



A JOINT ARMED FORCES NEEDS ASSESSMENT
BY
SHROPSHIRE COUNCIL AND TELFORD WREKIN COUNCIL
OCTOBER 2020



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EXECUTIVE SUMMARY

The Armed Forces Covenant (AFC) was introduced in 2011. It is a “promise by the nation ensuring that those who serve or have served in the Armed Forces, and their families, are treated fairly”. The Covenant focusses on helping members of the Armed Forces Community to have the same access to government and commercial services and products as any other citizens. All **407** local authorities in mainland Great Britain and **4** Northern Ireland councils have pledged to uphold the Armed Forces Covenant. To date, **5,774** organisations – including 91 across the County of Shropshire – have also signed the Covenant.

Both Shropshire Council and Telford & Wrekin Council have established Strategic AFC Partnership Boards (SAFCPB) which provide strategic governance, and direction, on the Covenant within their respective areas. These Boards have identified the requirement to undertake a Joint Armed Forces Needs Assessment (JAFNA), within their Action Plans, to fully understand the Armed Forces community across the County of Shropshire. The scope of this Report considers this community in relation to Health & Wellbeing, Education and Children’s Care, Housing, Employment, the Criminal Justice System and Transition and Specialist Support.

There is no recorded definitive data for the size of the Armed Forces community across the County of Shropshire or nationally. This Report, therefore, uses a collection of data sources to estimate that there are approximately, **2,850** Regular Serving personnel, **380** Reservists & Cadet Force Adult Volunteers and **24,000** veterans living within the County of Shropshire. It was not feasible, for this Assessment to estimate the size of the whole Armed Forces community, including family members, across the County of the Shropshire.

It is noted that on the 23rd June 2020, legislation was finalised by the UK Government and Parliament to amend the Census in England and Wales, so that, for the first time, it will provide information on whether someone has served in HM Armed Forces. This means that from 2023 onwards, it will be significantly easier to accurately quantify the local Armed Forces community which will facilitate research to understand their local needs.

The health of the Armed Forces community is similar to the general population. Furthermore, the health of the military population is good compared with the general public, due to the expected physical fitness levels required to join the Armed Forces, social support networks available and access to health care and employment. Local work to consider the health of veterans registered with General Practices has highlighted the need to ask patients if they have a military connection to ensure that they are able to access the dedicated services and initiatives, that are in place, to support the Armed Forces community.

The Local Government Association (LGA) estimates that around 8% of children aged 0-15 years are part of Armed Forces’ families (current or ex-Serving). These children tend to be more mobile than the general population and have to deal with some unique challenges associated with military life. Across the County of Shropshire, there are a total **1,488** children aged 4-16 years registered for Service Pupil Premium (SPP). However, the recent Armed Forces Community Survey (across the County of Shropshire) identified a reluctance amongst some parents to register for

SPP. The educational achievement of the children of Armed Forces' families appears to be in line with that of their peers, however, more work is needed to understand Service children and their needs, particularly, those aged under 4 and over 16 years.

There is a perception that veterans have a disadvantage particularly in relation to housing. Although, the majority of veterans own their own home, or have the means to rent privately, there is a minority of veterans who struggle to find appropriate and affordable accommodation post Service. Both Shropshire Council and Telford & Wrekin Council have processes in place for identifying members of the Armed community with the application process and both Councils work alongside organisations within the housing sector to help alleviate homelessness. Specifically, both SAFCPBs have representatives from local homelessness charities which means that help, for our Armed Forces community, can be obtained as and when required. Support is also available 24/7 via the Veterans Gateway to enable veterans to search for veteran-specific accommodation, however, further work is required to encourage local housing providers to register.

The majority of Service leavers find work quickly, however, a small but significant number struggle to find employment that appropriately matches their skills. Levels of spousal employment has increased in recent years however, spouses and civil partners remain under represented in the workplace. Shropshire Council and Telford & Wrekin Council should consider being more proactive in advertising the range of local employment support, and opportunities available, to members of the Armed Forces community.

The MOD is currently gathering the feedback and input of local authorities as it prepares to introduce legislation to further strengthen the statutory basis of the AFC. While the policy detail is still being worked on and the scope of the legislation may yet change, the current proposal is for the legislation to place a statutory duty on public service providers to take Due Regard of the Armed Forces community when writing policy and decisions made in implementing that policy in specific aspects of Healthcare, Education and Housing. The current timeline is to have the new legislation ready by the end of the 2020 with implementation planned for late 2021/early 2022.

In conclusion, both Shropshire Council and Telford & Wrekin Council are extremely pro-active in implementing the Armed Forces Covenant and both Councils have dedicated staff, in place, to support our local Armed Forces communities. The recommendations, in this Report, have been made to further strengthen the delivery of the Covenant across the County of Shropshire. At the heart of these recommendations is a need to ask if people accessing services have a military connection and to think what this may mean in terms of service delivery.

RECOMMENDATIONS

This Assessment has arrived at the following recommendations which focus on providing direction to Shropshire Council and Telford & Wrekin Council. They are also applicable to all agencies signed up to the Armed Forces Covenant and/or who provide support to the Armed Forces community across Shropshire.

1. Further research is required to estimate the size of the local Armed Forces community.
2. Shropshire Council and Telford & Wrekin Council should be proactive in the use of existing systems to understand the size of the local Armed Forces community starting with 'Asking the Question'.
3. Further research should be conducted to identify foreign and commonwealth veterans across the County of Shropshire including a focus on the needs of the communities.
4. Shropshire Council and Telford & Wrekin Council should further work with GP Practices, and the CCG's, to encourage them to sign up to the Veterans' Friendly Accreditation Scheme and the Armed Forces Covenant.
5. Further work is required to encourage GP Practices and members of the Armed Forces community to record military connections.
6. An ongoing campaign is required to raise awareness amongst veterans of the healthcare services that are available within the NHS.
7. Shropshire Council and Telford & Wrekin Council should consider conducting qualitative research with family members, within the Armed Forces community, through focus groups or other methods to complement any existing quantitative data.
8. A proactive approach is required to ensure Reservists understand the need to register their military Service with their GP.
9. Healthcare professionals need to be aware that Reservists have equivalent status to Veterans in regard to the Covenant in accessing services.
10. Shropshire Council and Telford & Wrekin Council should explore opportunities to continue to strengthen partnership working with local providers of mental health services.
11. Shropshire Council and Telford & Wrekin Council should explore opportunities with the Royal British Legion to offer a formal peer support group within Shropshire.

12. Shropshire Council and Telford & Wrekin Council should explore opportunities to influence social prescribing connector schemes with the aim of ensuring that they include the most appropriate activities and groups for our local Armed Forces communities.
13. Further analysis should be conducted locally to ascertain the attainment of Service pupils across the County.
14. Shropshire Council and Telford & Wrekin Council should regularly promote Service Pupil Premium and issue best practice guidance to assist our schools to identify the most effective use of the Premium.
15. Localised information about schools, including availability, numbers of other Service children in attendance and what the school does to support Service children should be made available for Service families moving into the area.
16. A review should be undertaken to ascertain the requirement for further Children & Young Persons Boards across Shropshire.
17. Current staff training, for housing staff, should be reviewed to ensure that it is being effectively applied in relation to our Armed Forces community.
18. Further work is required with local housing providers to identify Veteran specific housing and to encourage current housing providers to sign up to the Covenant.
19. Veteran specific housing providers should be encouraged to sign up to the Veterans Gateway.
20. Shropshire Council and Telford & Wrekin Council should consider forming a platform, at both local authorities, to allow spouses and civil partners of Serving personnel and Veterans to share their experiences and to highlight additional areas where the Councils could improve their offer to this community.
21. Shropshire Council and Telford & Wrekin Council should consider signing up to the Forces Families Jobs Website.
22. Shropshire Council and Telford & Wrekin Council should develop an employment strategy that enables Reservists to be seen as a business asset.
23. Shropshire Council and Telford & Wrekin Council should be proactive in advertising the range of local employment support and opportunities available to members of the Armed Forces community.
24. Shropshire Council and Telford & Wrekin Council should consider how they encourage veteran owned businesses, within their supply chain, as part of their wider work to promote diversity within the procurement process.

25. Figures, relating to out of work benefits, should be regularly reviewed to address any issues that are unique to our local Armed Forces community.
26. Shropshire Council and Telford & Wrekin Council should continue to work with the West Midlands Reserve Forces & Cadet Association to promote the Defence Employer Recognition Scheme and to support local businesses and organisations who are eligible to join.
27. The Strategic AFC Partnership Boards should ensure that the local employment offer reflects the needs of the local Armed Forces community.
28. Up-to-date and relevant local service information, for the Armed Forces community, should be provided to local custody staff (including Liaison & Diversion staff).
29. Shropshire Council and Telford & Wrekin Council should provide specific information for Serving personnel, and their families, in resettlement, about local post-service that is available.
30. The JAFNA Task & Finish Group should monitor the implementation of the recommendations in this Report and the current AFC Action Plans.

INTRODUCTION

1.1 The Armed Forces Covenant

The Armed Forces Covenant (AFC) was introduced in 2011. It is a promise from the nation that those who serve or have served in the Armed Forces and their families will not be disadvantaged by their Service and they will be treated fairly. The Covenant is a “pledge that together we acknowledge and understand that those who serve or have served in the Armed Forces, and their families, should be treated with fairness and respect in the communities, economy and society that they serve with their lives”¹. It focuses on helping members of the Armed Forces community to have the same access to government and commercial services and products as any other citizen.

1.2 Background

Shropshire Council and Telford & Wrekin Council are both signatories to the AFC and both local authorities have established Strategic AFC Partnership Boards which provide strategic governance, and direction, on the Covenant within their respective areas. Details of membership of the Boards are at Annex A. These Boards have identified the requirement to undertake a Joint Armed Forces Needs Assessment (JAFNA), within their Action Plans, to fully understand the Armed Forces community across the County of Shropshire.

A Task & Finish Group was established to undertake the JAFNA - the first such assessment within the County and which builds on the partnership working that is currently undertaken with the private sector, third sector including Armed Forces charities, Other Government Departments (OGD's) and our local Armed Forces communities etc. The Terms of Reference for the Assessment are at Annex B.

This JAFNA will consider local areas of need identified within the Armed Forces Community. In doing so, this will define a new baseline of County wide understanding, establish the value of thematic reviews and identify how ongoing assessment can be sustainably incorporated into business as usual across the two local authorities.

1.3 Definitions

The Armed Forces are defined as Royal Navy, Royal Marines, Royal Air Forces and Regular Army and associated Reservists:² The Armed Forces community is defined as: anyone who is serving or has served for at least one day in the Armed Forces (Regular or Reserve including National Service) as well as the Merchant Navy Seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces. The Armed Forces community includes spouses, civil partners and dependent children of those who currently are serving/or have

¹ www.armedforcescovenant.gov.uk

² FiMT (2016) Our Community, Our Covenant Report – Improving the Delivery of Local Covenant Pledges

served for at least one day, even if the Serving person is now deceased whether that death is connected to their Service or not.

Within this Assessment, the term ‘veteran’ will be applied to all former Regular and Reservist Armed Forces personnel, as set out by the Ministry of Defence (MOD). The term ‘Service leaver’ is used for someone who is in transition from, or has ceased to be a member of HM Armed Forces.³ The term ‘Shropshire’ refers to the County of Shropshire which includes the Borough of Telford & Wrekin.

1.4 Scope

The scope of the JAFNA will cover the Armed Forces community across Shropshire and Telford & Wrekin. The Assessment will consider local implications of national research and evidence in relation to key Covenant commitments and areas of need identified. The experience of the Armed Forces community will be considered in relation:

- Education and Children’s Care; Health & Wellbeing; Housing; Employment; the Criminal Justice System and Transition & Specialist Support.

These are areas prioritised within the UK Armed Forces Families Strategy 2016-20⁴ as necessary for ensuring the Armed Forces community have everything they need to thrive within society.

1.5 Methodology

This Assessment was undertaken during the Covid-19 Lockdown which limited, to a certain degree, the range of stakeholder engagement. However, the overall methodology included collection, collation and analysis of:

- National and local data, where this was available from the Office of National Statistics (ONS), the MOD and OGDs.
- National and local research such as the Royal British Legion (RBL) UK Household Survey (2014).
- Reviews on behalf of the Government and other national studies including Forces in Mind Trust (FiMT) Understanding Service Leavers 50+: Their Challenges & Experiences in the Civilian Jobs Market (2020).
- Armed Forces Community Survey⁵. A summary of the findings of the Survey are at Annex C.

³ MOD (2017) Veterans Key Facts <https://www.armedforcescovenant.gov.uk/wpcontent/uploads/2016/02/Veterans-Key-Facts.pdf>

⁴ UK Armed Forces Families Strategy 2016-20 <https://www.gov.uk/government/publications/uk-armed-forces-families-strategy>

⁵ Armed Forces Community Survey undertaken by Shropshire Council and Telford & Wrekin Council dated July 2020.

THE ARMED FORCES COMMUNITY IN SHROPSHIRE

2.1 Military Locations and Personnel in Shropshire and Telford & Wrekin

Military locations, across the County of Shropshire, are as follows:

- Royal Air Force (RAF) Shawbury.
- RAF Cosford.
- HQ 11 Signal & West Midlands Brigade.
- First Battalion the Royal Irish Regiment.
- 8 Rifles (The Rifles' Reserve Infantry Battalion).
- Army Medical Services (AMS) 202 (Midlands) Field Hospital.
- 159 Regiment Royal Logistics Corps.
- Shropshire D Squadron, The Royal Yeomanry.
- Armed Forces Career Office – Shrewsbury.
- Army Cadet Force (ACF) – 22 detachments: Bishops Castle, Bridgnorth, Broseley, Church Stretton, Copthorne, County HQ (Copthorne), Dawley Bank, Donnington, Ellesmere, Harlescott, Ludlow, Madeley (TF7 5EG), Madeley (TF7 5HX), Market Drayton, Newport, Oswestry, Pontesbury, Shifnal, Shrewsbury, Shrewsbury Platoon, Wellington, Wem and Whitchurch.
- Air Training Corps (ATC) – eleven Units: Bridgnorth, Cosford, Dawley, Ludlow, Market Drayton, Oswestry, Shawbury, Shrewsbury, St. Georges, Whitchurch and Wrekin (Wellington).
- Sea Cadets – one Unit: Donnington.

