



Equalities Week

The Armed Forces Community



Introduction

- Who's in the room
- Aims
- Interactive: please ask and comment

What are the Armed Forces?

- **Army**
- **Navy (Merchant Navy), Royal Marines**
- **RAF**
- Reservists
- Families
- Service leavers
 - Early service leavers

Armed Forces commissioning responsibilities

	Serving Armed Forces in England	Serving Armed Forces overseas	Armed Forces Families registered with DMS medical centres in England	Armed Forces Families registered with DMS medical centres overseas	Armed Forces Families registered with NHS GP practices	Reservists while mobilised ⁱ	Veterans (includes reservists when not mobilised)
Primary Care	DMS ⁱⁱ	DMS	DMS	DMS	NHS England	DMS & NHS England	NHS England
Community and Mental Health	DMS	DMS	NHS England	DMS	CCGs	DMS	CCGs
Secondary Acute Care	NHS England	DMS & Charge exempt overseas visitors ^{iv}	NHS England	DMS & Charge exempt overseas visitors ^{iv}	CCGs	NHS England	CCGs ⁱⁱⁱ

ⁱ - Reservists have access to DMS care whilst mobilised
ⁱⁱ - Serving personnel can access local GPs on an emergency basis if needing to access care whilst away from the military address
ⁱⁱⁱ - The NHS England will commission specialised services for veterans, e.g. limb prostheses
^{iv} - While overseas, serving personnel and families can access DMS-commissioned healthcare where such provision exists, or may be provided with non-DMS healthcare by local Host Nation or other contracted arrangements, or have right of return for NHS care in England

CCGs provide care for:

