



Wolverhampton Joint Strategic Needs Assessment

Armed Forces Community



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1. Scope

The purpose of this Rapid Needs Assessment (RNA) is to provide an evidence-based, data-informed overview of the demography, health profile, experiences, and unmet needs of the Armed Forces community in Wolverhampton. This needs assessment can be used to inform local commissioning decisions and shape services in line with the needs of this community.

2. Executive Summary

2.1 Introduction

The UK Armed Forces provides the military defence for the United Kingdom and is made up of three main branches: the British Army, the Royal Navy (including the Royal Marines) and the Royal Air Force.¹

The Armed Forces community is made up of those who are, or who have served in the Armed Forces, and those who have been closely affiliated with it. This includes the following populations:

- **Regular personnel** - Any current, full-time, serving members.
- **Reservists** - Members of the 'reserve' force, either volunteer (supporting part-time, alongside other regular civilian occupations) or regular (formerly full-time personnel, who have transitioned to reserve status and may be recalled for service if needed).
- **Veterans** - A person who has served at least one day in the UK Armed Forces including the Royal Navy, British Army, or Royal Air Force.
- **Dependents** - Those who have been affiliated with the Armed forces due to their relationship with military personnel. This can include military spouses/civil partners/unmarried partners, children, and where appropriate, can include extended family (parents and other family members).²

The Armed Forces community shares the unique lifestyle and challenges of military life. From frequent relocations and extended deployments to the lasting impacts experienced long after service ends, their journey is marked by significant challenges. These individuals and their families make profound sacrifices in service to their country, often placing duty above personal comfort and stability. Their resilience and commitment deserve our deepest recognition and respect.

2.2 Key Findings

Demographics and Distribution

- In 2021, 5,496 residents aged 16+ (2.6%) in Wolverhampton identified as veterans - lower than the national average (3.7%).
- Veterans are unevenly distributed across the city, with higher concentrations in Tettenhall Wightwick (4.3%) and Wednesfield North (4.1%), and lower in Blakenhall (1.1%) and St Peter's (1.3%).
- The veteran population is predominantly male (89%), White (90%), and older - with nearly four in five (78%) aged 50+.

Health and Disability

- Veterans are twice as likely as non-veterans to report being in "bad or very bad" health (15% vs 8%), even after adjusting for age.
- Over a third (37%) of veterans report a disability; with veterans reporting being more disabled than their non-veteran counterparts.

- Veterans tend to have poorer self-reported health outcomes than non-veterans with regular veterans reporting worse outcomes than reserve veterans.

Employment and Education

- Veterans are more likely to be economically active but have lower qualification levels - 30% have no qualifications compared to 25% of non-veterans.
- Wolverhampton has a small population of service children, some of whom experience deprivation and additional educational needs (15% SEND).

Housing

- Veterans are more likely to own their homes outright (49%) and less likely to rent privately than non-veterans.
- Around one in five (20%) veterans live in social housing, higher than national averages.
- The council provides priority access to housing for veterans under its Armed Forces Covenant commitment.

MOD Pension and Compensation

- In 2022, 573 local individuals (including 544 veterans) received MOD pensions or compensation.
- A significant number are living with service-related health conditions, including 122 on War Disablement Pensions and 35 receiving Armed Forces Compensation Scheme support.

Accessing Local Services

- Between 2023-2025, 62 veterans accessed OpCourage, with most self-referring rather than being referred by professionals. Service outcomes mostly included referral to psychological therapy and substance misuse.
- Veterans make up less than 1% of local substance misuse service users, suggesting under-engagement with mainstream services.
- Local housing and health teams hold incomplete and self-reported veteran data, limiting full understanding of need, but data captured indicates limited engagement with the council's housing register.

Community Consultation (Survey Findings)

- Over six months (July 2024-January 2025), 180 members of Wolverhampton's Armed Forces community took part in local surveys - including 135 veterans/personnel, 39 family members, and 6 service children.
- Respondents broadly reflected the city's demographic profile: mostly male (83%), White (93%), and aged 55+ (57%).
- Transition to civilian life was rated "OK" by half of veterans, though one in five (21%) found it "hard". Challenges included loss of structure, health problems, and difficulty navigating civilian employment.
- Health and wellbeing results show lower life satisfaction (61%) and happiness (66%) compared to national averages, with 17% reporting high anxiety and 45% identifying as disabled (over one-third attributing this to military service).
- Social isolation was common: 30% felt lonely "some of the time" or "often".
- Alcohol use patterns were mixed - while most are at "low risk", around 1 in 5 (22%) were considered 'increasing risk', and over 1 in 10 (16%) were considered 'higher risk'.
- Housing stability was generally high (65% homeowners), and around 8 in 10 (84%) but 13% had experienced homelessness, often without accessing support.

- Awareness of the Armed Forces Covenant was high (83%), yet 43% felt it “does not do enough”, citing low visibility of support, insufficient recognition of families, and patchy local delivery.

Family and Service Children Perspectives

- Among family respondents, loneliness and social isolation affected over 60% at least ‘occasionally’, and wellbeing scores were lower than national and regional averages.
- Key challenges included spousal separation, career disruption, and impact on their children.
- Service children described emotional strain, disrupted schooling, and barriers to accessing support - particularly for families leaving service or lacking local connections.
- A strong theme was the desire for more tangible, family-oriented support, including counselling, more support for service children, more outreach and community activities/provision available especially in an area with not a big army base.

Focus Group Insights (Veterans and Reservists)

- Veterans consistently reported low awareness and understanding of the Armed Forces Covenant, and frustration that it felt invisible in practice (*“It’s less important that we know about the Covenant and more important that we know what help we can get.”*).
- Veterans said they felt stigma and a lack of public respect, despite the sacrifices made: (*“I wouldn’t feel comfortable walking around in uniform - it’s not advised”*) and (*“We’re the most patriotic people - but we’re looked down on.”*)
- Digital exclusion emerged as a major barrier for access to support - many struggled with online GP booking systems and preferred face-to-face or phone-based support.
- Community groups such as Veterans in the Community (Bilston and Wednesfield) were described as “lifelines” that reduced isolation, provided peer support, and acted as opportunities for counsel and an extension of “family”.
- Veterans expressed a strong desire for veteran-led service design, where lived experience informs policy and commissioning (*“we have lived experience”*).
- Reservists reported specific challenges, including limited employer support, inconsistent healthcare access (especially dental and rehabilitation), and a lack of understanding of their contributions. Many called for clearer guidance for employers and greater recognition of reservist needs.

2.1.2 Local services and community assets

There is a diverse range of local services and community assets in Wolverhampton dedicated to supporting the armed forces community. These encompass various areas such as employment, housing, healthcare, welfare, and financial management. The provision of support is facilitated by partners working closely with the local authority, aiming to address the multifaceted needs of veterans and their families. These efforts help ease the transition to civilian life, promote social integration, and enhance overall well-being. Additionally, community assets offer a valuable platform for veterans to socialise, connect, and share experiences in an inclusive environment. These assets may include social gatherings, peer support groups, and community organisations.

2.1.3 Recommendations

- Improve understanding of the Armed Forces community through enhanced data collection, intelligence and ongoing engagement to better identify needs and monitor outcomes.
- Ensure equitable access to support across housing, health, wellbeing, employment, education and wider council services for veterans, serving personnel, service families and the bereaved.
- Increase awareness and visibility of the Armed Forces Covenant and the support available through communications, outreach, training and partnership working.
- Strengthen community resilience and inclusion by supporting community connections, reducing inequalities and ensuring underrepresented groups within the Armed Forces community are engaged and represented.
- Strengthen partnership working and leadership through delivery of a multi-agency Armed Forces Covenant Action Plan, with clear governance, ongoing monitoring and regular review to drive continuous improvement in outcomes for the Armed Forces community.

Please note that more detailed recommendations can be found in 7.0.

3. Background

3.1.1 The Armed Forces

The UK Armed Forces provides the military defence for the United Kingdom and is made up of three main branches: the British Army, the Royal Navy (including the Royal Marines) and the Royal Air Force (Table 1).

Table 1. Branches of the British Armed Forces

Branches of the British Armed Forces	
British Army	• The main part of the military that works on land.
Royal Navy	• The part of the military that operates at sea. • Has around 70 ships, including submarines and aircraft carriers. • Includes the Royal Marines, who are expert fighters trained for tough missions on land and sea.
Royal Air Force (RAF)	• The part of the military that works in the air. • Uses planes and helicopters to protect UK skies, gather information, and transport people and supplies.

3.1.2 The Armed Forces Community

The Armed Forces community shares the unique lifestyle and challenges of military life, including frequent relocations, deployments, and long-term impacts after service. This includes:

- **Serving personnel:**
 - *Regulars*: Full-time military members actively serving.
 - *Reservists*: Part-time personnel who live civilian lives but can be called up for duty and includes volunteers and ex-regulars.
- **Veterans (Ex-Service)**: Anyone who has served for one day or more.
- **Family members and dependants**: Those relying on the service member for emotional or financial support (i.e. spouses/partners, children, or parents and relatives).

3.2 Scope of the Evidence

Historically, the absence of routine and robust data collection made it challenging to fully understand and address the health and social inequalities affecting veterans and their families. However, in recent times, coordinated efforts to improve data capture have provided clearer and more nuanced insights into the experiences of the Armed Forces community. Key data milestones include:

- **The UK Household Survey of the Ex-Service Community (2014):** The first survey dedicated to exploring veterans' experiences and needs.
- **The Annual Population Survey (from 2016):** Added questions on the Armed Forces community, collecting demographic data via the Office for National Statistics (ONS).
- **The 2021 Census in England and Wales:** For the first time, it asked respondents if they had previously served in the UK Armed Forces, marking a major step toward national recognition of the community.
- **The Families Continuous Attitude Survey (FAMCAS) (2017):** Captures the perspectives of service families, shining light on their unique challenges.
- **The Veterans' Survey (2022):** Focuses specifically on the post-service experiences and challenges faced by veterans.

Together, these reflect a significant shift in how the Armed Forces community is understood, recognised, and supported. The improved data landscape is now enabling more inclusive service planning and better-targeted interventions, helping to address the inequalities faced by veterans and their families throughout all stages of life.

3.3 Key Issues Facing Veterans (Ex-Service) Personnel

3.3.1 Transition from Service to Civilian Life

Military service uniquely fosters structure, discipline, physical fitness, and strong camaraderie, and a lot of those who leave service may feel empowered with skills, including a strong team work ethic and a resilient approach to life.³ However, the experience can also bring long-term challenges that impact health, well-being, and overall quality of life—particularly during the transition to civilian life. These difficulties are often more severe for individuals from disadvantaged backgrounds, who may already face systemic barriers to stability and support.⁴

3.3.2 Health and Wellbeing

Veterans are more likely than the general population to experience long-term physical health conditions such as musculoskeletal disorders, hearing loss, and chronic illnesses.

Mental health issues are also common, with conditions like post-traumatic stress disorder (PTSD), anxiety, and depression affecting many. In addition, veterans often face social isolation and loneliness, especially after losing the support of military peer networks and the daily structure that service life provides.⁵

The transition from military to civilian life is a particularly vulnerable period. Without adequate support, veterans are at a heightened risk of experiencing poor health outcomes during this time.

3.3.3 Age-Related Needs

Members of the Armed Forces experience their obligations and sacrifices to varying degrees and at different times throughout- and in some cases after- their service careers, depending on personal circumstances. Recent research indicates that veterans' experiences broadly vary across different life stages:

- **Aged 16-44:** More likely to experience mental health issues, financial hardship, unemployment, and limited access to training.
- **Aged 45-64:** More likely to report declining physical health, caring responsibilities, bereavement, and financial pressures.
- **Aged 65+:** Common challenges include low income, severe mobility issues, difficulties with independent living, and social isolation - particularly among those aged 75+.⁶

3.3.4 Socioeconomic & Demographic Patterns

The Armed Forces have historically recruited heavily from disadvantaged areas, especially for infantry (front-line) roles. Many recruits have entered service with limited formal education, with fewer than 10% holding GCSEs at grades A-C*. These are often young, white males from low-income households, and military service may be viewed as a way to gain opportunity, build structure, direction and personal growth in their life.

The average infantry soldier serves only 3.7 years. Early service leavers, in particular, often leave before establishing strong support networks or accessing available transition services, which increases their vulnerability during this time. Upon leaving the military, they are less likely to access tailored support or register with a GP. They are also more likely to return to socioeconomically deprived communities and face a higher risk of poor mental health, financial instability, and involvement with the criminal justice system.⁷

3.4 Additional Vulnerabilities

3.4.1 Suicide Risk & Self-Harm

Evidence shows that, overall, veterans are not at greater risk of suicide than the general population. However, certain subgroups are significantly more vulnerable to suicide:

- Male and female veterans under 25 are 2-3 times more likely to die by suicide than their civilian peers.⁸
- Male veterans aged 25-44 also show elevated suicide rates.⁹

Exploring some of the nuances of suicide risk, there is evidence that indicates the highest risk factors include male gender identity, serving in the Army, being discharged between ages 16 and 34, leaving untrained, and having less than 10 years of service have been associated with higher suicide risk. By contrast, lower risk was associated with being married, holding a higher rank, and deployment on combat operations. Research indicated that contact with specialist NHS mental health services was low overall, especially among the youngest veterans.^{10 11}

Historically, self-harm had been under-reported in the military due to its classification as a disciplinary offence. The Ministry of Defence has introduced support strategies such as mentoring for Early Service Leavers, Third Location Decompression (TLD), and Trauma Risk Management (TRiM). However, some veterans do not register with a GP after leaving service, limiting their access to essential healthcare, including psychological therapy.¹²

3.4.2 Gambling & Financial Instability

It is becoming increasingly clear that veterans are more vulnerable to gambling-related harm than the general population. Research into the experiences of veterans with “problem” (more severe) gambling has evidenced the profound and often complex impact it has- not only on the individuals themselves but also on their families.

Research shows that military life can normalise gambling through easy access, social reinforcement, and its use as a coping mechanism for stress. Over time, this can lead to financial hardship, relationship breakdowns and mental health issues. Despite these harms, many veterans face significant barriers to seeking help-such as stigma, denial, pride, and a lack of tailored support. However, family involvement often plays a crucial role in encouraging veterans to seek support and begin recovery.

Recommendations included access to safer gambling education and tailored support, as well as the development of military-specific screening tools.^{13 14 15}

3.4.3 Criminal Justice Involvement

There is growing recognition of the complex relationship between military service and involvement in the criminal justice system. Although veterans overall are less likely than civilians to have a criminal record, certain subgroups are more at risk- often influenced by trauma, mental health challenges, substance misuse, and/or difficulties during transition.

According to the Veterans’ Survey 2022, 10.4% of veterans reported having a criminal conviction (excluding minor traffic offences), and 24.8% of those had served a prison sentence. Offending behaviour occurred at different life stages: 16.6% before service, 40.5% during, and 57.7% after leaving the military (respondents could select more than one).¹⁶

Among those who had served a prison sentence, 44.3% accessed veteran-specific support while in custody. Common services included SSAFA, Care after Combat, the Veterans in Custody Support Scheme (VICS), and the Royal British Legion. Certain risk factors were associated with higher rates of conviction. These included being male (reflecting the Armed Forces' unequal gender balance), financial hardship, claiming benefits, and serving less than four years (early service leavers). Convictions were also more common among those medically discharged or who did not disclose their reason for leaving. Non-Officers were more likely to report convictions than Officers, and elevated rates were also observed among veterans with a disability under the Equality Act.¹⁷

Veterans currently in prison were asked about the support they felt was lacking during or after their time in service, including what they need now and what would help with resettlement after release. Responses highlighted recurring unmet needs, especially around housing, health, and reintegration.¹⁸

3.5 Impacts On The Wider Armed Forces Community

The impact of military life extends beyond those who serve and impacts the wider spouses, partners, children, and other dependents, who share the unique lifestyle and challenges associated with military service. Their experiences are shaped by factors such as frequent relocations, extended periods of separation due to deployment, the risk of injury or loss of the serving member, and the need to adapt continually to new environments. These circumstances can affect family stability, mental health, educational attainment, and employment opportunities for dependents.

Research indicates that family members often face elevated levels of stress, anxiety, and social isolation compared to the general population. Children in military families may experience disruptions to schooling and social networks, which can impact their academic performance and emotional wellbeing. Spouses and partners may encounter challenges in maintaining steady employment due to frequent moves or the demands of caregiving, contributing to financial pressures.^{19,20}

3.6 Policy Context: The Armed Forces Covenant

The Armed Forces Covenant was introduced in 2011 and reflects the moral obligation to protect those who have served in the Armed Forces, as well as their family members. The Covenant aims to ensure this community are not at a disadvantage compared to their civilian counterparts, and that special provision is made for those who have been particularly impacted from time in service, such as those with injuries and the bereaved.

The Covenant became legally binding through the Armed Forces Act 2011. It sets out a national responsibility involving government, businesses, local authorities, charities, and the public. These different bodies are to work in collaboration to improve the lives of members of the Armed Forces Community through improved access to existing goods and services, and, in some cases, by creating new bespoke services or pathways as part of special provision.

The Armed Forces Act 2021 introduced a new requirement for some public bodies, including the NHS and local authorities, to pay ‘due regard’ to the principles of the Covenant when carrying out specific public functions in the areas of housing, health care and education. The Act does not state what a body must do to have due regard; how the body meets the Covenant duty are left to the discretion of the relevant body. Ultimately, it reflects a statutory requirement for the relevant body to consider and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they carry out their functions.²¹

3.6.1 Delivering the Armed Forces Covenant Locally

Theme	Key Actions and Achievements
Pledge of Mutual Support & Recognition	- The City of Wolverhampton Council (CWC) has formally pledged its commitment to the Armed Forces Covenant. - Holds the Defence Employer Recognition Scheme (ERS) Gold Award - initially awarded in 2018, revalidated in 2024. - Actively collaborates with Armed Forces representatives to coordinate local support and services. - Founding member of the Wolverhampton Gold Award Association, a local network improving outcomes for the Armed Forces community. - Promotes public awareness of the contributions and challenges faced by veterans and their families.
Grant Funding for Local Organisations	- Delivers funding through the Armed Forces Community Covenant Grant Scheme. - Grants support voluntary groups, charities, schools and public bodies to deliver events and services for the Armed Forces community. - Funded projects include play schemes, nursery improvements, joint holiday schemes, and family-focused activities.
Employment Support & “Forces-Friendly” Policies	- Operates a Guaranteed Interview Scheme: veterans meeting essential criteria are guaranteed an interview. - Offers work experience opportunities for veterans. - Provides up to 24 days’ paid leave for reservists and cadet force adult volunteers. - Adopts flexible HR policies to support service-related commitments.
Housing & Social Support	- Veterans receive preference in social housing allocations via Wolverhampton Homes. - Homelessness support available for those leaving the Armed Forces and at risk of or experiencing homelessness.
Health, Wellbeing & Community Inclusion	- Local veteran support groups include “Veterans in the Community”, Royal Air Force Association, and Royal British Legion branches. - These offer peer support, social contact, and wellbeing assistance.

	- Signposting available to local medical, dental, financial and welfare services. - Veterans are also able to access discounts at the council leisure centres (WV Active) - Those awarded a war pension and who are under the age of 60 – they can obtain a certificate to exempt them from NHS prescription charges for any condition they receive a war pension for.
Recognition & Awards	- Wolverhampton City Council is a recipient of the Employer Recognition Scheme Gold Award, recognising its excellence in supporting the Armed Forces community.
Events & Community Awareness	- Hosts annual events including Armed Forces Day, parades, and exhibitions to foster public awareness and community cohesion. - Maintains a dedicated website (Armed Forces Wolverhampton) providing information and event listings.
Policy Measures & Local Legal Recognition	- CWC has recognised the Armed Forces community as a “protected characteristic” locally under the Equality Act framework. - Council policies, including school admissions and housing, have been reviewed to ensure no disadvantage to Armed Forces families.

3.6.2 National Strategy

In 2018, ‘The Strategy For Our Veterans’ was published in the UK and set out the actions required to meet the needs of older veterans as well as the wider veteran community over the next 10 years, as well as setting the right conditions for society to empower and support this community over the next century.

The Strategy for Our Veterans (2018) identifies several fundamental factors critical to effectively supporting the Armed Forces community. It emphasises the importance of strong collaboration among government agencies, charities, local authorities, and private sector partners to deliver comprehensive and coordinated support. The strategy also highlights the need for accurate, comprehensive data collection to gain a deeper understanding of veterans’ demographics and challenges, enabling more targeted and informed interventions. Furthermore, raising public awareness about veterans’ experiences is essential to reducing misconceptions and honoring the incredible work and sacrifices veterans have made to society.²²

3.6.3 Health care for the Armed Forces

Responsibility for Armed Forces healthcare is split between the Ministry of Defence’s (MOD) specialised medical services (Defence Medical Services (DMS)) and the NHS. DMS provide a range of services for regular serving personnel in the UK, those serving overseas and in some cases their families. NHS England directly commissions services for serving personnel and their families who are registered with a DMS practice. For veterans and their families registered with an NHS GP, commissioning responsibilities are discharged through

Integrated Care Boards. NHS England also commissions bespoke services tailored for veterans.