As at 1st April 2020, there were approximately **2,850 regular Serving personnel** based within the County of Shropshire (a 6.34% increase from April 2015) – of which 220 were in the Telford & Wrekin Borough.⁶

⁶ MOD (2020) Location of UK Regular and Civilian Personnel Quarterly Statistics, retrieved from: <https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-annual-statistics-2020>

Table 1: UK Regular Service Personnel by Local Authority as at 1st April 2020.

		Shropshire	Telford & Wrekin
Royal Navy/Royal Marines	TOTAL	120	-
	Officers	80	-
	Other Ranks	40	-
ARMY	TOTAL	640	220
	Officers	110	40
	Other Ranks	530	170
RAF	TOTAL	1,870	~
	Officers	290	~
	Other Ranks	1,580	~

1. When rounding to the nearest 10, numbers ending in 5 have been rounded to the nearest multiple of 20 to prevent systematic bias.

2. ~ 5 or fewer.

2.2 Service Leavers

In 2018/19, **15,122** left the Armed Forces nationally⁷. A Business as Usual Request, to the MOD, identified that **590** trained and untrained personnel⁸ left the Royal Navy, Royal Marines, Royal Airforce and the Army between the 1st September 2014 and 1st September 2019 with a SY or TF permanent home address at the point of exit. This is an average of **118** persons per year.

2.3 The Number of Ex-Service Personnel in The County of Shropshire

The MOD does not maintain personal address information once individuals have left the Armed Forces which makes it extremely difficult to know how many veterans, and their family members, live within our County. This challenge is not unique to the Shropshire area. In 2016, together with PoppyScotland, the RBL launched a Count Them In campaign which called on the UK Government to include a question on the Armed Forces community in the 2021 Census. On the 23rd June 2020, legislation was finalised by the UK Government and Parliament to amend the Census in England and Wales, so that, for the first time, it will provide information on whether someone has served in HM Armed Forces. This means that from 2023 onwards, it will be significantly easier to accurately quantify the local Armed Forces community which will facilitate research to understand their local needs.

In the 2021 Census, all respondents aged 16 years and over will be asked the following question⁹:

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

⁷ MOD Annual Service Personnel Statistics <https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2019>

⁸ Untrained personnel are those who have not completed their basic military for a range of reasons including choosing to leave, being medically discharged or deemed unsuitable.

⁹ <https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/armedforcescommunityvetransquestiondevelopmentforcensus2021>

Yes, previously served in Regular Armed Forces.

Yes, previously served in Reserve Armed Forces.

Or No.

The Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain, 2017 was published on the 31st January 2019¹⁰. The Survey provided estimates on the size and socio-demographic characteristics of the UK Armed Forces veteran population residing in Great Britain using responses provided in the 2017 Annual Population Survey (APS) administered by the ONS. Main topics, in the APS, include: people characteristics, regional location, health including smoking status, employment status, education and accommodation (housing). It should be noted that the APS was only asked of those residing in households and therefore, excluded individuals who were homeless or were living in communal establishments such as care homes or prisons.

In 2017, the APS stated that there were an estimated **2.4 million** UK Armed Forces veterans in Great Britain, making up an estimated **5%** of household residents aged 16 and over. This was a 99,000 reduction from the previous year mainly due to reduction of people in the older age groups of 65-74 and 75+. Within the County of Shropshire, the APS estimated a total of **24,000** veterans (equating to **6%** of the County's population) with a 1.6% margin of error. The 6% equates to the estimated 6-8% figure of veterans residing in the West Midlands. The APS based these figures on a population of 394,000 within the County of Shropshire. It should be noted that all figures used within the APS are rounded to the nearest '000.

2.4 Estimating the Size of our Armed Forces Community

There is no single data source for estimating the size of the Armed Forces community locally or nationally. It would not be worthwhile, for the purpose of this Assessment to crudely estimate the size of the community.

RECOMMENDATION 1

FURTHER RESEARCH IS REQUIRED TO ESTIMATE THE SIZE OF THE LOCAL ARMED FORCES COMMUNITY

2.5 Pension and Compensation Payments

At at 31st March 2020, **5,371** individuals within the County of Shropshire were in receipt of an Armed Forces pension and/or compensation payments. The limitations of this information make it unhelpful for understanding the veteran population size within the County. However, it could be useful when considering the needs of our local Armed Forces community.

Table 2 shows that **1,929** payments are coded as War Pension Scheme (WPS) and/or Armed Forces Compensation Scheme (AFCS) payments. Being in receipt of one or both does not necessarily

¹⁰ <https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>

mean that an individual requires on-going support, care or assistances but it may indicate a group of individuals more likely to require additional medical care and carer support as they age.

Table 2: MOD Compensation and Other Payments As at 31st March 2020¹¹

Local Authority	All ¹	Of Which Veterans ¹	AFPS Recipients ²	WPS Recipients			AFCS Recipients		
				Veterans (Disablement Pensions)	War Widow(er)s	Other War Pensions ³	Serving Personnel ⁴	Veterans ^{4,5}	GIPS in payment ⁶
Shropshire	3,594	3,310	2,819	628	90	~	192	274	31
Telford & Wrekin	2,194	2,071	1,756	401	42		80	184	17

1. Subtotals can not be summed as an individual may be in receipt under more than one scheme.
2. All veterans in their pension under AFPS 75 and AFPS 05. Excludes pensioners in receipt of their pension under AFPS 15.
3. Includes War Orphans, War Parents, Adult Dependants and recipients of a Child Allowance under the WPS.
4. Figures do not match other published AFCS statistics on lump sum recipients as this bulletin excludes those who have a date of death recorded on the CAPS.
5. Includes individuals awarded compensation under the AFCS after leaving Service, and in-Service recipients of compensation who had later left Service as at 31st March 2020.
6. Guaranteed Income Payment.

It is widely acknowledged that a high proportion of veterans are not in receipt of a pension:

- Not all deferred pensions have been claimed.
- Veterans who completed National Service only receive a pension if they had been injured during their Service and the injury was attributable to that Service.
- Veterans who served less than 12 years prior to 2012, do not qualify for a military pension.
- Veterans who served more than 12 years, but less than the standard qualification, and are aged under 55 years, will not be in receipt of a pension.

The Armed Forces Pension Schemes are designed to reflect the unique nature of Service life, to provide a retirement income for Serving personnel and their dependants and to incentivise retention in Service as a key part of the overall remuneration package¹².

2.6 Veteran Estimates by Population Characteristics

The APS 2017 presented a summary of the overall estimated numbers of the UK Armed Forces veterans residing across Great Britain in 2017, by key characteristics, with comparisons to the non-veteran population:

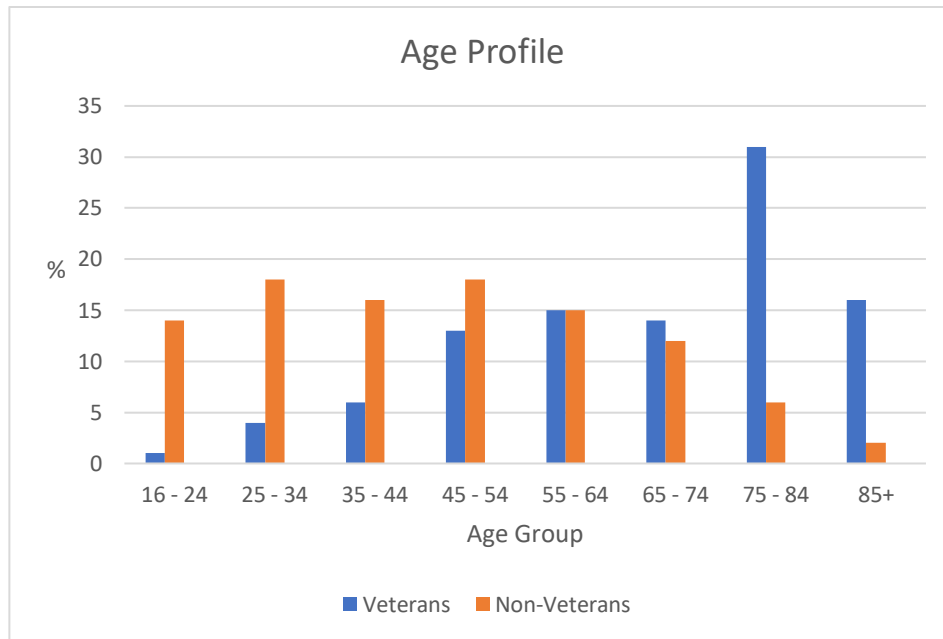
- Veterans were significantly more likely to be male (89%) than non-veterans (47%).
- Veterans were less likely to be single (11%) or married/in a civil partnership (62%) but more likely to be widowed (16%) than non-veterans (14%, 66% and 9% respectively).
- Veterans were significantly more likely to be white than non-veterans (99% compared to 92%).

¹¹ <https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients-2020>

¹² Armed Forces Pension Scheme 1975 – Your Pension Scheme Explained
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911030/FINAL_DRAFT - AFPS 75 Your Scheme Explained.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911030/FINAL_DRAFT_-_AFPS_75_Your_Scheme_Explained.pdf)

- Veterans were older, with a significantly higher percentage aged 75 and over (47%) than non-veterans (8%). Almost two-thirds of veterans were estimated to be aged 65 and over (60%) compared to non-veterans (20%).

Figure 1: Age Profile of Veterans v Non-Veterans



RECOMMENDATION 2

SHROPSHIRE COUNCIL AND Telford & Wrekin Council should be proactive about in the use of existing systems to understand the size of the local armed forces community starting with 'asking the question'

2.7 Reservists

A FOI request¹³, to the MOD, identified the following number of Reservists and Cadet Force Adult Volunteers who have a permanent home address and/or a residence at work address within the County of Shropshire.

¹³ Author: DBS KI MICOE Analyst Mil 3a, DBS CIO Knowledge & Information, MOD dated 15th September 2020

Table 3: Number of Reservists & Cadet Force Adult Volunteers with a Permanent Home Address in The County of Shropshire as At Sep 2020

Assignment Type	Distinct Number of Employee Records		Grand Total
	Shropshire	Telford and Wrekin	
Cadet Force Adult Volunteers	80	40	110
Called Out Reservist	10	10	10
FTRS	20	20	40
Sponsored Reserve	~	~	~
Volunteer Reserve	130	90	220
Grand Total	240	150	380

Table 4: Number of Reservists & Cadet Force Adult Volunteers with a Residence at Work Address in The County of Shropshire as at 2020

Assignment Type	Distinct Number of Employee Records		Grand Total
	Shropshire	Telford and Wrekin	
Cadet Force Adult Volunteers	~	10	10
Called Out Reservist	10	10	20
FTRS	30	50	70
Sponsored Reserve	~	~	~
Volunteer Reserve	120	90	210
Grand Total	160	160	320

Notes for Tables 3 and 4

All figures are rounded to the nearest 10, numbers ending in 5 have been rounded to the nearest multiple of 20 to avoid systematic bias. Figures below 5 denoted by ~, zero denoted by -. Totals & sub-totals have been rounded separately and may not equal the sum or the rounded parts.

As at September 2020, there were a total of **1** Reservist employed at Shropshire Council and **3** Reservists employed at Telford & Wrekin Council¹⁴.

2.8 Foreign and Commonwealth

There is a lack of information pertaining to the numbers of Foreign and Commonwealth veterans within the County of Shropshire although, Shropshire Council continue to liaise with a Fijian veteran community within the area. Although, the needs of these communities may be similar to those of the wider veteran community, it is acknowledged that different ethnic groups, and their families, can experience specific issues that need to be considered:

¹⁴ Data supplied by WM-EEAO at WM RFCA dated 22nd September 2020.

- Higher rates of some diseases and medical conditions.
- Health issues relating to living in houses of multiple occupancy.
- Specific issues around accessing healthcare and other services due to language barriers.

RECOMMENDATION 3

FURTHER RESEARCH SHOULD BE CONDUCTED TO IDENTIFY FOREIGN AND COMMONWEALTH VETERANS ACROSS THE COUNTY OF SHROPSHIRE INCLUDING A FOCUS ON THE NEEDS OF THE COMMUNITIES

2.9 Stop the Service Charge Campaign

Currently when Commonwealth personnel leave the UK Armed Forces and wish to apply to continue to live in the UK, they face thousands of pounds of fees to do so. A Service leaver with a partner and two children will be presented with a bill of almost £10,000 to stay in the country, despite their years of sacrifice and service on behalf of our nation. The RBL is currently running a Stop the Service Charge campaign to lobby the Government to end this significant financial cost.¹⁵

¹⁵ Further information can be obtained from publicaffairs@britishlegion.org.uk

HEALTH & WELLBEING

3.1 Context

Research by the Liverpool Public Health Observatory in 2013¹⁶ highlighted that, generally, the health of the military population is good compared with the general public, due to the expected physical fitness required to join the Armed Forces, social support networks available and access to health care and employment. The Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain, 2017⁸ identified that overall, there were ‘no differences’ between veterans and non-veterans self-reported general health and whether any health problems suffered were expected to last more than twelve months.

3.2 The Role of the NHS & NHS Services for Members of the Armed Forces Community

From 1st April 2013, NHS England took up its full duties to ensure that the NHS delivers better outcomes for patients within its available resources and upholds, and promotes, the NHS Constitution. As a single national organisation, NHS England is responsible for ensuring that services are commissioned in ways that support consistency not centralization whilst ensuring high standards of quality across the country. NHS England works through its national, regional and area teams to discharge these responsibilities.

Section 15 of the Health and Social Care Act 2012, gives the Secretary of State the power to require NHS England to commission certain services instead of clinical commissioning groups (CCGs). These include services or facilities for members of the Armed Forces or their families. These Regulations define the scope of responsibility as being for any Serving member of the Armed Forces stationed in England and any family dependents who are registered with a Ministry of Defence, Defence Medical Services (DMS) Medical Centre. In addition, Reservists who require NHS health services while mobilised will be the commissioning responsibility of NHS England. Those stationed overseas who return to England to receive health services are the responsibility of the NHS in England and will depend on what service is needed and where.

NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State’s Mandate with NHS England and are in line with the commitments made by the Government under the AFC.

NHS England’s responsibilities are to commission directly:

- All secondary and community health services for members of the Armed Forces, mobilised Reservists and their families if registered with DMS Medical Centres in England.
- Specialised services, including specialist limb prosthesis and rehabilitation services for veterans.

