to leading two different lives."

3.6 Support received

All but two respondents had received some form of support, usually from more than one source. One of those not receiving support claimed to have looked but found nothing that met her need for a social network.

Apart from a few criticisms respondents generally appeared satisfied with the support they had received, although improvements were identified.

3.6.1 Government support

Four respondents reported being in receipt of some type of benefit, such as Disabled Living Allowance, Child Tax credits, Incapacity benefits and Council Tax rebates. Two of these respondents had received additional help from their Local Authority for difficulties experienced by their child (adaptations to the home, assistance within school).

3.6.2 Charitable support

Five respondents had received charitable help, sometimes from more than one source.

Three of these had been supported by the Legion with Poppy Breaks and clothing, food or fuel vouchers:

“What the Legion offered was gratefully received.”

Three of the five had received support with their accommodation from SSAFA Forces Help, and one of the five had been helped by Citizens Advice.

3.6.3 Service support

Six respondents, from across all the Services, reported a positive experience in receiving Forces assistance. This included financial aid, housing allowances or behavioural support or children:

“I’ve had plenty of support and currently the Navy is supporting us with our son’s behavioural problems.”

Nevertheless these six respondents, as well as a further four, criticised the Services for lack of assistance in specific areas. Criticisms centred on the absence of support with childcare, accommodation and finding employment:

“There’s no childcare support – we’re just left to ourselves.”

“They have a website for part time jobs but it’s no good for a career.”

3.6.4 Other support

Six respondents had received support from some other source; for five of them this was in addition to at least one of the sources of support mentioned in sections 5.1, 5.2 and 5.3 above. In the majority of cases (five) the additional source was their GP/the NHS. Family, friends and relationship counselling also received a small number of mentions:

“Generally I have felt supported and my family help look after the children during the school holidays.”

3.7 Outstanding needs

Despite respondents having received a certain amount of support, a few areas were highlighted where more support, even if not answering a desperate need, would – or could, in the early days of Service life – have made things easier:

- One port of call – to offer continuity across changes in location:
“Need one point of contact, even when move, to offer continuity.”

- Opportunities for wives and children to socialise and integrate:
"They need to integrate families, involve them in activities."
- Personal contact to offer support and increase the awareness of available sources of help:
"Families need to be made more aware of what help and support is available."
- Information to prepare wives for the transfer into civvy street:
"Support for when your husband is about to leave Service. Let you know what's there."
- Access to relationship counselling.
- A welcome/familiarisation scheme at each new location.

3.8 Gaps in support provision

Our research identified gaps in services for a number of respondents.

3.8.1 Need for better information

The majority of respondents (seven) had been unaware that help would be available or had not thought to seek help:

"I wouldn't know what help to ask for, where to look or what situations warrant help."

3.8.2 Pride/ Self reliance

Four respondents indicated that the "make do" mentality had deterred them from seeking external help:

"The military way of thinking just kicks in and I get on with it."

3.8.3 Restricted access

Three respondents, representing the Royal Navy and the RAF, felt that living off a military base restricted access to support:

"You have to be living on the base to access support."

3.8.4 Other barriers to seeking support

One-off mentions were made of the following:

- Too busy with work to have the time to research support.
- Every base is different in terms of support offered and how to obtain the information.

- Concern that if support (relationship counselling) is received from the military it will impact on husband's career and 'gossip' will spread.
- Knowing that they do not (SSAFA Forces Help) or cannot (NFF) offer the support that is required.

3.9 Raising awareness of support

For over half of the respondents, lack of awareness was a barrier to accessing support. Respondents made a number of suggestions for rectifying this:

- Information leaflets/booklets and websites detailing type, availability of, and means of access to, support services
- A personal contact
- Proactive contact by charitable organisations (note that this has implications for data protection)
- Standardised welcome packs for each new location
- Information provided directly to the wives, not via their Service husbands
- Newsletters.

3.10 Conclusions

Our interviews have confirmed that there are particular challenges for Service wives with dependants.

We gained an overall impression of a fair amount of loneliness and lack of support. For example, frequent absences on the part of husbands posted away from home mean that women find themselves living part of the time as "single parents"; yet they lack the recognition and support that society offers "true" single parents.

The normal challenges of finding good childcare can be compounded for Service wives by lack of a friendship network and other factors specific to frequent relocation, lack of family nearby, and a partner who is absent and therefore unavailable to share the load.

Service wives also experience difficulties in relation to employment and career development, often having to compromise their own employment prospects to ensure that one parent is consistently present for their children. Frequent relocation further inhibits their career options and progression.

Though many do access certain types of support, and needs are often not dire, it seems that some Service wives may be at risk of developing problems such as depression, lack of confidence and social isolation. Better targeted support could help to avert such problems; wives at particular risk of getting into difficulties appear to be those to whom any of the following apply:

- Worrying about a husband on active service
- Struggling to cope alone
- Living far away from their immediate family
- Limited social network
- Financial insecurity.

We noticed a specific need for opportunities to socialise, with and without children, and to obtain certain types of information – particularly in the early stages of living in a new location.

Marital problems arising from the need to readjust after periods apart, though not a widespread issue, are significant for those who encounter them, and could be helped by the provision of access to relationship counselling.

An acceptance of the Service way of life, a 'make do' mentality and a lack of awareness of available assistance can prevent people seeking the support they need and deserve.

Our research leads us to suggest that ways of minimising difficulties for Service wives could include:

- Overtly recognising the particular challenges women face bringing up children in a life where the father is often away and frequent relocation can be required.
- Getting better information to them about what support is available and how it can be accessed.
- Developing the ability to identify those who are particularly at risk and targeting support more precisely, or for longer periods of time.
- Providing wives (across Services and locations) with more consistent, focused opportunities for social contact that take into account the restrictions arising from being the mother of young children.
- Overcoming pride by presenting support as the responsibility of Service and veterans' organisations to people who bear the consequences of living with a member of the Armed Forces.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Chapter 4

Estranged spouses or partners of Service personnel

4. Estranged spouses or partners of Service personnel

4.1 Summary

The group of respondents defined as the estranged spouses/ partners of Service personnel exhibit a mix of health, welfare and social needs.

These needs are similar to those needs of estranged spouses/ partners in the general UK population (civilian). They include depression, financial hardship and loneliness. However, the evidence from our research shows that some of these needs are compounded by having a partner serving in the Armed Forces. The implications of serving in the Armed Forces (time spent apart from family, readjusting to family life and adjusting to civilian life in the case of veterans) were reported to be a contributing factor to many estrangements.

The breakdown of a relationship where the family is living in Service accommodation always necessitates the need for a move to different living accommodation. In the case of civilian break ups a house move is not always the consequence of an estrangement. To further complicate the process, these estranged spouses often found themselves having to seek accommodation in a new geographical area that they knew little about, with few local friends and family for support.

In addition to this, Service families exhibit a heavy reliance on friendships formed through the Service community. Consequently some of the respondents felt they had experienced a 'double break up' because the breakdown of the relationship also tended to sever links to the Service Community. This leaves the estranged spouse lonely and isolated and without the support of a civilian social network.

A few estranged spouses reported that they, and their children, felt excluded from the protective umbrella of the Services once the relationship breakdown had been confirmed. They felt that support was focussed on the serving member of the Armed Forces and that their welfare was less of a consideration. A few respondents touched on the fact that support for children in these circumstances is inadequate.

Difficulties with the transition into civilian life are also a particular problem for the estranged Service spouse/ partner. This can include being poorly qualified for civilian employment, having to return to the UK from a posting abroad (with no established job, home, friendships and awareness of the benefits system) and uprooting children from established (military friendly) schools. Children changing schools outside normal transfer times are less likely to be able to attend the school of their choice and Service spouses/ partners are generally unprepared for civilian life.

Quite often, the spouse/ partner has devoted her life to enabling her partner's Service career and so has a reduced sense of purpose and little experience outside of this role. She may have compromised with her career, or it may have suffered from the constant moving around associated with the military lifestyle. This can then result in spouses having fewer transferrable skills and a reduction in their earning potential.

By definition, this group of respondents had received charitable support (the Legion but also SSAFA Forces Help and others). They had also received (or were still receiving) state support and/ or benefits, assistance from family/ friends, support from their GP and other less frequently mentioned support.

However, this group were almost unanimous in their perceived lack of support from the Armed Services. Where partners were still serving, interviewees reported that support stopped at the point of the relationship breakdown. If the family had been living in Service accommodation, support from the Services stopped once the eviction process had been completed. Even during this process respondents did not feel particularly well supported.

Those respondents where the ex- partner was no longer serving at the time of the breakdown were unlikely even to consider approaching the Services for support. This also meant that they were even less likely to have access to information about the support to which they might be entitled.

In the early stages of the separation process, many respondents would have appreciated the services of an advisor acting as a source of advice, outlining the available options and entitlements and providing liaison with the civilian world.