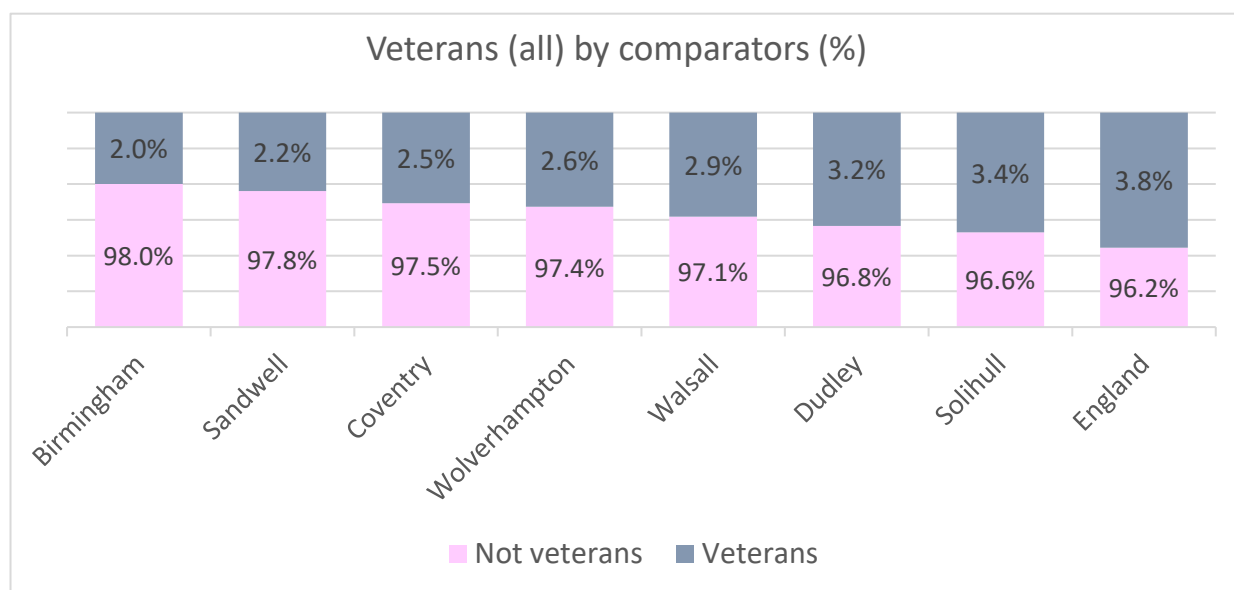
NHS England published the document 'Healthcare for the Armed Forces Community: A Forward View' in early 2021, outlining nine commitments to enhance healthcare services for this community. A partnership agreement exists between NHS England, MOD, and DMS to support joint efforts aligned with the statutory guidance of the Armed Forces Covenant. Service charities (including SSAFA, Royal British Legion, Help for Heroes, Combat Stress, Defence Medical Welfare Service and Veteran's Gateway) also play a crucial role in providing care, research, and advocacy for the Armed Forces community. This collaborative approach aims to ensure positive physical and mental health for veterans, enabling their broader contributions to society.

4. Local Context

4.0.1 Veteran population by Local Authority

In 2021, a total of 5,496 (2.6%) residents aged 16+ were veterans in Wolverhampton. Wolverhampton has a lower proportion of veterans than the regional (2.7%) and national average (3.7%) (Figure 1).

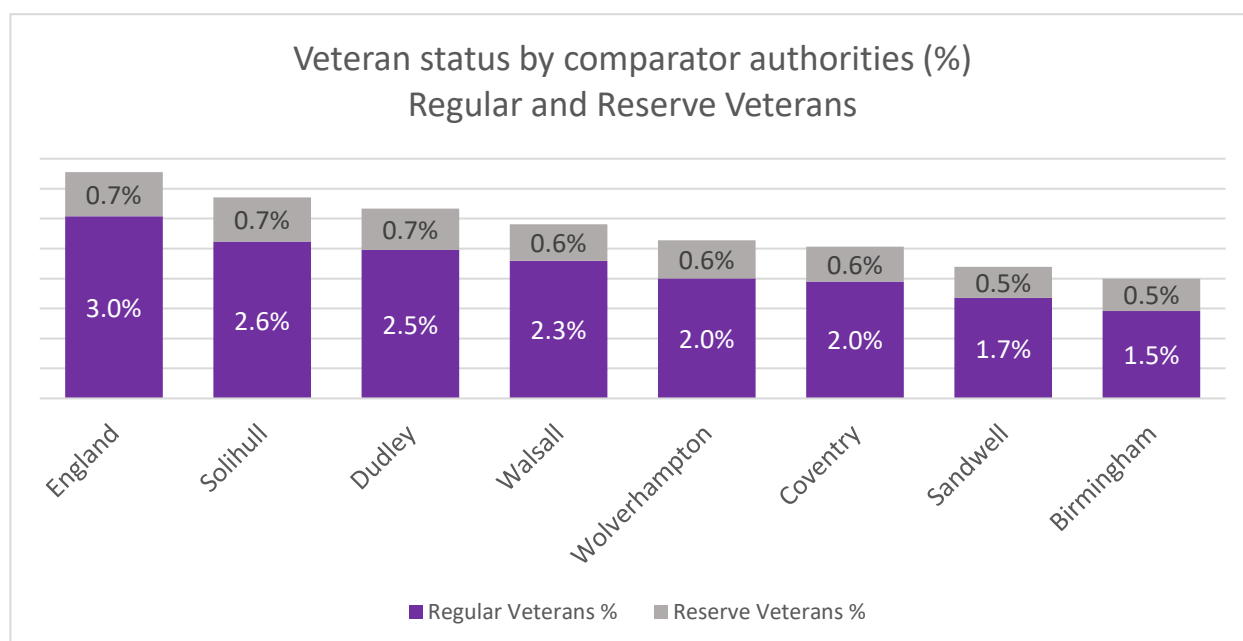
Figure 1. Veteran status by comparator areas, 2021



Source: Census 2021

Of the total veteran population in Wolverhampton, 4,175 (2.0%) were regular veterans and 1,321 (0.6%) were reserve veterans (Figure 2).

Figure 2. Regular and reserve veterans, by comparator areas, 2021



Source: Census 2021

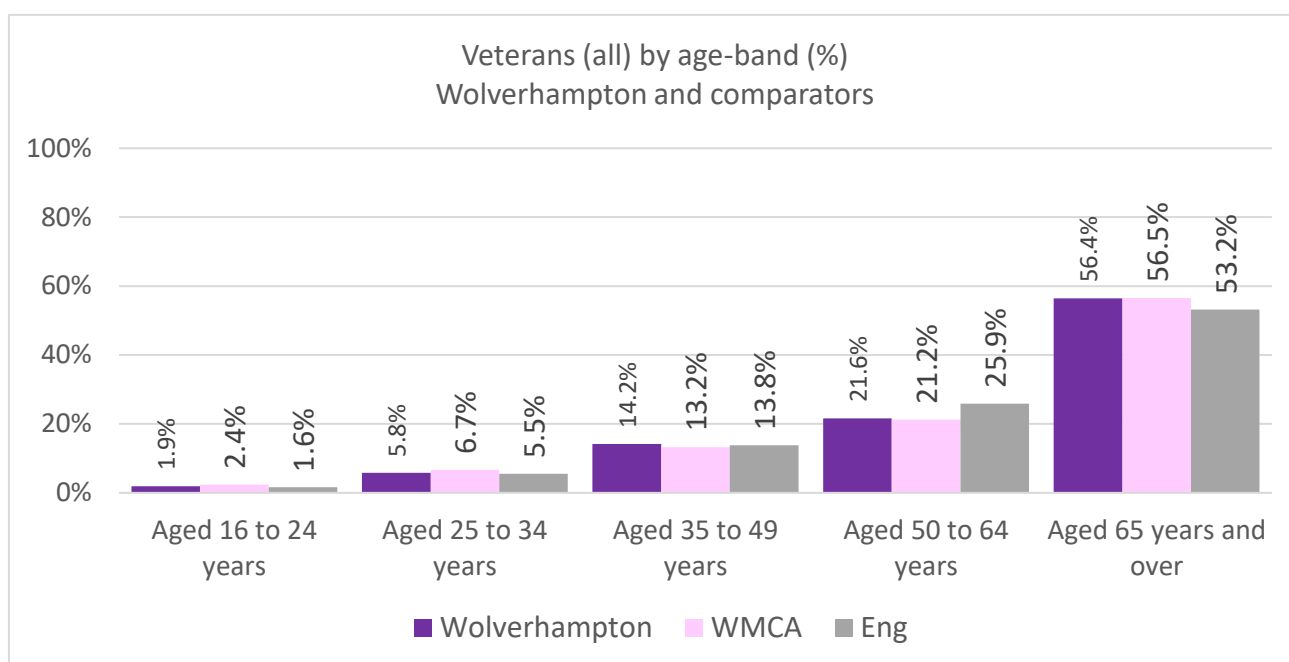
4.0.1 Veteran population by Ward

On a ward level, the wards with the highest proportion of veterans are Tettenhall Wightwick (4.3%) and Wednesfield North (4.1%). The wards with the lowest proportion of veterans were Blakenhall (1.1%) and St Peter's (1.3%) (Table 2). Veteran populations by ward are reflective of the demographic composition of each ward; wards with higher proportions of White British residents, especially those with an older age-structure, also have a higher proportion of veterans.

4.0.2 Demographic profile of veterans – sex, age and ethnicity

Veteran status increases with age. In Wolverhampton, the large majority (78%) of veterans (regular and reserve) are aged 50 years or above. This is also seen regionally (78%) and nationally (79%). The age-band with the highest proportion of veterans is the 65+ age-band, while the age-band with the lowest proportion of veterans is 16-24-year age-band (Figure 3).

Figure 3. Veteran population by age-band and comparator area, 2021

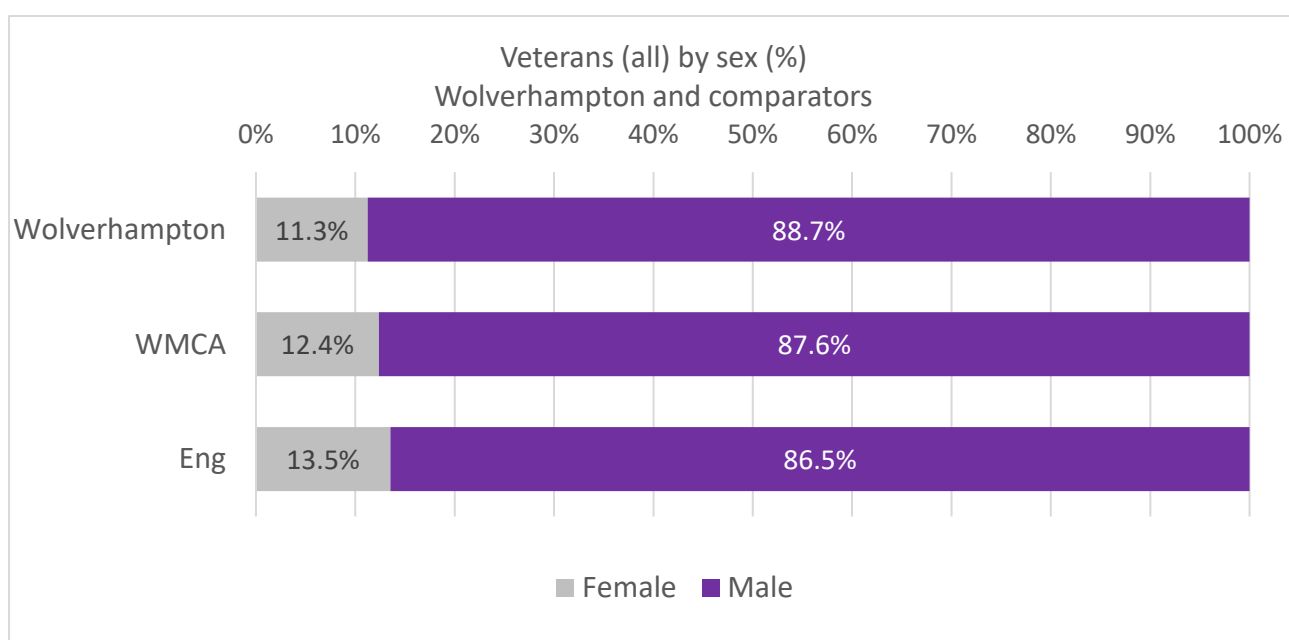


*WMCA: West Midlands Comparator Authorities

Source: Census 2021

Over 8 in 10 veterans (both regular and reserve) are males in Wolverhampton (89%), as well as regionally (88%) and nationally (87%) (Figure 4). There is a higher proportion of females in the reserve veteran force than the regular veteran force (Figure 5).

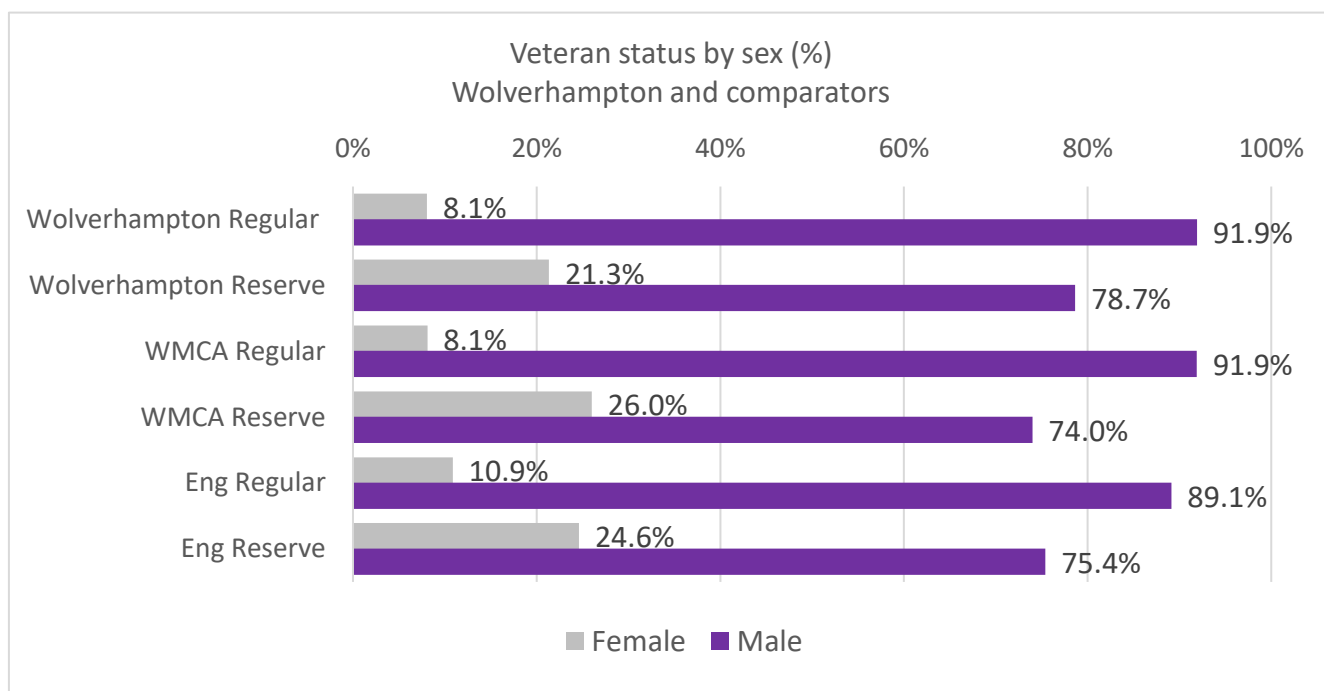
Figure 4. Veteran population by binary sex and comparator area, 2021



*WMCA: West Midlands Comparator Authorities

**Only binary answer available.

Figure 5. Veteran status by binary sex and comparator area, 2021



Source: Census 2021

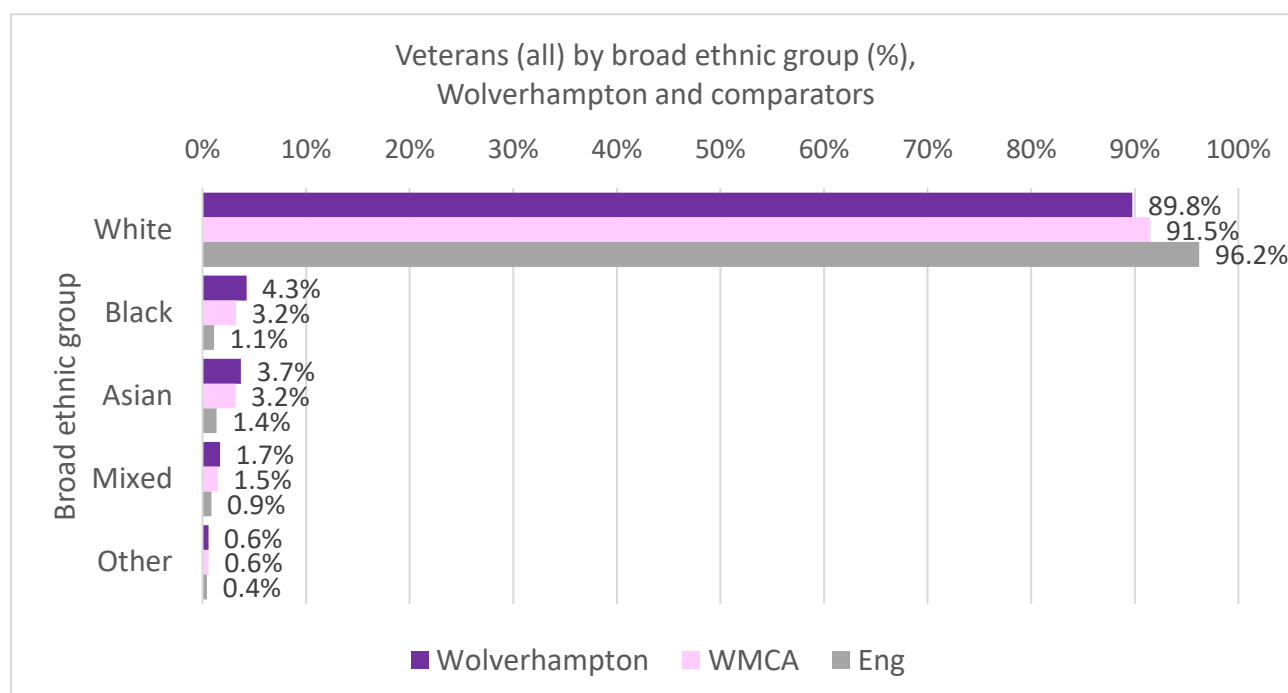
*WMCA: West Midlands Comparator Authorities

**Only binary answer available.

Source: Census 2021

Around 9 in 10 (90%) veterans are of White ethnicity in Wolverhampton, which is also seen regionally (92%) and nationally (96%) (Figure 6). The veteran population has proportionally fewer ethnic minority residents than both the city's overall population, and the city's non-veteran (16+) population.