The responsibilities of the Clinical Commissioning Groups are to commission:

¹⁶ Liverpool Public Health Observatory (2013) Health Needs Assessment for Ex-Armed Forces Personnel aged under 65, and their Families <https://livrepository.liverpool.ac.uk/2015382/1/93,Health,needs,assessment,for,ex-Armed,Forces,personnel.pdf>

- All secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and Reservists when not mobilised. The bespoke services for veterans, such as veterans' mental health services, will be commissioned by CCGs either individually or collectively.
- Emergency care services on a geographical basis which can be accessed by anyone present in their defined geographical boundary e.g. accident and emergency services, emergency ambulance services and other emergency health services. Serving members of the Armed Forces and their families (where registered with DMS Medical Centres) will have full access to these services.
- Health services for these groups stationed overseas who return to England to receive NHS care.

NHS care for the Armed Forces community¹⁷ includes the following dedicated services and initiatives to support the Armed Forces community:

- **The Veterans' Mental Health Transition, Intervention and Liaison Service (TILS)** is for Serving personnel approaching discharge from the military, Reservists (active and non-active) and veterans with mental health difficulties. The service provides a range of treatment, from recognising the early signs of mental health problems and providing access to early support, to therapeutic treatment for complex mental difficulties and psychological trauma. Help may also be provided with housing, employment, alcohol misuse and social support. TILS can be contacted by calling 0300 323 0137 or by email mevs.mhm@nhs.net.
- **The Veterans' Mental Health Complex Treatment Service (CTS)** is for veterans and Reservists (active and non-active) who have military related complex mental health difficulties that have not improved with previous treatment. The service provides intensive care and treatment that may include (but is not limited to) drug and alcohol misuse, physical health, employment, housing, relationships and finances, as well as occupational and trauma focused therapies.

Both of the above services are available across England and individuals can self-refer or ask a GP or Armed Forces charity to refer them.

- **Veterans Trauma Network (VTN)** The VTN provides care and treatment to those with a Service-attributable physical health condition. Located in ten major trauma centers across England (Plymouth, Oxford, London – three centres, Birmingham, Nottingham, Liverpool, Leeds and Middlesbrough), with links to five specialist NHS trusts, the Network works closely with DMS, national centres of clinical expertise, the TILS and CTS, as well as military charities to provide a complete package of care. It is run largely by healthcare professionals who are either veterans or Serving personnel. GPs can email England.veteranstraumanetwork@nhs.net to refer veterans to the service.

¹⁷ NHS Care for the Armed Forces Community, February 2020, version 10

- **Veterans Prosthetics Panel (VPP)** provides funding on a named veteran basis to NHS Disablement Service Centres (DSC) to ensure that veterans who have Service related limb loss can access high quality prosthetics regardless of which DSC they attend.
- **Armed Forces Personnel in Transition: Integrated Personal Commissioning for Veterans Framework (IPC4V)** is a personalised care approach for Serving personnel who have complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in Service. It provides a framework for effectively planning and delivering personalised care in line with the AFC. Central to this is an improved discharge planning process, starting approximately nine months before individuals leave the military. This means that the MOD, health and social care, Armed Forces charities and other organisations involved in the care of these individuals are brought together at an earlier point in the care pathway, ensuring care and support arrangements are in place as they transition to civilian life and beyond.
- **Personalised Care for Veterans with a Long Term Physical, Mental or Neurological Health Condition or Disability** Veterans with a complex and life-long health condition may be eligible for the Veterans Personalised Care Programme. Eligible individuals will have a single personalised care plan for all their health and wellbeing needs that is developed with them and a range of organisations, including health and social care and Armed Forces charities. NHS England and NHS Improvement, together with the MOD, have published a guide for CCGs and Local Authorities which sets out the new personalised care approach for veterans¹⁸.

To apply, or for further information, individuals should contact their local CCG e.g. NHS Shropshire CCG on 01743 277500 or email ShropshireCCG@nhs.net or Telford & Wrekin CCG on 01952 580300.

- **Veteran Friendly GP Practice Accreditation** Over the next five years, NHS England and NHS Improvement, together with the Royal College of General Practitioners, are rolling out a Veteran Friendly GP Practice Accreditation Scheme across England. This Scheme is intended to help ensure Practices are equipped to best care for veterans and their families and, as at September 2020, 807 surgeries had received accreditation. Disappointingly, only eleven practices have signed up to the Scheme within Shropshire.

¹⁸ <https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/personalised-care-for-veterans/>

Table 5: Veteran Friendly Accredited Practices Within Shropshire as at 15th April 2020¹⁹

Shropshire CCG	Knockin Medical Centre	SY10 8HL
Shropshire CCG	The Caxton Surgery	SY11 1RD
Shropshire CCG	Belvidere Medical Practice	SY2 5LS
Shropshire CCG	Marden Medical Practice	SY2 6DL
Shropshire CCG	South Hermitage Surgery	SY3 7JS
Shropshire CCG	Wem and Prees Medical Practice (Wem Surgery and Prees Surgery)	SY4 5AF
Shropshire CCG	Pontesbury Medical Practice	SY5 0RF
Shropshire CCG	Westbury Medical Centre	SY5 9QX
Shropshire CCG	Much Wenlock and Cressage Medical Practice	TF13 6BL
Telford and Wrekin CCG	Donnington Medical Practice	TF2 8EA
Shropshire CCG	Drayton Medical Practice	TF9 3AL

RECOMMENDATION 4

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD FURTHER WORK WITH GP PRACTICES, AND THE CCG'S, TO ENCOURAGE THEM TO SIGN UP TO THE VETERANS FRIENDLY ACCREDITATION SCHEME AND THE ARMED FORCES COVENANT

- **The Veterans Covenant Healthcare Alliance (VCHA)** aims to improve NHS care for the Armed Forces community by supporting Trusts, Health Boards and other providers to identify, develop and showcase the best standards of care. To date, a group of fifty-three NHS providers have been accredited as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve, or have served, in the UK Armed Forces and their families. Veterans Aware Trusts are leading the way in improving veteran's care within the NHS, as part of the VCHA. These Trusts have promised to:
 - Provide leaflets and posters to veterans and their families explaining what to expect.
 - Train relevant staff to be aware of veterans' needs and the commitments of the NHS under the AFC.
 - Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces.
 - Ensure that members of the Armed Forces community do not face disadvantage compared to other citizens when accessing NHS services.
 - Signpost to extra services that might be provided to the Armed Forces community by a charity or Service organisation in the Trust.
 - Look into what services are available in their locality, which patients would benefit from being referred to.

¹⁹ <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/veteran-friendly-gp-practices.aspx>

Both NHS Trusts in Shropshire – Robert Jones and Agnes Hunt Hospital (RJAH) NHS Foundation Trust and The Shrewsbury and Telford Hospitals NHS Trust - have been accredited as Veterans Aware and both continue to work closely with Shropshire Council and Telford & Wrekin Council and are represented on their Strategic AFC Partnership Boards. Additionally, The RJAH collaborates with Shropshire Council to provide Armed Forces Outreach Support for the Armed Forces community on a weekly basis.

The RJAH also provide a **Veterans Orthopaedic Service** which is open to those who have served with the UK military, including National Service, and treats arthritic lower limb problems especially those requiring hip and knee replacements.

3.3 Serving Personnel

According to NHS England, Armed Forces personnel are typically younger and fitter than the general population. There is a low prevalence of long-term conditions which is unsurprising given that enlistment precludes a number of conditions including cardiovascular disease, rheumatoid arthritis, kidney disease, asthma symptoms or treatment in the last year²⁰. There is however, a higher incidence of musculoskeletal injury in this group.

In 2019, the three largest causes of death among the UK Regular Armed Forces were²¹:

- Cancers 32% (number = 21).
- Other Accidents – 23% (number =15)*.
- Land Transport Accidents – 20% (number = 13).

*Of which 8 were awaiting verdicts and may be recategorized a following coroner's report.

Overall, in 2019, the UK Armed Forces were at a statistically significant lower risk of dying compared to the UK general population. Specifically, the UK Regular Armed Forces were at a:

- 70% significantly decreased risk of dying as a result of a disease related condition and a
- 44% significantly decreased risk of dying as a result of external causes of injury and poisoning (accidental, violent or suicide) compared to the UK general population.

Within Shropshire as at October 2019²², **2,700** Armed Forces personnel were registered with the DMS. The majority of these (**1,810**) were RAF which is to be expected.

²⁰ British Army How to Join – Which Medical Conditions Will Stop Me Joining? Retrieved September 2020
<https://apply.army.mod.uk/how-to-join/can-i-join/medical#which-medical-conditions-will-stop-me-joining?>

²¹ Deaths in the UK Regular Armed Forces: Annual Summary and Trends Over Time 1st January 2012 to 31st December 2019 <https://www.gov.uk/government/statistics/uk-armed-forces-deaths-in-service-2019>

²² <https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-bi-annual-statistics-financial-year-201920>

Table 6: UK Armed Forces Personnel & Entitled Civilian Personnel DMS Registrations to Shropshire and Telford & Wrekin Sustainability Transition Partnership (STP)

	All Persons	All UK Armed Forces	Navy	Army	RAF	Civilian
Shropshire and Telford & Wrekin STP	3,710	2,700	90	800	1,810	1,000

1. Due to rounding, please note that totals may not equal the sum of their parts.

3.4 Transition Into Local NHS Services

At the end of Service, it is the responsibility of individual personnel, and their families, to register with a civilian GP and dentist and to inform them of their previous Service, enabling a marker known as a REED code to be assigned to their patient record. This prompts the request for DMS to transfer previous medical records from the Armed Forces. By sharing this information, veterans with Service related injuries and health conditions can be referred to a range of dedicated services provided by specialist military and civilian providers.

There are circumstances where a medical handover will take place (often when the person is being medically discharged) between the MOD and the NHS as part of the resettlement process. As part of the JAFNA Survey⁵, of the 165 respondents to the question “If you left the Armed Forces with an ongoing mental or physical health condition, do you feel your NHS GP was given all of the correct information?”, just **31%** answered ‘yes’.

In 2016, Portsmouth CCG as part of a Veterans Healthcare Survey²³ highlighted a number of areas where personal transition between DMS and local Healthcare services could be improved:

- Supporting GPs, and other healthcare staff to understand military culture, in particular, the ‘Fighting Fit’²⁴ approach to military health care, compared to the NHS approach of visiting the GP when you are unwell.
- Raising awareness amongst veterans of the healthcare available in the local NHS to help manage expectations.
- Encouraging Service leavers to register with a GP straight after discharge and for new Service leavers, veterans, Reservists and Service families to highlight their Armed Forces status.

NHS England advises GP Practices that patients, from the Armed Forces community should be coded as follows:

²³ Portsmouth CCG (2016) Veterans Healthcare Survey Summary

²⁴ Policy Paper ‘Fighting Fit: A Mental Health Plan for Servicemen and Veterans’ retrieved from:

<https://www.gov.uk/government/publications/fighting-fit-a-mental-health-plan-for-servicemen-and-veterans--2>

Table 7: Coding of Armed Forces Status at GP Practices Dependent on System In Use²⁵

	EMIS and InPS Vision: Version 2	TPP System One: Clinical Terms Version 3 (CTV3)
Veteran	13ji Military veteran	XaX3N Military veteran
	13jy History relating to military Service	Xa8Da History relating to military Service
Reservist	OZ7 Reservist	Xabnw Reservist
Armed Forces Family	13WY Member of military family	-
	13WW Dependent of current Serving member of British Armed Forces	XaZY5 Dependent of current Serving member of British Armed Forces

Several Business as Usual and FOI Requests to the NHS and the Shropshire and Telford & Wrekin CCGs have been unsuccessful in identifying the number of patients, registered across the County, with an Armed Forces connection. Ongoing work with veterans demonstrates that there is a lack of awareness of the need to highlight this connection and also within GP Practices as to the importance of recording this information.

RECOMMENDATION 5

FURTHER WORK IS REQUIRED TO ENCOURAGE GP PRACTICES AND MEMBERS OF THE ARMED FORCES COMMUNITY TO RECORD MILITARY CONNECTIONS

RECOMMENDATION 6

AN ONGOING CAMPAIGN IS REQUIRED TO RAISE AWARENESS AMONGST VETERANS OF THE HEALTHCARE SERVICES THAT ARE AVAILABLE WITHIN THE NHS

3.5 Spouses, Civil Partners and Dependents

There is limited research about the impact of Service life on spouses, civil partners and dependents' health and well-being. Research available concludes these individuals are subject to unique challenges and higher levels of stress.²⁶ Specifically, the Research found that longer deployments may result in a perceived negative impact on military children.

The Veterans & Families Research Hub (VFR Hub) was initiated by the Forces in Mind Trust (FiMT), Lord Ashcroft and Anglia Ruskin University with the aim of²⁷:

²⁵ Guidance for Practices on Registering and Coding Patients from the Armed Forces Community PDF dated June 2016.

²⁶ Rowe et al (2014) Perceptions of the impact of a military career has on children, Health Service and Population Research, King's College London

²⁷ Veterans and Families Research Hub <https://www.vfrhub.com/>

“providing an accessible, contemporary and authoritative repository of UK and international research-related resources and literature on military veterans and their families, including transitions to civilian lives, that informs and stimulates research, policy development, improved service delivery and journalistic enquiry”.

The VFR Hub supports statutory and charity organisations to create better targeted and more efficient policies and services and assists in developing a better understanding of veterans’ matters across communities.

RECOMMENDATION 7

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD CONSIDER CONDUCTING QUALITATIVE RESEARCH WITH FAMILY MEMBERS, WITHIN THE ARMED FORCES COMMUNITY, THROUGH FOCUS GROUPS OR OTHER METHODS TO COMPLEMENT ANY EXISTING QUANTITATIVE DATA

3.6 Reservists

Research suggests that individuals signing up for the Reserves are more likely to be thrill seekers, and more impulsive than the general population, giving them a propensity for risk taking behaviours²⁸. Higher rates of risk-taking behaviour such as smoking, risky driving and violence have also been seen in Reservists that have been deployed. These have the potential to impact on physical health both immediately and in later life.

The MOD provides enhanced mental health services for Reservists in the same way that they do for Regular personnel. This relies on GP’s knowing that the patient is a Reservist, the patient identifying Service related issues to their GP and timely passing of notes to MOD health services.

RECOMMENDATION 8

A PROACTIVE APPROACH IS REQUIRED TO ENSURE RESERVISTS UNDERSTAND THE NEED TO REGISTER THEIR MILITARY CONNECTION WITH THEIR GP

RECOMMENDATION 9

HEALTHCARE PROFESSIONALS NEED TO BE AWARE THAT RESERVISTS HAVE EQUIVALENT STATUS TO VETERANS IN REGARD TO THE COVENANT IN ACCESSING SERVICES

²⁸ Thandi G et al (2015) Risk-Taking Behaviours Among UK Military Reservists, Occupational Medicine, Volume 65, Issue 5 dated July 2015.