Although all interviewees had received some support, most considered themselves to be in need of further assistance. They reported that their greatest needs were for (additional) financial support and opportunities to meet with other people, particularly those in similar circumstances.

The main barriers to respondents accessing support for their situation centred round their lack of knowledge as to available services. This was in part due to the Service contact being lost (if no longer living in barracks, information is less accessible) and their impression that information is targeted at Service personnel rather than to family members.

In addition, pride prevented some respondents from asking for more help. Some also considered that there would be more deserving beneficiaries than themselves. A few also commented on the military mentality of accepting their lot and 'making do'. This made it harder for them to ask for help, or question the help they received.

Some ex spouses and partners feel socially excluded because they have to leave a tight knit and well supported community. Spouse and partners are treated, and supported, as a family whilst they are in a Service relationship but then excluded from support almost immediately the relationship breaks down. The unexpected change in access to support is felt to be unjust.

With time, and with the help and support that is available, many of the respondents had overcome their difficulties. However, our research suggests that some groups face higher risk and are likely to need greater support. The people most at risk of getting into difficulties appear to be those who:

- Move out of Services accommodation
- Move to another geographic location

- Suffer from chronic health conditions (including depression)
- Are supporting children with disabilities (such as Autism, Aspergers Syndrome)
- Lack a (local) support network of friends and/ or family
- Have little experience of living and working in the civilian world.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help to prevent them from falling into a downward spiral.

4.2 Introduction

This Chapter addresses the welfare needs of estranged spouses and partners of Service personnel.

Respondents participating in the research were sourced from the Legion's Immediate Needs Grants database.

The cause and impact of their relationship breakdown are explored, along with their housing situation, the support they have received, the difficulties experienced, their outstanding needs and barriers to securing further assistance.

The Chapter summarises the findings and the issues raised by interviewees during the research. The findings are illustrated with statements made by interviewees. These are written in italics with quotation marks.

We conclude the Chapter by offering some suggestions of our own in response to some of the issues that emerged from the research.

4.3 Research methodology

In-depth telephone interviews were conducted with respondents, with calls lasting from 30 minutes to one hour.

Each respondent met all the following criteria:

- Female
- Not remarried or cohabiting
- With, or without, dependants
- Civilian.

The sample of respondents included a mix of:

- Those who had been estranged for less than 5 years versus those who had been estranged more than 5 years
- Those who had been living in Service accommodation at the time of the split and those who had not

- Those where their partner was still serving and those where their partner was no longer serving, either currently, or at the time of the split
- Spouses/ partners of serving/ ex- serving members of the Army, Royal Navy and RAF
- Those living in England, Scotland and Northern Ireland.

Further details on research methodology, definitions, recruitment and sampling can be found in Appendix 2.

4.4 Respondent profile

The majority of respondents interviewed were supporting dependant children at home – a few of these had disabilities such as Aspergers Syndrome and ADHD. Five respondents had children who had grown up and moved out of the home. Only one respondent had no children.

4.4.1 Cause of breakdown in relationship

Just over half of the respondents attributed the breakdown in their relationship to the fact that their partner was serving/ had served in the Armed Forces.

The stresses of war (Iraq, Afghanistan), time away from the family/ access to other women and difficulties for veterans in adjusting to civilian life were common reasons cited for the marriage/ partnership to have ended. These triggers are less likely to be experienced by the general UK population (civilian).

4.4.2 Impact of relationship breakdown

For the majority of women interviewed, the breakdown of their relationship had a huge, negative impact on their lives. They experienced financial, health and social consequences such as debt/ repossession, nervous breakdowns and the loss of their friends/ support network. In addition, they had to cope with their children's reaction to the breakdown of the family and in some cases the loss of their job (either because they had a civilian job on a military base or because the need to move home meant the loss of a job):

"It had a major impact; I had to give up our house, friends (in the Armed Forces Community your friends become so close they become like a family) and also all the support the Army provides."

4.4.3 Affect on housing situation

Those families who had been living in Service accommodation at the time of the split were given the statutory 90 days' notice to find alternative accommodation. This was not considered a pleasant experience:

"I felt humiliated," "I was terrified."

In this respect our respondents differed from the general UK population. Civilian breakups may trigger the need to seek alternative accommodation but this is not a certainty – unlike for a family living in Service accommodation.

Respondents claimed that little help was offered by the Services (Army, RAF) to help them find alternative housing. Subsequent accommodation was a mix of private rented and council/ housing association properties.

Those families living in privately owned or rented accommodation at the time of their relationship breakdown were more likely to have remained where they were living. However a few had to move because of financial difficulties or their property being repossessed.

4.5 Health, welfare and social needs

Many respondents experienced difficulties at the time of their relationship breakdown. For some, these difficulties have been resolved over time, for others their difficulties have continued.

4.5.1 Health needs

The majority of respondents suffered from depression as a result of the split with their partner. A number of these women suffered from stress and panic attacks with a small minority having nervous breakdowns and suicidal tendencies. As a consequence, a small number of respondents had been unable to continue with their employment.

A few respondents developed a dependence on alcohol in the early stages of their separation although subsequently had resolved this issue. One woman lost her driving licence and therefore her job as a result of her addiction.

In addition to depression and alcohol abuse, around a third of the women interviewed had health conditions unrelated to their relationship breakdown including diabetes, mobility difficulties and respiratory illnesses.

4.5.2 Welfare needs

All but two respondents considered themselves to be in a poor financial situation as a result of their relationship breakdown. This ranged from just about managing (but with no extras for holidays, replacement of household items etc) through to debt, bankruptcy and the risk of their home being repossessed:

“It is difficult to run a house on income support.”

“I’m up to my eyeballs in debt, I try to ignore the warning letters – I dread the post coming.”

For a few respondents, the relationship breakdown had affected their employment – job changes were required either due to relocation or the desire to maintain continuity for their children. Lack of appropriate childcare meant that some women had to compromise on their choice of job (ie finding work which fitted around school hours/ holidays).

Some respondents touched on the fact their careers had taken second place to their spouse's/ partner's. This had resulted in less transferrable skills and a reduction in earning potential. Additionally, some women felt unprepared for working in a civilian environment or found that roles they may have undertaken in a military environment were not accepted in civvy street:

"I had thought I could get a job in a school because I worked in Army schools but I only had an in-house Army qualification so I couldn't get the kind of job I was used to in schools, I was not qualified for anything else and it was distressing."

At least a third of the respondents had felt particularly unsupported when it came to finding alternative accommodation – particularly when moving from Service accommodation:

"The Army personnel dealing with the move were very clinical."

A few respondents also touched on difficulties obtaining benefits – either due to poor knowledge of the system or entitlements being affected when other considerations were taken into account:

"I had my income support taken away because the CSA payments took me £3 over the limit."

"I was not allowed to claim any benefits whilst living with my mother."

One incident occurred where a British Citizen was treated as an immigrant (in terms of claiming benefits etc) because she had been living abroad until the breakdown of her marriage.

4.5.3 Social needs

For a number of respondents, the relationship breakdown had a double impact – the loss of their spouse/ partner, coupled with a break away from the Service lifestyle/ friendships to which they were accustomed. Just under half of the respondents complained of feeling socially isolated with those whose partners had been in Service at the time of the break up struggling to cope with the loss of community which they had enjoyed with the other Service wives:

"I was so used to having the support of other airforce wives and now I have no one to turn to."

This was compounded when the split forced a change of accommodation (whether Service or not) to a new area where the respondent had no existing friends or family. Similarly, even if the split did not require an immediate change of location, the requirement for military spouses to move frequently meant that a wide social circle may not have been established.

This reliance on Service community friendships and the development of smaller social (civilian) circles is a particular characteristic of estranged service spouses/ partners (when compared with the general UK population).

In addition to this, just under half of the respondents found it hard to develop new relationships – either due to a lack of trust or because of financial or childcare restrictions.

A few respondents also touched on the difficulty in adapting to the civilian lifestyle/ mentality:

“In the military you are with people with shared experiences – where I live now, some people have never left the country.”

Just under half of the respondents raised concerns about the impact of the split on their children. This had resulted in children having to leave school midway through term, adapting to a civilian school where the military lifestyle was misunderstood and having to cope with no longer seeing their father. In some cases this led to the children requiring counselling (e.g. for anger management).

4.6 Support received

This group of respondents had all received some form of support following the breakdown of their relationship with their partner. However, this varied greatly across respondents and although the majority were satisfied with what help they had received, there were still areas where more support was considered necessary. A minority of respondents felt that they had not really received much support at all.

4.6.1 Government support

All but three respondents were receiving some form of state support or benefits. These included housing benefit, job seekers allowance, council tax allowance, Disabled Living Allowance, Carer’s Allowance, Working tax credit and Child tax credit.