- Reservists
- Families
- Service leavers
 - Early service leavers

Armed Forces Community

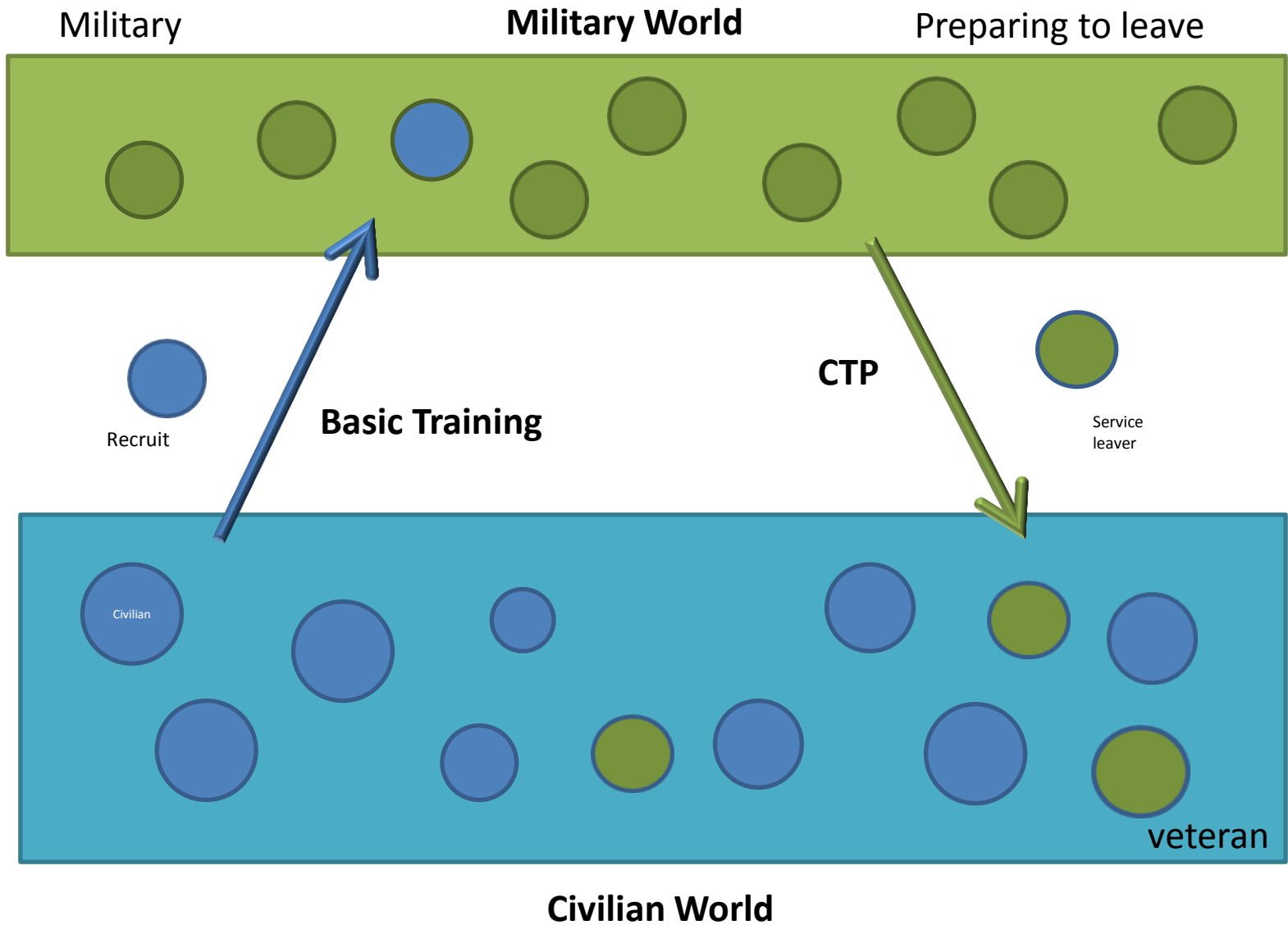
Royal British Legion

As information for feeding and shaping the future plans of your CMPB's, the latest Armed Forces Pension Scheme and War Pensioner population statistics for the South East area. These figures were correct as of 31 March 2014.

County	Local Authority	AFPS	War Disablement Pension	County	Local Authority	AFPS	War Disablement Pension
West Sussex	Adur	225	105	Kent	Ashford	555	230
West Sussex	Arun	900	350	Kent	Canterbury	715	345
West Sussex	Chichester	1,000	225	Kent	Dartford	160	75
West Sussex	Crawley	7,750	1,690	Kent	Dover	1,075	420
West Sussex	Horsham	540	175	Kent	Gravesham	200	85
West Sussex	Mid Sussex	395	185	Kent	Maidstone	610	225
West Sussex	Worthing	365	165	Kent	Medway	1,550	480
East Sussex	Brighton and Hove	425	245	Kent	Sevenoaks	215	125
East Sussex	Eastbourne	385	205	Kent	Shepway	920	335
East Sussex	Hastings	260	120	Kent	Swale	530	200
East Sussex	Lewes	310	160	Kent	Thanet	740	340
East Sussex	Rother	375	205	Kent	Tonbridge and Malling	345	150
East Sussex	Wealden	575	255	Kent	Tunbridge Wells	240	110

Why do we consider the Armed Forces a minority group?





Training

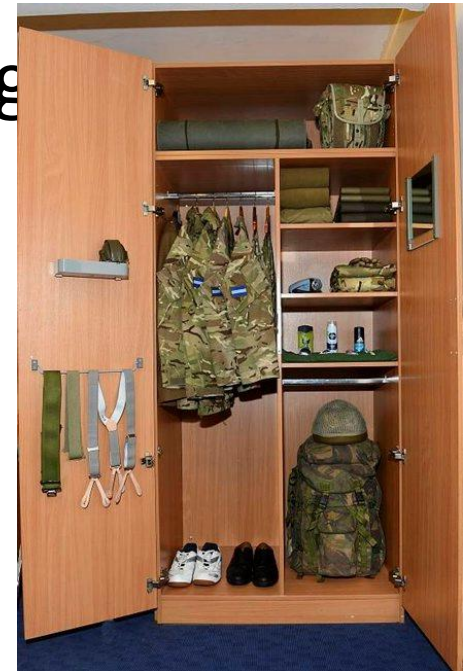
Merges divergent trainees often from different levels of culture and society into a useful team.