3.7 Mental Health

Positive mental health and wellbeing leads to a more flourishing and fulfilling life at home, work and the communities in which we live. It is central to individual and community resilience, the ability to function well, be productive, be healthy and able to cope with adversity and change. The UK Household Survey²⁹, conducted by the RBL, indicated that the prevalence of mental illness is increasing among the ex-Service community, doubling from 3% in 2005 to 6% in 2014. The analysis further indicated that as the prevalence is greatest among those aged 35-64, this rise is not age-related.

The Survey found that the prevalence of mental health disorders among younger veterans (aged 16-44 years) was three times higher than that of the UK population of the same age. Ex-Service personnel may be at an increased risk of self-harm and young male veterans, particularly those with shorter lengths of Service, are at an increased risk of suicide.

There has been much publication and research focussed on post-traumatic stress disorder (PTSD) resulting from experiences of active Service. Only a small number of veterans have been found to have PTSD with other types of mental illness being more common. While the numbers of veterans affected with PTSD are thought to be only slightly higher than in the general population, the severity, in some cases, have found to be much more profound.

In the recent Armed Forces Community Survey⁵, **20%** of respondents stated that they believed that they had mental health issues related to their Service and **10%** stated that they had accessed local mental health services within the previous 12 months. Both Shropshire Council and Telford & Wrekin Council work closely with providers of mental health services, including Service charities locally, and these organisations are encouraged to sign up to the AFC and are represented on the Strategic AFC Partnership Boards.

RECOMMENDATION 10

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD EXPLORE OPPORTUNITIES TO CONTINUE TO STRENGTHEN PARTNERSHIP WORKING WITH LOCAL PROVIDERS OF MENTAL HEALTH SERVICES

3.8 Peer Support and Social Prescribing

Peer support³⁰ in health and care encompasses a range of approaches through which people with similar characteristics (such as long term conditions or health experiences), give or gain support from each other to achieve a range of health and wellbeing outcomes. In mental health, outcomes such empowerment, recovery and hopefulness were improved significantly. In

²⁹ Royal British Legion (2014) A UK Household Survey of the Ex-Service Community www.britishlegion.org.uk/media/4093841/2014householdsurveyreport.pdf

³⁰ NHS England (2017), Community capacity and Peer Support <https://www.england.nhs.uk/wp-content/uploads/2017/06/516Community-capacity-and-peer-supportS7.pdf>

diabetes, peer support led to significant improvements in depression, knowledge of the disease and biomedical outcomes.

There are a range of national and local peer networks including a number of Service specific charities, which offer peer support and mentoring, such as the RBL, Blesma (member to member mentoring) and Combat Stress. Locally, across Shropshire, there are active Veterans Breakfast Clubs and Armed Forces Community Outreach Hubs run by both Councils (and funded by the AFC Trust Fund).

RECOMMENDATION 11

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD EXPLORE OPPORTUNITIES WITH THE ROYAL BRITISH LEGION TO OFFER A FORMAL PEER SUPPORT GROUP WITHIN SHROPSHIRE

In the Long Term Plan, NHS England are fully committed to building the infrastructure for social prescribing in primary care, including:

- One thousand new social prescribing link workers in place by 2020/21, with significantly more after that.
- At least 900,000 people to be referred to social prescribing by 2023/24.

Social prescribing³¹ enables professionals to refer people to a link worker to connect them into community support, based on 'what matters to the person', as identified through shared decision making or personalised care and support³². Link workers develop a shared plan with people and introduce them to community groups and services. This could include groups focused on specific activity, such as walking or singing or in the case of veterans, they may help make links with local veterans' groups. Evidence suggests that group activities can contribute to wellbeing, feelings of social inclusion and that healthy activities can influence changes in behavior to benefit individual health. According to NHS England mapping (June 2018), over 60% of CCGs are investing in local social prescribing connector schemes.

RECOMMENDATION 12

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD EXPLORE OPPORTUNITIES TO INFLUENCE SOCIAL PRESCRIBING CONNECTOR SCHEMES WITH THE AIM OF ENSURING THAT THEY INCLUDE THE MOST APPROPRIATE ACTIVITIES AND GROUPS FOR OUR LOCAL ARMED FORCES COMMUNITIES.

³¹ A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications – Polley M., Bertotti

³² Personalised Care for Veterans in England: A Guide for Clinical Commissioning Groups and Local Authorities

3.9 Battle Back Centre³³

The Battle Back Centre, in Lilleshall, Telford, was established by the RBL in 2011 and is part of the MoD's Defence Recovery Capability programme. Attendance for a one-week residential course is a mandatory requirement of wounded, injured and sick personnel as part of their individual recovery programmes. In collaboration with Leeds Beckett University and Carnegie Great Outdoors Centre, Battle Back provides specialist coaching for multi-activity residential programmes giving participants opportunities to take part in challenging activities including climbing, water sports, caving, wheelchair basketball and archery. As well as continuing to support wounded, injured and sick Service personnel, more recently, the service has been expanded with the introduction of wellbeing courses for veterans.

3.10 Health & Wellbeing - Conclusions

Available research and information indicates that the majority of those within the Armed Forces community have needs in line with the general population. There are some preventable health issues such as diabetes, alcoholism, mental health and suicide associated with this community which local health services need to work together to address.

There is a small number of individuals who experience a range of complex issues which can often escalate, to the point of crisis, quite quickly. These people require practitioners to have the skills and understanding to some of the unique factors that members of the Armed Forces experience and to support these people to overcome the challenges they are experiencing. Moving forward, there is a pressing need to learn from good practice whilst addressing the gaps in our knowledge.

³³ <https://www.britishlegion.org.uk/get-support/physical-and-mental-wellbeing/recovery-centres/the-battle-back-centre>

CHILDREN AND YOUNG PEOPLE

4.1 Context

In 2017, the Local Government Association (LGA)³⁴ estimated that there were approximately, 150,000 Serving personnel living in England and that across the UK, there were 101,393 dependent adults and 57,590 dependent children³⁵, with around 8% of children aged 0-15 being from current and ex-Serving Armed Forces families. The ONS Mid-Year Estimates for the Population of England, Scotland & Northern Ireland dated 2019³⁶ estimated a total of **53,038** young people aged 0-15 in Shropshire and a total of **37,059** in Telford & Wrekin. Applying the methodology of the previously mentioned 8%, this equates to an approximate total of **7,207** children (Shropshire – 4,243 and Telford & Wrekin 2,964).

Service families often face additional pressures on family life resulting from separation from loved ones due to deployment on exercises and operations. Service families also tend to be more mobile with moves sometimes unplanned and at short notice. In 2019, 28% of Service families had at least one child change schools, for Service reasons, in the previous 12 months³⁷. This can lead to disrupted continuity of education for children. The Tri-Service Continuous Attitude Survey reported that families who changed schools for Service reasons were more likely to experience difficulties with their children's' education (44%) than those who changed schools for other reasons (24%).

4.2 Attainment

In 2016, the MOD issued an Ad Hoc Statistical Bulletin³⁸ which provided information on educational statistics for England specifically on UK Armed Forces Personnel's children (Service children), in 2014/15. In the Bulletin, Service children were compared to non-Service children who were not eligible for free school meals (FSM). The Bulletin was developed in support of the quantitative evidence on education which is one of the four areas which the MOD is obliged to report on, in the Annual Armed Forces Covenant Report to Parliament on: Health, Housing, Education and Inquests.

The Key Points from the Bulletin were:

- In each year between 2012/13 and 2014/15, there was little difference between the attainment of Service children and non-Service children at Key Stage 2 and Key Stage 4.
- In 2014/15, Service children were more likely to attend more than one school, compared to non-Service children, at both primary and secondary levels.
- For Service children attending one school, the attainment at Key Stage 2 and 4 was the same or higher than for non-Service children.

³⁴ LGA (2017) Meeting the Public Health Needs of the Armed Forces Community: A Resource

³⁵ RBL (2014) Household Survey 2014

³⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

³⁷ MOD (2019) Tri-Service Continuous Attitude Survey

³⁸ MOD – Ad Hoc Statistical Bulletin Children of UK Armed Forces Personnel: Education Statistics for England, 2014/15

- For Service children who attended more than one school, at both primary and secondary (Key Stage 2 and 4), the percentage achieving the acceptable level fell however, they performed better than non-Service children who attended more than one school.
- The same percentage of Service children and non-Service children attended Outstanding and Good OFSTED rated schools in 2014/15. However, fewer Service children attended Outstanding schools.

Attainment:

- In 2014/15, 82.3% of Service children achieved level 4 or above in reading, maths and writing at Key Stage 2, compared to 82.9% of non-Service children. Achieving level 4 or above in these subjects was the expected standard for KS2 pupils in 2014/15.
- At Key Stage 4, 64.9% of Service children achieved five or more A*-C (or equivalent), including English and Maths, GCSEs in 2014/15 compared to 63% of non-Service children.

The Bulletin also noted that the attainment of Service children and non-Service decreased as the number of schools attended increased at both Key Stage 2 and 4. However, the attainment of Service children decreased less than the attainment of non-Service children as the number of schools increased.

RECOMMENDATION 13

**FURTHER ANALYSIS SHOULD BE CONDUCTED LOCALLY TO ASCERTAIN THE
ATTAINMENT OF SERVICE PUPILS ACROSS OUR COUNTY**

4.3 Service Pupil Premium (SPP)

The Department for Education introduced the Service pupil premium (SPP) in April 2011 in recognition of the specific challenges children from Service families face and as part of the commitment to delivering the AFC. State schools, academies and free schools in England, which have children of Service families in school years Reception to Year 11, can receive the SPP funding. It is designed to assist the school in providing the additional support that these children may need and is currently worth £310 per service child who meets the eligibility criteria. Eligible schools receive the SPP so that they can offer mainly pastoral support during challenging times and to help mitigate the negative impact on Service children of family mobility or parental deployment

Pupils attract SPP if they meet one of the following criteria:

- One of their parents is serving in the Regular Armed Forces (including pupils with a parent who is on full commitment as part of the full time Reserve Service).
- They have been registered as a 'Service child' on the January school census at any point since 2016.
- One of their parents died whilst serving in the Armed Forces and the pupil receives a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme.

- One of their parents have previously left the Armed Forces, including through injury, for up to a maximum of six years.³⁹

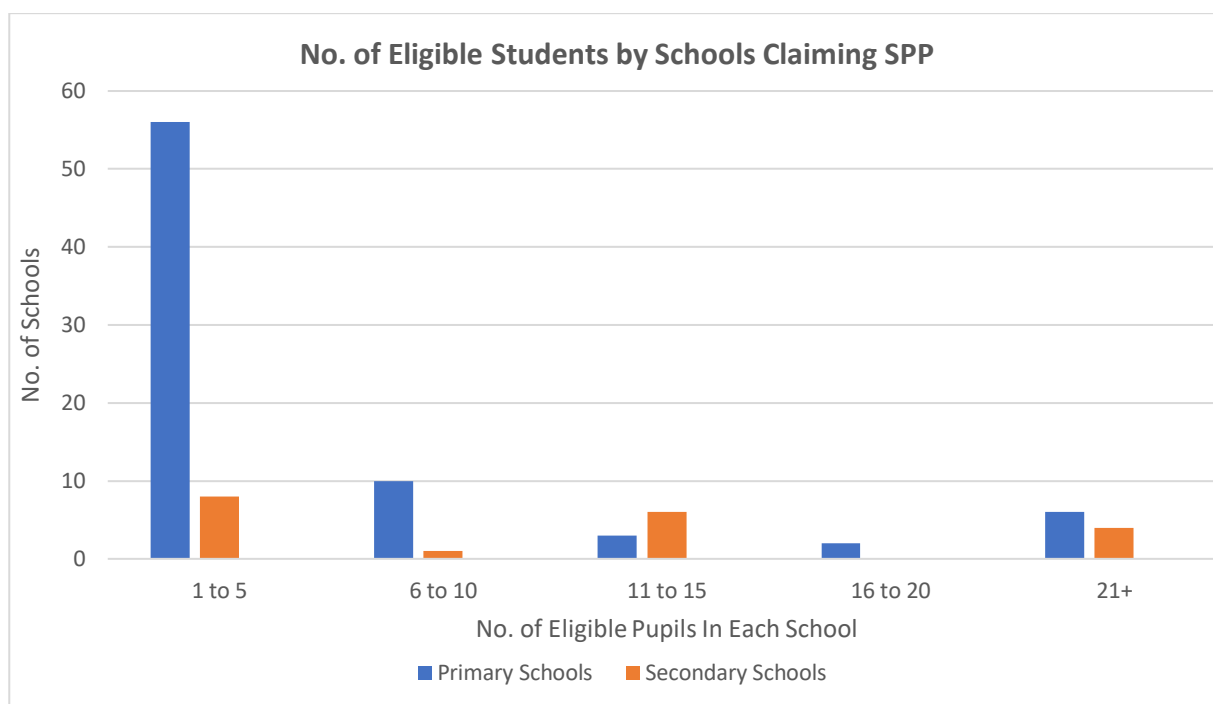
Children must be flagged as Service children ahead of the January school census deadline. Service parents need to make the school aware of their status by talking to the head teacher or school admin staff.

Table 8: Service Pupil Premium by Local Authority as At March 2020⁴⁰

	Total No. of Children	No. of Children registered for SPP	SPP as % of Total Cohort	Total Amount (£)
Shropshire	36,338	931	2.56	279,300
Telford & Wrekin	27,261	557	2.04	166,975

SPP figures could not be broken down for Telford & Wrekin schools however, analysis of schools belonging to the Shropshire Local Authority revealed:

Figure 2: No. of Eligible Students Within Schools Claiming SPP



As part of a recent Armed Forces Community Survey, within Shropshire, just 57% of respondents with dependent children, of school age, responded that they had notified the school of their

³⁹ <https://aff.org.uk/advice/education-childcare/service-pupil-premium/>

⁴⁰ <https://www.gov.uk/government/publications/pupil-premium-allocations-and-conditions-of-grant-2019-to-2020>

Armed Forces status. This non-notification may be for various reasons including lack of knowledge about SPP or not wishing to be identified as having an Armed Forces connection etc. There are also several occasions when parents express concern to the LA's Armed Forces Covenant Teams about how the SPP is being spent within schools. It is recognised that it is difficult for schools with small numbers of pupils receiving SPP to demonstrate effective utilisation of the funds – as shown at Table 2, the majority of Primary Schools have five or less pupils.