4.6.2 Charitable support

Every respondent interviewed had received some form of charitable support. In the main this was in the form of one off payments towards, for example, furniture, white goods and carpets. The majority of respondents stated the Legion as the source and around half cited SSAFA Forces Help.

In addition, the Citizen’s Advice Bureau was mentioned by a few respondents and one-off mentions were made of other organisations including Evolve, Alcoholics Anonymous, Mencap and Relate.

4.6.3 Other support

The majority of respondents had received support from friends/ family – in the main this was for practical or emotional support. In a minority of cases the support received was financial for example to buy out the ex- partner’s share of a house or for a deposit for a new house.

Over half of the respondents had received support from their GP – in the main for treatment of their depression/ alcoholism but also in some cases in for support with their children.

Only two (Army) respondents felt that they had received any help from the Services. The remainder had either not tried (in part because if their partner was a veteran they did not think they were eligible) or felt they had suffered an initial rejection and did not want to continue the association (mentioned by both Army and RAF respondents):

“By the end I would have rather starved than ask for help from his regiment.”

Legal support and counselling both received mentions by a couple of respondents.

4.7 Outstanding needs

Despite all respondents receiving some form of support and despite a small number of respondents being completely satisfied with this support, a number of outstanding needs were identified. These included:

- Financial support – to avoid debt, mortgage arrears and help with household items (half of all respondents):
“I am currently just surviving.”
- An advisor to talk to, who would point out what to expect and the options available (just under half of respondents):
“I needed someone to point me in the right direction.”
- The opportunity to meet with/ talk to people in similar circumstances (around a third of respondents).
- A greater emphasis on the family members (not just Service personnel) affected by the breakdown (a few respondents). In particular, specific relevant, support for children was cited as being inadequate:
“Military children should be looked after regardless of the marriage breakup.”
- Respite breaks away from the children (a few respondents).
- The need for legal support/ advice (a few respondents).
- Individual mentions were also made of needs for counselling, emotional and practical support.

4.8 Gaps in support provision

Our research identified gaps in services for many respondents.

4.8.1 Need for better information

The majority of respondents claimed to have been unaware of their entitlements, what support was available or where to look for potential support at the time of their relationship breakdown. They felt that military life did not prepare women for returning to the civilian world and information was not made readily available for women in these circumstances:

"You're not equipped for the reality of civilian life – what to do if the marriage breaks down."

For those women where the breakdown occurred after their partner had left the Services, the majority were not aware of, or would have considered themselves eligible for, support based on a Service connection:

"I didn't know the Legion could help with stuff like that."

In addition to this, they no longer had access to information which might have been available to them had their partner still been serving – particularly if they had been living in barracks.

4.8.2 Rejection by the Military

For just under a half of the respondents (across all three services) there was the perception that interest in a military family is lost once a breakdown occurs. The perception was that the support remains for the serving person (whatever/ whoever is to blame for the breakdown) but not for the ex- partner or children:

"We're seen as an accessory to help the men do their job; once we split we become irrelevant."

4.8.3 Pride

Just under a half of the respondents felt that they could only ask for help a certain number of times or that there were people more deserving of support. This prevented them from asking for more help, even if they were in need of further support:

"Shame prevents me from 'phoning back and asking for more help – there's always someone who will be worse off."

A few also commented on the military mentality of accepting their lot and 'making do'. This made it harder for them to ask for help, or question the help they received.

4.8.4 Other barriers to seeking support

Two other areas touched on by a few respondents were:

- poor experiences in the initial contact with a charitable organisations – such as SSAFA Forces Help or the Citizen’s Advice Bureau:

“They told me it was all my fault.”

- Not being in the right frame of mind at the time of the separation to absorb information or be able to take action:

“All the information said there were lots of things that I would have HAD to have done to get help. I put it off because my head was not in right place at the time to actively seek information and fight for the help I needed.”

4.9 Raising awareness of support

One of the key barriers to the majority of respondents accessing support was the lack of awareness of its availability. A number of suggestions were made for making support more accessible:

- Designated website
- Advertise to family members, not just Service personnel, also to the Families Office
- Clarify that support from the Legion/ SSAFA Forces Help is for dependants too
- Make information available in barracks
- The Services should make contact with partners to offer information when breakdown occurs
- Leaflets, advertise in magazines, local papers, telephone directories
- Information should be readily available at libraries, schools, doctors’ surgeries, community centres, local councils, benefits office.

4.10 Conclusions

Our interviews have confirmed that estranged spouses and partners are a group of people with particular needs, and that in many cases these are related to the particular circumstances of living with someone serving in the Armed Forces.

Whilst many people overcome the difficulties resulting from a relationship breakdown, for some people it leads to a spiral of problems. These people may be in greater need of support when their relationships breakdown. The people most at risk of getting into difficulties appear to be those who:

- Move out of Service accommodation
- Move to another geographic location

- Suffer from chronic health conditions (including depression)
- Are supporting children with disabilities (such as Autism, Aspergers Syndrome)
- Lack a (local) support network of friends and/ or family
- Have little experience of living and working in the civilian world.

Estranged spouses and partners had not expected support from the Services to end so quickly. Those interviewed felt that they had loyally supported the Armed Services whilst in a relationship but that support for them was dropped abruptly when their relationship broke down.

Our research suggests that the ways of minimising difficulties of those most at risk should include:

- Getting better information to them about available support at the earliest opportunity
- Providing support for those at risk for a longer period
- Overcoming pride by presenting support as the responsibility of Service and veterans' organisations to people who bear the consequences of living with a member of the Armed Forces.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Chapter 5

Family members of Service personnel who have died

5. Family members of Service personnel who have died

5.1 Summary

The group of respondents defined as family members of those who have died while serving in the Armed Forces within the last five years exhibit a mix of health, welfare and social needs.

In common with the general UK civilian population, the effects of their bereavement were devastating. Unlike the civilian population, however, some of these respondents were dealing with unusually traumatic causes of death, specific to combat situations.

Additionally, Service related deaths appear to require a greater degree of 'administration' than civilian deaths: for example, accessing wills and insurance cover, proving paternity in the cases of unmarried partners, attending military inquests and claiming financial entitlements specific to a Service related death.

Just as in civilian bereavement, the effects of bereavement on the respondents included depression, changed financial circumstances, self imposed social isolation and difficulty in forming new relationships and friendships. Marital problems had the potential to develop when the bereaved parents dealt with their grief differently.

A group with specific needs within the Service population is parents who have lost a son or daughter, are no longer the next of kin and have a poor relationship with the spouse or partner of the deceased.

All the respondents had received some form of support during their bereavement. The great majority had received Service support and were unanimous in their praise, though they characterised the support that was available as short term and practical (organisation of funeral, initiation of compensation claim) rather than emotional or long term.

All respondents had received support from their families, and this was mainly emotional rather than practical or financial.

Around half the respondents had received charitable support (benevolence funds, the Legion, other charitable organisations). This was generally financial, but support had also been received with inquests, legal issues and ad hoc enquiries.

Just under half the group had received support from their GP, and a similar number had received counselling. The counselling was considered to have had varying degrees of success.

Respondents had received little support from the Government in terms of benefits, due to either actual or perceived lack of entitlement. Those who were eligible for Service compensation and/or pensions had received their entitlements.

Although all interviewees had received some support, most felt that they needed further help.

Their greatest perceived needs were for long term counselling from a counsellor with military understanding and comparable experience, proactive contact from the Services and charitable organisations, the opportunity to contact people in similar circumstances, and financial assistance (for example, to attend memorial events).

Gaps in service provision resulted mainly from lack of knowledge about availability of and entitlement to services. This was attributed in part to information being provided too early in the bereavement process for the recipient to be able to digest.

Pride, the 'making do' mentality, and lack of motivation were other reasons why assistance had not been sought.

Clarity about availability and sources of support, proactive contact from support providers, and information sources such as websites, leaflets and bereavement packs were all mentioned as ways of increasing awareness.

Social injustice and exclusion were not common themes; problems of this nature that were mentioned included difficulty getting time off work to attend military memorials, loss of status and exclusion from the previous circle of military friends, and, in the case of one Northern Ireland respondent, being avoided in the street because of having been married to a British soldier.

With time, and with the help and support available, many of the respondents had begun to come to terms with their bereavement. Our research does however suggest that some people face higher risk and are likely to need greater support. Factors that appear to increase the risk of getting into difficulties are:

- Loss of a son or daughter
- Lack of a partner
- A poor relationship with the deceased's spouse or partner, or spouse's parents, and/or not being the next of kin
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression
- Social isolation.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help prevent them from falling deeper into a cycle of depression, loneliness and low self esteem.

5.2 Introduction

This Chapter addresses the welfare needs of family members of those who have died while serving in the Armed Forces within the last five years.

Respondents were sourced through the MoD, from each of the individual branches of Service. Contacts known to the Legion and SSAFA Forces Help were excluded from the research as they had already been asked to provide their views on a number of topics.