“Drill is essential for military function because without the ideally instantaneous response to command that drill conditions, a military unit would likely disintegrate under the stress of combat and degenerate into a mere armed mob.”

*“The process of transforming civilians into military personnel has been described by military historian Gwynne Dyer as a form of conditioning that encourages **inductees to partially submerge their individuality for the good of their unit.** Dyer argues that the conditioning is essential for military function because combat requires people to endure stress and perform actions that are absent in normal life. “*

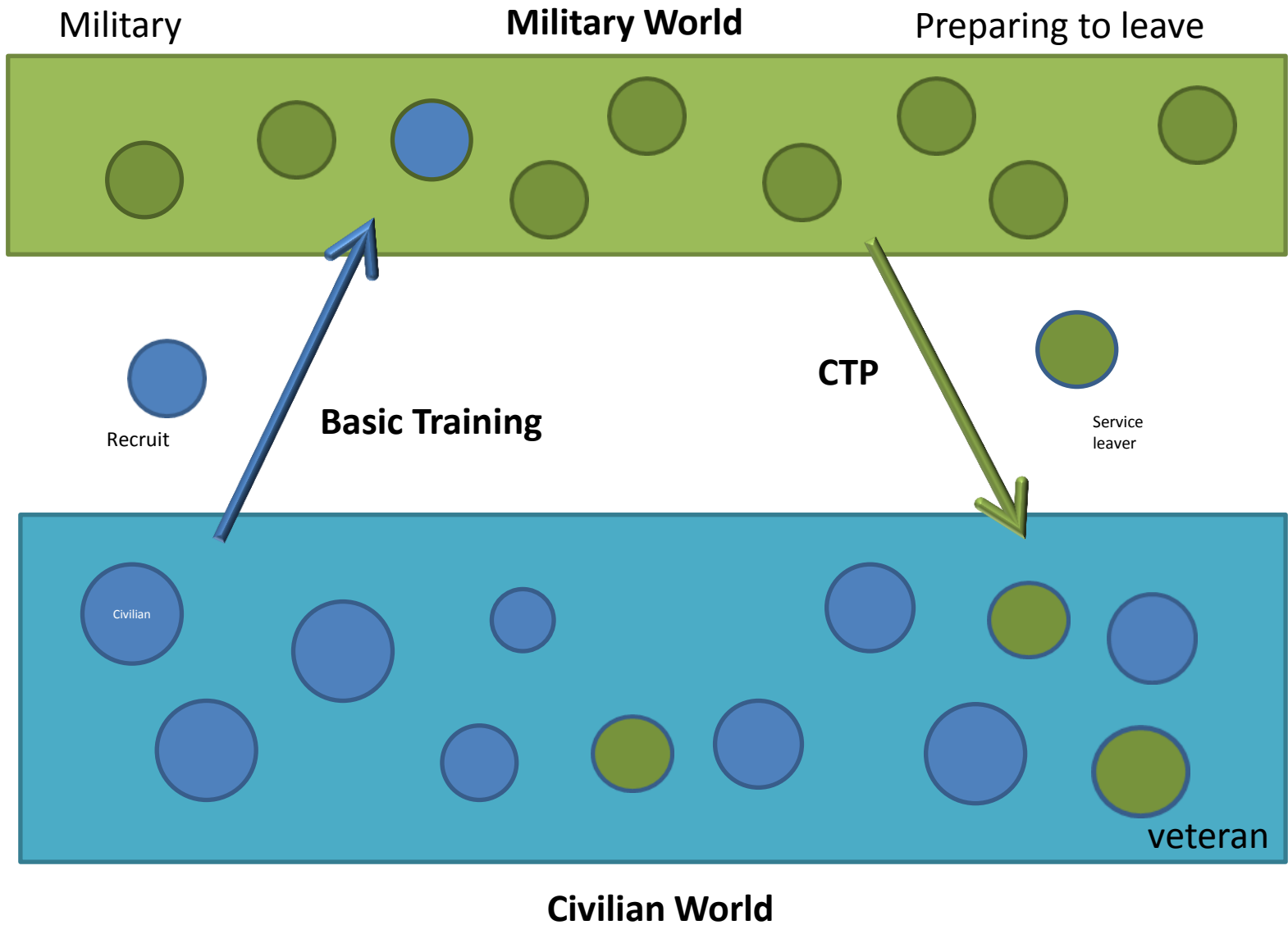
SERVICE LIFE

- Clear command structure & decisive leadership
- Dependable co-worker's and management (Trust & Loyalty)
- Structured Life
- Welfare Support
- Good pay
- Health - fitness
- Work-Live-Socialise with work colleagues



- Accommodation
- Catering (living in service personnel (SP))
- Black/Gallows Humour
- Work Through
- Trust in Those in Command & Work With
- Self esteem – pride in unit Regt/Corps, achievements





Armed Forces Community has distinct culture

- Language, customs
- Strict hierarchy, uniform
- Separate from mainstream society
- Join at early age

... almost like the NHS

- But not usually a job for life
- The average age of leaving is late 20s/early 40s

Life After Service (What's Missing)

- Comradeship
- Sense of Belonging
- Self Esteem (SNCO's & Officers)
- Health and Fitness
- Welfare Support
- Civvies Won't/Don't Understand
- Image



MORE AT RISK

- The Armed Forces perceived as a lifestyle
- The Armed Forces perceived as a career/job—enter with foresight
- No other option (dependent on the Armed Forces, lack of alternatives, not much else going on for them)

LESS AT RISK

- Considered choice (in control of their destiny, other choices available to them outside of the Armed Forces)
- Joined at 17 years (little life experience) Join the Armed Forces after gaining some life experience
- Poorly equipped for transition, likely to need support after discharge
- Better equipped for transition, in less need of support