RECOMMENDATION 14

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD REGULARLY PROMOTE SPP AND ISSUE BEST PRACTICE GUIDANCE TO ASSIST OUR SCHOOLS TO IDENTIFY THE MOST EFFECTIVE USE OF THE PREMIUM

RECOMMENDATION 15

LOCALISED INFORMATION ABOUT SCHOOLS, INCLUDING AVAILABILITY, NUMBERS OF OTHER SERVICE CHILDREN IN ATTENDANCE AND WHAT THE SCHOOL DOES TO SUPPORT SERVICE CHILDREN SHOULD BE MADE AVAILABLE FOR SERVICE FAMILIES MOVING INTO THE AREA

4.4 Free School Meals

Free School Meals (FSMs) are offered to children of families who are in receipt of:

- Income Support.
- Income-based Jobseeker's Allowance.
- Income-related Employment and Support Allowance.
- Support under Part VI of the Immigration and Asylum Act 1999.
- The guaranteed element of Pension Credit.
- Child Tax Credit (provided families are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190).
- Working Tax Credit run-on - paid for 4 weeks after families stop qualifying for Working Tax Credit.
- Universal Credit - if families apply on or after 1 April 2018 the household income must be less than £7,400 a year (after tax and not including any benefits).

Children from Service families are less likely to be eligible for FSM, which is to be expected since Service children have at least one working parent. However, Table 4 (below) shows that 10.4% and 14.9% (Shropshire and Telford & Wrekin Council respectively) of pupils in receipt of SPP, across the County, also receive FSMs. Given that parents, in the Armed Forces, are unlikely to work part-time or be in a low paid job, these results may appear unexpected.

Although, the school census is taken for all pupils on role on census day and should reflect circumstances on that day, it is possible that a pupil is still being defined as a Service child even if the parent has exited the Forces – SPP can be claimed for up to 6 years. Alternatively, there may

be situations of family breakdown, where the couple have separated, and household income is low for the parent who does not serve in the Armed Forces.

Table 9: Service Children in Receipt of Free School Meals Across the County of Shropshire As at January 2020

Year	Shropshire Council			Telford & Wrekin Council		
	Total No. of Children in Receipt of SPP	No. of Those Children Having FSM	% ¹	Total No. of Children in Receipt of SPP	No. of Children Having FMS	% ¹
2019/20	934	97	10.4	565	84	14.9
2018/19	905	91	10.1	534	73	13.7
2017/18	920	75	8.2	507	62	12.2

Based on the PPG data on the School Spring Censuses

1. Rounded to 1 decimal place.

4.5 The Service Children’s Progression Alliance

The Service Children’s Progression (SCiP) Alliance is a partnership of organisations focused on improving outcomes for children from military families. It is hosted by the University of Winchester and supported by the MOD. The SCiP Alliance has established a UK-wide network including six research-practice Hubs launched in 2019. The West Midlands Hub was launched in November 2019 and both local authorities were in attendance.

The SCiP Alliance is working to

- Establish and sustain an alliance of stakeholder organisations across the UK to support the progression of Service children into thriving adult lives and careers;
- Develop an effective research and practice hub network that enables the continuous improvement of practitioners’ work with and for Service children’s education and progression in local contexts; and
- Lead a research and knowledge exchange unit to drive improvements in understanding, evidence and impact focused on Service children’s outcomes.

4.6 Children and Young People Conclusions

The needs of Service children and young people are similar to the needs of those in the rest of the general population. However, Service life does present some unique and additional challenges in relation to social integration, support and consistency of educational provision which can impact on emotional wellbeing and educational attainment. Children of veterans and those of Serving personnel aged under 4 and over 16 years are an invisible cohort and further research is required to understand their needs. This research should include establishing greater understanding of the impact on the children of veterans following transition and post resettlement. More needs to be done to ensure that Service children’s Special Educational Needs (SEN) are fully recognised and receive a consistent package of support from the educational system.

Service children need professionals who understand the challenges they face and can offer the correct support to manage their experiences and to build the necessary resistance and confidence. One example of where this works particularly well is the Children & Young Persons Board chaired by the Community Development Officer at RAF Shawbury. The Board meets regularly and is attended by headteachers of local schools, local childcare providers, representatives from Shropshire Council and senior members of the Armed Forces at the RAF Base. The Board is able to share good practice and ensure that early years and primary and secondary school providers are able to ensure consistency of support throughout the children's education within Shropshire.

RECOMMENDATION 16

A REVIEW SHOULD BE UNDERTAKEN TO ASCERTAIN THE REQUIREMENT FOR FURTHER CHILDREN AND YOUNG PERSONS BOARDS ACROSS THE COUNTY OF SHROPSHIRE

HOUSING

5.1 Context

Subsidised accommodation is considered a key part of the 'offer' given to Regular Service personnel. This is because of the requirement for personnel to be mobile, lack of choice over location and the remote nature of many of the bases in which they serve. There are two main types of Service provided accommodation:

- Service Family Accommodation (SFA).
- Single Living Accommodation (SLA).

Entitlement is dependent on individual circumstances and is largely dependent on rank; marital/civil partner status and number of children. To be entitled to SFA, Service personnel must be aged 18 and over; be married or in a civil partnership or have permanent custody of children with at least 6 months to serve. SLA is most often provided at the Service personnel's duty station while SFA may be located within a certain radius of a base. Substitute accommodation may also be provided where appropriate.

The Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain 2017 reported that there was no difference between the percentage of veterans and non-veterans who have brought their own home and the percentages who rent, even when comparisons were made by age and region. The majority of veterans, residing in Great Britain, were estimated to either have owned their own property or had a mortgage (76%). This was consistent with the non-veteran population (78%).

5.2 Service Accommodation

The UK Armed Forces Continuous Attitudes Survey 2019 (AFCAS19)⁴¹ provides the following information about Armed Forces accommodation:

- 78% of regular Service personnel live in Service accommodation during the week. The figure varies between the Services with the highest proportion in the Army.
- 39% live in SLA. Again, there is considerable difference between the Services. 56% of those in the Royal Marines live in SLA compared to 35% in the RAF and 45% in the Army. Other ranks are more likely than Officers to live in SLA.
- 32% live in SFA with the highest proportions being in the Army (41%) and RAF (33%).
- The most common reason why personnel do not own their own home continues to be that they cannot afford to buy a suitable home at the moment, at 64%.
- The most common reason why personnel purchased their own home continues to be the stability for themselves and their family, at 75%.

41

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811689/Armed Forces Continuous Attitude Survey 2019 Main Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811689/Armed_Forces_Continuous_Attitude_Survey_2019_Main_Report.pdf)

A FOI Request to the MOD, dated June 2020,⁴² identified that there is a total of **161** SFA units in the SY postcode area and a total **374** in the TF area. These figures are broken down as follows:

Table 10: Number of Service Family Accommodation Units Within the County of Shropshire

	SY Postcode	TF Postcode
Type 1 (251 m ²)	1	0
Type 2 (210 m ²)	3	4
Type 3 (155.5 m ²)	17	11
Type 4 (137 m ²)	14	30
Type 5 (137 m ²)	22	19
Type 5S	20	0
Type C (94 m ²)	58	238
Type D (119.5 m ²)	26	34
Type DS	0	2
Type B (85.5 m ²)	0	36
TOTAL	161	374

Further information relating to each Type including entitlement by Rank etc. can be found in JSP 464 Tri-Service Accommodation Regulations Volume 1: Service Family Accommodation (SFA) and Substitute Service Family Accommodation – UK and Overseas Part 2 Guidance⁴³.

Substitute Service Family Accommodation (SSFA): Where SFA is not available, privately rented accommodation (known as Substitute SSFA) is provided, allocated and managed by the MOD Accommodation Agency contractor. The standard of SSFA accommodation remains the same as those to which Service personnel are currently entitled within the regulations. A FOI²⁰ identified that there is no SSFA within the County.

The MOD is currently piloting a new way of providing living accommodation to eligible Service personnel, entitled the **Future Accommodation Model (FAM)**⁴⁴ with the aim of improving the accommodation offer to make it fairer and more flexible whilst keeping it affordable for the MOD. The current accommodation system was developed many years and the following needs to change have been identified:

- The current accommodation model does not support how some personnel want to live, meaning that some have no choice but to opt out of subsidised accommodation.
- The current system is based in part on Rank, rather than need e.g. the size of a Service person's family.

⁴² FOI 2020/06124 dated 22nd June 2020.

⁴³

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877031/20200401 - JSP 464 Volume 1 Part 2 - Version 12 1 .pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877031/20200401_-_JSP_464_Volume_1_Part_2_-_Version_12_1_.pdf)

⁴⁴ <https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam>

- The current accommodation system has large overheads and is in increasing need for repairs. It is also inefficient, as large numbers of houses are kept empty to allow personnel to move around.

The FAM pilot, currently being run at HMNB Clyde, Aldershot Garrison and RAF Wittering, will:

- Provide more choice to more personnel over where, how, and with whom they live.
- Provide Armed Forces personnel with an accommodation subsidy based on need, rather than rank or relationship status.
- Enable Armed Forces personnel to remain mobile, while also providing support and greater stability.

A decision will be taken in 2022 on whether to extend FAM across the rest of the UK.

5.3 Social Housing

The Housing Act 1996 (Additional Preference for Armed Forces) (England) Regulations 2012 requires that Councils:

- Must give additional preference to certain members of the Armed Forces community who come within the reasonable preference category, and who have urgent housing needs.
- Must disregard the local connection rule when considering applications from Serving members, or veterans who have been out of the Armed Forces for 5 years or less, bereaved spouses and existing or former Reservists suffering from injury, illness or disability attributable to their Service.

It should be noted that these requirements do not cover divorced or separated Armed Forces spouses.

On the 27th June 2020, the UK Government announced new measures to ensure access to social housing was improved for members of the Armed Forces, veterans and families. The Government set out how councils should ensure members of the Armed Forces and veterans who need support with their mental health, because of conditions such as Post Traumatic Stress Disorder (PTSD), are given priority. The new measures also mean that former spouses or civil partners of Serving personnel will be given extra support when apply for social housing. They will be exempt from rules requiring them to be a local resident before being given social housing in the area to ensure that they are not disadvantaged when applying. Guidance was also issued to councils to encourage staff-training so that they understood the circumstances of the Armed Forces community and consider their housing needs appropriately.

RECOMMENDATION 17

CURRENT STAFF TRAINING, FOR HOUSING STAFF, SHOULD BE REVIEWED TO ENSURE THAT IT IS BEING EFFECTIVELY APPLIED IN RELATION TO OUR ARMED FORCES COMMUNITY

Both Shropshire Council and Telford & Wrekin Council have processes in place for identifying members of the Armed Forces community within the application process. At Shropshire Council, up to 5% of social housing properties are targeted towards the Armed Forces community subject to meeting the following criteria:

- Members of the Armed Forces who are within five years of discharge.
- Members of the Armed Forces community who have a local connection to Shropshire.
- Veterans who have served a minimum of four years with the British Armed Forces.
- Those who are going to be discharged within six months or have already been discharged.

If applicants meet the criteria shown above, they are awarded a ‘gold band’ indicating a higher level of housing need. This ensures that current Serving and ex-Serving members of the Armed Forces are supported in applying for a house. Table 6 shows annual registrations of applicants who meet the criteria above which is set out in Section 2.10 of Shropshire’s Allocation Policy. Table 7 shows the trend in members of the Armed Forces registering for access to social housing.

Table 11: Annual Snapshot of All Registrations⁴⁵

	1st April 2015	1st April 2016	1st April 2017	1st April 2018	1st April 2019
Applicants meet the criteria set out in Section 2.10	14	3	0	1	1

Table 12: Housing Waiting List Registrations – Members of the Armed Forces Community

	Currently living in MOD Accommodation	Current member of the Armed Forces	Applicant is a partner of member of the Armed Forces	Applicant previously served in the Armed Forces in the last 5 years	Discharged from the Armed Forces
01/04/2015	26	26	11	14	27
01/04/2016	16	12	3	10	2
01/04/2017	18	12	10	10	13
01/04/2018	15	9	3	12	11
01/04/2019	13	15	10	14	1
Average	18	15	7	12	11

Currently, the Telford & Wrekin Council Housing Allocation Scheme – which is under review – allocates all applicants who are leaving the Armed Forces to Band A. Band A is the highest band and is for Emergency and High Priority cases.

⁴⁵ HomePoint Housing Registrations Data, Shropshire Council

5.4 Home Ownership

The Forces Help to Buy Scheme, which launched in April 2014, helps Service personnel to get on or stay on the property ladder by borrowing up to 50% of their annual salary (up to a maximum of £25,000) to purchase their first property. As of the 30th September 2019, the Scheme had helped around 19,400 Service personnel at a total cost of £293 million (an average of £15,000)⁴⁶. In October 2019, the Secretary of State for Defence announced that the Scheme would be extended until the end of December 2022.

5.5 Homelessness

The Homelessness Reduction Act 2017 placed new duties on local housing authorities to take reasonable steps to try to prevent and relieve a person's homelessness. Local authorities must now work with applicants to develop personalised housing plans, the aim of which is to try to ensure that the applicant has somewhere suitable to live for at least the next six months. This considers their background including Service in the Armed Forces and any support needs that may have arisen from this. In 2018/19, 1,780²³ households, within the UK, were assessed as having support needs resulting from having served in the Armed Forces.

Both Shropshire Council and Telford & Wrekin Council work alongside organisations who work in the housing sector to help alleviate homelessness. Specifically, both Strategic AFC Boards have representatives from local homelessness charities which means that help, for our Armed Forces community can be obtained as and when required. Within Shropshire Council, the AFC Operations Group assists individuals from the Armed Forces community, who are in crisis including housing matters.

5.6 Housing – Conclusions

Although, the majority of veterans own their own home, or have the means to rent privately, there is a small but significant minority of veterans who struggle to find appropriate and affordable accommodation post Service. More work needs to be done to understand veterans housing demand and homelessness across the County.

Moving forward, the FAM will provide a wider range of housing opportunities for Service personnel and their families and encourage a shift to be more in line with the general population in terms of finding housing. However, it is not possible at this time to predict the impact on housing demand in Shropshire.