The general impact of the respondents' bereavement is explored, along with the effect on their housing situation and employment, the support they have received, the difficulties experienced, their outstanding needs and the barriers to securing further assistance.

The Chapter summarises both our findings and the issues raised by interviewees during the research. Our findings are illustrated with statements made by interviewees, which are written in italics with quotation marks.

We conclude the Chapter by offering some suggestions of our own in response to some of the issues that emerged from the research.

5.3 Research methodology

In-depth telephone interviews were conducted with 16 respondents, with calls lasting from 30 minutes to one hour.

Each respondent met all the following criteria:

- Family member of the deceased (parent, spouse/partner)
- Bereaved within the last five years
- Deceased was serving at the time of death, in the Army, Royal Marines, Royal Navy or RAF
- Bereaved through combat or non-combat incidents.

5.4 Respondent profile

Eleven of the 16 respondents were bereaved parents, ten mothers and one father. Ten had lost sons, but one respondent (a mother) had lost her daughter.

Five respondents were bereaved spouses, four widows and one widower. All but one of these respondents lived with dependent children.

The length of service of the deceased varied between nine weeks and 34 years.

5.4.1 Cause of bereavement

Nine of the deaths had occurred in combat. A number of different causes were cited, the most frequent being Improvised Explosive Device (4 respondents). This type of bereavement is unique to family members of Service personnel.

Seven respondents had lost their relative in a non combat situation, four through illness (non Service related), two as the result of car accidents and one through suicide.

5.4.2 Overall impact of bereavement

All the respondents discussed the immensity of their loss and its devastating emotional impact:

"I was rocked to the core of my soul."

Mothers found it particularly hard to accept their loss and begin to move forward (mentioned by six out of ten mothers):

"I am nowhere near coming to terms with it."

A small number of respondents talked of how their way of life had changed, and the financial implications of their bereavement.

5.4.3 Effect on housing situation

None of the respondents was required to move as a consequence of the bereavement (most had been living in private accommodation at the time of their loss).

Only one spouse had been living in Service accommodation at the time of her bereavement, but had subsequently chosen to move to be nearer her family.

Three respondents, all of them parents, had considered moving because of the memories associated with their home.

5.4.4 Effect on employment

Most respondents were allowed extended leave by their employers in order to deal with their loss. A couple of respondents felt the need to return earlier to work than they would have wished due to their financial circumstances:

"My husband had to return to work sooner than he wished for financial reasons. When he did he felt disloyal to our son."

One respondent felt that her employer lacked understanding in not allowing her time off to attend military events (such as memorials).

5.5 Health, welfare and social needs

Many respondents experienced difficulties as a result of their bereavement. For some, these difficulties have been resolved over time, but for others the difficulties persist.

5.5.1 Health needs

Half the respondents suffered from depression and/or low self esteem as a result of their loss. Of the four who mentioned having counselling only one had found it to be satisfactory.

Sleep problems, panic attacks and a reliance on alcohol were occasionally mentioned:

"I became anxious and panicky and over protective of my other children."

Two respondents with pre-existing health conditions found that these deteriorated after their bereavement.

5.5.2 Welfare needs

In general, this group of respondents appeared to have few welfare issues, though around a third said that their financial situation had worsened.

For three bereaved wives, the loss of their husband's income meant that they had to be more careful with their money:

"I am financially secure but there is no money for luxuries, say if my washing machine broke down."

Three bereaved parents had been affected financially, for example by loss of pay due to extended time off work or by having to return to work earlier than they felt ready to because of financial pressures.

Four parents felt particularly distressed – their children had been married or in a long-term relationship when they died – there were then problems arising from the fact that they were not next of kin, and as such lacked rights to information and even financial compensation. For some, these problems were compounded by a poor relationship with the spouse or partner:

"I would have liked someone from the Army to have at least acknowledged my loss and offered support. It would have been nice if the Army had respected that I was his mother, and that I was hurting and needed help as much as his wife."

A small number of respondents felt that they might have been better able to deal with their bereavement if their relative had made a will, or if life insurance details had been easier to access.

Service-related deaths appear to require a greater degree of 'administration' than civilian bereavements; for example, proving paternity in the cases of unmarried partners, attending military inquests, and claiming financial entitlements specific to a Service related death.

One respondent touched on benefits, citing her lack of knowledge as to her potential entitlements.

5.5.3 Social needs

Nearly all the respondents felt that their bereavement had had a social impact.

For a few, this was self-imposed: they felt less willing to engage in social interaction:

"I have no pleasure or interest in socialising."

A few respondents were finding it hard to make or commit to new relationships, either because they knew few people where they lived or because they felt there were barriers to forming friendships:

"Who wants a widow with a child?"

Three mothers touched on the difficulties the bereavement had caused within their marriage, for example because of difficulty discussing their loss with their husband:

"I find it hard to share my feelings with my husband – we have different perspectives."

One widow focused on the feeling that she no longer belonged in the (Service) social circle that she had been part of whilst her husband was alive, nor enjoyed the same social standing:

"I felt a loss of identity and prestige – I had been an officer's wife."

A bereaved widow had experienced difficulties when she returned to her childhood home in Northern Ireland. She had been married to a British soldier:

"Some people cross the street because they know I am the widow of a British soldier."

5.6 Support received

All respondents had received some form of support following their bereavement. The nature and quality of this varied and although the majority were satisfied with the help they had received, there were still areas where more support was considered necessary.

5.6.1 Government support

This group of respondents tended not to be receiving help from the Government, either because they were not entitled to support or because they had not considered that they might be eligible:

"I wouldn't qualify for any other benefits."

Two respondents mentioned receiving support from the SPVA with respect to their claim with the AFCS:

“The SPVA were very helpful and nice with my claim. They kept me up to date and were very pro-active.”

One mother was receiving benefits that were not related to her bereavement: Disabled Living Allowance, income support and incapacity benefits.

5.6.2 Charitable support

Half the respondents had received some form of charitable support.

Financial support from the relevant Service benevolent fund and support from the Legion (such as inquest support, financial support) were each mentioned a few times. Where bereaved parents had received Service benevolent fund payments, either their child had died without a partner or they were named as next of kin:

“The money took off a real burden - we were able to do everything we wanted to for the funeral as a result of receiving this money.”

Two people mentioned SSAFA Forces Help, and one mentioned the Motor Neurone Disease Association.

Both the Legion and SSAFA Forces Help were criticised by a couple of respondents who had not had their calls returned.

5.6.3 Service support

The majority of respondents (across all the branches of Service) were full of praise for the assistance they had received in the early days of their bereavement:

“They were fantastic at the time of his death.”

Respondents had been assigned a visiting officer, who dealt with a number of practical issues (for example funeral arrangements and organisation of the headstone). Financial assistance had also been received.

The few dissatisfied respondents cited initial misdiagnosis of their deceased husband's illness (RAF, Royal Navy) or a perceived lack of support (Army):

“When they told me, they were cold and to the point. They could not answer a lot of my questions and left after a couple of hours.”

A few respondents suggested that the availability of support was in inverse proportion to the number of losses suffered by their relative's regiment or unit:

“It gets harder now – because there are so many now – the Army have to cut back on support. What they did for us is harder to do for everyone. Our son was the only one

killed in Afghanistan from his regiment. Other regiments with more losses don't have the same resources."

Respondents talked of Service support ending as soon as the funeral had taken place, apart from invitations to events such as memorials. Two thirds, however, felt that they would be able to re-contact the relevant Service should the need arise:

"I know I can still call the Army at any time."

Though most respondents accepted the decline in support as inevitable and necessary, a few appeared unhappy with the loss of their link with the Services.

All the bereaved spouses were receiving some form of Service pension or widow(er)'s pension, whilst the two who had lost their partners through combat rather than illness had also received a payment from the AFCS. Making their AFCS claim had been, for both, a positive experience.

5.6.4 Other Support

All the respondents had received support from their family. In the main this took the form of emotional support, but individuals had received practical or financial help from family members.

A minority of respondents had received emotional support from their friends; but there was a general feeling that friends expected them to 'move on' more quickly than family:

"My friends don't know what to do with me when I start to cry."

Just under half the respondents had received support from their GP, for example treatment for depression, help with access to counselling, or just general support.

Bereavement counselling (Service and civilian) had been accessed by just under half the respondents. A minority considered their counselling to have been unsuccessful, either because the experience had been too traumatic or because of problems with regularity and continuity (for example, lack of follow-up appointments, Service counsellors being posted elsewhere).

A few respondents also touched on the appropriateness of the counselling. Civilian counsellors lacked understanding of the military perspective, and respondents wanted counsellors with relevant personal experience, but not necessarily military counsellors:

"They ought to have had the same situation themselves."

Three respondents had decided not to accept counselling:

"I preferred to talk to people I already knew rather than have counselling with someone I didn't know."