HARDFACTS

Health

Accommodation

Relocation

Drugs, Alcohol & Stress

Finance

Attitude

Children & Family

Training & Education

Supporting Agencies

[HARDFACTS Monitor](#)

Personal Development Action Plan

[HARDFACTS Assessment \(Tn\)](#)

Prior to/during Resettlement

[HARDFACTS Information Guide](#)

Referral to support where required.

Resettlement

 **Veterans
UK**

What challenges do you think might be present in providing care for the Armed Forces Community?

- General
- Veterans
 - Early service leavers
 - Medically discharged
- Families
- Reservists

[worksheet]

General

- Knowing who they are
- 'Can do' becomes 'can't ask'
- Issues may present years later
- Stigma/self-stigma
- Lack of trust in 'civvie street'

Family healthcare

- Overseas, relocation, waiting lists
- English may not be first language: Germany, Cyprus, Malaysia, Nepal...
- Vaccinations
- Careers, isolation (spouses and children)

Health and Wellbeing: What are the issues?

- NHS waiting list times and continuity of treatment
- Local variation in provision
- Crossing or straddling borders and different healthcare provision
- Mental health provision- particularly access to CAMHS
- Maternity services and Health Visitor provision
- Dental and Orthodontic services
- Social care
- Transition to civilian life- particularly for vulnerable families
- Work related injuries and illnesses
- Higher fitness levels



army families federation
www.aff.org.uk

Employment

Spouses and partners of serving members:

- Require flexibility around child care while serving members away
- Gaps in CV
- Moving jobs frequently
- Promotions
- Professional development



Impact on children

- **Stigma** of being a 'Service child'
- Dealing with **bereavement**
- Dealing with parental **illness or injury**
- Dealing with **divorce** and family break-down



The Royal Navy & Royal Marines
Children's Fund

Impact on Family/Caregiver

- 'Secondary Traumatic Stress'
- Higher rates of common mental health disorders compared to other caregiving groups
- Lack of information on sources of support
- Domestic violence
- Substance misuse

(Murphy et al, 2016)