⁴⁶ Armed Forces Covenant Annual Report 2019

RECOMMENDATION 18

**FURTHER WORK IS REQUIRED WITH LOCAL HOUSING PROVIDERS TO IDENTIFY
VETERAN SPECIFIC HOUSING AND TO ENCOURAGE CURRENT HOUSING PROVIDERS
TO SIGN UP TO THE COVENANT**

RECOMMENDATION 19

**VETERAN SPECIFIC HOUSING PROVIDERS SHOULD BE ENCOURAGED TO SIGN UP TO
THE VETERANS GATEWAY**

EMPLOYMENT

6.1 Context

In 2017, the APS¹⁰ reported that working age veterans were as likely to be employed as non-veterans (78% and 79% respectively). According to the APS, just 4% of working age veterans were unemployed and seeking work, whilst 19% were inactive by choice; academic study, travel and/or retirement cited as the most common reasons. However, it is imperative to look beyond the figures and to examine whether or not, the employment is meaningful and in 2014, research undertaken by St George's House in partnership with the FiMT concluded that more work was needed to support employers to see the benefits of employing veterans⁴⁷.

Following on from this, further research was funded by FiMT which highlighted civilian perceptions of ex-Service personnel and their experiences of entering the civilian job market. According to a 2019 survey, while 71% of surveyed UK organisations are likely to consider hiring ex-Service personnel, 18% said they were unlikely. This is linked to employers' views that ex-Service personnel do not have the relevant skills or experience (44%), that they may not fit the culture of the workplace (19%), that their skills from active duty may not translate into a business environment (18%) or that they may have different levels of education to those expected of civilian workers (11%).

While the UK public have a broadly positive view of both ex-Service personnel and the Armed Forces, there remains a perception among 64% of the public that ex-Service personnel suffer more from mental, physical or emotional issues than the average person⁴⁸.

6.2 Spousal and Civil Partner Employment

In 2019, 50% of respondents to the UK Regular Armed Forces Continuous Attitude Survey⁴⁹ stated that their spouse's career was an influential factor when considering their intention to stay or leave the Armed Forces. As an aside, 49% of respondents stated that their spouse/partner was in full-time employment compared to 45% in the previous year.

Despite their significance, spouses and civil partners remain under represented in the workplace with employment rates, in 2018, mirroring those of spouses in the general population in the 1970's⁵⁰ Key barriers to employment include:

- Caring responsibilities.
- Frequent moves.

⁴⁷ FiMT (2014) Back to Civvy Street: How can we better support individuals to lead successful civilian lives after a career in the UK Armed Forces Report.

⁴⁸ Based on a survey commissioned by FiMT and undertaken by YouGov in 2018 with 2,849 interviews collected from the UK public using a self-complete, online methodology.

⁴⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811689/Armed_Forces_Continuous_Attitude_Survey_2019_Main_Report.pdf

⁵⁰ Employers Network for equality and inclusion (2018) Employing Military Spouses: A Guide for Employers.

- Employer bias – the reluctance of organisations to hire spouses because of their limited period of time in the community.

Both Shropshire Council and Telford & Wrekin Councils have adopted flexible working policies and are supportive of requests that relate directly to the deployment of a spouse or civil partner serving in either the Regular or Reserve Forces. To date, neither Council have identified the numbers of these spouses or civil partners although, two years ago, Telford & Wrekin Council did form a working party of members of the Armed Forces community, within their workforce, to assist in delivery of the activities around Armed Forces Day.

RECOMMENDATION 20

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD CONSIDER FORMING A PLATFORM, AT BOTH LOCAL AUTHORITIES, TO ALLOW SPOUSES AND CIVIL PARTNERS OF SERVING PERSONNEL AND VETERANS TO SHARE THEIR EXPERIENCES AND TO HIGHLIGHT ADDITIONAL AREAS WHERE THE COUNCILS COULD IMPROVE THEIR OFFER TO THIS COMMUNITY

Recent Tri-Service research conducted by Warwick Institute for Employment Research resulted in a key recommendation: the need to create a central portal for employment and training opportunities for military spouses and family members. This resulted in the Forces Families Jobs⁵¹ website being set up. The website showcases a range of training and career development opportunities and all employers who advertise on the site must sign up to the AFC and explain their individual commitment to being Forces family friendly.

Eligibility to use the website extends to:

- Spouses and partners of currently Serving and Reserve personnel and adult children aged 18-25.
- Spouses and partners of Service personnel who have left the Armed Forces within the last twelve months and adult children aged 18-25.
- Bereaved spouses and partners for up to years post Service and adult children aged 18-25.

RECOMMENDATION 21

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD CONSIDER SIGNING UP TO THE FORCES FAMILIES JOB WEBSITE.

⁵¹ <https://www.forcesfamiliesjobs.co.uk/>

6.3 Reservists

The Reserve Forces undergo rigorous training which develops key skills including teamwork, leadership and organisation. The MOD estimates that it would cost a civilian employer approx. £8,000 per staff member to undertake this additional training⁵². Being a member of the Reserve Forces also incurs additional benefits for the individual including a small financial reward, called an annual bounty, claimed upon completion of an average twenty-eight days Service.

Reservists complete their Service in their own time during evenings, weekends and by undertaking an annual camp. In recent years, the Government has sought to ensure that Reservists have employment rights which support them to manage the responsibilities of their civilian employment alongside their Reservist commitments. This includes ensuring that Reservists cannot be made redundant during their mobilisation and by offering the following to employers:

- Defence-funded employer contributions to an organisation's pension scheme, if withdrawn by the employer and the Reservist chooses to remain within this scheme.
- Additional salary costs for a temporary replacement or overtime costs if they exceed the Reservist's salary up to a maximum of £110 per day (£40K per year).
- Agency fees and non-recurring advertising costs incurred in replacing the Reservist.
- Up to £2,000 of costs of training the person who fills in for the Reservist during mobilisation.
- Seventy-five per cent or up to £300 of specialist clothing costs for a person replacing a deployed Reservist.
- Essential retraining costs for the Reservist returning to work following mobilisation.
- Also, small and medium-sized companies (and equivalent sized charities and partnerships) can claim up to £500 per month for each mobilised Reservist.

Within Shropshire, both Local Authorities have enhanced special leave policies to support Reservists in their commitment.

RECOMMENDATION 22

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD DEVELOP AN EMPLOYMENT STRATEGY THAT ENABLES RESERVISTS TO BE SEEN AS A BUSINESS ASSET

⁵² MOD (2017) Your Guide to Employing Reservists Booklet retrieved 15th September 2020 from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574135/Guide_to_Employing_Reservists_20161130.pdf

6.4 Moving into Civilian Employment

The majority of Service leavers will spend more time in civilian employment than their military career and gaining employment has been described as one of the three pillars of successful transition between Service and civilian life⁵³.

The MOD has adopted a proactive approach to supporting employees moving into employment at the end of their Service. Since 1998, the MOD has commissioned Career Transition Partnership (CTP) services from Right Management. The CTP exists to provide employment resettlement services to those leaving the Royal Navy, Army, Royal Air Force and Marines regardless of the time served. The CTP service can be accessed two years before leaving the Armed Forces and for up to two years afterwards.

To date, CTP have assisted over 235,000 Service leavers to market themselves confidently and to get the most out of life outside the Armed Forces. CTP outcomes are published annually by the ONS. Of the Service personnel who left the UK Armed Forces in 2018/19 and used a billable CTP service, 86% were employed, 6% were unemployed and 8% were economically inactive (e.g. training, retirement etc), up to six months after leaving Service⁵⁴. The employment rate of 86% and the unemployment of 6% among 2018/19 Service leavers were higher than the UK population during the same period (76.3% and 4% respectively).

However, caution must be taken when making comparisons. The employment status of Service leavers was recorded six months after they left Service whilst the UK population includes those that sought employment for longer than six months. In addition, there were demographic differences between the 2018/19 Service leavers and the UK population, for example, 91% of Service leavers were male, compared with 49% of the UK population. Males are more likely to be employed than females and therefore, this disparity in gender may be driving the employment rate of Service leavers to be higher than that of the UK population.

There are numerous Charities, across the UK, who assist veterans in finding employment and the following are just a few (further information can be found from the Shropshire Council Armed Forces Employment support website page⁵⁵):

- The Poppy Factory is an employment Charity for veterans from all Services with health conditions or impairments. They use an evidence based model to improve outcomes and build successful, long-lasting relationships between disabled veterans and their employers.
- Royal British Legion Industries Lifeworks is a 4-5 day course tailored specifically towards helping ex-forces personnel to secure employment. It is open to anyone who has served

⁵³ FiMT (2014) Back to Civvy Street: How can we better support individuals to lead successful civilian lives after a career in the UK Armed Forces

⁵⁴

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868768/20200226 - Statistical Bulletin v3 - O.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/868768/20200226_-_Statistical_Bulletin_v3_-_O.pdf)

⁵⁵ <https://shropshire.gov.uk/armed-forces-support/education-training-and-employment-advice/>

in the Armed Forces and is particularly aimed at those experiencing long term unemployment.

- Ex-Forces Net provides through-life support to those looking for advice about careers, housing, education, location and emigration, irrespective of how long they served or their date of discharge from the Armed Forces. In addition to the direct support offered to individuals, Ex-Forces Net have also launched the Forces4Change (F4C) Charter aimed at Small to Medium Enterprises and Public Sector organisations who recognise the value of employing ex-Service personnel.
- REFA the Employment Charity provides vocational advice and information about job opportunities to all veterans irrespective of when they left the Armed Forces and any barriers to employment they face including disability, health issues or long-term unemployment.

Job Box is a Telford & Wrekin Council initiative which supports residents who are seeking employment including advice on updating CV's and preparing for interviews. This initiative is not specifically aimed at veterans, and their families, but is open to all residents.

RECOMMENDATION 23

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD BE PROACTIVE IN ADVERTISING THE RANGE OF LOCAL EMPLOYMENT SUPPORT AND OPPORTUNITIES AVAILABLE TO MEMBERS OF THE ARMED FORCES COMMUNITY

RECOMMENDATION 24

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD CONSIDER HOW THEY ENCOURAGE VETERAN OWNED BUSINESSES, WITHIN THEIR SUPPLY CHAIN, AS PART OF THEIR WIDER WORK TO PROMOTE DIVERSITY WITHIN THE PROCUREMENT PROCESS

6.5 Supporting Transition to Civilian Life Through Employment

The UK Government is currently consulting on a policy objective to reduce the cost of employing veterans from April 2021 with a 12-month National Insurance Contributions (NICs) relief. This will provide an added incentive for employers to hire more veterans and to benefit from the exceptional, and often unique, experiences and skills that a veteran can bring to the workforce. The consultation document⁵⁶ states that the Government intends to make this relief available to as many veterans as possible and is therefore considering the definition set out in the AFC. The

⁵⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902293/Supporting_veterans_transition_to_civilian_life_through_employment.pdf

Covenant defines a veteran as ‘anyone who has served at least one day in Her Majesty’s Armed Forces’.

The closing date for comments on the consultation is the 5th October 2020.

6.6 Out of Work Benefits

The benefits system, overseen by the Department of Work and Pensions (DWP), is in place to help those who would otherwise struggle financially. Locally, the Armed Forces Covenant Teams, at both Councils, have an excellent working relationship with the DWP and the Partnership Manager (Shropshire), DWP, who provides regular updates and was a member of the JAFNA Task & Finish Group. Each local DWP centre also has an Armed Forces Champion who can support coaches working with members of the Armed Forces community.

It has proved difficult (despite Business as Usual Requests) to obtain unemployment/benefits data relating to actual numbers of veterans, spouses and Reservists across the County of Shropshire. Moving forward, it is imperative that these figures are obtained and regularly analysed to identify and address local issues that are unique to this community.

RECOMMENDATION 25

FIGURES, RELATING TO OUT OF WORK BENEFITS, SHOULD BE REGULARLY ANALYSED TO ADDRESS ANY ISSUES THAT ARE UNIQUE TO OUR LOCAL ARMED FORCES COMMUNITY

6.7 Defence Employer Recognition Scheme

The Defence Employer Recognition Scheme (DERS) encourages employers to support Defence and inspire others to do the same. The Scheme includes Bronze, Silver and Gold Awards for employer organisations that pledge, demonstrate or advocate support to the MOD and the Armed Forces community, and align their values with the AFC.

Bronze Award. Employers must pledge to support the Armed Forces and have signed the AFC. The employer must be open to employing members of the Armed Forces community.

Silver Award. Employers must proactively demonstrate a positive approach to employing members of the Armed Forces community: including having in place supportive policies towards Reservists regarding mobilisation and offering additional paid leave (minimum of 5 days) to support them to undertake annual training camps.

Gold Award. Employers must be an exemplar within their market sector, advocating support to Defence People issues to partner organisations, suppliers and customers with tangible positive results.

Both Shropshire Council and Telford & Wrekin Council are fully engaged in the DERS and achieved the Gold Award in 2017 and 2020 respectively. They work in partnership with the West Midlands

Reserve Forces & Cadets Association (WMRFCA) to promote the Scheme and to engage with employers to develop their involvement with the Covenant and the DERS. As at September 2020, a total of **91** businesses and organisations (etc.) within Shropshire had signed the Covenant. However, as of the same date, just **34** businesses and organisations had achieved the Bronze, Silver and Gold Award (24, 7 and 3 respectively). Although, not all Covenant signatories are eligible for the DERS Scheme (i.e. they are not employers), more work is required to encourage them to support Defence in this way.

RECOMMENDATION 26

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD CONTINUE TO WORK WITH THE WMRFCA TO PROMOTE THE DEFENCE EMPLOYER RECOGNITION SCHEME AND TO SUPPORT LOCAL BUSINESSES AND ORGANISATIONS WHO ARE ELIGIBLE TO JOIN

6.8 Employment – Conclusion

Ex-Service personnel have a range of skills and expertise that they can bring to the civilian workplace. The majority find alternative and meaningful employment upon leaving the Forces, however, a small number struggle to find work that appropriately matches their skills and attributes. There are specific groups which struggle more than others in terms of employment and it may be useful for both Strategic AFC Partnership Boards to ensure that the local employment offer reflects the enhanced need of these individuals and their families.

RECOMMENDATION 27

THE STRATEGIC AFC PARTNERSHIP BOARDS SHOULD ENSURE THAT THE LOCAL EMPLOYMENT OFFER REFLECTS THE NEEDS OF THE LOCAL ARMED FORCES COMMUNITY

CRIMINAL JUSTICE SYSTEM

7.1 Context

A large scale study, published in the Lancet in March 2013⁵⁷, looked at almost 14,000 Serving and ex-Service UK Armed Forces personnel, most of whom had been deployed to Iraq and Afghanistan. They found that younger members of the Armed Forces, returning from duty, were more likely to commit violent offences than the rest of the population: **20%** of younger males (under 30 years) compared with **6.7%** of civilians. The rate of offending overall amongst Armed Forces personnel was lower than in the population as a whole, but more of the offences were violent offences. The study found that Service in the Armed Forces was not associated with an increased risk of committing violent offences once potential confounders (e.g. age, education and pre-Service violent offending) were taken into account, but serving in combat was.