5.7 Outstanding needs

Despite all respondents having received some form of support, and two having decided they needed nothing further, a number of outstanding needs were identified by respondents. These included:

- Counselling – for both adults and children – should be available on a long-term basis, as and when required (rather than normal working hours), from counsellors with experience of bereavement and an understanding of the military context and the ability to offer continuity (just over a third of respondents):

“It was not apparent at the time but I realise I now need counselling – it should be available at any time in the future.”

- The Service, the Legion, or other charitable organisations should take the initiative in making early contact with bereaved relatives, and explaining the help available (just over a third of respondents):

“It would be good to have people contacting you so that you do not have to go and look for help.”

- Bereaved relatives should be put in touch with other people who have endured similar loss (a quarter of respondents).
- Some form of financial assistance (advice, travel expenses to memorial events), should be offered (a quarter of respondents).
- Regular follow-up contact should be made with the individual (a small number of respondents).
- Emotional support should be offered (a small number of respondents).
- Single mentions were also made of the need for legal and practical support and respite breaks.

5.8 Gaps in support provision

Our research identified gaps in services for many respondents.

5.8.1 Need for better information

Three quarters of respondents lacked awareness or understanding – in terms of availability, entitlement, or how to use the systems – of what was on offer from the Services, the Government or charitable organisations:

“I don’t know what help I can get – I don’t know where the boundaries are, I don’t just want to ring on the off chance.”

"I didn't know what I was entitled to – they (the Government) don't tell you."

"I just didn't know that the charities might be able to help."

Although information might have been provided in the early days of the bereavement, many respondents had not been in a position to register this at the time. Respondents felt that the information would be more useful later in the grieving process, when they were ready to take action:

"Make the information available for when ready to deal with it – probably not before the funeral."

Apart from one wife (who subsequently chose to leave), none of the respondents was living in Service accommodation at the time of bereavement or had a connection to Service apart from through the deceased. This may have increased the difficulty of accessing help, in contrast perhaps to those with closer Service links.

5.8.2 Pride

Just over a third of respondents were prevented by pride from asking for help:

"I would need to be really desperate (financially especially) before I would ask for help. I feel it would be tarnishing / using his memory."

A couple also commented on the military mentality of self reliance and 'making do':

"You're taught to just 'sort it out' – I don't like to ask for help."

5.8.3 Lack of motivation

In just under a third of cases, bereavement had deprived respondents of the confidence or motivation to seek help:

"I couldn't face it, I don't really trust anyone."

5.8.4 Other barriers to seeking support

A small number of respondents touched on the fact that they had only realised they might need additional support once their Service contact in the early stages of their bereavement had ceased. They were then unsure, and without the same level of contact, about how to access support.

Other reasons for not seeking or receiving support mentioned by single respondents were:

- Not eligible for support (from the SPVA)
- Did not want to pay for counselling
- The person they dealt with had not gone through a similar experience and so lacked understanding

- One reason given for not contacting the Legion in particular was that The Legion is seen to have a World War II image, while 'Help for Heroes' has a younger appeal
- Did not want to holiday (Welfare Breaks) with strangers.

5.9 Raising awareness of support

Lack of awareness was identified by the majority of respondents as a barrier to accessing support. Respondents made a number of suggestions for rectifying this:-

- The Services and/or charitable organisations should take the initiative in contacting bereaved family members, perhaps after the funeral.
Although a valid suggestion, it is worth noting here that there might be data protection barriers which would need to be overcome for Service charities to be proactive in contacting families. Additionally, better liaison with Visiting Officers or the Services would be needed.
- Information should be provided when the bereaved person is ready or able to take action.
- Information leaflets and bereavement packs should be produced, detailing the available support.
- There should be clarity about what support is available from different sources: the Services, charitable organisations, other providers.
- Information relating to all the appropriate support services should be made available by visiting officers.
- There should be a designated website.

5.10 Conclusions

Our interviews have confirmed that bereaved family members have particular needs, and indicated where these are heightened by their relative's membership of the Armed Forces.

Whilst many people learn to live with their devastating loss, for some it leads to a spiral of problems. These people may be able to be helped by more targeted support. Factors that appear to increase the risk of getting into difficulties are:

- Loss of a son or daughter
- Lack of a partner
- A poor relationship with deceased's spouse or partner, or spouse's parents and/or not being the next of kin
- Having little contact with or support from their family
- Having a low income or being financially insecure
- Ongoing depression
- Social isolation.

Bereaved family members were full of praise for the support offered by the Services at the time of their bereavement. There was some concern, however, that the support appeared to stop when the funeral had taken place.

There was a noticeable lack of awareness of the support available other than that offered by the Services.

We noticed a particular gap in provision for bereaved parents who had poor relationships with their child's spouse.

Our research leads us to suggest that ways of minimising people's difficulties could include:

- Getting better information to them about available support, at a time when they are better able to absorb the information.
- Developing the ability to identify those who are particularly at risk and targeting support more precisely, or for longer periods of time.
- Overcoming pride by presenting support as the responsibility of Service and veterans' organisations to people who bear the consequences of living with a member of the Armed Forces.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Chapter 6

Gurkhas and Commonwealth soldiers discharged from the Armed Forces within the last five years

6. Gurkhas and Commonwealth soldiers discharged from the Armed Forces within the last five years

6.1 Summary

Commonwealth soldiers and Gurkhas discharged within the last five years exhibit a mix of health, welfare and social needs.

Employment was a major issue, with many reporting difficulty finding a job at all, or inability to transfer their skills or use their qualifications.

Other key issues were financial insecurity, physical and mental health problems, and, particularly for Commonwealth soldiers in the early days after discharge, difficulties with accommodation. For many, unlike the general UK civilian population, these difficulties were compounded by poor knowledge of the British way of life, the absence of family residing in the UK and the lack of a social network. In addition, unless they had fully mastered the English language, these respondents found it harder to learn about the benefits system and understand how to access the system.

All respondents had received some form of government, charitable and/or Service support. The Gurkhas had not generally received charitable support, but all the Commonwealth soldiers had received support from the Legion (mainly for funding and furnishing accommodation). Other charitable organisations and occasional family help were also named as sources of support.

Despite the support they had received, some Commonwealth soldiers required further assistance or thought the support could have been improved (this applied particularly to the Army). Most Gurkhas were either happy with the support they had received or had not needed to seek help.

Gaps in service provision resulted mainly from lack of knowledge about availability of and entitlement to services. A number of respondents appeared to be aware of sources of assistance but reluctant to seek further help; others were unaware that help was available, or did not realise that they might be eligible. Pride, the desire to remain independent some language difficulties were also barriers to seeking assistance.

Improvements in the clarity, relevance and timeliness of information about the availability of support and how to access it were suggested as ways of increasing awareness.

A small number of respondents raised issues of social injustice and social exclusion relating to perceived discrimination in general and over job opportunities (in and out of Service).

Although this group of people do appear on the whole to be able to access assistance, our research suggests that some have particular support needs. Factors that appear to increase the risk of getting into difficulties are:

- Lack of qualifications/ transferrable skills
- Having little contact with, or support from, their family/ social network
- Having a low income or being financially insecure
- Physical impairments
- Shorter Service history
- Lack of understanding of the British way of life and /or language difficulties.

Identification of those at particular risk, combined with enhanced services to meet their needs, could help prevent these vulnerable individuals from falling into a deepening spiral of poverty, depression and loneliness.

6.2 Introduction

This Chapter addresses the welfare needs of Gurkhas and Commonwealth soldiers who have been discharged from the Army within the last five years.

Gurkhas were sourced from the Brigade of Gurkhas, and Commonwealth soldiers were sourced from the Legion's Immediate Needs Grants Programme.

The respondents' Service history and subsequent employment are explored, along with the support they have received, the difficulties experienced, their outstanding needs, and the barriers to securing further assistance.

We have been assisted by a Steering Group established by the Legion, consisting of Legion staff and external organisations, as listed in Appendix 3. We are most grateful for their input.

The Chapter summarises our findings and draws out the issues raised by the people we interviewed. Our findings are illustrated with statements made by interviewees, which are written in italics with quotation marks.

We conclude the Chapter by offering some observations and suggestions of our own in response to some of the issues that emerged from the research.

6.3 Research methodology

In-depth telephone interviews were conducted with 14 respondents, with calls lasting from 30 minutes to one hour.

All respondents met the following criteria:

- Gurkha or Commonwealth soldier
- Discharged within the last five years
- Veteran of the Army.

Further details on research methodology, definitions, recruitment and sampling can be found in Appendix 2.

6.4 Respondent profile

The nine Commonwealth soldiers were all men, and six had wives/partners and children. The time since transition ranged from four years to four months. Length of service ranged from nine months (medical discharge) to six years. All the Commonwealth soldiers had enlisted in the UK, with five originating from Ghana, three from the Caribbean and one from Cameroon. Reasons given for joining the Army included 'fulfilling a dream' and following a family tradition.