Unique Challenges

- Stresses and strains on children when their parent is away
- Impact on child of living in a one-parent family for
- significant periods of time
- Influence of the media
- Adjustments to family life when the parent returns
- Impact of moving homes, schools and communities



The Royal Navy & Royal Marines
Children's Fund

Education

- Service children may change schools up to 11 times during their school career (Royal Navy & Royal Marines Children's Fund, 2009)
- Moving schools disrupts relationships with teachers and peers, disturbs routines, and leads to gaps in children's education due to variations in curriculum.
- Recent research has shown that attainment in English at Years 10 and 11 is lower among Army pupils (pupils with at least one parent in the British Army) than their civilian peers.

'Over the past two years not only have my son's grades dipped quite dramatically but his self-esteem seems to have been affected too. I believe this is due to the frequent school moves and lack of stability.'

(Military Spouse)

Impact of stigma on families

- ‘Stigma may be amplified in military culture where characteristics of strength, resilience and self sufficiency are essential’ (Kings College, Psychological Health of Military Personnel, 2016)
- The fear of stigma and discrimination means that 1 in 3 people couldn’t tell their families about their problems
(Combat Stress: Stigma & Veterans Mental Health Survey, 2011)
- Service families do not currently seek help because of perceived stigma and concern about the potential effects on a military career. (Centre for Social Justice, Military Families and Transition Report, 2016)

Reservists

- Employees
- Fitness levels
- May have previously been regulars
- Identification
- Abrupt re-entry after deployment

Direct and Indirect Impact to families

- **Housing**
 - Individual cases – divorce
 - Relocation
- **Schools**
 - Individual cases
 - Number of moves
 - Impact of Reservists
- **Indirect impacts**
 - Domestic Violence
 - Mental Health
 - Substance misuse
 - Physical Health