Figure 6. Veteran population by broad ethnic group and comparator area, 2021



*WMCA: West Midlands Comparator Authorities

Source: Census 2021

4.1 Health

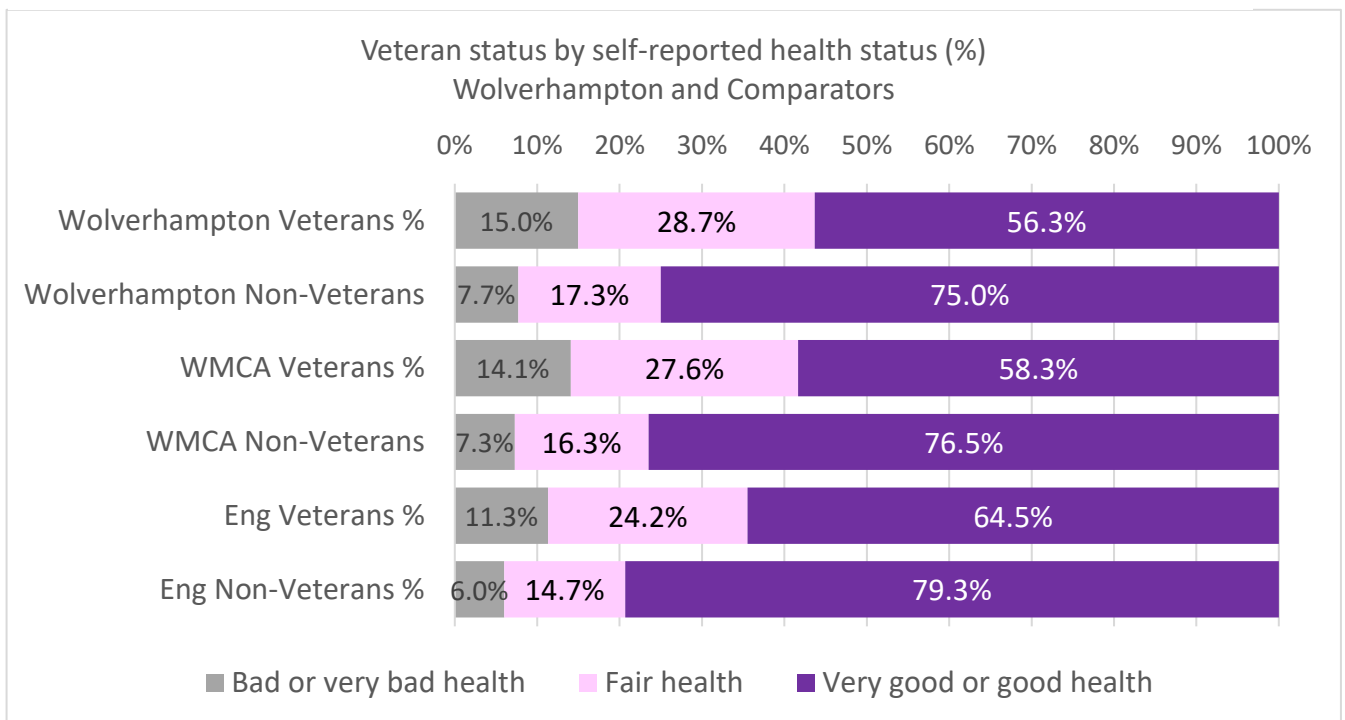
4.1.1 Self-reported health

Based on the 2021 Census, regular veterans tended to perceive their health as worse than their non-veteran counterparts. Specifically, Wolverhampton veterans were around twice as likely (15%) to report being in “bad or very bad” health” than non-veterans (8%). Fewer veterans than non-veterans were also much less likely to report being in “fair health” or “very good or good health” (Figure 7).

After adjusting for age, this disparity in perceived health between veterans and non-veterans remains, which indicates the difference cannot be entirely attributed to age.

Further, this difference in self-reported health status was more pronounced for regular veterans, than reserve veterans, with regular veterans more likely to report being in “bad or very bad health”, even after adjusting for age.

Figure 7. Veteran status and perceived health, 2021



*WMCA: West Midlands Comparator Authorities

Source: Census 2021

4.1.2 Disability

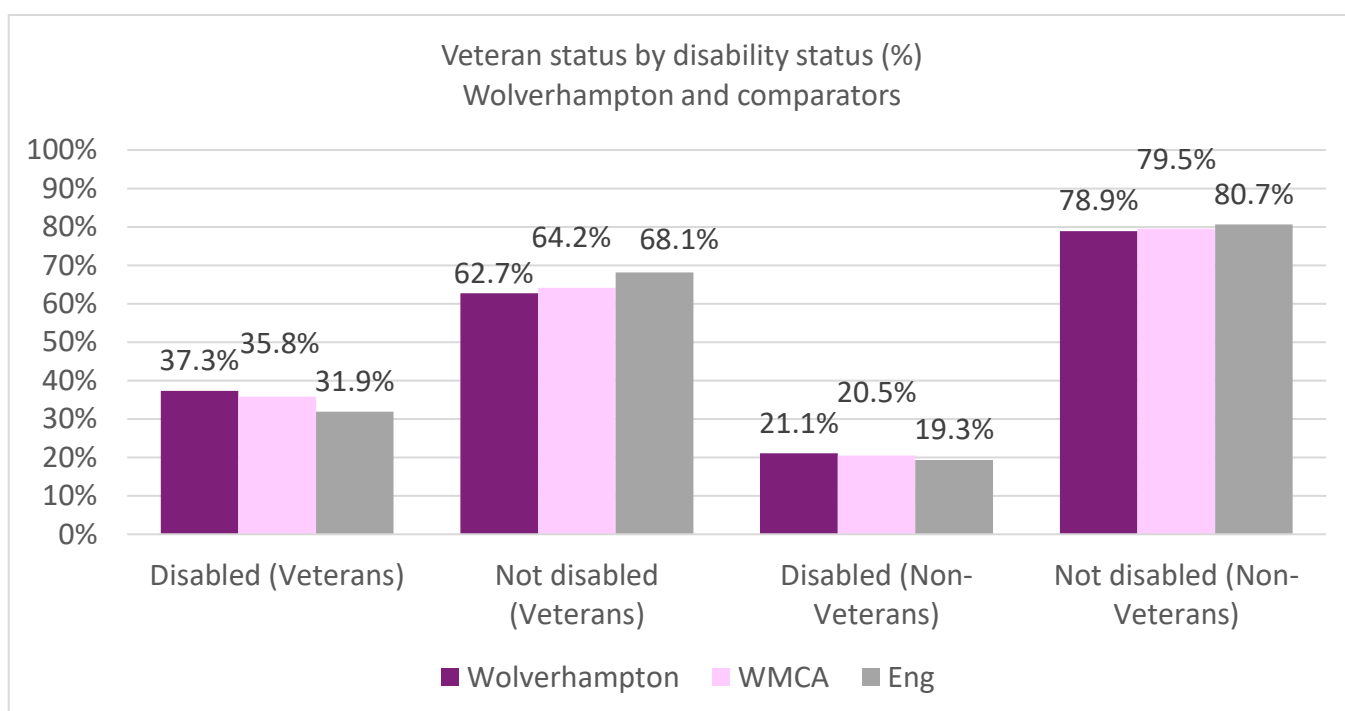
Within the 2021 Census, disability was defined as “a physical or mental condition reporting to last 12 months or more”; there is no detail as to the nature of the self-reported disability.

In Wolverhampton, over a third (37%) of veterans reported having a disability. This is similar to the regional (36%) and national average (32%).

A larger proportion of veterans reported being disabled than their non-veteran counterparts; disability was over ten percentage points higher among veterans than non-veterans (Figure 8).

Whether disability was a result of time in service, or was pre-existing prior to time in service, is not disclosed within the Census.

Figure 8. Veteran status by disability status, 2021

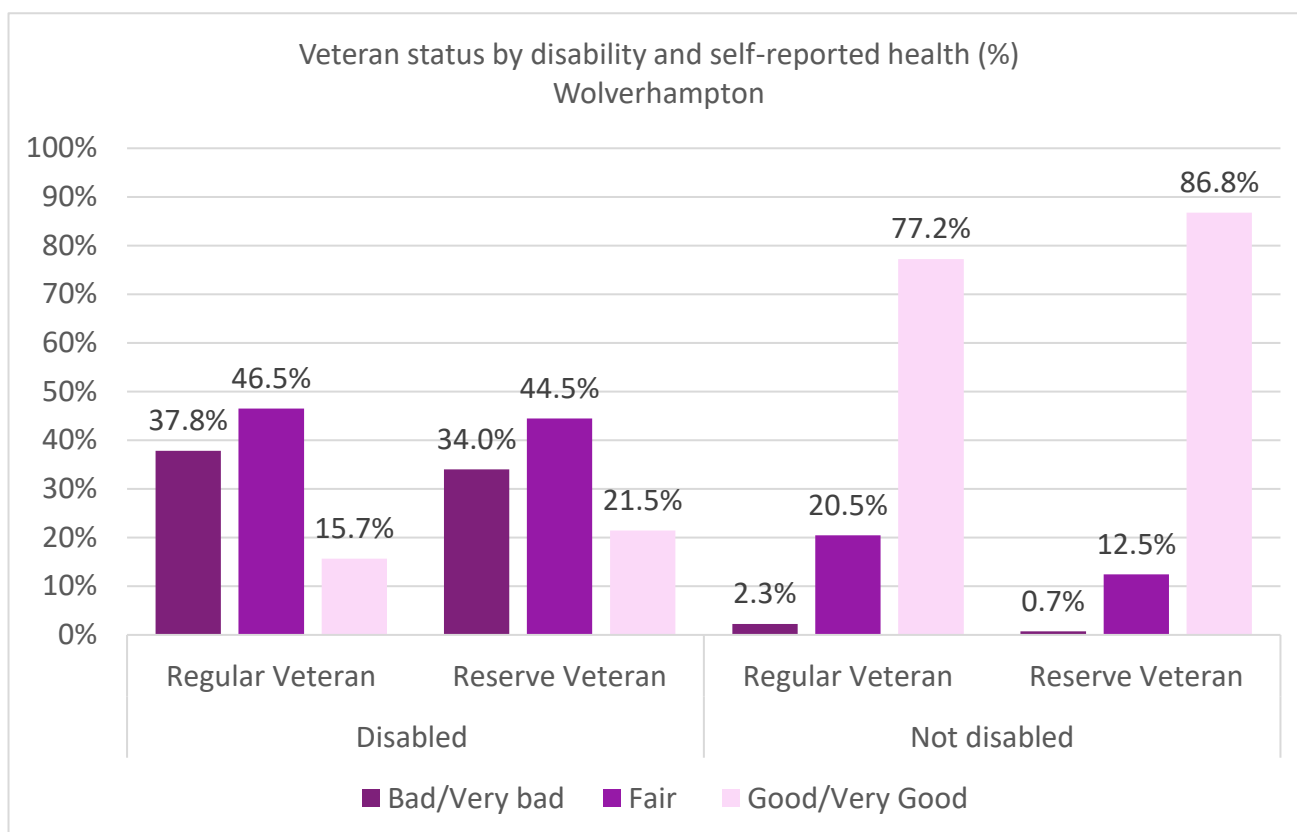


*WMCA: West Midlands Comparator Authorities

Source: Census 2021

A significantly higher proportion of veterans with a disability reported to be in “bad or very bad” health, and a significantly higher proportion of veterans with no-disability reported being in “good or very good health”, regardless of veteran status. However, reserve veterans were more likely to report better perceived health compared to regular veterans (Figure 9).

Figure 9. Veteran status by disability and self-reported health, 2021



*WMCA: West Midlands Comparator Authorities

Source: Census 2021

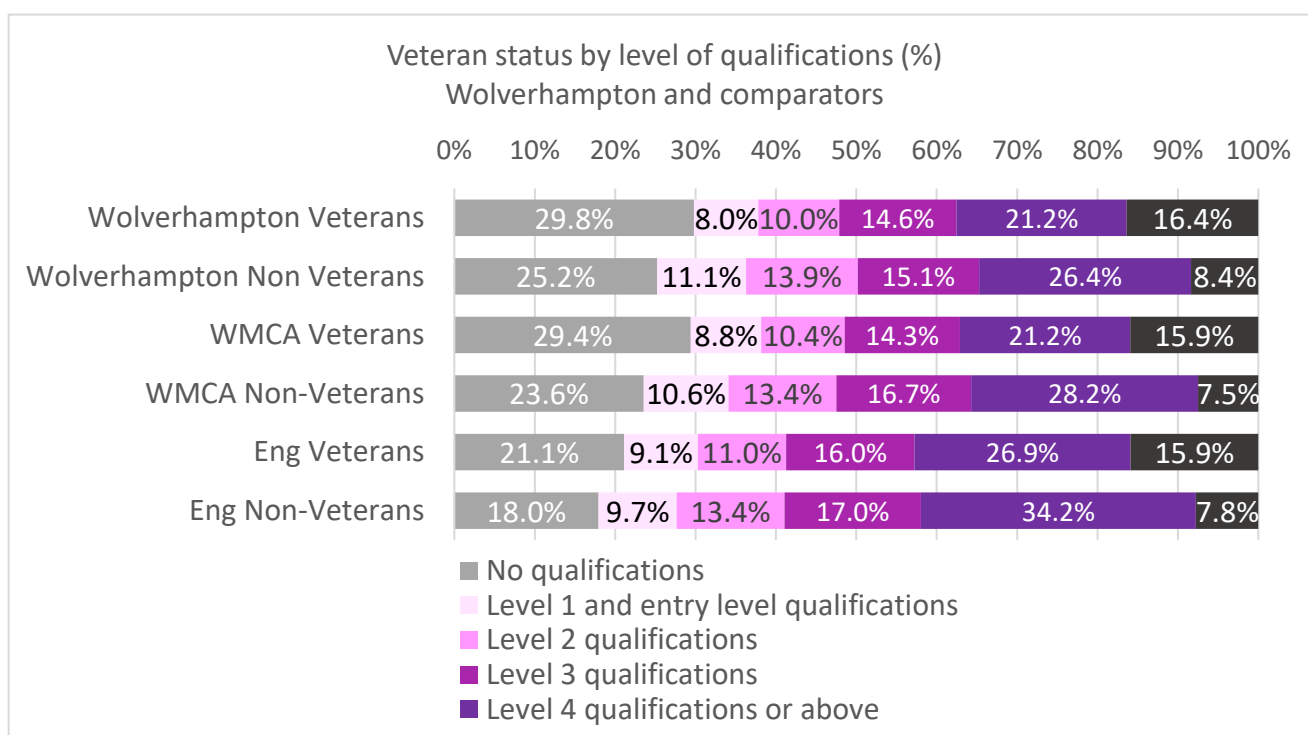
When looking at veteran status by age and disability, disability increased with age. But even after adjusting for age, disability remained higher among veterans than non-veterans, with disability slightly higher among regular veterans than reserve veterans.

4.2 Employment

4.2.1 Qualifications

Based on the 2021 Census, Wolverhampton veterans had an overall lower qualification profile than their non-veteran counterparts. Almost a third (30%) of Wolverhampton veterans reported having no qualifications, compared to non-veterans (25%). This discrepancy in qualifications between veterans and non-veterans is also seen regionally and nationally (Figure 10).

Figure 3. Veteran status by level of qualifications and comparator area, 2021



*WMCA: West Midlands Comparator Authorities

**More information on how qualifications are categorised: [Highest level of qualification - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

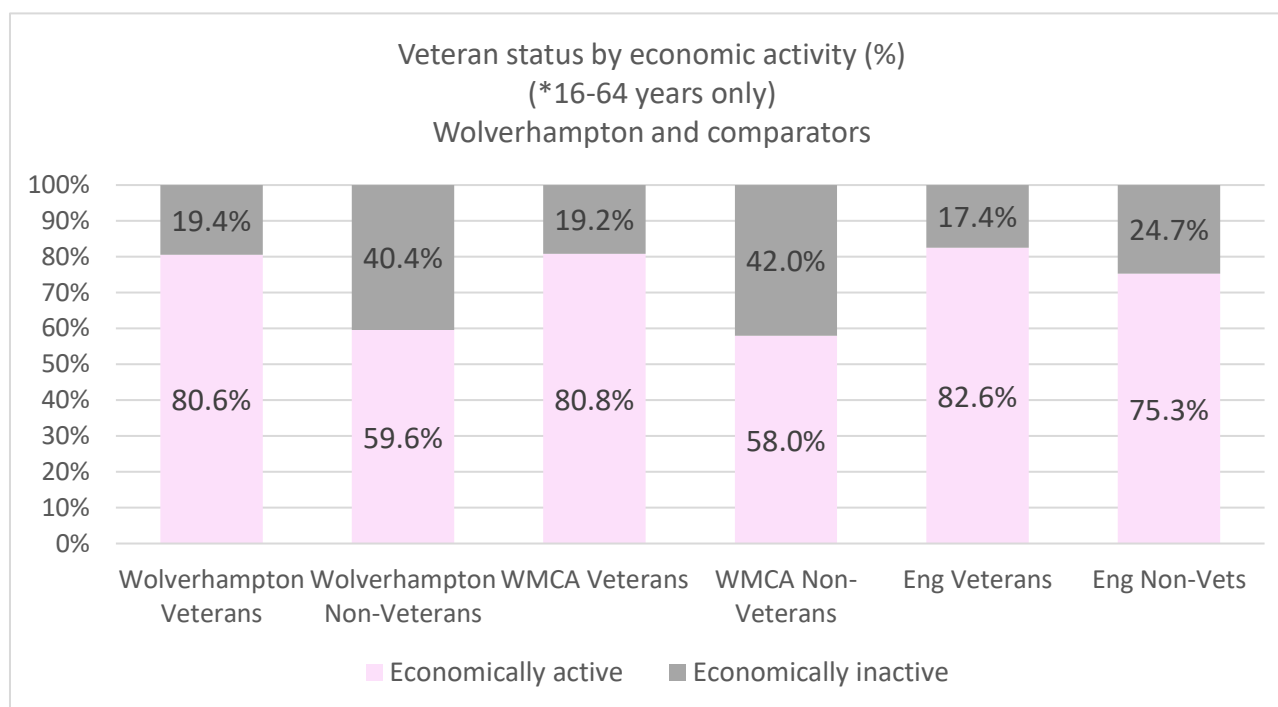
Source: Census 2021

4.2.2 Economic activity

Economic activity is made up of two broad categories: economically active (those in employment, those unemployed but actively looking for work and/or those currently unemployed but has accepted a job and is awaiting onboarding).

In Wolverhampton, after adjusting for age (excluding those aged 65+), veterans of a working-age (16-64 years) were more likely to be economically active than economically inactive and were also more likely to be economically active compared to non-veterans. This finding is consistent with the regional and national profile (Figure 11).

Figure 11. Veteran status by economic activity, 2021



*WMCA: West Midlands Comparator Authorities

Source: Census 2021

4.3 Education

Between October 2021 and January 2022, there were 77,560 service children* recorded in the School Census across England. These service children were recorded across 10,675 schools, making up around half (53%) of all schools nationally.

In Wolverhampton, there were 55 service children in Wolverhampton recorded across 30 schools, making up a third (33%) of schools. This is not too dissimilar to other neighbouring authorities within the Black Country with a similar population density. Wolverhampton has been designated decile 3 on a national decile rank of 1-10, with 3 indicating a relatively low number of service children (Table 3).

**Service children: children and young people who have one or both parents serving in the UK Armed Forces (Regular or Reserve), or who have recently left the military service.*

Table 3. Service children across Black Country Authorities, 2021- 2022

Black Country Local Authorities	Number of service children	Schools with service children	% of all schools	National decile by number of service children (1- 10; 1 being low, 10 being high)
Dudley	115	50	53%	4
Wolverhampton	55	30	33%	3
Walsall	60	30	29%	3
Sandwell	55	30	26%	2

*Dudley has a higher population count than its 3 other neighbouring authorities.

Source: Service Children's Progression Alliance; School Census

In the most recent 2023/24 School Census, there were 68 service children in Wolverhampton. Of these 68 children, around 9 in 10 (90%) spoke English as their main language. Around 1 in 5 (18%) were also receiving Deprivation Pupil Premium (18%) and Free School Meals (18%), and just over 1 in 10 (15%) service children also had Special, Educational Needs and Disabilities (SEND).

4.4 Housing

Overall, veterans were more likely to report stable housing tenure than their non-veteran counterparts. Around half (49%) of veterans owned their property outright, similar to the regional (51%) and national average (49%). A higher proportion of veterans than non-veterans owned their properties outright.

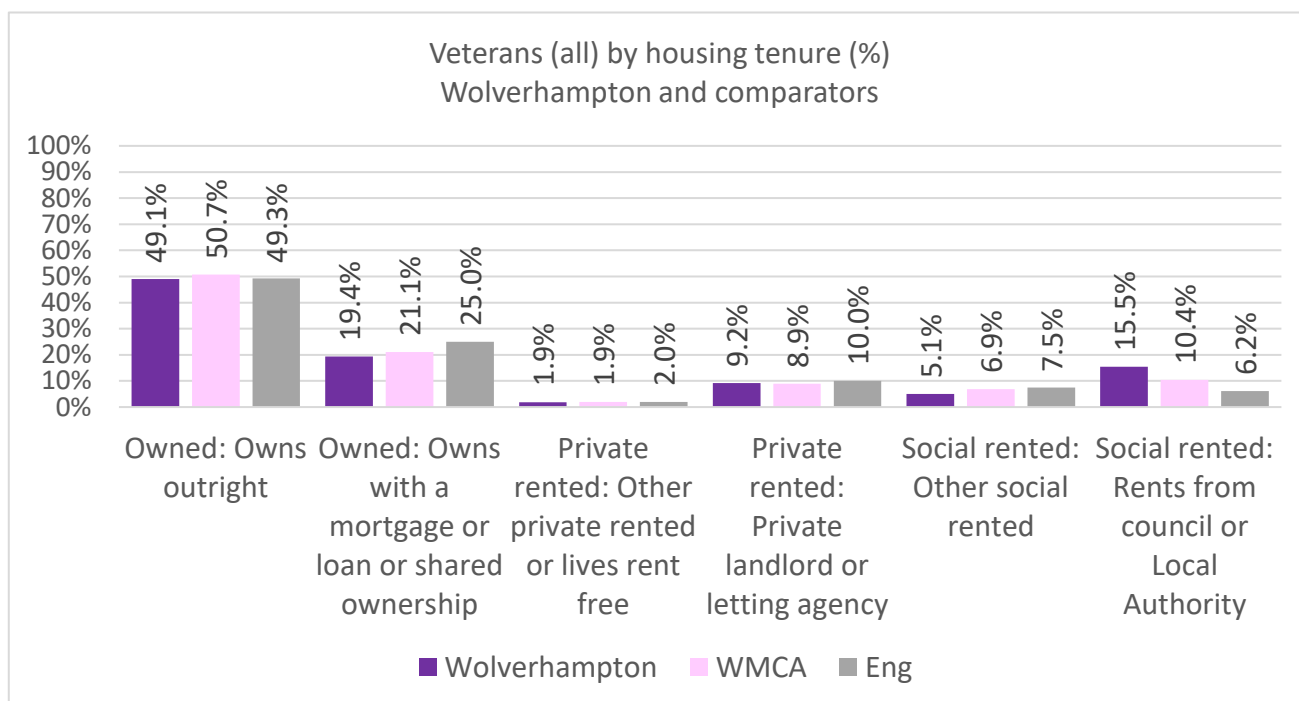
Around 1 in 5 (19%) veterans in Wolverhampton owned with a mortgage/loan, or shared ownership, slightly less than the regional (21%) and national (25%) average. A higher proportion of non-veterans than veterans were more likely to own their property with a mortgage or shared ownership, than non-veterans.