All five Gurkhas had dependent wives and children. The time since discharge ranged from three to one year. Length of service ranged from ten years (medical discharge) to 28 years; only one respondent had enlisted later than 1st July, 1997. Reasons given for joining the Army included well-paid employment and following a family tradition.

6.5 Subsequent employment

6.5.1 Commonwealth soldiers

All but two of the nine were in employment at the time of interview. One of the unemployed respondents had been medically discharged before he had served four years and therefore was still waiting for his immigration status to be resolved. The other blamed physical limitations and a previous drink-drive conviction which affected his employability as a driver.

Five of the seven in employment reported that their current roles were not reflective of their qualifications and/or that their military skills/training did not transfer well into civilian roles:

"It's a stepping stone to something better – I have a PhD from Cameroon."

"I'm a student but looking for part time work – usually they tell me I am over qualified or that my military skills are not relevant."

Three of those in employment at the time of interview had found it hard to get a job.

Three had left Service for medical reasons (only one of whom had been medically discharged). They were unhappy about having had to leave.

Three complained that they had received no support from the Army in securing employment. A further two had received help but found it inadequate:

"The courses didn't really help prepare you for the working world."

"I would have liked to have retrained before I left the Army so that I had the skills to find the work I wanted."

6.5.2 Gurkhas

Two of the five were unemployed at the time of the interview. Contributing factors they identified included physical limitations, lack of support from the Army, the recession and a lack of appropriate qualifications/transferrable skills:

"I had no specific trade or skills from the Army."

The three who were employed appeared to have planned ahead, and also judged the support they had received from the Army to have been useful:

"I did a lot of careful planning before I left. I had the right support and advice and plenty of time to attend resettlement courses."

Even so, two felt that more could have been done to help with appropriate training and identifying job opportunities.

All expressed sadness at leaving Service (due to the completion of their commission) but appreciated that it had been necessary:

"I had mixed feelings about leaving – I was happy that I had achieved my career but sad to be leaving and apprehensive about the civilian world."

6.6 Health, welfare and social needs

Most of the Commonwealth soldiers had experienced some difficulties on leaving Service. This did not apply to all the Gurkhas, but they did talk about difficulties that they knew other Gurkhas had experienced.

Apart from one Commonwealth soldier, who had been medically discharged with less than four years' service (and so did not automatically qualify for British citizenship), none of the respondents had experienced immigration difficulties, though the frequent changes of address required in Service roles had added to the frustrations of the process in some cases.

6.6.1 Health needs

Five of the Commonwealth soldiers and two Gurkhas reported loss of confidence, depression or reliance on alcohol after leaving Service:

"I became dependent on alcohol when I couldn't get a job."

"I experienced some depression when I was trying to adjust to the change in lifestyle."

Four of the Commonwealth soldiers had physical conditions which had some effect on their physical activity and gave a certain amount of pain:

"My shin splints mean that I am often in pain. I cannot drive, stand or play sport for long."

Two Gurkhas had physical disabilities which meant they were unable to work.

6.6.2 Welfare needs

All but one of the Commonwealth soldiers were in some form of financial difficulty, ranging from just having to be more careful with money through to debt and struggling to pay rent:

"I have difficulty in paying the rent – I need a full time job to make ends meet."

Two of the Commonwealth soldiers had found themselves in dire circumstances in the initial period after discharge – with no accommodation or money for food.

Four of the Gurkhas mentioned financial difficulty. For two, this had occurred in the initial period before finding a job, for one it was ongoing, and one said that it was a general problem for older members of the Gurkha community:

"I don't really have enough income to live off."

Two Commonwealth soldiers mentioned wanting financial assistance in order to secure better qualifications.

Four Commonwealth soldiers and one Gurkha reported housing difficulties. These ranged from accommodation not meeting expectations through to having nowhere to live in the initial period after leaving Service:

"I'm renting but I thought I would get a permanent home."

"It took me three months to find a flat. I had to sleep at friends' houses and then when I did get a council place it was completely unfurnished."

6.6.3 Social needs

One area of need which was a particular characteristic of the Commonwealth soldiers was a lack of understanding of the British way of life (possibly compounded by an inadequate grasp of the English Language), the absence of family support (emotional, practical, financial) and a limited social network outside the Services:

"Coming from the Commonwealth, I did not have the background to non-military Britain to help me integrate."

"I do not have family here so I do not have that safety net."

Four of the Commonwealth soldiers and two Gurkhas believed they had experienced discrimination. Commonwealth soldiers mentioned promotion prospects within the Army, the level of support offered by the Legion, and civilian employment opportunities:

"I think Commonwealth soldiers are treated differently from British soldiers. The British get priority for help. The Commonwealth soldiers don't get promoted."

Gurkhas perceived discrimination over Service and civilian employment opportunities and levels of pension entitlement:

"Gurkhas get lower pensions than their British counterparts."

Two Commonwealth soldiers and three Gurkhas reported a loss of comradeship on leaving Service:

"I missed the daily comradeship."

However, Gurkhas appeared more likely to have a social circle (through the Gurkha community) than Commonwealth soldiers.

One Gurkha, though not experiencing difficulties himself, talked of problems he saw the older generation having with immigration, language, money and access to services.

6.7 Support received

All respondents had received some form of support, usually from more than one source. Even so, there were some Commonwealth soldiers who required further assistance or considered the support they had received could have been improved. Most Gurkhas were happy with the support they had received or had not sought help as it was not required.

6.7.1 Government support

Five of the nine Commonwealth soldiers and two Gurkhas reported being in receipt of some type of benefit, such as Job Seekers' Allowance, Child Tax Credit or housing benefit.

Three Gurkhas were in receipt of Service pensions.

6.7.2 Charitable support

All the Commonwealth soldiers interviewed had, by virtue of their being in the study, been supported by the Legion. For most of them this took the form of financial support for accommodation, whether for rent or for furnishing the home, or in some cases for both. Two respondents had received food vouchers– for one this was in addition to assistance with rent arrears.

One-off mentions were made of SSAFA Forces Help, Benevolent fund, credit counselling organisations and Great Homes.

Only one Gurkha was in receipt of charitable support, and this took the form of financial assistance for rent provided by SSAFA Forces Help. The other Gurkhas interviewed were aware that charitable support was available but none was in need of assistance.

6.7.3 Service support

All of the Commonwealth soldiers felt either unsupported by the Army or that support had been inadequate or unsatisfactory:

"You don't get enough advice as to where to go when you get to civvy street."

"It was an unsatisfactory discharge around accommodation and getting my learning credit."

A few of this group felt that the Army had lost interest in them as soon as they had left:

"I had no support from the Army, they lost interest, forgot me, when I said I was leaving."

The areas in which they had particularly looked for support were employment and housing.

Gurkhas appeared less dissatisfied with Service support. They appeared to have planned ahead and made use of the resources available to them:

"I had the right support, advice and resettlement courses plus plenty of time to attend the courses."

6.7.4 Other support

Compared with other groups interviewed in this project, and perhaps due to lack of understanding of the British system and/or absence of family/social networks, the Commonwealth soldiers were noticeably less likely to have made use of alternative sources of support. This may have been further compounded by a poor grasp of the English language and therefore the ability to navigate the benefits and supports systems available. Just under half the sample (four) had benefited from family support (including temporary accommodation and financial help) and only one reported receiving NHS health care.

The Gurkhas too had made less use of other sources of support than many in the Armed Forces Community, but this seemed to be due to their needs being met in other ways thanks to their own forward planning and the support of the wider Gurkha community, rather than just family. A couple did report receiving medical assistance whilst financial support from family members was also mentioned.

6.8 Outstanding needs

All but one Commonwealth soldier and one Gurkha reported that they needed further, or better assistance.

Three Commonwealth soldiers and three Gurkhas wanted help to gain better qualifications (this was also mentioned by two Gurkhas who would have appreciated additional help at the time of their discharge but were now managing):

"I would like help with qualifications which are recognised on civvy street."

Three Commonwealth soldiers and one Gurkha required help with housing:

"I would like have a council home rather than a private one which costs more to rent."

Three Commonwealth soldiers and one Gurkha felt that there should have been better information available before they left Service.

Two Commonwealth soldiers and one Gurkha felt there could have been better preparation for transfer into civilian life.

One-off mentions were made of the following needs:

- Immediate support for those with no family in the country
- Personal contact to help with immigration status
- One-to-one contact to find employment
- Someone in the Legion to have a Commonwealth background
- Lifelong financial assistance as a benefit for having served.

6.9 Gaps in support provision

Our research identified gaps in services for a number of respondents.

6.9.1 Need for better information

Six of the nine Commonwealth soldiers and two Gurkhas did not have enough information about what help was available and how to access it:

"I don't know who to turn to."