Men who had been exposed to more traumatic events during deployment or misused alcohol after deployment were at an increased risk, as were men with aggressive behaviour and those with posttraumatic stress disorder. Offences were most common in the post-deployment period (12.2%), than in the pre-deployment Service period (8.6%) and the pre-Service period (5.4%). The most common types of offences were violent offences - 64% of the offenders had committed a violent offence. Serving in a combat role was associated with an increased risk of offending (6.3%) compared to being deployed in a non-combat role (2.4%), even after taking into account the confounding factors of education, age, etc.

7.2 Veterans in the Criminal Justice System

In 2014, HM Inspectorate of Prisons identified that ex-Service personnel are more likely to be in prison for the first time, for more serious offences; the average veteran sentence being four years longer compared with the general prison population⁵⁸. Identified features of veterans in the criminal justice system included:

- Difficulty in mentally and emotionally adjusting into civilian life and coping with social isolation after Service.
- Substance misuse.
- Mental Health issues including PTSD.
- Alcohol abuse associated with aggressive behaviour among combat veterans.
- Lack of employment opportunities.
- High rates of homelessness.
- Family breakdown.

The Leaving Forces Life Report⁵⁹ concluded that many veterans who are involved with the criminal justice system are drawn from a demographic that is similar to the mainstream offender population, particularly from the poorest communities in the country, where educational

⁵⁷ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60354-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60354-2/abstract)

⁵⁸ People in Prison: Ex-Service Personnel (2014) – A Findings Paper by HM Inspectorate of Prisons

⁵⁹ Leaving Forces Life: The Issue of Transition (2011).

standards are low. It is worth noting that the proportion of veterans who offend is very small when compared to the number discharged from the Forces and that there appears to be a significant time lag in most cases between discharge and offence resulting in imprisonment⁶⁰.

7.3 Local Arrest Data

Data provided by YSS Remember Veterans Project, based on data provided by West Mercia Police indicated that between May 2019 and April 2020 (a twelve month period), there had been **285** arrests in which veterans had been identified within the County of Shropshire – of which **153** were in Telford.

RECOMMENDATION 28

UP-TO-DATE AND RELEVANT LOCAL SERVICE INFORMATION, FOR THE ARMED FORCES COMMUNITY, SHOULD BE PROVIDED TO CUSTODY STAFF (INCLUDING LIAISON & DIVERSION STAFF)

⁶⁰ Howard League (2011) Report of the Inquiry into Former Armed Service Personnel in Prison <https://howardleague.org/publications/leaving-forces-life/#:~:text=The%20briefing%20paper%20of%20the%20Howard%20League%E2%80%99s%20Inquiry,and%20a%20small%20proportion%20will%20find%20transition%20problematic.>

Table 13: Analysis of Veteran Arrest Data August 2019 – April 2020 By Offence Category

Shropshire and Telford Joint Armed Forces Needs Assessment.	
Information summary provided by YSS Remember Veterans project based on data provided by West Mercia Police.	
Shropshire and Telford Summary of Police arrests Aug 19 to April 20	
Types of offending	
Offences against the person and Police Act offences: includes Common Assault, ABH, GBH, Assault police, Obstruct police, Impersonate police, Assault emergency worker	113
Driving: includes Driving with excess alcohol or drugs, Failing to provide a specimen, Disqualified driving, Dangerous driving	78
Public Order Offences and Protection from Harassment: includes Drunk and Disorderly conduct, Breach of the Peace, Causing fear or distress, Harassment, Affray, Threats to Kill, Witness intimidation	56
Sexual Offending: includes Possess indecent images of child, Sexual assault, Indecent exposure, Rape of child, Rape of an adult, Breach of sexual Offences Prevention Order	26
Criminal Damage: includes Criminal damage, Arson	26
Bail Act Offences/Recall to Prison: includes Warrant for fail to appear, Breach of Bail, Revocation of licence, Breach of Civil Order	26
Theft Act Offences: includes Theft, Burglary, Robbery, Theft from shops, Theft motor vehicle, Going equipped	25
Drugs offences: includes Possess Class A, Possess Class B, Importation, Possess with intent to supply	13
Serious Crime Act / Prevention of Crime/Firearms offences: includes Coercive and Controlling Behaviour, Possession bladed article, Possessing offensive weapon, Possessing firearms	12
Domestic Violence and Victims Act: includes Breach of non-molestation order or Restraining order	9
Anti Social Behaviour: Anti Social behaviour, includes breach of Anti-Social Behaviour Order, Breach of Criminal Behaviour order	8
Children and Young persons: includes Child neglect, child cruelty	5
Fraud Act: includes Fraud, money laundering	4

Analysis of the arrest data highlights that violence against the person is by the far the highest re-occurring offence. This is mirrored in other counties with the key presenting issues being alcohol problems, other mental health issues and domestic abuse⁶¹

7.4 Criminal Justice System – Conclusion

The driving forces for crime among ex-Service personnel are similar to those of the general population, such as low educational attainment, economic disadvantage, substance misuse and homelessness. Such factors tend to be concentrated in more deprived communities across the UK

⁶¹ The Armed Forces Community Within The Solent – A Needs Assessment dated 2016.

and are as likely to be found among ex-Service personnel in custody as they among the civilian population in custody. These factors rather than military service are more likely to be the driving factor behind criminal activity. However, it should be noted that anecdotal evidence suggests that situations may escalate quicker (to the point of crisis) with some veterans due to a reluctance to ask for help at an earlier stage.

TRANSITION

8.1 Context

The Transition Mapping Study (TMS)⁶² was one of the first major reviews to identify five major reoccurring themes during the resettlement process from the Armed Forces to civilian life:

- The resettlement experience is highly varied.
- The differences between military and civilian life are underestimated.
- Families are important to good resettlement and should be better supported.
- Financial awareness and competence are important to a good resettlement.
- The provision of support is improving but in a somewhat piecemeal fashion.

In 2017, FiMT revisited this Study and noted that whilst there had been some improvements to provision, more work was needed to address family breakdown, mental health, alcohol misuse and unemployment. The FiMT projected the cost of poor transition to civilian life as £105m in 2017 rising to £110m in 2020.⁶³

8.2 Strategy for Our Veterans

In November 2018, the Strategy for our Veterans was jointly published by the UK, Scottish and Welsh Governments. The Strategy set out an enduring vision and principles for support to veterans across the UK with outcomes being set for 2028 for five cross-cutting factors and six key themes that give tangible aspirations against which success can be measured.

8.3 Defence Transition Services

The Defence Transition Services (DTS) was formed in 2020 with the purpose of providing information and support for those Service leavers, and their families, who are most likely to face challenges as they leave the Armed Forces and adjust to civilian life. DTS is a one-to-one service, providing tailored information and guidance and facilitating access to support services, including from OGDs, local authorities, the NHS or trusted charities. Their services can be accessed for up to two years following departure from the Armed Forces.

DTS can help with issues and provide support and guidance on various aspects affected by leaving Service life, including health, accommodation, finance and debt, children, family and relationships and employment. They can be accessed via self-referral or through an external organisation, such as a charity or the Career Transition Partnership. Service leavers can also access DTS via their unit. A family member of a Service leaver may access DTS in their own right via self-referral.

⁶² FiMT (2013) Transition Mapping Study.

⁶³ FiMT (2017) Continue to Work. The Transition Mapping Study.

RECOMMENDATION 29

SHROPSHIRE COUNCIL AND TELFORD & WREKIN COUNCIL SHOULD PROVIDE SPECIFIC INFORMATION FOR SERVING PERSONNEL, AND THEIR FAMILIES, IN RESETTLEMENT, ABOUT LOCAL POST-SERVICE SUPPORT THAT IS AVAILABLE

NEXT STEPS

9.1 Steps to Further Strengthen the Statutory Basis of the Covenant

At present, the MOD is gathering the feedback and input of local authorities as it prepares to introduce legislation to further strengthen the statutory basis of the AFC. While the policy detail is still being worked on and the scope of the legislation may yet change, the current proposal is for the legislation to place a statutory duty on public service providers to take Due Regard of the Armed Forces community when writing policy and decisions made in implementing that policy in specific aspects of Healthcare, Education and Housing. The full policy proposal, which provides more details, is attached at Annex D.

The current timeline is to have the legislation ready by the end of the 2020 with implementation planned for late 2021/early 2022.

9.2 Monitoring and Implementation of Recommendations

This Report has identified a number of key recommendations to support our local Armed Forces community and to ensure that they have everything that they need to thrive in society. It is essential that these recommendations are prioritised and that the necessary actions are put in place to ensure effective implementation. It is therefore recommended that, moving forward, the JAFNA Task & Finish Group (including further ad-hoc expertise) takes on this task and also, the implementation of the current AFC Action Plans. The Task & Finish Group should report directly to the Strategic AFC Partnership Boards and consideration should be given to joint working across the two Councils wherever possible.

RECOMMENDATION 30

THE JAFNA TASK & FINISH GROUP SHOULD MONITOR THE IMPLEMENTATION OF THE RECOMMENDATIONS IN THIS REPORT AND THE CURRENT AFC ACTION PLANS

9.3 Contacts and Further Research

For further research or to make contact with organisations referred to in this Report, please Annex E for contact information. This list is not exhaustive and further details can be found through the Armed Forces Covenant Pages at Shropshire Council and Telford & Wrekin Council:

- <https://www.shropshire.gov.uk/armed-forces-support/armed-forces-covenant/>
- <https://www.telford.gov.uk/info/20653/support-for-armed-forces-veterans-and-their-families>

ACKNOWLEDGEMENTS

This Assessment would not have been possible without the support of a great number of organisations and individuals. The SAFCPBs, at Shropshire Council and Telford & Wrekin Council would like to thank the following individuals and the pivotal roles they played in supporting us to understand our Armed Forces communities across the County of Shropshire.

TASK & FINISH GROUP

(Chair) Sheila Stephenson, SO2 Engagement, HQ 11 Signal & West Midlands, Ministry of Defence.
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Jane Britton, Area Manager – West Midlands, The Royal British Legion.
David Fairclough, Team Leader – West Midlands, The Royal British Legion.
Caro Hart, Chief Executive Officer, Citizens Advice Telford & Wrekin.
Michele Hatfield, YSS Associate, Remember Veterans Project, YSS.
Helen Harvey, Demography Population Specialist, Shropshire Council.
Annabel Ingram, Regional Manager Scotland, Wales & Northern Ireland, Army Families Federation.
Hannah Jones, SO3 Engagement, HQ 11 Signal & West Midlands, Ministry of Defence.
Sarah Kerr, Armed Forces Outreach Support Co-ordinator, Shropshire Council.
Lucy Simpson, Welfare Reform & Support and Face to Face Manager, Shropshire Council.
Carol Sneddon, Admissions & Place Planning Manager, Shropshire Council.
Cllr Chris Turley, Chair of T&WC Strategic AFC Partnership Board, Telford & Wrekin Council.
Nick Woolley, Partnership Manager (Shropshire), Department of Work & Pensions.

Contributors

Fran Beighton, Project Officer, Housing Options, Shropshire Council.
Sarah Dodds, Feedback Insight Team Leader, Shropshire Council.
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Toni Guest, Housing Service Delivery Manager, Telford & Wrekin Council.
Mark Jones, Digital Content & Client Relations Officer, ICT Services, Shropshire Council.
Cllr Kelly Middleton, Telford & Wrekin Council.
Sam Morley, Communications Officer, Telford & Wrekin Council.
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Rachel Walklet, Head of Strategic & Commercial Development, Midlands Partnership NHS Foundation Trust.

Particular thanks are also given to:

Fiona Botterill, Partnership Manager, Telford & Wrekin Council.
Sean McCarthy, Armed Forces Covenant Lead, Shropshire Council.

GLOSSARY

ACF	Army Cadet Force
AFC	Armed Forces Covenant
AFCAS	Armed Forces Continuous Attitude Survey
AFCS	Armed Forces Compensation Scheme
AMS	Army Medical Services
CCG	Clinical Commissioning Group
CTP	Career Transition Partnership
CTS	Complex Treatment Service
DCS	NHS Disablement Service Centres
DERS	Defence Employer Recognition Scheme
DMS	Defence Medical Services
DTS	Defence Transition Services
DWP	Department for Work and Pensions
FAM	Future Accommodation Model
FiMT	Forces in Mind Trust
FSM	Free School Meals
IPC4V	Integrated Personal Commissioning for Veterans
JAFNA	Joint Armed Forces Needs Assessment
LGA	Local Government Association
MOD	Ministry of Defence
NICs	National Insurance Contributions
OGD	Other Government Department
ONS	Office for National Statistics
PTSD	Post-Traumatic Stress Disorder
RBL	Royal British Legion
SAFCPB	Strategic Armed Forces Covenant Partnership Boards
SCiP Alliance	Service Children's Progression Alliance
SFA	Service Family Accommodation
SLA	Single Living Accommodation
SPP	Service Pupil Premium
SSFA	Substitute Service Family Accommodation
TILS	NHS Veterans' Mental Health Transition, Intervention and Liaison Service
TMS	Transition Mapping Study
VCHA	Veterans Covenant Healthcare Alliance
VFR Hub	Veterans & Families Research Hub
VPP	Veterans' Prosthetic Panel
VTN	Veterans' Trauma Network
WMRFCA	West Midlands Reserve Forces & Cadet Association

Membership of The Strategic AFC Partnership Boards

Shropshire Council

Representatives from:

Shropshire Council
HQ 11Signal & West Midlands Brigade
YSS
Combat Stress
Community Catalysts
Healthwatch Shropshire
RAF Association
Royal Navy Association
RAF Shawbury
Shropshire Armed Forces Veterans Breakfast Clubs
The Royal British Legion
Help for Heroes
Walking With The Wounded
Adcote School
Robert Jones & Agnes Hunt NHS Foundation Trust
Lanyon & Bowdler Solicitors
SSAFA
8 Rifles (The Rifles' Reserve Infantry Battalion
Army Medical Services (AMS) 202 (Midlands) Field Hospital
Samaritans
British Red Cross
SaTH
Age UK Shropshire, Telford & Wrekin

Regional Employer & Engagement Director, West Midlands RFCA
Blind Veterans

Telford & Wrekin Council

Representatives from:

Telford & Wrekin Council
Wrekin Housing Trust
NHS
Midlands Partnership Foundation Trust - NHS
Citizens Advice Telford & Wrekin
Lanyon & Bowdler Solicitors
Walking With The Wounded
CCG - NHS
Ministry of Defence
Pertemps
Help for Heroes
YSS Remember Veterans Project
The Royal British Legion
The British Red Cross
Shropshire and Telford Health Trust
Telford Mind
Age UK Shropshire, Telford & Wrekin
Telford Carers
Energize Shropshire, Telford & Wrekin
Ball Sports Coaching
Landau
Samaritans
Church of the Latter Day Saints
Pete White Consulting
Smallwoods Association
Shropshire & Telford Armed Forces Veterans Breakfast Clubs
Regional Employer & Engagement Director, WM RFCA
SSAFA
Combat Stress

Shropshire Chamber of Commerce

Blind Veterans

Joint Armed Forces Needs Assessment Task & Finish Group

Terms of Reference

Shropshire Council and Telford & Wrekin

1. Purpose

The Armed Forces Covenant (AFC) is a promise from the nation that those who serve or have served in the Armed Forces and their families will not be disadvantaged by their service and that they will be treated fairly. Shropshire Council and Telford & Wrekin Council (T&WC) are signatories to the Covenant and both local authorities (LA's) have established Strategic AFC Partnership Boards (SAFCPBs). These Boards provide strategic governance for local delivery of the Covenant within the respective areas.