Just over 1 in 5 (20%) of veterans in Wolverhampton were in social renting (all social renting tenures), which was higher than the regional (17.3%) and national (13.7%) average. A higher proportion of non-veterans than veterans were more likely to be social renting.

A smaller proportion of veterans (11%) in Wolverhampton were privately renting (all private renting tenures) and this was similar to the regional (10.8%) and national average (12%). A

higher proportion of non-veterans than veterans were more likely to be privately renting (Figure 12).

Figure 12. Veterans by housing tenure, 2021



Source: Census 2021

4.5 MOD Pension and Compensation Recipients

In 2022, a total of 573 individuals in Wolverhampton are in receipt of support from the Ministry of Defence (MOD) through one or more of the following schemes: the Armed Forces Pension Scheme (AFPS), the War Pension Scheme (WPS), and the Armed Forces Compensation Scheme (AFCS). This figure includes veterans, serving personnel, and dependants.

Of this total, 544 are veterans, reflecting a significant proportion of the local ex-Service community who continue to engage with MOD support systems. The majority (445 veterans) receive a pension through the AFPS, which typically supports those with longer service histories and reflects sustained engagement with MOD pension provisions.

A significant number of veterans in Wolverhampton are living with long-term health problems linked to their time in the Armed Forces. An estimated 122 veterans receive a War Disablement Pension, usually for injuries or illnesses caused by service before 2005. Another 35 veterans are getting compensation for more recent service-related health issues.

A small group of individuals (under 5 people) receive ongoing income support because their conditions are serious and have a lasting impact on their daily lives. These individuals may also need extra help from health, housing, or social care services.

The data also shows there are 17 War Widow(er)s in the city- people who have lost a partner due to military service. They may have specific emotional or practical support needs. In addition, 11 serving members of the Armed Forces living in Wolverhampton are receiving compensation for injuries or health problems linked to their military role.²³

Table 4. AFPS, WPS and AFCS recipients in the UK in Wolverhampton, numbers, 2022

Category	Count	Definition
All recipients	573	Total individuals in Wolverhampton receiving support through any of the AFPS, WPS, or AFCS schemes. This includes veterans, serving personnel, dependants, etc.
Of which veterans	544	Of the total, 544 are veterans (i.e. ex-Service personnel).
AFPS recipients	445	Veterans in Wolverhampton receiving a pension under the Armed Forces Pension Scheme (AFPS), typically for length of service.
WPS Disablement Pensioners	122	Veterans receiving a War Pension due to a service-related disablement (pre-2005 claims).
WPS War Widow(er)s	17	Widows or widowers receiving a War Pension following the death of a Service member.
AFCS Recipients – Serving	11	Serving personnel in Wolverhampton receiving compensation under the Armed Forces Compensation Scheme (post-2005 injuries).
AFCS Recipients – Veterans	35	Veterans in Wolverhampton receiving AFCS compensation for service-related injury or illness.
AFCS GIPs (Guaranteed Income Payments)	* (* = count <5 and is suppressed)	Veterans or dependants receiving ongoing income support due to serious injury or illness via AFCS.

Source: Ministry of Defence, Compensation and Pension System; War Pension Computer System

4.6 Accessing Local Services

4.6.1 OpCourage

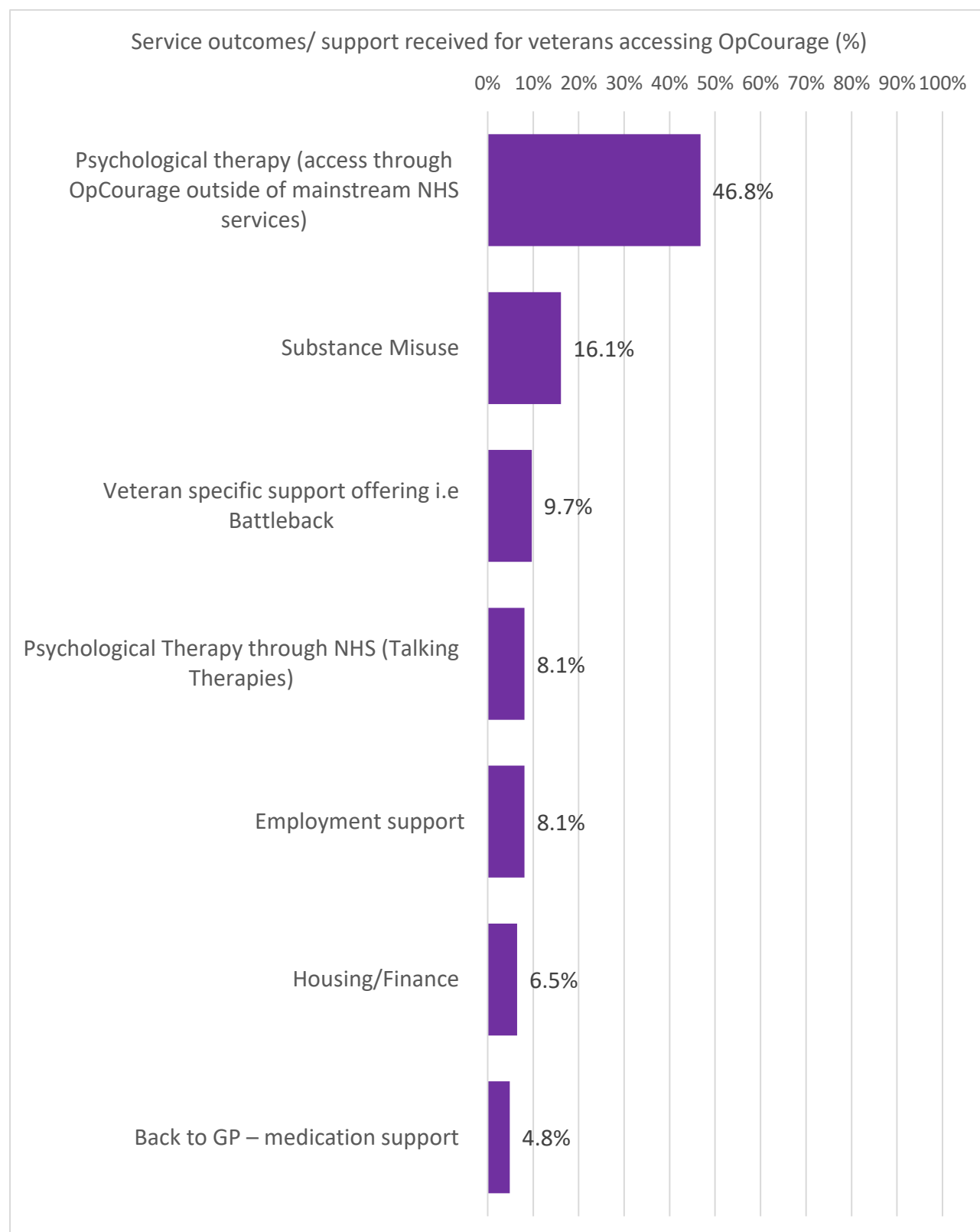
OpCourage is the NHS Veterans Mental Health and Wellbeing Service in England. It provides specialist mental health support for veterans, service leavers, reservists, serving personnel approaching discharge and their families.

Between April 2023-April 2025, there were 62 local veterans referred into OpCourage. Of these, 68% were self-referrals, 10% were referred via a GP, a further 10% were referred via the Royal British Legion (RBL) and the remaining 14.5% were referred via other sources, including police/OpNova, Community Mental Health Team, MOD-run mental health services and Forces Employment Charity.

Of these referrals, the large majority were of White British ethnicity (78%), and around 1 in 10 (11%) were of Black Caribbean ethnicity. Fewer reported being of Asian British, Chinese or 'unstated' ethnicity (11%).

As a result of the OpCourage referral, around half (47%) of veterans received psychological therapy (outside of mainstream NHS services), and nearly 2 in 10 (16%) received support for substance misuse (Figure 13).

Figure 13. Service outcomes for Wolverhampton veterans accessing support Via OpCourage (April 2023-2025)



Source: OpCourage

4.6.2 Substance Misuse Services

In 2024/25, veterans represented a very small proportion of individuals accessing local substance misuse recovery and treatment services in Wolverhampton. Of the 2,352 people in treatment, only 20 individuals (0.9%) identified as veterans.

Among those who successfully completed treatment, just 8 veterans (1.2%) were recorded out of a total of 669 completions, highlighting the limited engagement of the veteran community with these services.

4.6.3 Housing Support

As part of CWC's pledge to the Armed Forces Covenant, preference is given to veterans in the allocation of social housing by Wolverhampton Homes.

In October 2025, there were 8,242 applicants on the Wolverhampton Housing Register, which is used to access social housing through the council. Applicants are assessed and placed into priority bands based on their housing needs.

Of those accessing housing services, those self-reporting as part of the armed forces community included:

- Currently serving in the regular Armed Forces: 19
- Served in the regular Armed Forces within the last five years: 24
- Bereaved spouse/civil partner living in MOD accommodation due to service-related death: suppressed (counts <5)
- Current/former reservists needing to move due to service-related injury or condition: 14
- Received a Certificate of Cessation of Entitlement to Occupy Service Family Accommodation: suppressed (counts <5)

While the housing application includes questions relevant to Armed Forces status, it is important to note that this data is self-reported and unverified at the point of application. Applicants may not have reached the stage where evidence is requested or confirmed.

5.0 Stakeholder Engagement

As part of the stakeholder engagement process, the Public Health team sought to gather direct insights from members of the local Armed Forces community. This consultation took the form of surveys and focus groups to understand lived experiences, needs, and potential gaps in service provision.

5.1 Community Consultation via Local Surveys

Over a period of six months (July 24-Jan 25) the Public Health team conducted three separate surveys to better understand the local Armed Forces community. One survey targeted serving personnel and veterans, another focused on family members (including spouses/partners/widows, and children aged 18 years or older), and the third was for children (including adopted) of serving or former armed forces families who are younger than 18 years.

The surveys were promoted through multiple channels, including community and veteran groups, targeted work with schools (including private schools), and social media.

Overall, there were 180 responses to the surveys:

- 135 from personnel and veterans,
- 39 from family members,
- 6 from service children.

5.1.1.1 Personnel/Veterans

5.1.1.2 Survey Response Overview

Of the 135 participants who responded to the serving personnel/veteran survey:

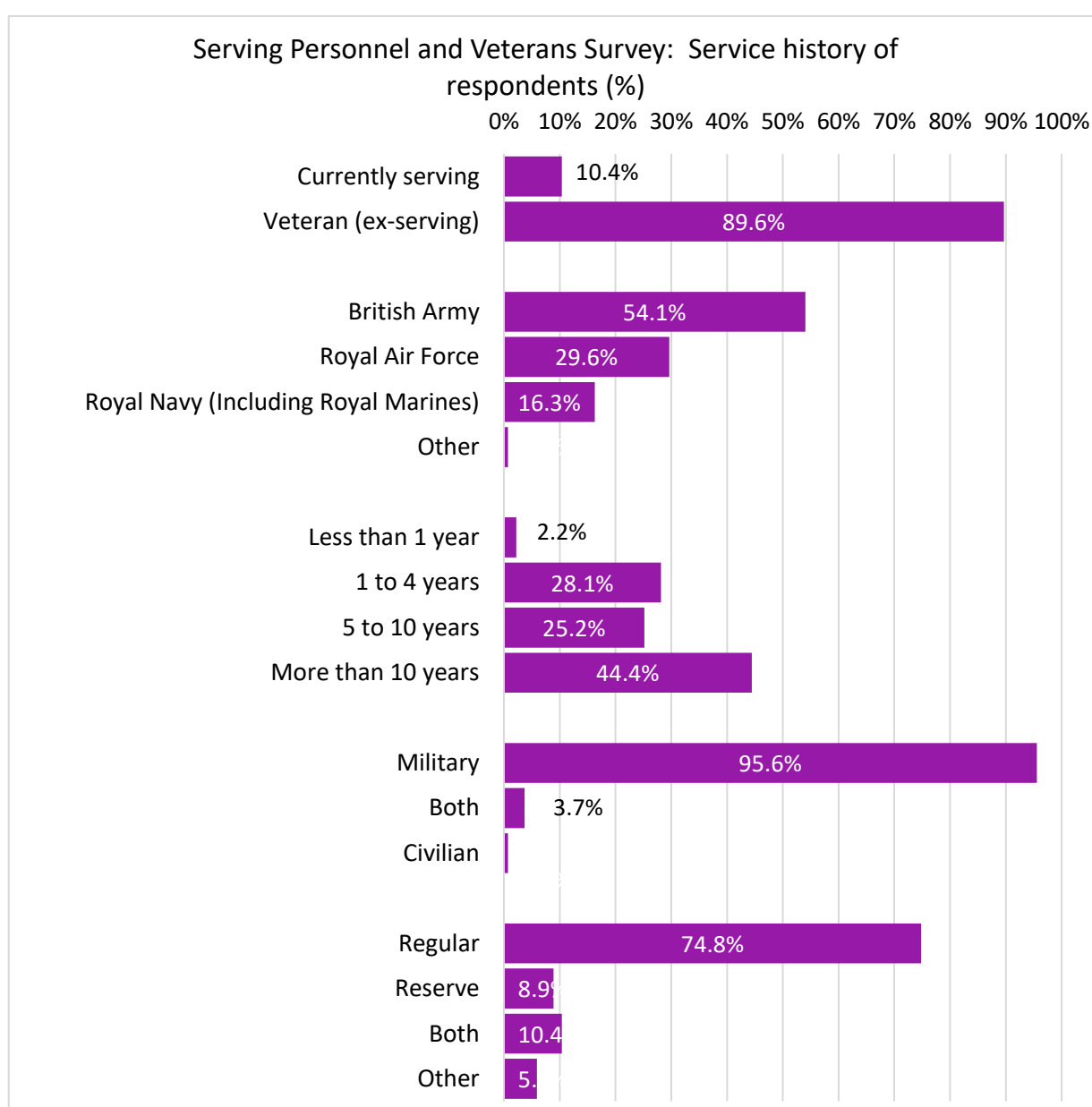
- Over half (57%) aged 55+
- Around 8 in 10 (83%) male, a smaller proportion were female (15%), and undisclosed (2%)
- Respondents were mostly White (93%), with fewer Black (3%), Asian (2%), or Mixed (2%)
- Over half (55%) were married, with fewer never married (14%), widowed (13%), or divorced (11%)
- Highest responses from Wednesfield North (13%) and Penn (10%).

Figure 14 shows the service history of respondents. The large majority (90%) of respondents were veterans (ex-serving), and around 1 in 10 (10%) were currently serving.

The branch of service that most respondents were part of was the British Army (54%), followed by the Royal Air Force (30%) and the Royal Navy (including the Royal Marines) (16.3%).

Most respondents were serving for more than 10 years (44%), early service leavers (less than 4 years) made up nearly a third (30%) and around a quarter (25%) had 5-10 years service. Around 9 in 10 (96%) respondents had a military role, with a small minority (4%) having both military and civilian roles. Most respondents were part of the regular force (75%), and fewer were part of the reserve (9%) or both (10%).

Figure 14. Service history of respondents, 2024



Source: City of Wolverhampton's Personnel/Veterans Survey

Around half (47%) of respondents reported being employed outside of the military, while over a third (36%) were retired. Among the 64 respondents who reported being employed but no longer serving, the majority worked in management and senior official roles (22%), professional occupations (17%), and skilled trades (16%). A quarter (25%) selected 'Other' as their occupation, many of which were part of the essential workforce sectors.

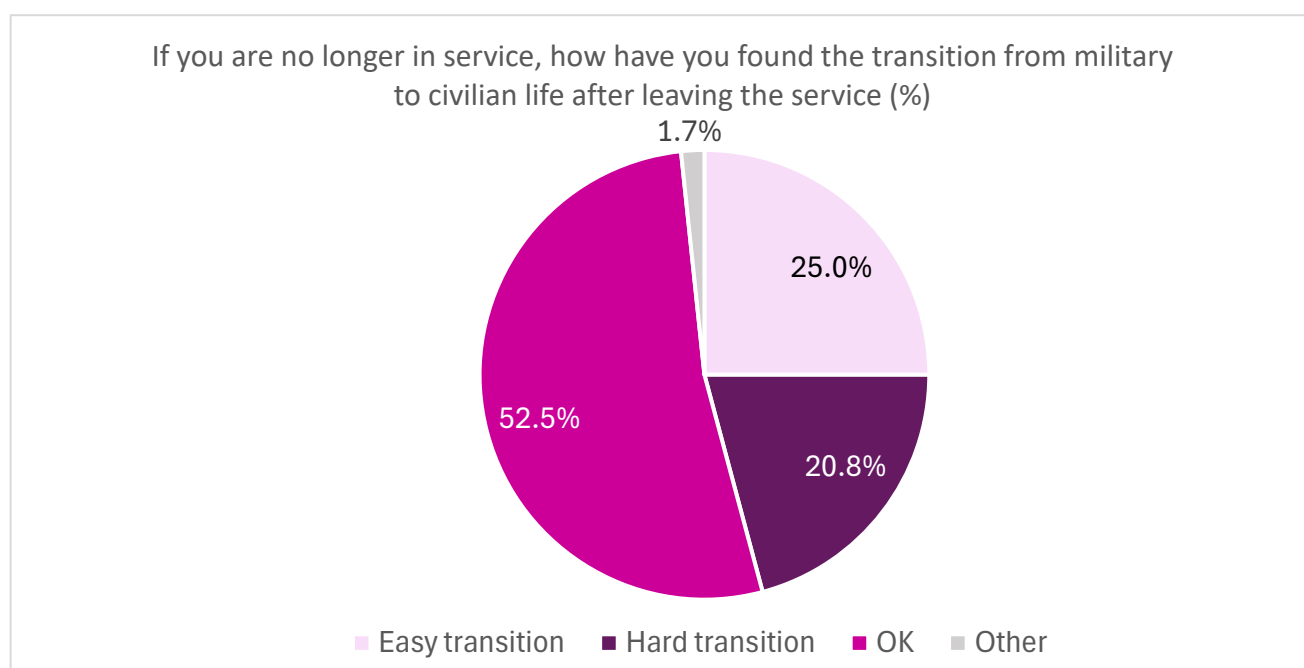
5.1.1.2 Transition From Military Life to Civilian Life

Of those who are no longer employed in the military, around half (53%) found the transition to civilian life 'OK', while around 2 in 10 (21%) found it a 'hard' transition. Around a quarter (25%) reported the transition as 'easy'.

For those who reported an 'easy' transition, responses indicated this was largely due to:

- having transferable skills,
- returning to previous roles,
- prior civilian experience,
- forward planning (plans to pursue further education once leaving the military),
- personal stability (stable housing, no dependents),
- and entering familiar or supportive work environments.