"I don't know what benefits I would be entitled to."

In addition, one Commonwealth soldier who had received help from the Legion was uncertain whether he could return for further assistance.

6.9.2 Pride

Two Commonwealth soldiers and two Gurkhas had been prevented by pride from asking for help:

"My pride stops me – I'll try everything before I ask for help."

"I wanted to be independent."

6.9.3 Other barriers to seeking support

One respondent believed he was unable to receive any support until his immigration status was resolved. Another felt that Commonwealth soldiers received a lower level of support than their British counterparts. Difficulties in understanding the intricacies of the English language may also have restricted access to support.

6.10 Raising awareness of support

For half the respondents, lack of awareness was a barrier to accessing support. Respondents made a number of suggestions for rectifying this:

- Information tailored to the particular difficulties experienced by Commonwealth soldiers
- Information tailored specifically to Gurkhas about available services
- Regular correspondence from the Army/MOD, after leaving Service, about available support (suggested by Commonwealth soldiers)
- Proactive contact by charitable organisations about the services they provide (but implications for Data Protection would need to be taken into account)
- More/better information made available prior to leaving Service.

6.11 Conclusions

Our interviews revealed some needs specific to Commonwealth soldiers and Gurkhas. Interestingly, the Commonwealth soldiers appeared to have greater needs than the Gurkhas. This may reflect the fact that the Gurkhas, having served for longer, had had more time to plan and prepare for their discharge; the support provided by the Gurkha community is also relevant. Even so, it was suggested that older Gurkhas are experiencing financial difficulties and, due to language barriers, are missing out on support.

The particular needs that emerged were in the areas of employment, use of qualifications and transferability of skills finances, accommodation, and isolation from family/social support. The initial months after discharge seem to be a particularly vulnerable time.

Although there is an awareness of some of the help that is available, many Commonwealth soldiers lack the contacts and knowledge of the British system to make use of other sources of support and are thus particularly dependent on the Legion's help. The risk exists that, in certain cases, problems may spiral out of control. Targeted support could go some way to averting this. People at particular risk of getting into difficulties appear to be those to whom any of the following apply:

- Lack of qualifications/transferable skills
- Little contact with, or support from, their family and/or social networks
- Low income or being financial insecurity
- Physical impairments
- Shorter length of service
- An unawareness of the British way of life and /or language difficulties.

As with other groups interviewed, pride can be a factor in preventing people from seeking initial or follow-up support.

Other important barriers are lack of awareness of sources of help and uncertainty about how to go about obtaining assistance.

Our research leads us to suggest that ways of minimising people's difficulties could include:

- Getting better, and specifically tailored, information to them earlier about available support and how this can be accessed.
- Clarifying eligibility for support and availability of support (both one-off and continuing assistance).
- Focusing support on the initial period after discharge from service.
- Developing the ability to identify those who are particularly at risk and targeting support more precisely.
- Providing social contact for people who are without family support or a social network.
- Overcoming pride by presenting support as the responsibility of Service and veterans' organisations to people who bear the consequences of serving with the Armed Forces.

Whilst there will always be people in need who are not accessing the available support, these steps could help to ensure that more people receive the assistance they need to overcome their problems.

Appendix 1: Background

In 2005, The Royal British Legion (the Legion) commissioned extensive research into the size, demographics and welfare needs of the veteran community. The results of the study formed the evidence base for the Legion's Strategic Plan for Welfare 2006 to 2010.

During 2010, the Legion has undertaken a review of corporate strategy which will lead to a new strategic plan to begin in September 2011. To ensure that future service delivery, marketing and campaigning are based on a current, detailed and robust evidence base, the Legion commissioned additional research into the needs of the service community in January 2010.

Compass Partnership undertook the qualitative survey looked into six groups in the Community that have specific needs:

1. Those seriously injured by Service, and their family members
2. Veterans with a health condition or disability not caused by Service, and their family members
3. Serving Armed Forces family members
4. Estranged spouses or partners of Service personnel
5. Family members of Service personnel who have died
6. Gurkhas and Commonwealth soldiers discharged from the Armed Forces within the last five years.

The Legion asked us:

- To investigate and understand their health, welfare and social needs and how they are currently supported
- To identify the barriers to seeking assistance (from both statutory and third sector sources) experienced by those who report health and welfare needs, but are not accessing services
- To identify atypical health, welfare or social needs when compared with the general UK population
- To demonstrate reported gaps in support service provision
- To highlight reported issues of social exclusion or injustice.

Appendix 2: Research Methodology

Potential respondents for each of the six groups were identified through a variety of sources. These sources included the Legion's client databases, the SPVA, SSAFA Forces Help, families' federations for each of the Services, the MOD and the Brigade of Gurkhas.

Letters inviting participation in the research were mailed out to potential respondents who had been identified as relevant for inclusion in the research. The letters contained an invitation to participate in the research with an Acceptance Form (to be completed by the willing potential participant) and a reply paid envelope for returning the form. Potential respondents were also given the option of emailing their acceptance or calling the Compass Partnership Business Manager to register their interest.

In-depth telephone interviews were conducted with respondents from each of the groups of interest. The one-to-one nature of telephone interviews allowed respondents to discuss sensitive issues in depth and enabled the interviewer to "drill down" into each of the issues raised in the research brief.

The discussion guide was developed and finalised in consultation with staff and members of the Steering Group. The guide was broadly similar for each of the different respondent groups but tailored to each group to reflect their different needs and circumstances.

The first interviews in each group were conducted by the Senior Researcher to test and refine the discussion guide. The remainder in each group were divided between two experienced interviewers to ensure the greatest robustness to the research.

Chapter 1 - Definition

This working paper addresses the Welfare Needs of members of the Armed Forces Community who have been seriously injured (including illnesses) by Service in the Armed Forces and their family members. The respondents met slightly different criteria depending on their definition:

Respondents injured within the last five years met all the following criteria:

- In receipt of, or in process of claiming for, AFCS payment – tariff: 2-12
- Serving in, or veteran of, the Army, Royal Marines, Royal Navy or RAF
- Suffering from either combat or non combat injuries.

Respondents injured for longer than five years met all the following criteria:

- In receipt of a War Pension, with a 20% disability or higher
- Not in receipt of AFCS payment
- Veteran of the Army, Royal Navy or RAF
- Suffering from either combat or non combat injuries.

Family members of those injured within the last five years met all the following criteria:

- Wife/ partner or parent of the injured Service personnel/ veteran
- The injured relative was serving in, or a veteran of, the Army, Royal Marines or RAF
- Relative suffered from either combat or non combat injuries.

Chapter 1 - Recruitment

Respondents injured within the last five years were identified by the SPVA, as classified by the Defence Medical Services (DMS) and Defence Analytical Services Agency (DASA) – Ministry of Defence. During March and April 2010, approximately 480 open invitation letters were mailed out from the SPVA with a covering letter.

A total of 86 potential respondents replied and from these 20 were selected as eligible to participate in the interviews.

Respondents injured for longer than five years were identified from clients of the Legion's War Pension and Compensation service. To qualify for inclusion in the mail out, recipients had to have a disability level of 20% or higher. On 4 March 2010, approximately 243 invitation letters, each with a personal salutation and signature, were mailed out from the Legion.

A total of 58 potential respondents replied and from these 20 were selected as eligible to participate in the interviews.

Family members of those injured within the last five years were recruited through two methods. The first was an SSAFA Forces Help disability forum in March 2010, where invitation letters, each with a personal salutation and signature, were handed out to attendees. As this did not yield many recruits, respondents injured within the last five years who were not going to be interviewed (for example because the interview quota had been filled) were approached to request the participation of a family member. Altogether, 15 family member interviews were achieved.

Chapter 1 - Sample

The sample of respondents interviewed was carefully selected according to criteria agreed with the Legion.

The 20 respondents injured within the last five years were all men, and included:

- AFCS tariffs ranging from 2 – 12, with an average of eight
- An even split of very seriously injured (VSI) and seriously injured (SI)
- Fifteen injured through combat incidents, five through non combat means
- Eleven veterans and nine serving personnel
- One respondent who had served in the Royal Navy, one who was serving in the RAF, two who were serving in the Royal Marines, 16 who were serving or veterans of the Army.

The 20 respondents injured for longer than five years included:

- Twelve with a disability level of 40% or above, eight with a disability level of 20-39%
- One female
- Seven with a mental health condition
- Thirteen under the age of 65, seven over 65
- Two respondents had served in the Royal Navy, three in the RAF, 15 in the Army.
- Seventeen English, two Northern Irish, one Welsh.

The 15 family members of those injured within the last five years included:

- Eight spouses or partners (all female) and seven parents
- Nine veterans and six serving personnel
- Two representatives from each of the RAF and the Royal Marines, and eleven from the Army
- Twelve English, two Northern Irish, one Scottish.