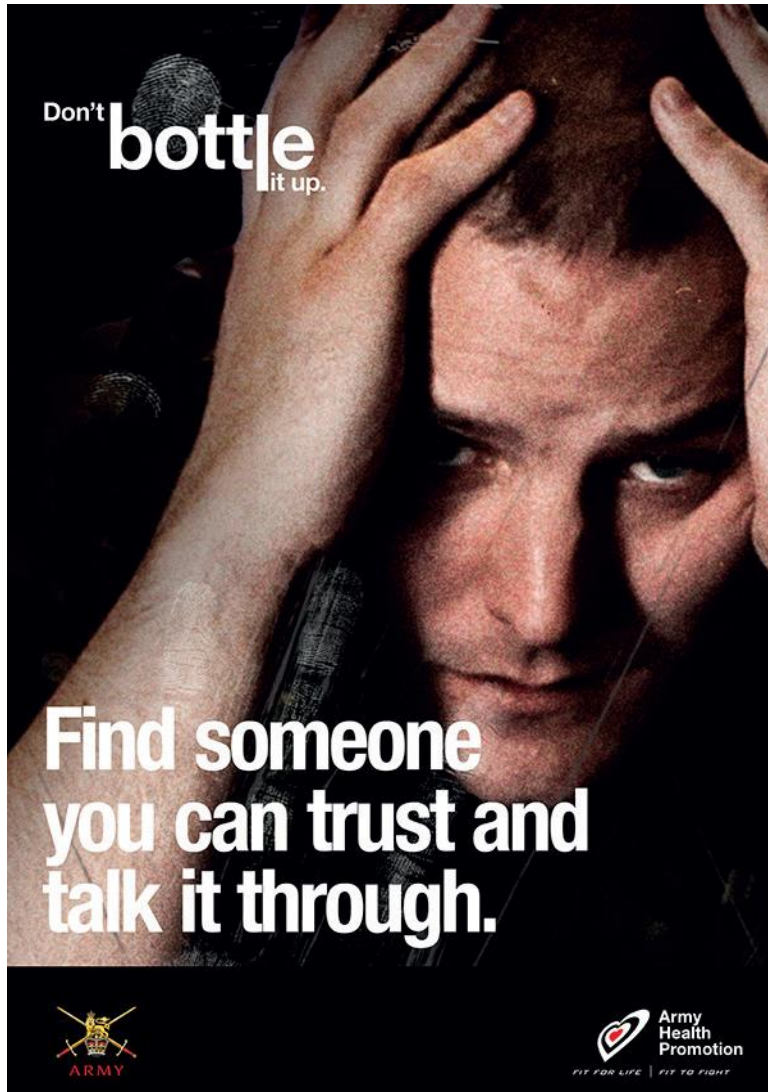
Service Leavers

- Wide age range and experience
- Different education levels
- Alcohol (future: steroids)
- Community
- Families
- Transfer of medical records
- Hard to track

Common Social Concerns and Safety

- Problems facing **elderly** ex-Service community similar to those faced by UK's elderly as a whole – **loneliness, mobility and self-care difficulties**
 - Scams
- **Working age** households report a number of distinct difficulties, particularly relating to **illness/disability, isolation, employment** and **deprivation**
- **Safe Guarding** – Vulnerable adults and children
 - General Concern Case (Social Care, SSAFA and SAFN)
 - Unable to Contact (Combat Stress, SSAFA, SAFN, YMCA Mental Health Key Worker)

Triggers to Wellbeing



- **Life Events**

- Relationships
- Moving house
- Death of someone close
- Financial problems
- Physical health
- Job security
- Isolation

Complex Individual Cases

- **PTSD** – 4% same as population, though Reservist deployed 6%
 - Veteran wanted support with having an assistance dog to help with his PTSD referral made to Service Dogs UK, dog now with individual and training on-going.
- **Alcohol misuse** is a significant problem for both serving persons and services leavers. The Hatch et al (2013) study shows that there is an 11.4% of serving personnel with alcohol misuse and 15.1% of service leavers.
 - Alcohol Service Review all ex-service personnel, linked in with other services to give the holistic care and stop the revolving door
- The MacManus et al (2013) study showed that there was an increased **threat of violence** behaviour in UK military and ex-military in men under the age of 30. Including Domestic Violence
 - Domestic Abuse Policy – now changed and include this community and links made by social care and police into the wider support systems.

Complex Cases

- **Alcohol misuse** is a significant problem for both serving persons and services leavers. The Hatch et al (2013) study shows that there is an 11.4% of serving personnel with alcohol misuse and 15.1% of service leavers. Non deployed reservist 6.8% vs 9.5% Regular 10.9% vs 15.7%
 - Alcohol Service Review all ex-service personnel, linked in with other services to give the holistic care and stop the revolving door
- **Rough Sleeping** A recent study showed that only 3% of **rough sleepers** in London in 2013/14 had ever served in the UK military. Brighton 0.5% but it fluctuates.
 - Sleeping in the car (services pulled together to get the individual into a safe environment)
- **Housing** National Guidance – Housing Policy not disadvantaged.
 - MP wanted to have support around housing, contact was made with manager at council who supported the individual.
 - Don't live in the area (5 years post leaving)
 - Family – Divorce or separated should be given the same consideration

Complex Cases

Criminal Justice System

- Most reliable statistics show that ex-Service personnel make up between 3.5% - 7% of the **prison population** in England and Wales - often of a violent nature due to the skills training and mixed with the above issues.
 - SSAFA work with the rehabilitation team providing funding for deposit for accommodation for example
- Police attending incidence, custody and court liaison service
 - Ask the question and link them into mental health and military support (SSAFA)
- The MacManus et al (2013) study showed that there was an increased **threat of violence** behaviour in UK military and ex-military in men under the age of 30.
Including **Domestic Violence**
 - Domestic Abuse Policy – now changed and include this community and links made by social care and police into the wider support systems.

How can we address it?