Figure 15. Experiences of transition from military to civilian life, 2024



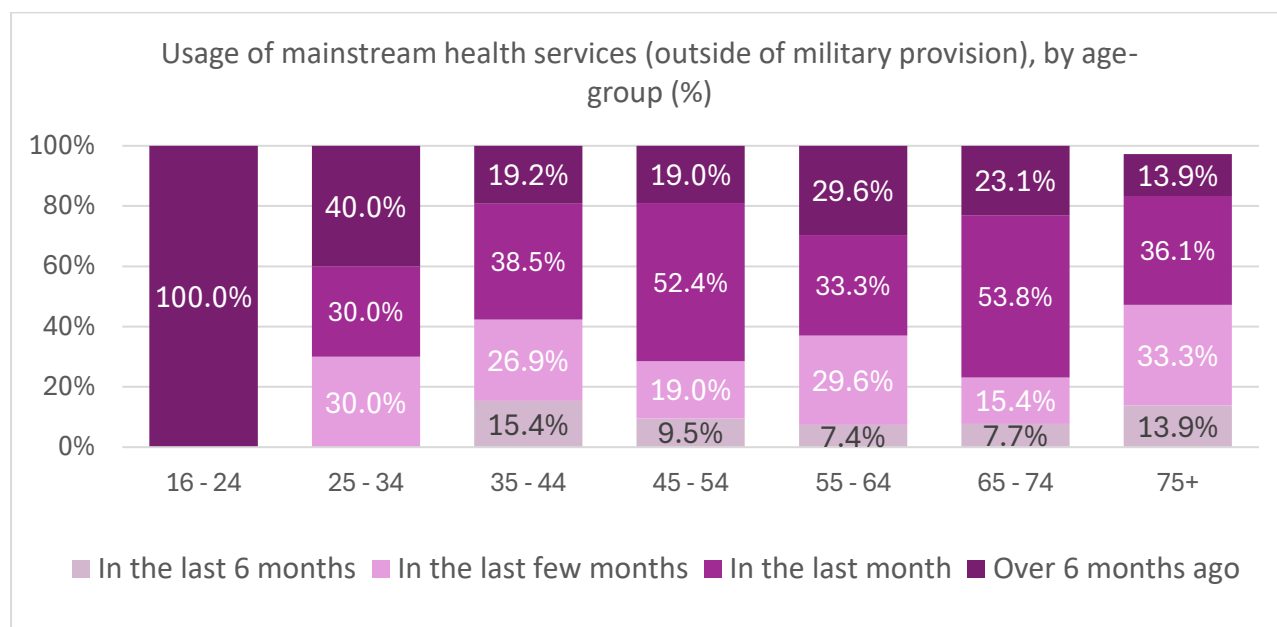
Source: City of Wolverhampton's Personnel/Veterans Survey

5.1.1.3 Access to Services

The majority of serving and ex-serving personnel (71%) reported that they had been able to access mainstream health services (outside of military provision) in the past year in a way that met their needs. However, around 3 in 10 (29%) said they had not.

Most respondents (40%) had engaged with health services within the last month, with frequency of access increasing with age (Figure 16).

Figure 16. Use of mainstream health services, by age-group (%), 2024



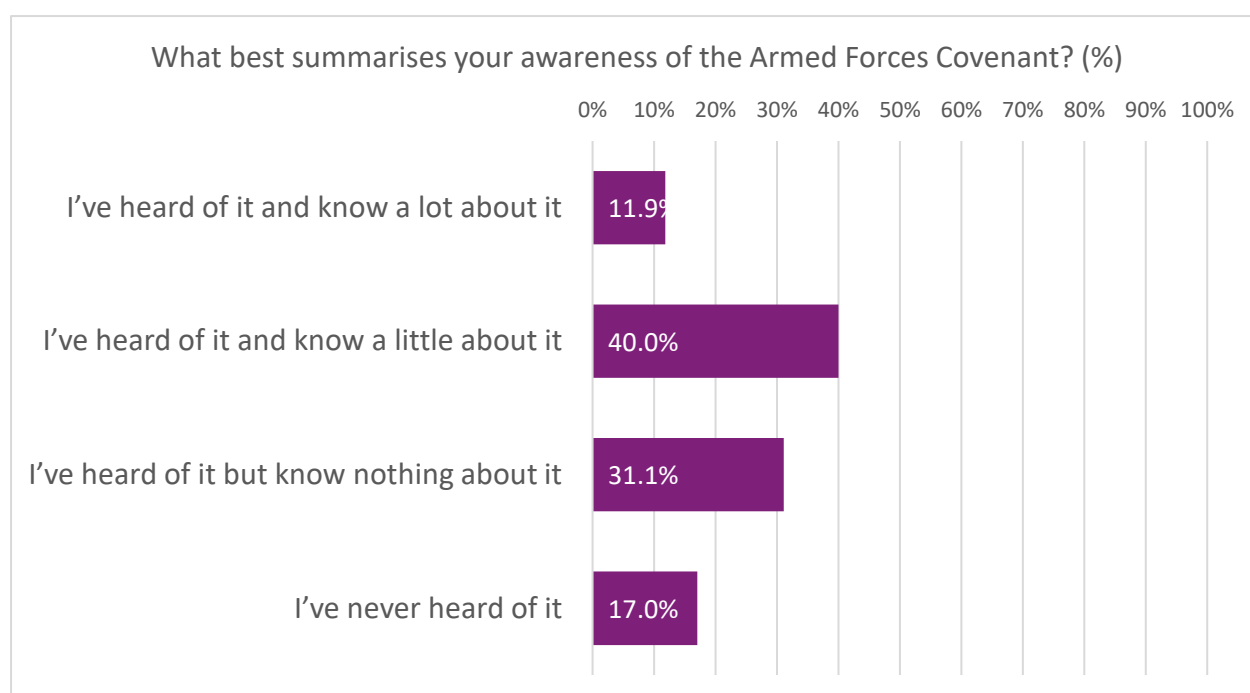
Note: Does not round to 100% for 75+ as chart excludes those that did not answer.

Source: City of Wolverhampton's Personnel/Veterans Survey

5.1.1.4 Awareness of the Armed Forces Covenant

Around 8 in 10 respondents (83%) reported having heard of the Armed Forces Covenant, though understanding of its purpose varied (Figure 17). When asked whether the Covenant does "enough," around 4 in 10 (43%) answered "no", over a third (39%) were unsure, and nearly 2 in 10 (17%) felt it does.

Figure 17. Awareness of Armed Forces Covenant (%) 2024



Source: City of Wolverhampton's Personnel/Veterans Survey

Of those who responded that they believed the Armed Forces Covenant was not doing enough to support the local community. Common themes included:

- Lack of awareness and visibility of available support
- Insufficient recognition and appreciation of veterans' contributions
- Inadequate support from local authorities, including for family members
- Need for more tailored services, particularly in housing, healthcare, and mental health
- Perception that the UK falls short compared to other countries in respecting and supporting veterans

5.1.1.5 Physical Health and Disability

Self-Reported Physical Health

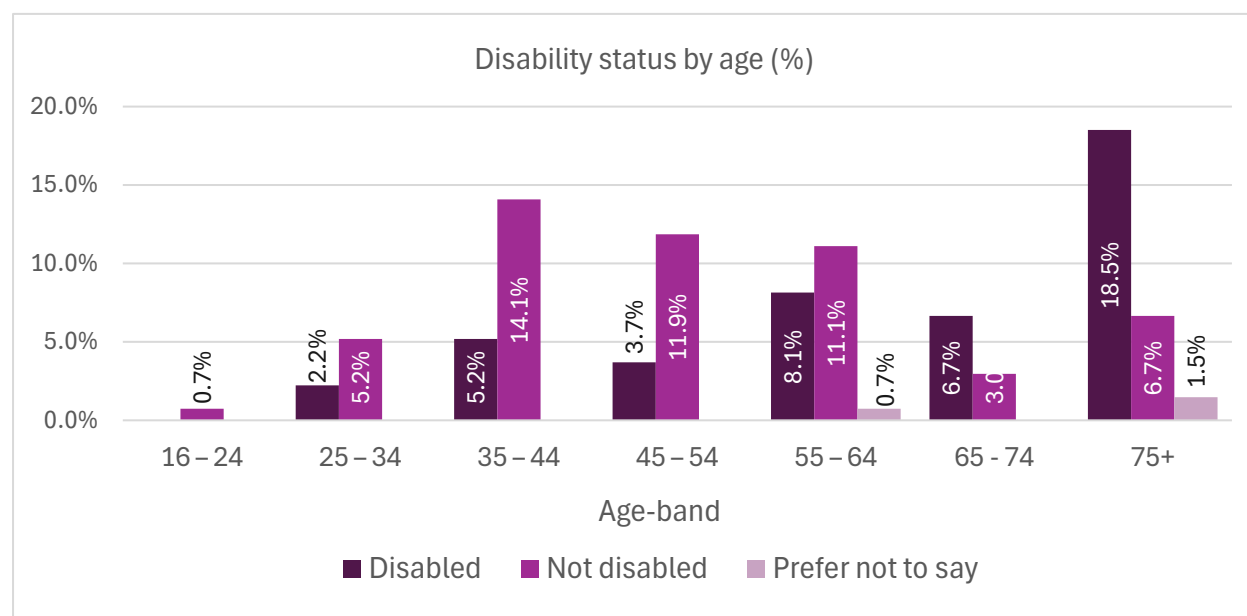
The majority of respondents rated their physical health as either 'fair' (47%) or 'good' (23%). Fewer described their health as 'bad' (17%) or 'very bad' (4%), while 8% reported their health as 'very good'.

Disability

Nearly half of all respondents (45%) reported having a disability, defined as a physical or mental condition or illness lasting, or expected to last, 12 months or more. Of these respondents, half (50%) reported that this disability did not arise from time in service, over a third (35%) reported that it did, while 15% were unsure.

Among those who reported that disability resulted from their time in service, over half (55%) reported that it led to them leaving or being discharged from service prematurely, while the remaining 46% stated that it did not prevent them from continuing in service. There was a strong relationship between age and disability, with disability status generally increasing with age (Figure 18).

Figure 18. Disability status by age-band (%)



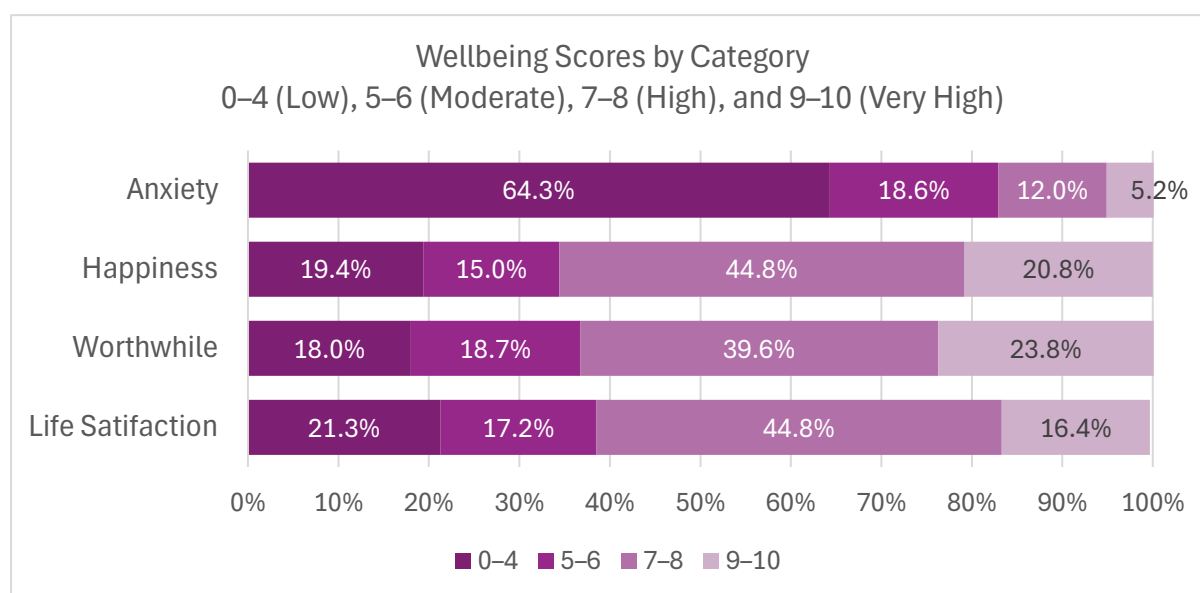
Source: City of Wolverhampton's Personnel/Veterans Survey

5.1.1.6 Mental Health and Wellbeing

Self-reported wellbeing

The wellbeing scores from the personnel and veterans survey show lower levels of positive wellbeing compared to both national and regional averages of the general population. Specifically, combined high wellbeing scores (7-10) for life satisfaction (61% vs. 78% nationally and regionally), sense of worthwhileness (64% vs. 82% nationally and regionally), and happiness (66% vs. 74% nationally and regionally) are noticeably lower among personnel and veterans. However, the proportion reporting high anxiety levels (7-10) among personnel and veterans (17%) is broadly similar to national (16.5%) and regional (16.2%) averages.

Figure 19. Wellbeing scores by category, 2024



Source: City of Wolverhampton's Personnel/Veterans Survey, ONS Wellbeing Estimates ([Office for National Statistics](#))

Self-Reported Loneliness

The majority (49%) of respondents feel lonely or socially isolated 'hardly ever' or 'occasionally', while 30% report experiencing it 'some of the time' or 'often/always'.

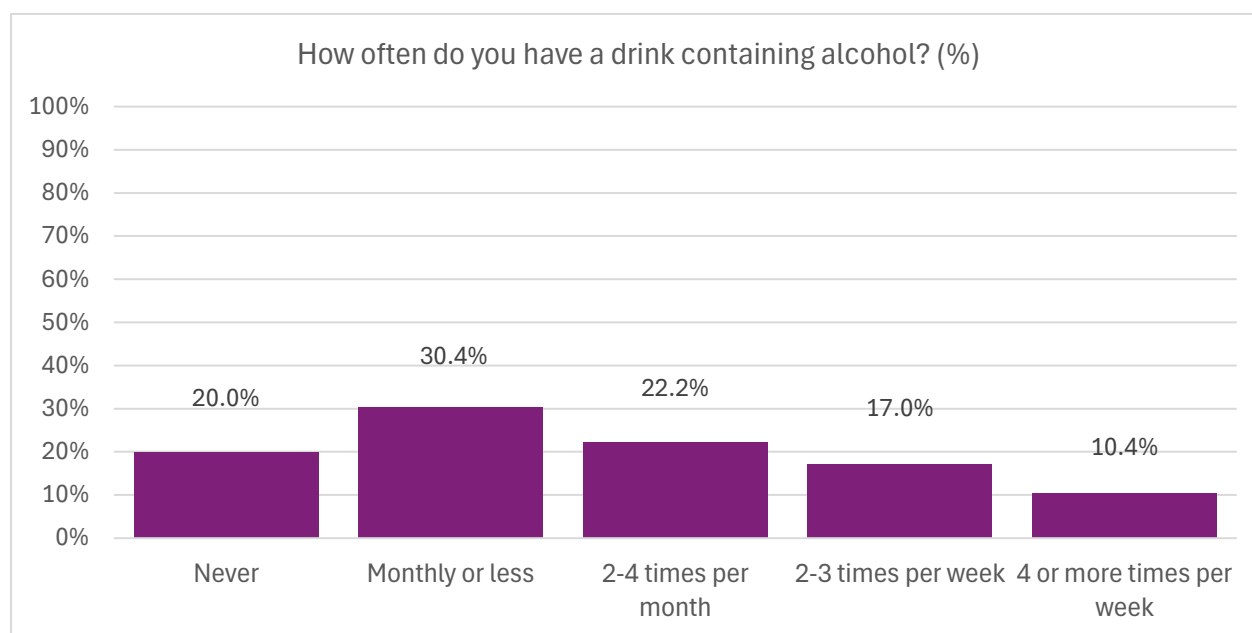
5.1.1.7 Lifestyle Behaviours

Alcohol Intake

When asked how often respondents consumed an alcoholic drink, half (50%) reported drinking either 'never' or 'monthly or less'.

Around 2 in 10 reported having an alcoholic drink 2-4 times per month (22%), and 2-3 times per week (17%). Around 1 in 10 (10%) respondents indicated they consumed alcohol 4 or more times per week (Figure 20).

Figure 20. Frequency of alcohol intake (%), 2024

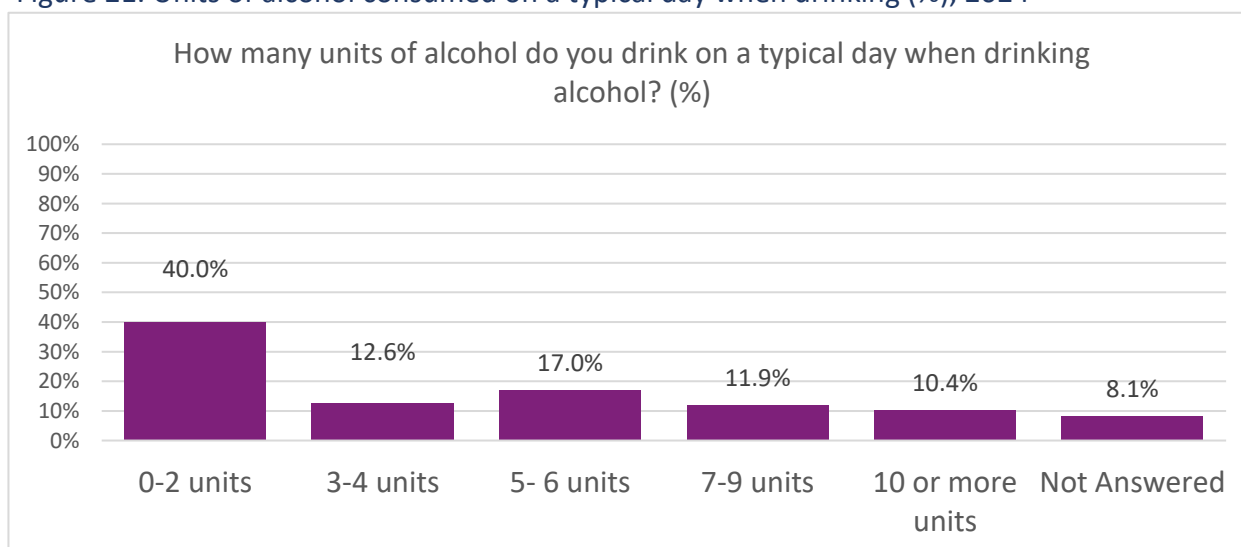


Source: City of Wolverhampton's Personnel/Veterans Survey

In response to how many units of alcohol were consumed on a typical day of drinking (Figure 21):

- 40% reported consuming 0-2 units on a typical day of drinking
- 13% reported consuming 3-4 units
- 17% reported consuming 5-6 units
- 12% reported consuming 7-9 units
- 10% reported consuming 10 or more units
- 8% did not answer the question

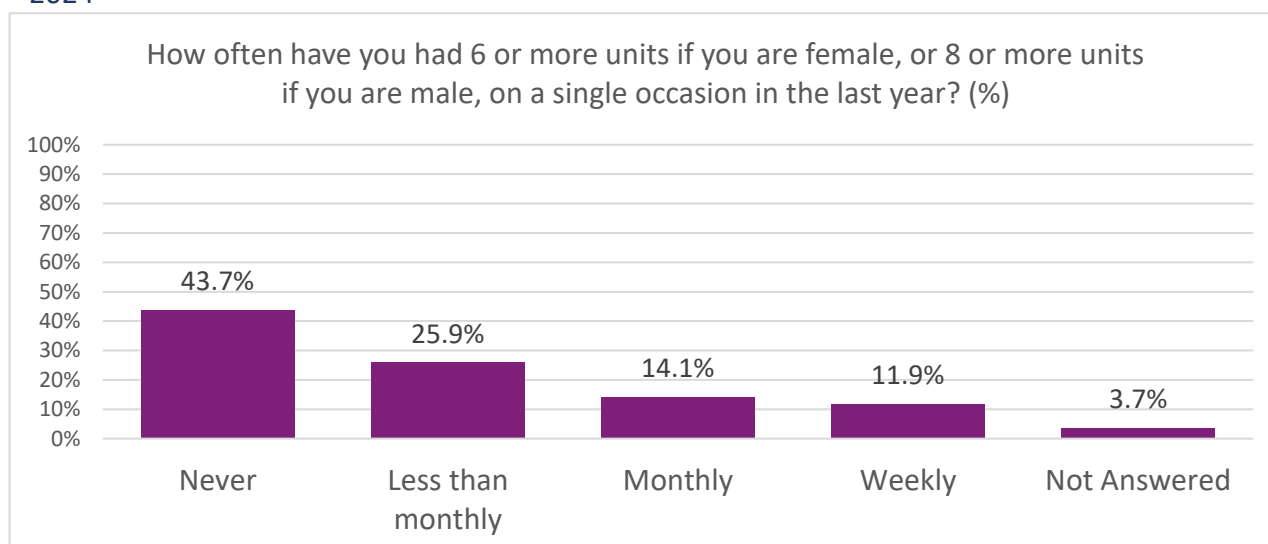
Figure 21. Units of alcohol consumed on a typical day when drinking (%), 2024



Source: City of Wolverhampton's Personnel/Veterans Survey

In response to how often participants consumed 6 or more units (females) or 8 or more units (males) on a single occasion in the last year, the majority (44%) reported 'never'. Less than a third (26%) indicated they did 'less than monthly'. A smaller proportion reported doing so 'monthly' (14%), or on a weekly basis (12%). A small minority (3.7%) didn't respond to this question.