Chapter 2 - Definition

This working paper addresses the welfare needs of Veterans of the Armed Forces who have a long-term health condition or disability not caused by Service, and their family members. The respondents met slightly different criteria depending on their definition.

Veterans met all the following criteria:

- Not in receipt of War Pension or AFCS payment
- Veterans of the Army, Naval Services or RAF
- Had received a grant for their condition/disability
- Non-Service related condition/disability which developed after leaving Service and had been present for more than five years.

Of the 16 family members interviewed, all but three were relatives of a veteran who met all the above criteria. The other three were veterans who met the first three criteria and had a non-Service wife with a long-term condition or disability present for more than five years.

NB: none of the 16 family members represented the Royal Navy.

Chapter 2 - Recruitment

Veterans with a long-term condition/disability were identified through the Legion's Immediate Needs Grants Programme. To qualify for inclusion, they had received a grant for their condition/disability. During March 2010, approximately 300 invitation letters, each with a personal salutation and signature, were mailed out by the Legion to everyone who had received a grant during 2008.

A total of 70 people who were willing to participate replied. Not all of these were eligible (according to the selection criteria employed) for interview but from those who were, 20 were selected to participate in the interviews.

To recruit family members, the Legion mailed approximately 150 veterans with a long-term condition/disability during April 2010, requesting the participation of a non-Service family member. A total of 30 people who were willing to participate replied. 16 of these were eligible (according to the selection criteria employed) and consequently selected for interview.

Chapter 2 - Sample

The sample of respondents interviewed was carefully selected according to the criteria defined above and agreed with the Legion.

The 20 Veterans with a long-term condition/disability included:

- Four women
- Three with a mental health condition
- One aged under 65, six aged 65-74, eleven aged 75-84 and two aged over 85
- Two who had served in the Military Police, three in the RAF, four in the Royal Navy and 11 in the Army
- Seventeen residing in England, one in Northern Ireland, one in Wales and one in Scotland.

The 16 family members, all of whom were resident in England, included:

- Twelve non-Service wives, three Service (veteran) husbands and one non-Service brother
- Two whose relatives suffered from a mental health condition
- Four aged 45-59, seven aged 65-74 and five aged 75-84
- Four representing experience of the RAF and twelve of the Army.

Chapter 3 - Definition

This working paper addresses the welfare needs of the wives of Service personnel. They were all:

- Living with dependent children (except one respondent)
- Married to husbands currently serving in Army, Royal Navy, RAF or Royal Marines.

Chapter 3 - Recruitment

The individual family federations for the Royal Navy & Royal Marines and the RAF identified families where one or both partners were currently serving. During March 2010, approximately 150 invitation letters per family federation were mailed out.

The Army Family Federation invited participation through their website, rather than via a mail out. This provided a limited response and so in addition, the Legion identified potential respondents from the Adventure & Family Breaks database, Civvy Street database and Case Management database. Approximately 150 invitation letters, each with a personal salutation and signature, were mailed out by the Legion during April 2010.

A total of 78 people who were willing to participate replied. Not all of these were eligible (according to the selection criteria employed) for interview but from those who were, 11 were selected to participate in the interviews.

Chapter 3 - Sample

The sample of wives interviewed was carefully selected according to the criteria defined above and agreed with the Legion. They exhibited the following characteristics:

- All but one were living with dependent children
- All husbands were currently serving
- Four had husbands serving in the RAF, three in the Army, three in the Royal Navy and one in the Royal Marines
- Two wives had themselves served in the past.

Chapter 4 - Definition

This working paper addresses the welfare needs of estranged spouses and partners of Service personnel. Each respondent met all the following criteria:

- Female
- Not remarried or cohabiting
- With, or without, dependants
- Civilian.

Chapter 4 - Recruitment

Approximately 300 letters, each with a personal salutation and signature, were mailed out by the Legion on 3 March, 2010 to Legion clients of the Immediate Needs Grants Service.

A total of 35 potential respondents replied and from these 20 were selected to participate in the interviews.

Chapter 4 - Sample

The sample of 20 respondents interviewed was carefully selected according to criteria agreed with the Legion. The resulting group included:

- Two whose partners served, or had served in the past, in the Royal Navy, three in the RAF and 15 in the Army
- 14 who were estranged in the last five years, six who were estranged more than five years ago
- 14 who had dependants still living at home
- Eight respondents disclosed their age – these ranged from 35 – 65, averaging 48 years of age
- Seven respondents had been in Service accommodation at the time of their split
- Six respondents had ex- partners who were still serving (one RAF, five Army)
- Two respondents had served in the past themselves (RAF)
- Sixteen respondents who were English, two from Northern Ireland and two from Scotland.

Chapter 5 - Definition

This working paper addresses the Welfare Needs of family members of those who have died. Each respondent met all the following criteria:

- Family member of the deceased (parent, spouse/partner)
- Bereaved within the last five years
- Deceased was serving at the time of death
- Bereaved through combat or non-combat incidents.

Chapter 5 - Recruitment

Bereaved families were identified from each of the single services. During March and April 2010, invitation letters were mailed out from the respective services with a covering letter from the MOD. Each letter contained a personal salutation and signature.

A total of 56 potential respondents replied and from these 16 were selected as eligible to participate in the interviews.

Chapter 5 - Sample

The sample of 16 respondents interviewed was carefully selected according to criteria agreed with the Legion. The group included:

- Eleven bereaved parents (ten mothers and one father) and five bereaved spouses (four widows and one widower)
- Nine bereaved through combat incidents, seven bereaved through non combat means
- One of the deceased had served in the Royal Navy, one in the Royal Marines, three in the RAF and 11 in the Army.

Chapter 6 - Definition

This working paper addresses the welfare needs of Gurkhas who have been discharged from the Army within the last five years and Commonwealth soldiers who have transitioned out of the Army within the last five years. All respondents met the following criteria:

- Gurkha or Commonwealth soldier
- Discharged within the last five years
- Veteran of the Army.

Chapter 6 - Recruitment

Commonwealth soldiers were identified through the Legion's Immediate Needs Grants Programme. To qualify for inclusion, they had received a grant to aid their situation. On 17 March 2010, approximately 150 invitation letters, each with a personal salutation and signature, were

mailed out by the Legion to everyone who had received a grant during 2008.

A total of 26 people who were willing to participate replied. Not all of these were subsequently contactable and/or eligible (according to the selection criteria employed) for interview but from those who were, nine were selected to participate in the interviews.

Gurkhas known to the Brigade of Gurkhas were telephoned by the Brigade during April 2010. They included a mix of medically discharged, in receipt of welfare support and no assistance required. Five respondents indicated their willingness to participate.

Chapter 6 – Sample

The sample of respondents interviewed was carefully selected according to the criteria defined above and agreed with the Legion.

Of the nine Commonwealth soldiers, all were male and:

- Six had a wife/partner and children
- Four had served for between four and five years, four had served for five or six years and one had been medically discharged after nine months
- All had enlisted in the UK.

Of the five Gurkhas:

- All had a wife/partner and children
- One had been medically discharged (after 10 years), and four had served between 22 and 28 years
- Four were in their 40s and one in his 30s
- Four had enlisted prior to 1 July, 1997.

Appendix 3: Acknowledgments

Our thanks go to a number of people who have contributed to the success of this project, not least the respondents who gave their time to participate in the research.

We have also been assisted by a Steering Group established by the Legion, consisting of Legion staff and external organisations. We are most grateful for their input.

At The Royal British Legion, the work benefited from the advice and support of Sue Freeth, Director of Health & Welfare, Lisa Bainbridge, Head of Public Policy and the Steering Group, the members of which are listed below.

Jane Barnes	SAFFA Forces Help, Additional Needs and Disability Adviser
Sue Davies	Army Families Federation, Director Communications (former)
Gary Gray	Poppy Scotland, Head of Charitable Services (former)
Simon L Lord ED	Brigade Secretary, Brigade of Gurkhas
Alistair Maxwell	The Royal British Legion, Regional Manager
Alan Mayers	SPVA, Head of Welfare Operations
Clare Parsonage	SPVA, Regional Manager, South
Dave Rutter	Department of Health, Military Health
Group Captain Smith	Ministry of Defence

Compass Partnership

Compass Partnership is a management consultancy specialising in the management and governance of independent non-profit-seeking organisations. Founded in 1982, we have worked with over 800 not-for-profit clients and have built up a body of knowledge on management and governance in this field and a tried and tested range of approaches to consultancy. Our services include strategic planning, implementation support, management development, culture change, governance development and problems that cross the boundaries of management and governance.

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Our books

Managing Without Profit, Mike Hudson, (DSC, 2009) sets out the theory and practice of creating highly successful nonprofit organisations

Managing at the Leading Edge, Mike Hudson, (DSC, 2003) describes what can be learned from the management and governance of nonprofit organisations in the USA.

Both are available from **www.dsc.org.uk**

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