Areas for Improvement

- Importance of GPs **(All)** in the early identification, intervention and support.
- Awareness, Communication
- Single point of contact, Continuity (tell your story only once), Easy Access to treatment, Evidenced Based Treatments and Clear Pathways
- Data, Identification of Veterans and Data Base (Service Directory)
- Flexible Support Network (user group), Armed Forces Champions, Mentors
- Education for all (including within schools, employers, public, professionals and veterans)

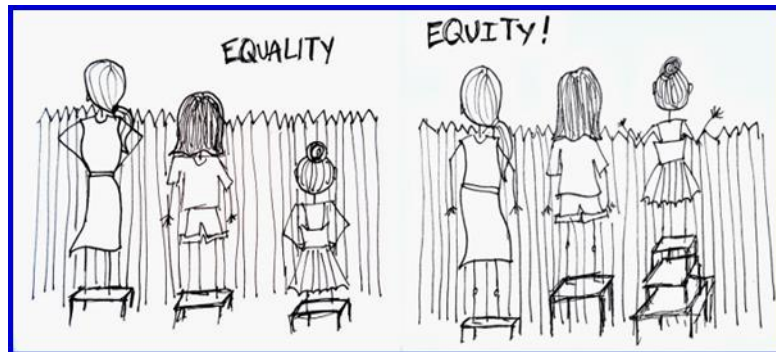
What tools does the CCG have available to support the Armed Forces Community?

- The Armed Forces Covenant
- Military charities
- The Armed Forces Network
- The Armed Forces Community themselves

The Armed Forces Covenant

Aims to give military community:

- same access to services as the civilian community to public and commercial services in the area where they live
- special consideration for injured and the bereaved



Aims

- To support **Individual vulnerable and complex** members of the Armed Forces Community.
- To support **faster appropriate care** for the Armed Forces Community whether reservists/regulars to be deployable or those who have been impacted by serving or a member of their family.
- **Holistic** support for individuals, families and carers to ensure wellbeing, prevention and care.
- To support the **quality** and **safety** of the armed forces community.
- To support the **transition** and utilisation of this community as an **asset** to the wider population.

Mental Health Pathway

- Provision Behind the Wire
- Transition
- New TILS Service
- Procurement Specialist Service
- Pathways Mental Health Service
- Mental Health First Aid

Access and Appropriate Care

- **Hearing Loss** - A Royal British Legion report 'Lost Voices' on **hearing problems** among Service personnel and veterans 2015.
 - **14%** leaving Afghanistan had hearing loss
 - eLearning module
- **Blind Veterans** UK get our blind veterans back on their feet, recovering their independence and discovering a life beyond sight loss. - Patients are referred routinely from the local eye hospital
- **Brain Injury/ Dementia-** many cases coming through SAFN and not a clear pathway, working as a MDT to achieve this
 - A client who has dementia and suffering with PTSD flashbacks, CPN want information and support and a SSAFA key worker was connected in.
 - Mental health patients check do not have brain injury

How can the Armed Forces Community help mainstream community?

Asset

Employment – Good Practice

- Service Training – accredited with Civilian bodies
- Local Enterprise Partnerships
- Individual Organisations – Covenant, Employers Recognition Scheme
- Links with Career Transition Partnership
- Support to get interviews
- Retraining (Highground)



EMPLOYER RECOGNITION SCHEME

SILVER AWARD 2017
Proudly supporting those who serve.

What is the Armed Forces Network?

- It is a **multi-organisational group** which includes members from the:
 - NHS, MoD, Armed Forces Reservists, Mental and Physical Health Clinicians, the Royal British Legion, SSAFA and other interested charities and organisations from across Sussex (i.e. police and local authorities).
 - Started with no military background
 - It is managed but it is ever expanding as networking occurs
 - Areas to address were identified from Joint Strategic Need Assessments, Reports, Veterans feedback and from the stakeholders of the Network.
 - Its aim is to facilitate the wider community in the delivery of the Armed Forces Covenant and the needs identified.

Resources

- Website
- eLearning
- Pathways
- Business Cards
- Leaflets
- Presentations/stands/Events
- Mental Health First Aid
- Champion Network
 - (Folder, Stick and Flip Tool)



Questions/Comments?