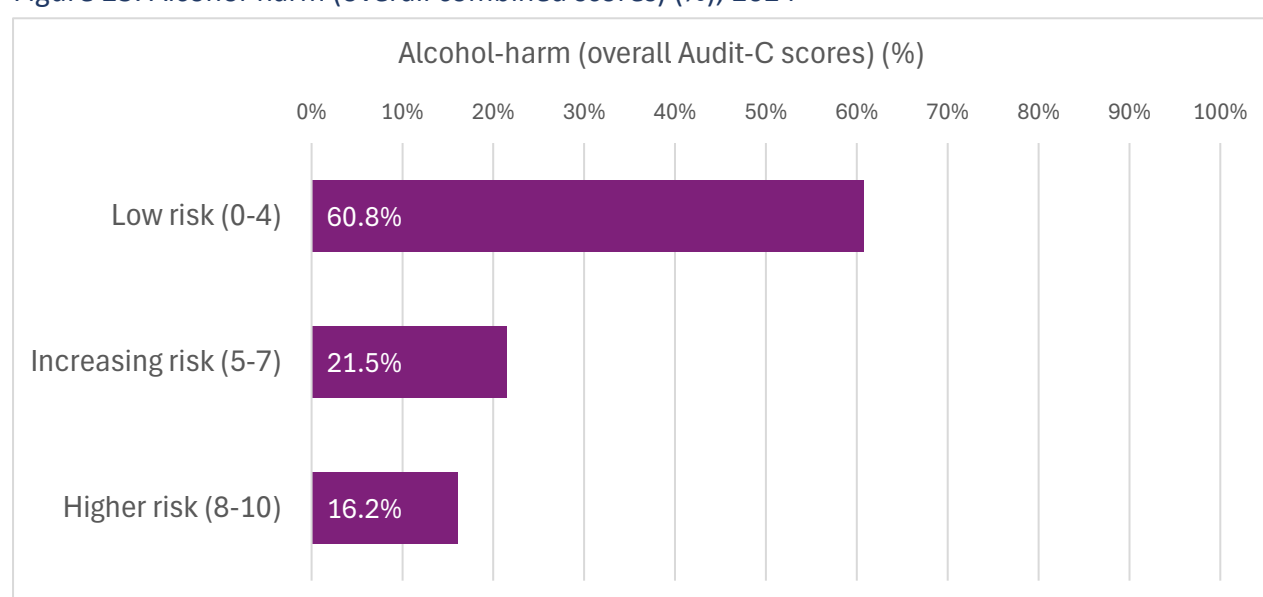
Figure 22. How often had 6+ units (female) or 8+ (male) on a single occasion in the last year, 2024



Note: Those responding 'daily or almost daily' have been suppressed due to low counts (<5).
Source: City of Wolverhampton's Personnel/Veterans Survey

Overall, the majority (61%) of respondents were considered 'low risk' for health risks associated with alcohol consumption. Around 1 in 5 (22%) were considered 'increasing risk', and over 1 in 10 (16%) were considered 'higher risk'.

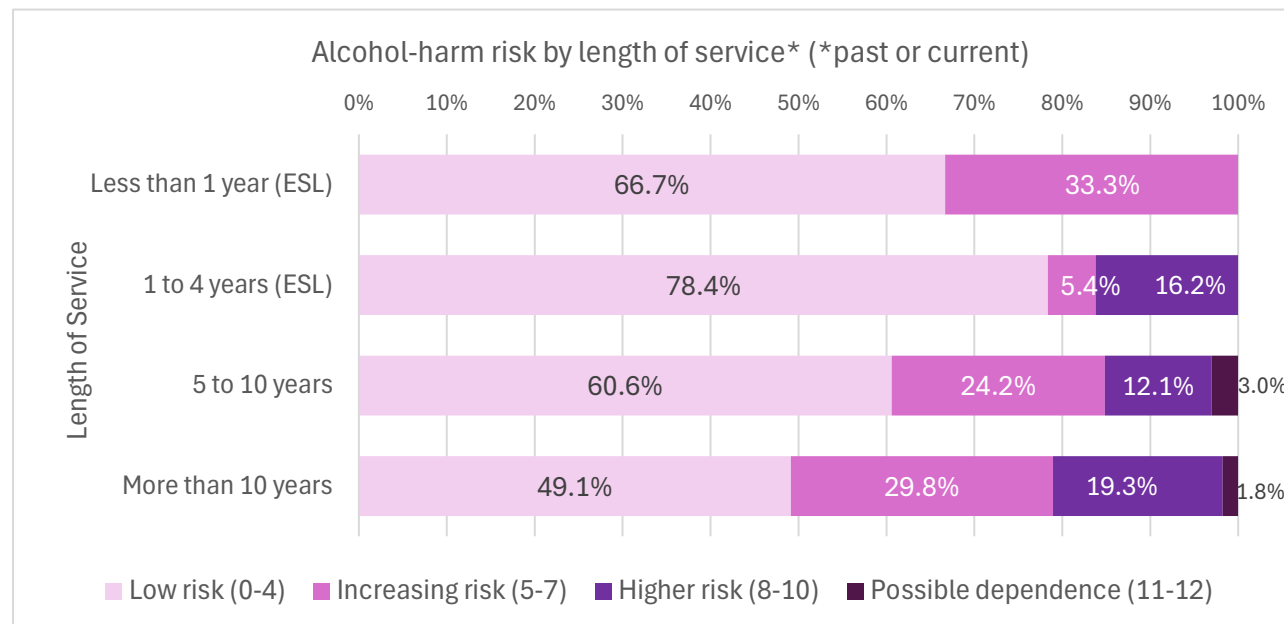
Figure 23. Alcohol-harm (overall combined scores) (%), 2024



Note: Those who were classified as of 'potential dependence' have not been included due to low counts (<5). Source: City of Wolverhampton's Personnel/Veterans Survey

There appears to be a trend where longer service is linked to a greater risk of alcohol-related harm (Figure 24).

Figure 24. Alcohol-harm by length of service (%), 2024



Note: ESL (Early Service Leaver) - typically refers to someone who leaves the UK Armed Forces with fewer than 4 years of service, and without completing their full term of engagement. This includes most individuals in the <1 year and 1-4 years categories.

Source: City of Wolverhampton's Personnel/Veterans Survey

Substance Misuse

The large majority of respondents (85%) reported never using drugs recreationally, including prescription or illicit substances, while approximately 1 in 10 (15%) indicated that they had.

Tobacco and Vapes

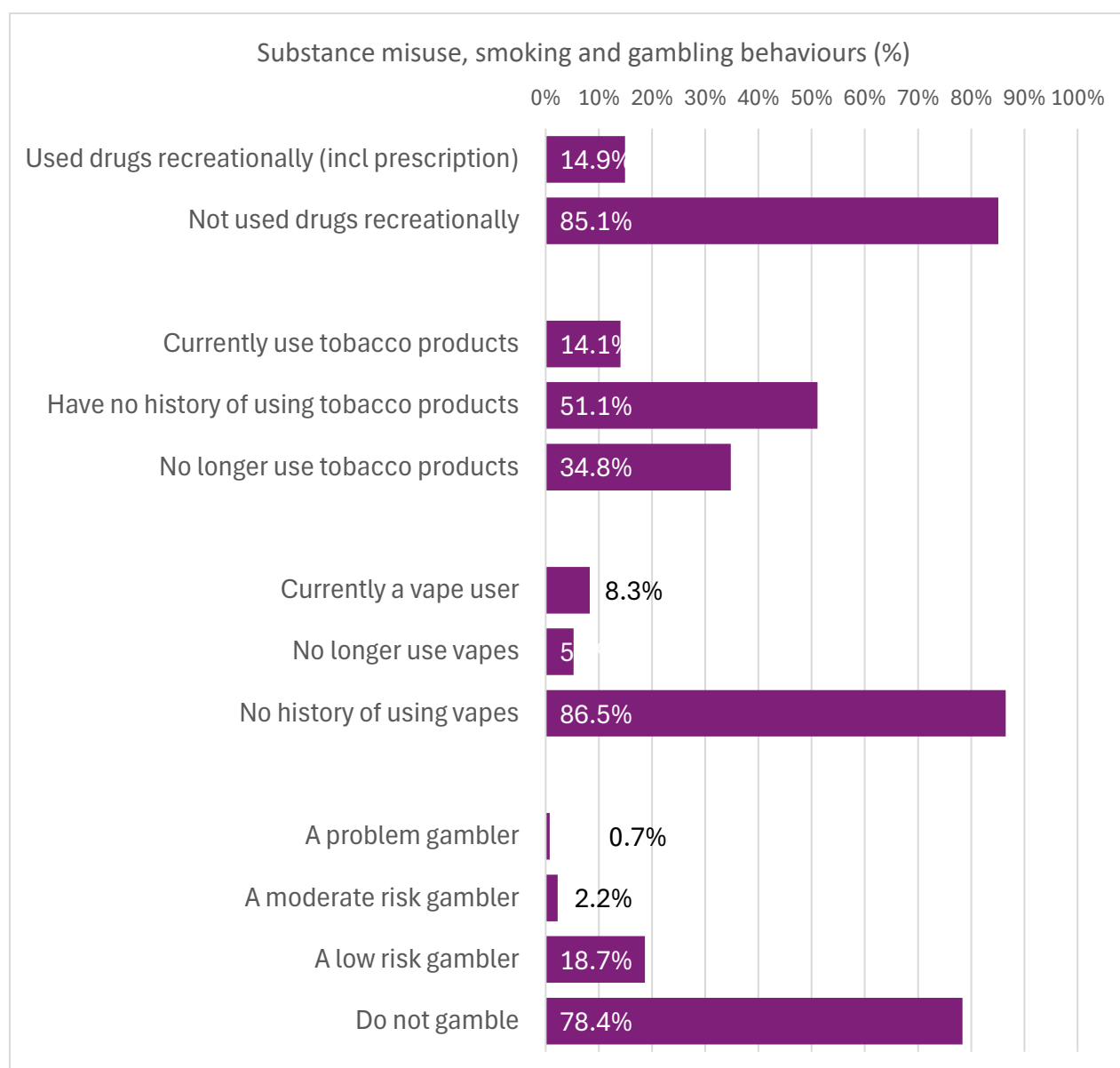
Just over half of respondents (51%) reported no history of using tobacco products. Around a third (35%) said they no longer use tobacco, while around 1 in 10 (14%) reported they currently use tobacco products, which is broadly in line with the local average for the general population in Wolverhampton (15%).

When asked about vaping, the majority of respondents (87%) reported no history of using vapes. Fewer (8%) identified as current vape users, while 5% said they used to vape but no longer do.

Gambling Behaviour

The majority of respondents (78%) reported that they do not gamble. Among those who do, 19% identified as low-risk gamblers, with very small proportions identifying as moderate-risk gamblers (2%) or problem gamblers (0.7%).

Figure 25. Substance misuse, smoking and gambling behaviours (%), 2024

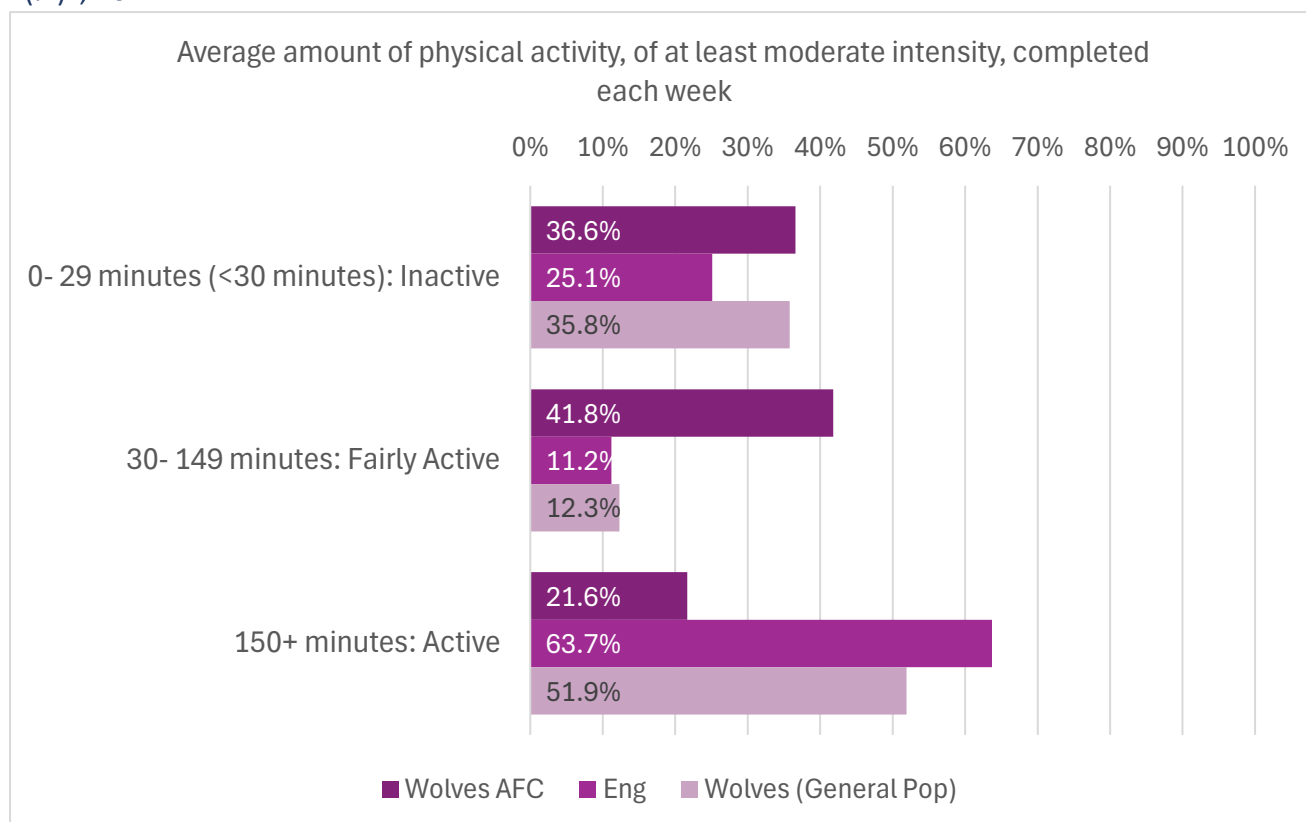


Source: City of Wolverhampton's Personnel/Veterans Survey

Physical Activity

Respondents showed a higher percentage of fairly active individuals (42%) compared to both the national (12%) and Wolverhampton general population (11%) averages, but fewer meet the 150+ minutes activity guideline (22%) compared to the national (52%) and local average (64%) (Figure 26).

Figure 26. Average amount of physical activity, of at least moderate intensity, each week (%)", 2024



Notes:

Wolves AFC: Wolves Armed Forces Community

Eng figures based on Sport England 2023-24 national release, Wolves general pop figures based on Nov 2022-23 (latest available at LA-level)

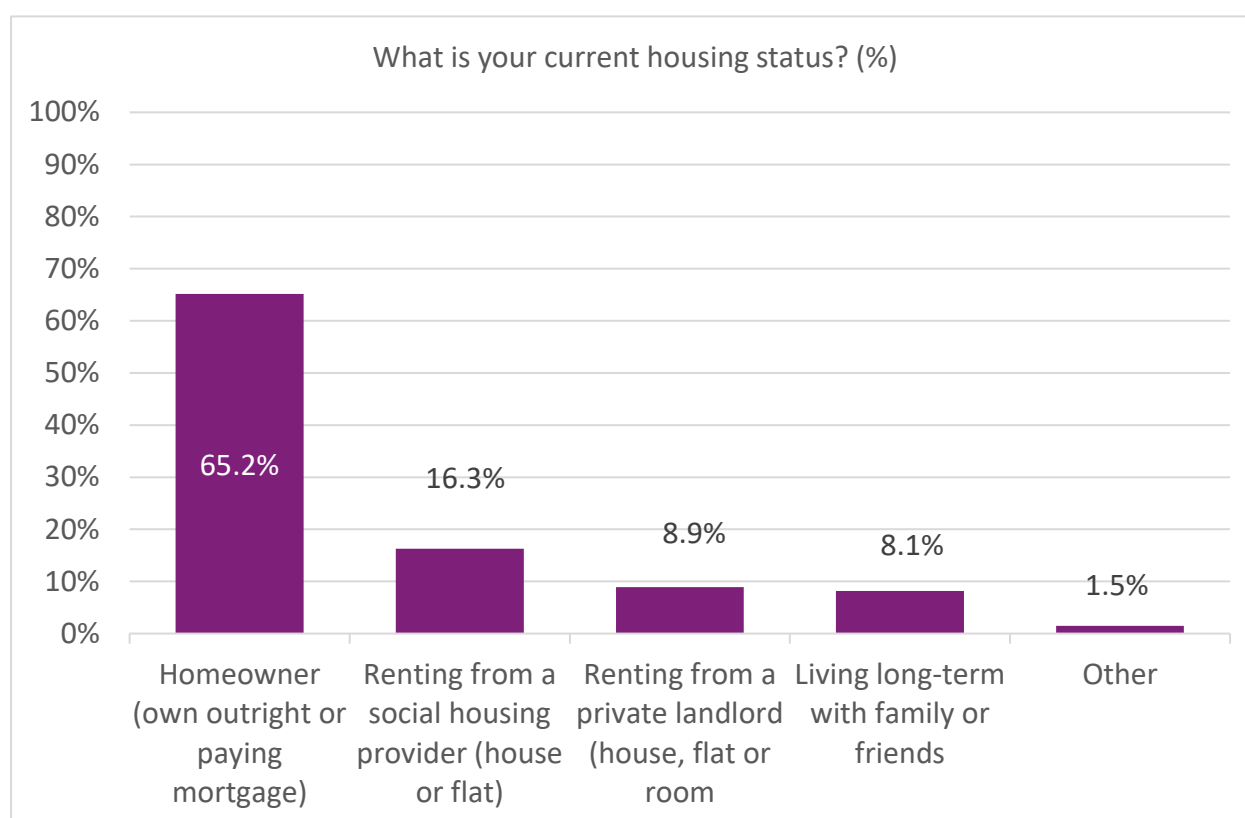
Source: City of Wolverhampton's Personnel/Veterans Survey

5.1.1.7 Housing and Social Stability

Housing Status

The majority of respondents have stable housing with around 6 in 10 (65%) either owning their home outright or paying a mortgage. A smaller portion (16%) rent from a social housing provider, while 9% rent from a private landlord. A further 8% live long-term with family or friends, and 2% reported other living arrangements.

Figure 27. Current housing status (%), 2024



Source: City of Wolverhampton's Personnel/Veterans Survey

Homelessness

In response to the question about experiencing homelessness, the majority of respondents (84%) said no, while 13% reported that they had, and 2% were not sure.

Among those who had experienced homelessness, half (50%) reported having no engagement with support services. Of those who did seek support, a third (33%) accessed housing support. A smaller proportion engaged with mental health services (16.7%) and used employment support (11%). No respondents reported using substance misuse or other services.

Criminal Convictions

The majority of respondents (87%) reported no criminal convictions (excluding speeding offences), while 10% said they had been convicted, and 2.2% preferred not to say. This mirrors the findings from the 2022 national Veteran's Survey.

Among those who had been convicted, the most common outcome was a fine (64%), followed by a custodial sentence (43%) and probation (29%). Smaller proportions reported receiving community service (14%) or other outcomes (21%).

5.1.2 Family Members

5.1.2.1 Survey Response Overview

A total of 39 family members participated in the survey:

- Largest age group was 45-54 (26%), followed by 75+ (23%), 35-44 (21%) and 55-64 (21%). A smaller proportion of respondents were aged 25-34 (5%) and 65-75 (5%). No respondents were aged 16-24.
- Most identified as female (92%), with much fewer as male (5%), or preferring not to disclose (3%).
- All identified with their birth-assigned gender, except a small group who preferred not to say (5%)
- Respondents were predominantly White (92%), with fewer of Asian (3%), Black (3%), and Mixed (3%) backgrounds.
- Nearly half (46.2%) were married. Fewer were widowed (15%), never married (13%), or divorced (10%), in a civil partnership (3%), separated (3%) or surviving civil partners (3%).
- Most common religion was Christianity (67%), followed by no religion (26%). A small proportion preferred not to disclose their religion (8%).
- Nearly 9 in 10 identified as heterosexual (87%), with fewer gay or lesbian (5%), using another term (3%), or preferring not to say (5%).
- Highest responses were from Wednesfield North (13%) and Bilston East (10%)

5.1.2.2 Relationship to an Armed Forces serving or ex-serving member

Nearly half of respondents (49%) were the marital spouse of a serving or ex-serving Armed Forces member, while nearly a third (31%) were parents. Smaller proportions included other family members (10%), unmarried partners (5%), and civil partners (5%), highlighting the diverse range of family relationships within the military community.

Most respondents (59%) reported that their family member is no longer serving, while around 4 in 10 (41%) indicated that their relative is currently active in the Armed Forces.

Over half (56%) of respondents had a family member who served in the British Army, followed by the Royal Navy (including the Royal Marines) (23%) and the Royal Air Force (21%), reflecting broad representation across all branches.