The SAFCPBs have identified the requirement to undertake a Joint Armed Forces Needs Assessment (JAFNA), within their Action Plans, to fully understand the Armed Forces community across the Shropshire/Telford & Wrekin area. This Task & Finish Group has been established to undertake the JAFNA which will be the first such assessment within the County. In doing so, the JAFNA will define a new baseline of County wide understanding, establish the value of further thematic reviews and identify how ongoing assessment of the Armed Forces community can be sustainably incorporated into business as usual across the two Local Authorities.

2. Scope

The scope of the JAFNA will cover the Armed Forces community across Shropshire and Telford & Wrekin. The Assessment will consider local implications of national research and evidence in relation to key Covenant commitments and areas of need identified. The experience of the Armed Forces community will be considered in relation:

- Health & Wellbeing; Education and Children's care; Housing; Employment and Training; Community; the Criminal Justice System and Transition & Specialist Support.

These are areas prioritised within the UK Armed Forces Families Strategy 2016-20 as necessary for ensuring the Armed Forces Community have everything they need to thrive within society.

3. Methodology

The methodology for the JAFNA will include the collection, collation and analyses of:

- National and local data, where available, from the ONS, MOD, DWP and other sources.
- National and local research, where available, from the Royal British Legion and other Armed Forces Charities, Local Authorities and other sources.
- Stakeholder workshops and interviews.
- Discussions with members of the Armed Forces Community.
- Case studies.

4. Membership

The Task & Finish Group will be Chaired by Mr Keith Steele – Offender Management Co-ordinator, West Mercia Police (if available) – and secretariat support will be provided by the AFC Project Support Officer for Shropshire Council and T&WC. The Group will consist of members of the SAFCPBs and additional members may be co-opted for certain topics, if required. A membership list will be maintained by the AFC Project Support Officer and published online.

5. Meetings.

The Task & Finish Group will meet as required for the duration of the JAFNA. The meeting will only be quorate if there is an attendance of five, or more, of the membership and must include representation from both LA's. Action notes will be taken to progress the work of the Group and will be distributed within 15 working days and submitted for approval to the next meeting.

6. Reporting Timeframe

The first draft of the AFNA Report to be completed by the end of July 2020 and the final version by end August 2020.

Joint Armed Forces Needs Assessment Survey Summary Results 2020



- Survey designed to inform a needs assessment to support the partnership work taking place across Shropshire, Telford & Wrekin under the local Armed Forces Covenant.
- Survey work carried out between 22 June and 5 August 2020.
- **429** survey responses.



- 65% of the survey respondents are currently in the armed forces or have previous armed forces experience. 30% of responses were from people connected to the armed forces through their relationships or relatives.
- Of those with direct armed forces experience, 49% of the survey respondents are veterans, and 14% are currently serving.
- The results show that locally, most people have connections to the army or RAF. 51% of survey respondents links are to the British Army, 33% to the Royal Air Force and 10% to the Royal Navy.
- The average length of service within the armed forces for local people is 17 years.
- A closer look at family connection to the armed forces highlighted that 49% of the survey respondents had a connection to the armed forces through a parent/parents and 49% did not (2% did not provide a response).



- 57% of the survey respondents were men and 41% female. Survey responses were submitted by people of all ages.
- 20% of the survey respondents have any long-standing illness or disability that limits their daily activity.
- 10% of the survey respondents are carers and care for an adult or child with a long-term illness or disability.
- 49% of the survey respondents had a connection to the armed forces through a parent/parents.
- Of the 429 survey respondents 36% (155) have dependent children (up to 18 years old).
- 63% of survey respondents are employed full-time or part time as civilians and 15% are employed within the armed forces. 2% are unemployed.
- 43 of the 429 survey respondents had housing concerns. 70% own their own homes, 11% live in MOD property, 8% are private renters, 5% live in social housing/council housing and 3% live with family.



- 48% of survey respondents had informed their GP of their connection to the armed forces.
- Few reported use of services in the local area. Mental health services are the main type of service accessed (43 of the survey respondents have used mental health services). Only very small numbers use other types of service provision (13 for housing, 10 for job centre support and 10 for social care (children).
- Views are very mixed concerning how easy local services are to access.
- There are perhaps more concerns around access to housing and mental health services than there are for any other type of service (but with small numbers accessing services the results are inconclusive and further research may be needed).
- There is a strong preference within the survey sample for accessing information and support using online communication. 81% highlighted a preference for online communication. 7% prefer face to face communication.



- For the questions 'Overall, how satisfied are you with your life nowadays?', 'Overall, to what extent do you feel that the things you do in your life are worthwhile?' and 'Overall, how happy did you feel yesterday?' approximately 80 of the 429 survey respondents scored 0 or 1 (where 0 was 'not at all'). An average of 90 people scored all three questions at 2 or below.
- Feelings of anxiousness are also a concern for a proportion of people. 11 people feel completely anxious. 46 people scored their level of anxiousness at 8 or above (where 10 was completely anxious).
- 16% of people responding to the survey feel always or often lonely or isolated. 23% sometimes feel lonely or isolated.
- There are some support needs highlighted through the survey. 89 people have experienced an impact on mental health (mental health is highlighted as a strong theme), 45 believe there has been an impact on job opportunities, 44 have experienced debt, 43 have experienced an impact on housing, 40 have experienced some form of physical disability and 33 have experienced relationship breakdown. An estimated 9% of the survey sample experience other support needs (excluding mental health which is a greater concern).
- Overall the survey results highlight a lack of clarity concerning where support services. Those who have sought help have done so from a wide range of different services, with most relying on friends and family when feeling at the point of crisis.



- The results show that 86 people have mental health needs directly relating to their services within the armed forces. This forms 20% of the total number of survey respondents.
 - 35% of the survey sample have experienced being at the point of crisis.
 - The comments provided within the survey highlight some very common themes. Within mental health PTSD and anxiety are strong themes.
- Example comments**
- *Depressed and anxious constantly waiting for the next thing to go wrong.*
 - *Still have flashbacks/dreams of incidents whilst serving.*
 - *Diagnosed with severe combat PTSD.*
 - *Suffer from anxiety which has been linked to being on operations.*
 - *Panic attacks. Anxiety, low self-esteem. Due to traffic accident, poor man management/bullying and other reasons.*
 - *I don't suffer with mental health now as I have left the Military, but whilst I was in my mental health deteriorated because I was treated poorly, not supported or listened too and I had to fight to leave early. As soon as I left my life has become a lot better!*



- 22% of survey respondents have physical health needs as a result of their armed forces service (96 people).
 - Physical health concerns comments highlight some common problems including hearing loss/hearing concerns, knee and back problems.
 - The results suggest there may be some challenges with armed forces sharing information with GPs. 114 of the survey respondents had concerns that not all relevant information had been passed on to their GP.
- Example comments**
- *Two replacement knee joints. Peripheral neuropathy, back and spine pain.*
 - *I have a hearing loss from my time in the RAF.*
 - *Deafness. Worn out lower limb joints*
 - *Damaged back, loss of hearing.*



- Just under half of the survey respondents feel they have skills that are not being used effectively.
- 30% of survey respondents currently volunteer, 36% have previously volunteered and 23% have never volunteered.
- The responses suggest there may be opportunities to look more closely at how the incredible skills of Shropshire's armed forces community could be used in a way that may generate mutual gain for individuals and the communities they live in.

Enshrining the Armed Forces Covenant in Law: What Does This Look Like?

Background

- The Armed Forces Covenant (AFC) is a voluntary obligation involving the whole society in support of the armed forces.
- The AF Covenant is already referenced in legislation, as an amendment in 2011 to the Armed Forces Act 2006 which requires the Secretary of State for Defence (SSD) to prepare an annual AFC Report and lay this before Parliament
- The Report must cover the effects of membership, or former membership, of the AF on Service People (SP), or descriptions of such people in the fields of
 - healthcare;
 - education;
 - housing
 - operation of inquests;
 - such other fields as SSD may determine.
- In preparing the Report, SSD must have regard to three factors:
 - the unique obligations of, and sacrifices made by, the armed forces;
 - the principle that it is desirable to remove disadvantages arising for SP from membership, or former membership, of the AF; and
 - the principle that special provisions for SP may be justified by the effect on such people of membership, or former membership, of the armed forces.
- The Duty to prepare a Report will remain a legal obligation.
- HMG has committed to enshrining the AFC further in legislation in the Queen’s Speech, as well as in the 2019 Conservative party manifesto.


















In addition to above the proposal is that:


















1. A public authority must, when exercising its public functions, have due regard to:
 - a) the unique obligations of, and sacrifices made by, the armed forces; and
 - b) the principle that it is desirable to remove disadvantages arising for SP from membership, or former membership, of the AF.
2. Due regard means that in making decisions and in day to day activities a body subject to the duty must consciously consider the obligations and principle set out in a) and b) above.
3. Disadvantage is defined in terms of the access of the Armed Forces community to public services in comparison with persons in the local, civilian population.
4. The duty will apply to local and regional public bodies and those working at a national level - such as NHS England – which have policy and delivery responsibilities at the local and regional level.



5. The duty will apply to private sector bodies, when they are exercising relevant public functions.
6. “A public authority” refers to those organisations (public and private sector) which exercise relevant public functions in the AFC fields (at 7a-c below).
7. The duty to have due regard only applies to the exercise of certain functions in the following fields:
 - a. healthcare;
 - b. education (compulsory education); and
 - c. housing (Allocation of Social Housing and Homelessness);
8. SSD may issue guidance about the exercise of the duty, and where this is done that guidance must be taken into account by the public authority.
9. “Service People” may include active Serving personnel, veterans, and their families. Definitions of service personnel, family members and veterans may need to be flexible across the different areas of delivery.
10. The duty could be enforced through a number of mechanisms. In all cases, we would expect that the existing complaints process for the relevant public body should be exhausted initially. Thereafter, in cases where the complaint falls within the jurisdiction of the relevant Ombudsman, referral to that mechanism may be appropriate (e.g. the public body has failed to follow its own procedure). Where the complaint is that the public body has acted unlawfully, by failing to comply with the duty, either in the formulation of policy or delivery of a service, judicial review is likely to be the appropriate enforcement mechanism, where the issue is not resolved through the internal complaints process.

Contact Details for Service Charities & Relevant Organisations

TITLE	CONTACT DETAILS
ABF The Soldiers' Charity	 0207 901 8900  supportercare@soldierscharity.org
Armed Forces & Veterans Breakfast Clubs	 07867 301603 To find a local Breakfast Club: https://afvbc.com/armed forces veterans breakfast clubs directory
Army Families Federation	 01264 382324  us@aff.org.uk
Age UK Shropshire, Telford & Wrekin	 01952 201803 or 01743 233123  enquiries@ageukstw.org.uk
Blesma	 0208 590 1124  info@blesma.org
Blind Veterans	 0207 7232051 or 0300 111 2233  support.services@blindveterans.org.uk
British Red Cross	 0344 871 1111  contactus@redcross.org.uk
Children's Education Advisory Service	 01980 618244  DCYP-CEAS-Enquiries@mod.gov.uk
Citizens Advice Shropshire	 Adviceline Shropshire 03444 99 11 00

Citizens Advice Telford & Wrekin	 0300 330 1165  case@telfordcab.co.uk
Combat Stress	 03444 991100
Community Catalysts	 info@communitycatalysts.co.uk
Defence Medical Welfare Services	 01264 774000  info@dmws.org.uk
Defence Transition Services	 DBSVets-DTS-Central@mod.gov.uk
Help for Heroes	 01980 844388  getsupport@helpforheroes.org.uk
Minds at War	 0800 0209 716
Navy Families Federation	 02392 654374  contactus@nff.org.uk
RAF Families Federation	 01780 781650
RAF Association	 0800 018 2361 (Wrekin & Wellington RAFA 07886 785522) (Shrewsbury http://www.rafshrewsbury.org.uk)  privacy@rafa.org.uk
Royal Marines Association	 0800 468 1664  shropshirerma@gmail.com

Royal Navy Association	 023 9272 3747 (Newport 01952 416832) (Shrewsbury 07985 486078) (Market Drayton 01630 655313) (Oswestry 07913 867510)  admin@royalnavalassoc.com
Samaritans	 116 123  jo@samaritans.org
Shropshire Council – Armed Forces Covenant Team	 01743 255933  SAFCC@shropshire.gov.uk
Shropshire Mind	 01743 368647  manager.shropshiremind@gmail.com
SSAFA	 0207 463 9200 or 0800 731 4880 (Shropshire Branch 01743 344220)
Telford Mind	 07434 869248  talk2@telford-mind.co.uk
Telford & Wrekin Council – Armed Forces Covenant	 01952 382186  armedforcescovenant@telford.gov.uk
The Royal British Legion	 0808 802 8080 To find a local branch near you: https://www.britishlegion.org.uk/get-support/local-community-connections/the-legion-near-you
Veterans Gateway	 0808 802 1212 Text: 81212
Veterans UK	 0808 1914 218  veterans-uk@mod.gov.uk

Walking With The Wounded	 01263 863900
YSS	 01905 730780