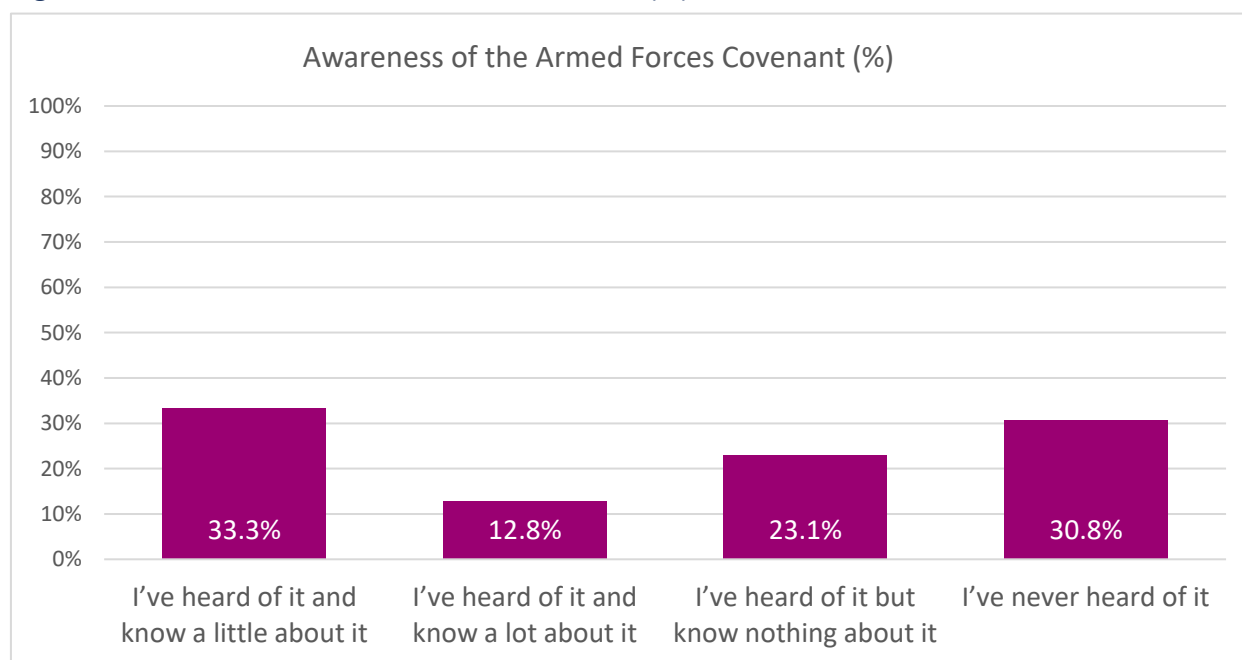
The length of service varied, with 41% serving 1-4 years, 39% serving more than 10 years, 13% serving 5-10 years, and 8% serving less than 1 year, indicating both short- and long-term service across the group.

The majority of respondents (97.4%) reported that their family member's role was military, with 92.3% indicating they were regular personnel.

5.1.2.3 Awareness of the Armed Forces Covenant

Most (69%) of family members reported having heard of the Armed Forces Covenant, understanding of its purpose varied (Figure 29). The local findings broadly mirror the national picture regarding awareness of the Armed Forces Covenant. When asked whether the Covenant does "enough," around 4 in 10 answered "no" (46%) or "not sure" (41%), and around 1 in 10 (13%) felt it does.

Figure 29. Awareness of Armed Forces Covenant (%), 2024



Source: City of Wolverhampton's Family Members Survey

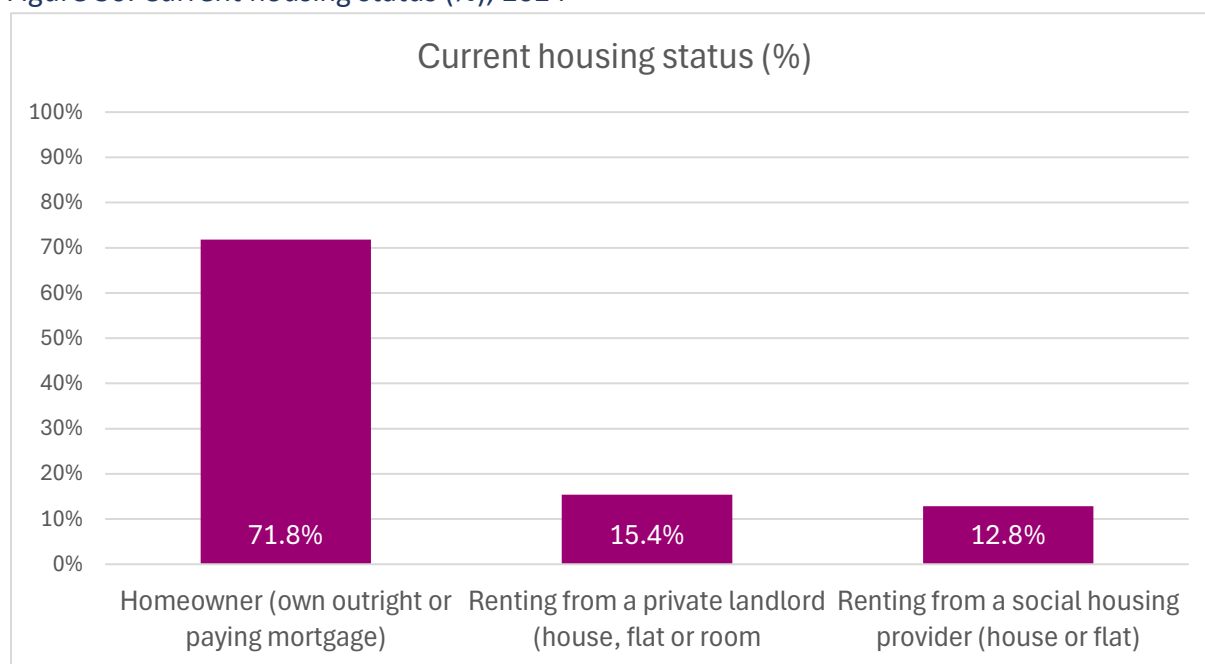
5.1.2.4 Occupation and Employment Status

Nearly half of respondents (46.2%) reported being in full-time employment, while smaller proportions were in part-time work (8%), identified as homemakers (8%), stay-at-home parents (8%) or not employed and not seeking work (8%). A smaller proportion (3%) were actively seeking employment. Over a quarter (28%) selected "not applicable," which may reflect retirement, caring responsibilities, or other circumstances outside conventional employment categories.

5.1.2.5 Housing and Social Stability

Nearly three-quarters (71.8%) of respondents are homeowners, while 15.4% rent privately and 12.8% live in social housing.

Figure 30. Current housing status (%), 2024



Source: City of Wolverhampton's Family Members Survey

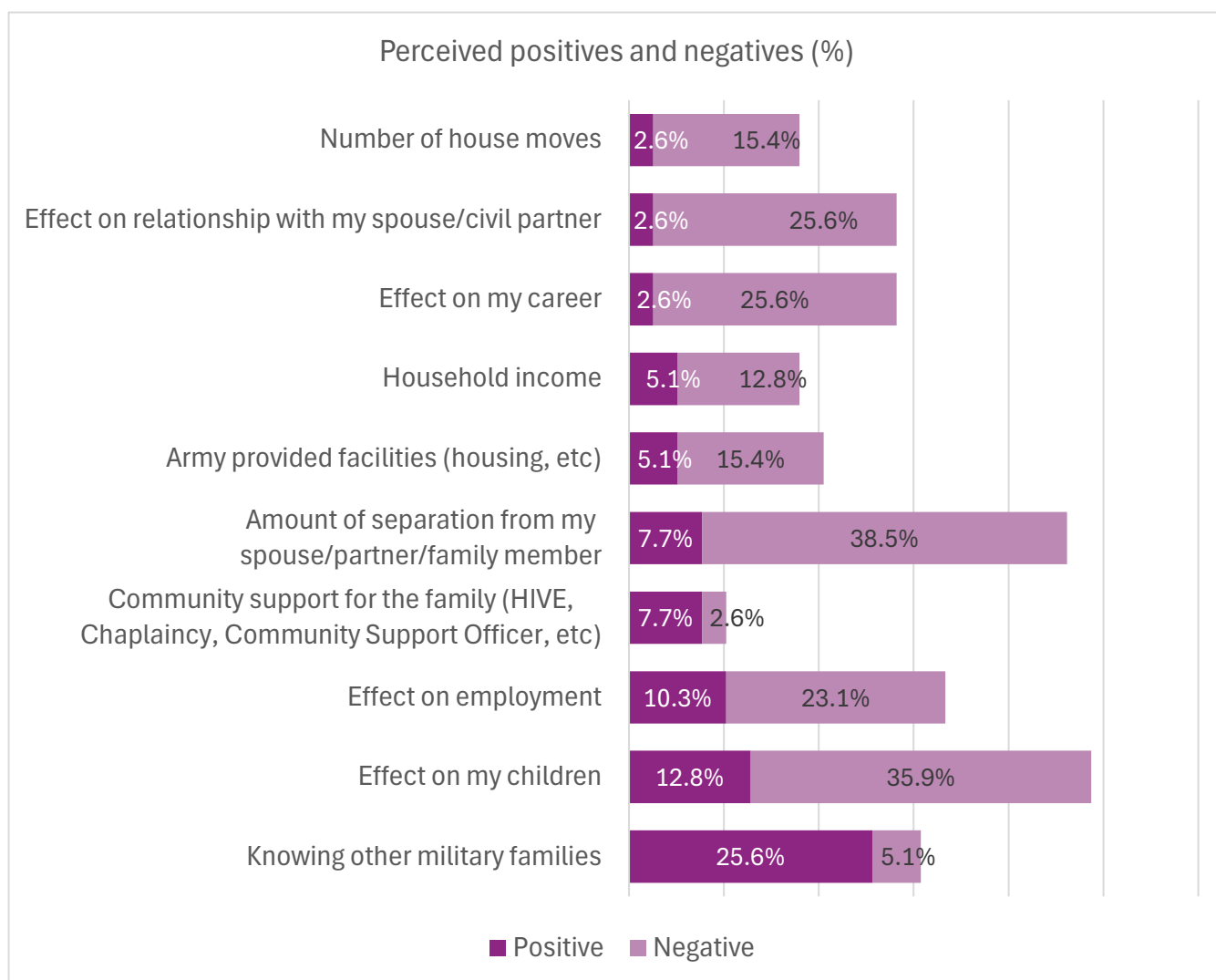
5.1.2.6 Quality of Life

Perceived Positives & Negatives Of Service Family Life

When asked about what the positives and negatives were of service family life, knowing other military families was identified as the most positive aspect (26%). Other positive aspects included community support services (8%) and Army-provided facilities (5.1%).

Respondents identified a variety of negative aspects, with the most common being the separation from a spouse/partner/family member (39%), followed by the effect on children (36%) and employment-related issues (23%). Other negative aspects reported included the impact on personal relationships (26%), particularly with a spouse or civil partner, as well as effect on career (26%). This mirrors the findings from the national survey on family members of the armed forces.

Figure 25. Perceived positives and negatives of life as a family member (%), 2024



Note: Percentages do not sum to 100% as respondents could select multiple factors for both positive and negative impacts. Each percentage represents the proportion of total respondents who identified that specific factor as having a positive or negative effect.

Source: City of Wolverhampton's Family Members Survey

Social Isolation And Loneliness

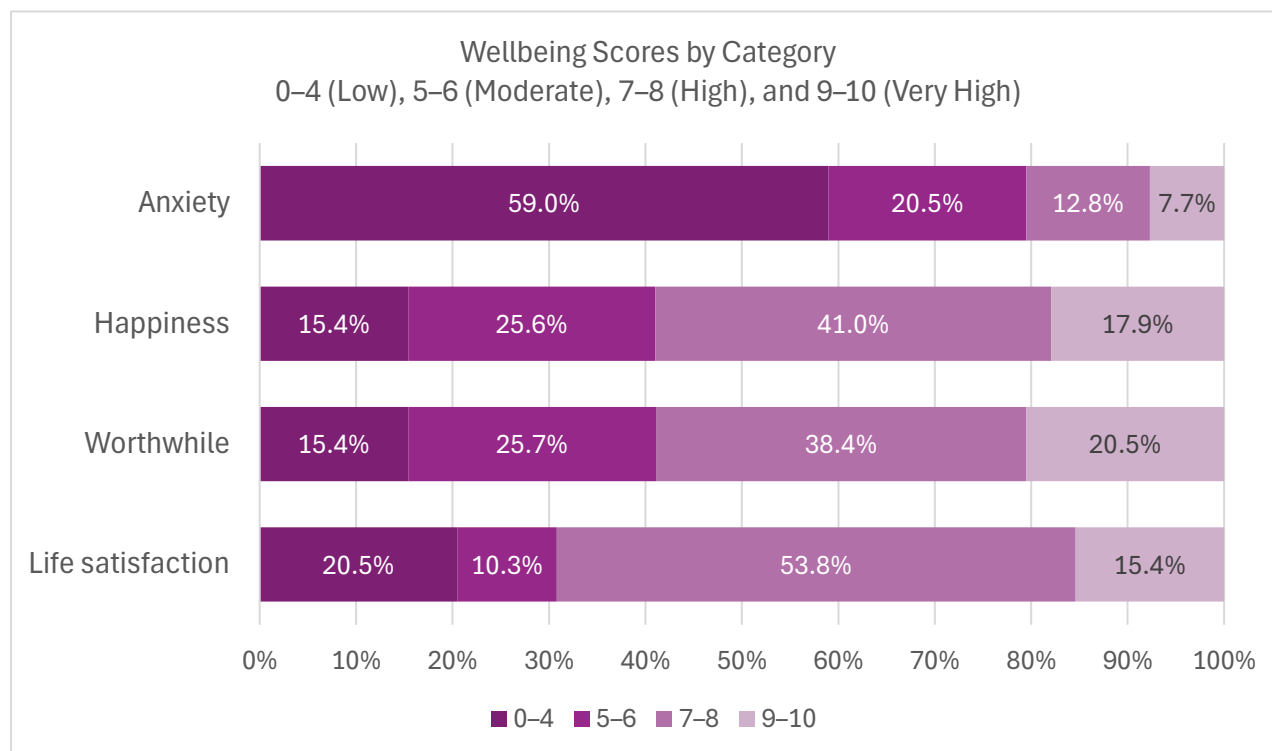
Over 60% of respondents reported experiencing loneliness or social isolation at least 'occasionally', with 18% feeling this way 'often' or 'always', and 26% reporting it 'some of the time'. An additional 17.9% said they felt lonely occasionally. In contrast, 38% indicated they hardly ever (26%) or never (13%) felt lonely or socially isolated.

Wellbeing

Compared to national and regional averages, family members report lower levels of positive wellbeing across key measures. For example, 69.2% rated their life satisfaction between 7 and 10, compared to approximately 78% across both national and regional populations. Similarly, only 59% scored 7 to 10 for both their sense of worthwhileness and happiness -

below the national averages of 82% and 74%, respectively. In contrast, 20.5% of family members reported high levels of anxiety (scores of 7 to 10), which is slightly above the national average (17%) and the West Midlands average (16%).

Figure 26. Wellbeing Scores by Category, 2024



Source: City of Wolverhampton's Family Members Survey

Disruption To Home Life

The majority of respondents (62%) had not moved home for service-related reasons in the past five years. A further 23% indicated that the question was not applicable, as the family member is no longer in service. Only a small proportion reported having moved once (5%), twice (3%), three times (5%), or more than three times (3%).

5.1.3 Service Children

5.1.3.1 Survey Response Overview

Only 6 service children participated in the survey, which limits the generalisability of the findings to the wider population. Due to the small number of respondents, the responses have been thematically analysed from both open- and closed-text responses.

- Most (40%) respondents were aged 16-20 years
- There was an equal gender split, with three females (50%) and three males (50%).
- 5 respondents (83%) identified as White, and one (17%) identified as Mixed ethnicity.

- 4 (67%) identified as Christian, one (17%) reported no religion, and one (17%) preferred not to disclose.
- 5 respondents (83%) identified as heterosexual, and one (17%) preferred not to say.

Note: Those who reported being married have not been reported due to counts below 5.

5.1.3.2 Health and Wellbeing Outcomes

Emotional difficulties are common among service children, with most respondents reporting feelings of loneliness or isolation linked to their family member's service in the Armed Forces.

Participants reflected on the emotional impact of growing up in a military family. Some felt a strong sense of pride and belonging within the military environment, while others described ongoing sadness and emotional strain. One respondent shared feelings of disheartenment due to their father's current homelessness and the lack of support provided to him.

"It used to make me proud but my dad is now homeless and living in supported housing"

5.1.3.3 Wider Impacts

A lot of service children reported having to change schools because of their family member's military role, with some experiencing frequent moves during childhood. Several respondents felt that their education had been negatively affected, while only a small number reported receiving additional support from school, such as school meals or financial assistance.

"In the army we moved 11 times in the first 9 years. But it was normality I was born whilst my dad was in the army. Since my dad was medically discharged I've felt lost"

Regarding personal relationships, most respondents did not personally know other service children. A few reported experiencing negative treatment due to their family member's service role.

“It doesn’t have a big army base so I know very little about what goes on, there is no army community for me”

“As a child apart from missing dad I didn’t feel any effects as it was normal to me. As an adult I feel lost. Have no friends, don’t have an area I grew up in. Don’t feel settled or at home anywhere and has had a great impact on my mental health”

5.1.3.3 Access to Services and Support

Many service children felt that support from the Local Authority and wider community was insufficient. Reasons included a perceived lack of meaningful support, feelings of disconnection from the military community- especially in areas without a large military presence- and inadequate assistance for families transitioning out of service. While community events like Armed Forces Day were acknowledged, some viewed these as largely symbolic rather than genuinely supportive.

“We have armed forces day but that’s it - and this feels like just a show, nothing to actually help us”

5.1.3.4 Barriers and Inequalities

Respondents identified a range of challenges associated with having a family member in the Armed Forces, many of which have lasting effects into adulthood. These included both emotional and practical difficulties that impacted their sense of stability, identity, and wellbeing.

One respondent described the struggle of adjusting to life after their father's medical discharge, feeling lost due to frequent moves during childhood. Many reported issues with their service parent struggling to secure housing after leaving the Armed Forces. For example, watching their parent struggle to get council housing and given only three weeks to buy a property.

"My dad wasn't assisted at all when coming out the army. He was told he (we) couldn't get council housing. He was given 3 weeks to buy a property. There was no job support he did it all himself."

Others highlighted the emotional toll of loss and long periods of separation from their parent due to deployments or work commitments, alongside feeling misunderstood by peers. Concerns were also raised about the dangers of service in conflict zones, which added further emotional strain.

The long-term effects of military family life were also evident. Some participants reported challenges in adulthood, including a lack of rootedness, difficulty maintaining friendships, and ongoing mental health issues. Frequent relocations disrupted their education and undermined their sense of continuity and belonging. One participant reflected on the pain of being separated from their father due to deployment, while another reported about the emotional impact of their father's mental health issues and their parents' separation. A small number of respondents felt their family member's service had little or no impact, either because it occurred in the past or the effects were unclear.

"Constantly on the move, no persistence in friendships, constant changes in schools so no continuation of education, having no roots, lack of understanding of military life by civilians who stay in the same place, grow up with the same people and maintain the same friendships, education"

Practical barriers were also noted, such as ineligibility for social housing due to not having strong local ties-often a consequence of frequent moves.

Many participants expressed a strong desire for more tangible, direct and visible support. Suggestions included clearer access to information, dedicated contacts, and practical help with housing and employment. Several also called for services focused specifically on the needs of service children, including counselling, opportunities for family reconnection, and better mental health provision.

A recurring theme was that their unique experiences are often overlooked, with existing support structures largely focused on serving personnel and spouses, rather than their children.

“There doesn't seem to be the same emphasis of sacrifice by service children. service personnel and their spouses yes, but the children whose early lives are so disrupted are not acknowledged and there is/was no support - there were (are?) wives clubs and the British Legion but nothing for us”

“Other young people don't understand what it's like”

5.2 Community Consultation via Focus Groups

5.2.1 Key Themes from Veterans' Perspectives

This focus group provided valuable insights into the lived experiences, needs, and preferences of veterans within the local area. The findings highlight key barriers to health and social care access, alongside suggestions for improvement.

5.2.1.1 Awareness of the Armed Forces Covenant

Across multiple veteran focus groups, awareness and understanding of the Armed Forces Covenant were consistently low. Many veterans had either never heard of the Covenant or had heard of it but wasn't aware of what it's function actually was.

Veterans reported no direct, tangible benefit or support clearly linked to the Covenant, leading to scepticism about its effectiveness- especially when some frontline services, such as GP practices, appeared unaware or unresponsive to its principles.

Participants emphasised that rather than promoting the Covenant itself, efforts should focus on improving practical awareness of available support and entitlements. They highlighted a need for accessible, face-to-face communication through trusted community venues and printed materials, especially to reach older or digitally excluded veterans. This communication gap represents a significant barrier to equitable access to healthcare and social support for veterans.

Table 5. Awareness of the Covenant and Experiences of Support, 2025

Theme	Key Findings	Quotes
Awareness of the Covenant	Low awareness and understanding across all groups	<i>"We don't know what's available."</i> <i>"Would you appreciate people coming in here and actually like coming to you and having a real conversation"</i>
Perceived Benefit of the Covenant	No tangible benefits experienced; scepticism about effectiveness	<i>"It's less important that we know about the Covenant and more important that we know what help we can get."</i>
Service Provider Engagement	GP practices and other health services often unaware or unresponsive to the specific needs of veterans	<i>"What's the point of having a law if GP surgeries can ignore it?"</i>
Preferred Communication Channels	Desire for more outreach work, more face-to-face conversations and support, as well as community-based, and non-digitalised materials	<i>"Would you appreciate people coming in here and actually like coming to you and having a real conversation"</i> <i>"I know how to use a smartphone, but my eyesight makes it hard."</i> <i>"Everything's online – that means we can't access it."</i>
Barriers to Access	- Lack of clear communication and outreach - Digital gatekeeping frustrating - Lack of awareness of support available	<i>"I don't go online."</i> <i>"I was online for 45 minutes trying to book a doctor's appointment."</i> <i>"Face to face - yeah, that'd be a big help."</i> <i>"Everything's online - that means we can't access it."</i> <i>"I hate it when they assume I'm on the internet."</i>

		<i>"You book a phone appointment, give all your info, then get told to book an in-person one – it's a waste of time."</i> <i>"You don't know what you don't know"</i> <i>"SSAFA got me £6 a week to help with care – I didn't know that was possible."</i>
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Source: Focus Groups 2025

5.2.1.2 The Role of Community Groups in Veteran Wellbeing

Community groups were consistently described as essential to veterans' emotional wellbeing, social connection, and sense of belonging. Many participants, particularly older veterans, reported feeling isolated before joining groups like Veterans in the Community, which they described as essential sources of support-both practical and emotional.

These groups offered friendship, familiarity, and a peer network that fostered mutual care and understanding, with veterans at Wednesfield support group saying they served as a "second home" or surrogate family, and with veterans at Bilston Veterans in the community reporting that before they had the support group they felt very isolated.

Veterans reported strongly valuing face-to-face interaction and expressed interest in broader community engagement opportunities, such as local events and access to other groups.

Participants called for continued investment in veteran-led community initiatives, suggesting they be used not only as social spaces but also as hubs for information, support, and service navigation. Recognising the role of social connection in maintaining overall wellbeing was seen as critical.

Table 6. The role of community groups in veteran wellbeing, 2025

Theme	Key Issues	Veteran Quotes
Emotional Wellbeing & Belonging	Community groups described as essential for emotional support and sense of belonging.	<i>"We're like a family here."</i> <i>"I haven't got family here, but I've got this."</i>
Isolation Prior To Joining	Many, especially older veterans, felt isolated before joining groups like Veterans in the Community.	<i>"This group is a must - before it, we were isolated."</i>
Peer Support & Familiarity	Groups fostered mutual care, understanding, and friendship. Wednesfield group described as a "second home"; Bilston group helped reduce isolation.	<i>"We help each other."</i>
Value of Face-to-Face Contact	Veterans wanted more opportunities for community engagement.	<i>"Listen to us. We've got lived experience."</i>
Call For Continued Investment	Participants advocated for sustained support for veteran-led initiatives as social spaces and hubs for support and service navigation.	<i>"If this group stopped, I wouldn't know where else to go."</i>

Source: Focus Groups 2025

5.2.1.3 Health Needs and Challenges

Veterans generally accessed NHS services like the general population, with mainstream health services having little recognition of their unique health needs or veteran status. While some reported positive experiences, many described delays in specialist treatment, outdated or incomplete medical records, and poor communication between services. Booking appointments was also challenging, with long phone wait times and digital systems creating barriers-particularly for older veterans or those with dyslexia or limited digital skills.

Service-related conditions such as hearing loss, knee problems, and sunstroke were frequently mentioned, yet participants felt these were not always recognised or prioritised in care planning. One veteran, for example, waited over a year for hospital treatment despite being seen quickly by a GP. PTSD was not widely acknowledged within the group but was suggested to be under-recognised in their generation.

To address these issues, veterans stressed the importance of clearly flagging veteran status in medical records, offering non-digital alternatives for accessing care, providing digital support where needed, and improving healthcare professional training to understand and respond to veteran-specific needs.

5.2.1.4 Veteran Experiences of Health, Social Care, and Support Systems

Veterans reported mixed experiences with healthcare. While some praised veteran-aware GP services and specialist providers like Compton Care, many faced delays, poor communication, and challenges accessing care due to digital systems. Reservists often felt overlooked, particularly in areas like rehabilitation and dental care. Distressing hospital experiences, such as limited phone access to contact family, were also noted. Veterans expressed strong frustration with multi-step triage processes, preferring direct phone contact over digital gatekeeping.

Access to social care was inconsistent. Some veterans received good support, while others lacked awareness of available services. There were calls for earlier intervention, greater empathy from providers, and recognition of veteran-specific needs. Face-to-face care was strongly preferred, alongside options for digital skills support where needed. Veterans also identified systemic challenges, including delays in transferring records between the NHS and military, lack of veteran flagging in health records, and inadequate discharge support. Suggested improvements included better NHS- military integration, more veteran-aware GP practices, and enhanced training for healthcare staff.

Veterans also consistently emphasised the need for greater involvement in shaping the services they use, stressing that their lived experience is often overlooked. Many felt unheard in current service design and called for formal mechanisms to ensure their insights and stories directly inform and improve service delivery.

Community groups were recognised as vital sources of both emotional and practical support, as well as valuable platforms for peer-led initiatives. Participants advocated for ongoing investment in these groups and the creation of roles such as lived experience consultants to help ensure services are respectful, relevant, and responsive to veterans' real-world needs. Social connection and recognition were seen as essential to both wellbeing and effective engagement with support systems.

Veterans also stressed the need for clearer, more accessible information about financial and practical support. Organisations like SSAFA were praised for their help in navigating complex systems and securing financial aid for care. However, participants expressed frustration that those who had saved for retirement were sometimes disadvantaged by means-tested support.

Table 7. Veteran experiences of health, social and support services

Theme	Key Issues	Veteran Quotes
Health Needs & Challenges	• Lack of recognition of veteran status in GP records • Poor communication between services • Barriers due to digital systems • Under-recognition of service-related conditions (e.g. hearing loss, knee issues) • Delays in specialist treatment • Digitalisation of services created barriers for older veterans, especially those with dyslexia or limited digital literacy. • Difficulty navigating appointment systems and long wait times for phone responses	<i>"Waited over a year for hospital treatment despite quick GP referral."</i> <i>"My knee problems are from my time in service."</i>
Access to Healthcare & Social Care	• Mixed experiences with GP services • Digital gatekeeping frustrating • Poor hospital communication • Inconsistent social care access	<i>"You book a phone appointment, give all your info, then get told to book an in-person one – it's a waste of time."</i> <i>"We want to be able to phone someone when we need help."</i> <i>"I know how to use a smartphone, but my eyesight makes it hard."</i> <i>"Everything's online – that means we can't access it."</i>
Veteran-led service design and support	• Veterans wanted more opportunity to be heard and to shape services.	<i>"You should be recording what he's telling you – when he's gone, you've lost it."</i> <i>"Listen to us. We've got lived experience."</i>

Source: Focus Groups 2025

5.2.1.6 Experiences and Needs of Reservists

Reservists from the 4 Mercian reserve unit reported a wide range of challenges affecting their wellbeing, retention, and ability to serve effectively. Employer support was inconsistent, with many relying on annual leave or facing financial penalties to fulfil their military duties. There were calls to raise employer awareness of legal obligations under the Armed Forces Covenant and to promote support schemes like backfill funding.

Integration with regular forces was mostly positive, though some instructors lacked understanding of reservist constraints. Balancing military commitments with civilian work and personal life was a major source of strain and there wasn't enough accommodations in place to support reservists.

Respondents felt their contributions were often undervalued by the public and called for better societal recognition and visibility. Recruitment processes were described as slow and frustrating, with many dropping out before training due to administrative delays. Once enlisted, support and morale improved significantly. Across all themes, there was a strong desire for improvements at both local and national levels- ranging from healthcare access and flexible training to paid leave and targeted support for self-employed individuals.

Table 8. Experiences and needs of reservists

Theme	Key Issues	Veteran Quotes
Access to health care	- Dental care inaccessible; some pay privately - Rehab programmes not always available to reservists - Delays in medical record transfers impact recruitment	<i>"I had to pay privately for dental – I'd love a discount as a reservist."</i> <i>"There should be a rehab programme for reservists like there is for regulars."</i> <i>"We lose recruits because they don't get paid until training starts, and medical records take months."</i>
Employer Support	- Employer support inconsistent - Legal obligations not always understood - Small businesses less able to accommodate - Need for better employer engagement	<i>"I had to remind my employer they were legally obliged to keep my job after deployment."</i> <i>"Smaller companies don't know what support is available – it's too much hassle for them."</i> <i>"We could target our own employers with Covenant info – if you're up for it."</i>
Work-Life Balance	Heavy strain balancing work, life, and service	<i>"Had to use annual leave to fulfil military duties."</i>

	• Annual leave often used for training • Self-employed and students face unique challenges	<i>"I finish work Friday, drive to Catterick, train all weekend, and go back to work Monday."</i> <i>"I wouldn't do it if I didn't love it – but the sacrifice is huge."</i> <i>"My brother wants to join but can't afford the pay cut – it's just not possible."</i>
Societal Perception & Recognition	• Public perception of reservists poor • Felt undervalued compared to regulars • Civilian skills not always recognised	<i>"I wouldn't feel comfortable walking around in uniform - it's not advised."</i> <i>"We're the most patriotic people - but we're looked down on."</i> <i>"Reservists bring different perspectives – that's valuable."</i> <i>"We give our time to the armed forces, but don't get the same package."</i>
Recruitment & Retention	• Recruitment process slow and frustrating • Many drop out before completion • Need better support and retention measures	<i>"It took me a year and a half to get through recruitment – I gave up and went to uni."</i> <i>"The recruitment process is the hardest part."</i> <i>"Support recruits better – we might need to rely on reserves more in future."</i>
National & Local Support	• Reservists feel under-supported nationally • Need for small policy improvements (e.g. more unpaid leave)	<i>"Just five more days of unpaid leave would make a huge difference."</i> <i>"We give our time to the armed forces, but don't get the same package."</i>

Source: Focus Groups 2025

6.0 Services and Community Assets

There are a number of existing local services in Wolverhampton that aim to support the armed forces community, with provision of support concerning employment, housing, careers advice, medical care, welfare, and financial management. The majority of services are not commissioned by the City of Wolverhampton Council but are instead led by partners with close collaboration with representatives from the local authority.

6.1 Local Assets

6.1.1 STEPWAY

STEPWAY was founded in 2019 and received charity status the same year. It is a military charity supporting all Veterans and family members in civilian life, no matter their background or circumstance. Its core goal is to reduce isolation, improve the mental well-being and prevent suicide among veterans. It offers services to aid the transition from military to civilian life. STEPWAY also offers informal sessions such as Banter and Brew and Breakfast Club to provide a supportive space for like-minded individuals to connect, share experiences, and enjoy camaraderie.

For more information: [STEPWAY CIO](#)

6.1.2 RBL Bilston

The Royal British Legion (RBL) is the UK's leading Armed Forces charity and one of the largest membership organisations. The Wolverhampton Bilston and Wednesfield Branches actively participate in social, fundraising, and welfare activities. They meet regularly at Bilston Sports and Social Club on Wellington Road every 4th Tuesday of the month at 7:30 pm. Membership is open to everyone, regardless of whether they have served in the Armed Forces.

For more information: [Welcome to the Bilston Branch of The Royal British Legion - Bilston –](#)

6.1.3 Veterans in the Community

Veterans in the Community is a community group in Wolverhampton with a charitable ethos. Their primary focus is on supporting older veterans by overcoming loneliness and isolation. They offer informal social weekly gatherings where older veterans can connect, share experiences, and build friendships. It also organises regular trips and activities to keep veterans engaged and connected, as well as support with benefit checks and applications, housing, care and independent living.

6.1.4 4 Mercian

4 MERCIAN is the Reserve Battalion of The Mercian Regiment with over 400 soldiers from a wide variety of backgrounds. Our headquarters is in Wolverhampton with 10 locations spread across the heart of England. The battalion has 2 rifle companies, a support, and a headquarters company, each comprising between 75 and 100 soldiers. These are male and female covering the traditional Infantry roles as well as chef, clerk, combat medical technician. The Band of The Mercian Regiment are also Reserve soldiers and based in Wolverhampton. There are reservist roles available via 4 Mercian – if you're interested in joining as a reservist, you can apply when you reach 17 and 9 months (although the minimum age to join is 18). The team will be able to guide you through the process and help you prepare for the Army Assessment Centre.

For more information: [4 Mercian \(mercianregiment.co.uk\)](http://mercianregiment.co.uk)

6.1.5 SSAFA West Midlands North

SSAFA West Midlands North is the Wolverhampton branch of SSAFA, the Armed Forces charity. Their mission is to provide lifelong support to those who are currently serving or have served in the British Army, Royal Navy, Royal Marines, or the Royal Air Force, as well as their families. SSAFA offers a range of services to the armed forces community, including both physical and emotional care. They assist with various needs, such as housing, benefit checks, and independent living. There are also volunteer opportunities available at SSAFA.

For more information: [West Midlands North | SSAFA](http://WestMidlandsNorth.SSAFA.org.uk)

6.1.6 Poppy Factory

The Poppy Factory in Wolverhampton supports veterans with health conditions and their families into employment, helping them overcome any barriers they may experience in the process.

For more information: [Ex-Forces employment support in England and Wales - The Poppy Factory](http://Ex-ForcesemploymentsupportinEnglandandWales-ThePoppyFactory.org.uk)

6.1.7 West Midlands Psychotherapy Limited

West Midlands Psychotherapy Limited is a specialised clinic located in Willenhall, Walsall, within the West Midlands region of England. Although based in Willenhall, they extend their services to Wolverhampton Veterans as well. The clinic focuses on psychotherapy tailored to adults struggling with depression, anxiety, and trauma, which offers evidence-based therapies, including Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing Therapy (EMDR). Sessions can be face-to-face or delivered via telephone.

For more information: [The Psychotherapy Clinic - Clinic Location](http://ThePsychotherapyClinic-ClinicLocation.org.uk)

6.1.8 Wolverhampton Homes

Wolverhampton Homes has made a commitment to support the Armed Forces community and their families through the Armed Forces Covenant. They can offer housing support, providing easier access to social housing for veterans.

6.1.9 Armed Forces Breakfast Club Wolverhampton

The Wolverhampton Armed Forces & Veterans Breakfast Club is a welcoming community for veterans and serving members to get together to share breakfast. They gather every last Saturday of the month starting at 9:30 am.

For more information: [Wolverhampton Armed Forces & Veterans Breakfast Club – The Official Armed Forces & Veterans Breakfast Clubs Network \(afvbc.net\)](https://www.afvbc.net/)

6.1.10 RAFA (Royal Air Force Association) Goldthorn Hill

The Wolverhampton & District Branch of the Royal Air Forces Association (RAFA) is a forward-looking organisation and a registered charity. With over 63,500 members worldwide, they provide friendship and welfare support for serving and ex-serving RAF personnel and their dependents. Each year, RAFA assist over 40,000 individuals. The branch actively engages in various activities to support the Royal Air Force Family. The branch organises regular meetings, where members can connect, share stories, and build friendships.

They also host social events, such as dinners, outings, and celebrations, fostering a sense of community. It also supports with welfare advice, fundraising, advocacy and campaigns and community outreach.

For more information: [Branches - Royal Air Forces Association Membership \(rafa.org.uk\)](https://www.rafa.org.uk/branches/)

6.1.11 The Staffordshire Regiment Association (Wolverhampton Branch)

The Staffordshire Regiment Association (Wolverhampton Branch) is a local veterans' organisation that provides support, camaraderie, and welfare assistance to former members of the Staffordshire Regiment and their families. The branch plays an important role in promoting the health and wellbeing of ex-service personnel in the Wolverhampton area by offering social activities, commemorative events, and signposting to mental health and support services. As part of the wider network of the Staffordshire Regiment Association, the Wolverhampton Branch helps reduce social isolation among veterans and contributes to the local public health agenda by fostering a sense of community, identity, and peer support.

7.0 Recommendations

Local Authority (Public Health, Community Safety and Community Cohesion, Housing, Employment, Children's, Education & Communications)

Strengthen Data Collection and Local Intelligence

- Aspire to embed Armed Forces community identification questions across all systems and commissioned services, covering serving personnel, veterans, their families and the bereaved, as defined in the Armed Forces Covenant Act 2021, to ensure consistent data and fulfil the Council's 'due regard' obligations.
- Work towards improved data collection and sharing across the council and wider partners to enhance local intelligence and track outcomes.

Strengthen Housing and Homelessness Support

- Continue to prioritise veterans within social housing allocations and homelessness prevention pathways, ensuring the Covenant Duty is fully applied.
- Where veterans are identified as being at risk of homelessness, the Housing Advice Service will provide housing advice and support, and where appropriate will refer or signpost individuals to specialist veteran support organisations, including SSAFA, Stepway CIO and the Royal British Legion, to help sustain accommodation and address wider support needs.

Strengthen Family and Service Child Support

- Continue to champion for the rights, needs and wellbeing of the entire armed forces community, including family members.
- Raise awareness amongst schools of the unique needs and experiences of Service Children, including the collaboration with Health Champions and other school-based wellbeing services where appropriate, to enhance the wellbeing and pastoral support available.
- Continue to advocate for Pupil Premium for Service Children to improve wellbeing and attainment.
- Enhance the promotion of, and signposting, to existing support services for Service Children.

Increased Visibility of the Covenant and Available Support

- Increase public and professional awareness of the Covenant and its function through targeted campaigns, local events, and professional training.
- Strengthen promotion and awareness of the tangible support and offers available.
- Proactively address stigma and misconceptions associated with military affiliation, supporting improved public understanding and respect.
- Ensure council staff understand Covenant duties and the practical steps to deliver equitable access.

- Continue to recognise, promote and celebrate veteran and reservist contributions through civic events, strengthening visibility and respect.
- Provide family-focused outreach and signposting, ensuring spouses, partners, and carers can access a range of tailored support.

Support Transition and Employment

- Strengthen transition planning for those leaving service, including advice on housing, mental health, and benefits.

Address Inequalities and Under-Representation

- Develop targeted outreach strategies with female, minority ethnic, LGBT+ and younger veterans, acknowledging they make up a minority, and are often underrepresented in data and engagement.
- Aim for inclusive representation in consultation, partnership forums, and promotional materials.

Embed Continuous Improvement and Evaluation

- Conduct follow-up Armed Forces community surveys, on a rolling basis, to monitor change, emerging or unresolved needs, and service impact.

Black Country, Birmingham and Solihull ICB cluster

Improve Access to Health, Wellbeing, and Care

- Liaise with Clinical Directors to raise awareness of “Veteran-Aware” GP practices.
- Explore further opportunities with partners to provide digital inclusion and support training, helping digitally excluded veterans to navigate online systems (e.g. NHS AppNHS app) with confidence.
- Share findings with ICB commissioners to shape and influence local commissioning decisions.

Community, Libraries & VCS Partners

Community Connection & Peer Support

- Sustain veteran-led community groups (e.g. Veterans in the Community), as trusted social and wellbeing hubs - recognising their vital and valued role in reducing loneliness, building connection and providing peer-led support.

- Introduce a city centre Armed Forces Hub as a one-stop shop for the whole armed forces community (e.g. STEPWAY CIO in Libraries).
- Continue to support community grants or micro-funds to help grassroots veteran and family initiatives.

Armed Forces Covenant Board (AFCB)

Leadership, Oversight and Advocacy

- Regularly review progress through the Armed Forces Covenant Board.
- Support the development, management and oversight of the 2027-2029 Action Plan.
- Continue to raise awareness and promote visibility of the Armed Forces Covenant.
- Strengthen the promotion and awareness of tangible support available.
- Continue to advocate for the rights, needs and wellbeing of the entire armed forces community, including family members.
- Encourage local employers to sign the Armed Forces Covenant and work towards Employer Recognition Scheme accreditation, with focused engagement for small and medium-sized businesses.
- Work with local employers to raise awareness of reservist rights and benefits, including leave entitlements and backfill funding.
- Champion more flexible working arrangements for reservists and promote greater awareness of the vital role reservists play in defence, community resilience, and the sacrifices they make.

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