

The best place to be a veteran(?): an examination of the current veteran experience within the United Kingdom.

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“The Best Place to Be a Veteran” (?): An Examination of the Current Veteran Experience Within the United Kingdom

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ABSTRACT

With the recent North Atlantic Treaty Organization (NATO) publication reviewing veterans' experiences across the member states, there is a need to examine the veteran perspective within the United Kingdom (UK). A unique relationship between the four individual nations that constitute the UK has contributed to a historically and culturally significant perception of the British Armed Forces. The emerging interest within the Veterans Studies field has led to more insights into the post-transition journey for veterans; however, there remains a gap within the literature examining the current veteran experience within the UK. This article addresses this gap by giving an overview of the cultural and historical context whilst also providing a current view of the UK veteran community. The definition of a veteran within the UK context is discussed, including the comparison between the UK definition and other NATO member states. The structure of the British Armed Forces is explored. The challenges that UK veterans can experience are given, whilst providing an overview of the current support systems in place. Public perception within the UK is discussed, with an examination of the role of the media. Future challenges are discussed, with further implications and areas for further research suggested.

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Within the United Kingdom (UK), there are approximately 152,000 serving personnel within the Armed Forces (Kirk-Wade & Mansfield, 2023). In comparison, there are 1.85 million veterans living within England and Wales, equating to roughly 3.8% of the total adult population (Kirk-Wade, 2022). Approximately 220,000 veterans live in Scotland (Scottish Veterans Commission, 2017), and between 40–60,000 veterans live in Northern Ireland (Northern Ireland Statistics and Research Agency, 2019). These figures combined equate to 2.12 million British citizens who class themselves as a veteran, or 3.1% of the total UK population.

The UK offers a unique opportunity to explore both a four nations and united approach to a modern European military force. As a country, the UK is a union between four nations: England, Scotland, Northern Ireland, and Wales. A key element of this union is security and defence, which is represented by the British Armed Forces (House of Lords, 2016). Collaboration between the nations, therefore, is as important for maintaining an operational presence within NATO and the larger world stage, as it is for providing key services and support for the large ex-military population. This collaboration is also key when examining and considering the multifaceted nature of the veteran experience, which has been translated into a burgeoning literature base within the Veterans Studies field.

The field of Veterans Studies has recently explored many different aspects of the veteran experience, including the transition into civilian life (Ahern et al., 2015; Binks & Cambridge, 2018; Fulton et al., 2019; Lord Ashcroft, 2014; Pease et al., 2016), managing service-related mental health conditions (Eaton et al., 2008; Fear et al., 2010; Finnegan & Randles, 2022; House of Commons Defence Committee, 2018; Mellotte et al., 2017; Murphy & Busuttil, 2020), spousal veteran caregiving (Johnstone & Cogan, 2021; Keeling et al., 2015; Lowe et al., 2012; Murphy et al., 2017), and female veterans' experiences (Bailey et al., 2023; Resnick et al., 2012; Strong et al., 2018).

It should be noted that much of the research takes an Americentric view on the veteran experience, with much of the research having been conducted with US ex-service personnel. The experience of veterans within the UK is different to that of US veterans, although there seems to be a paucity of research conducting direct comparisons. Additionally, there remains further gaps within the literature including a thorough overview of the current experience of veterans across Europe and more specifically the UK.

OVERVIEW AND DEFINITION

To understand the definition of a veteran within the context of the UK, it is necessary to explore the history and structure of the British Armed Forces. The UK differs from many other

North Atlantic Treaty Organization (NATO) member states, as the head of the Armed Forces is the reigning Monarch. Currently, this is King Charles III. The relationship between the Monarch, the Royal Family, and the Armed Forces is symbiotic; many members of the Royal Family have served within one of the branches of the Armed Forces (the King himself having served within the Royal Navy), and all members of the Armed Forces swear allegiance to the Crown. Today, many members of the Royal Family can be seen wearing their uniforms whilst undertaking their royal duties, as well as holding key roles within individual regiments, squadrons, or vessels.

The British Armed Forces, as we recognise it today, consists of three services: The Royal Navy, The British Army, and The Royal Air Force. All three services consist of both Regular and Reserve units, as well as specialist units such as the Royal Marines. All three services have their own individual and long-lived history, which contribute to the individual differences that both serving personnel and veterans today may feel; an Army veteran may have a different experience to a Royal Navy or a Royal Air Force veteran, and often the public hold different views about the different services (Atherton, 2009; Hatton, 2016). These differences have yet to have a thorough exploration within the literature base; however, they are key to understanding the current experience of veterans within the UK.

The Royal Navy is the oldest service branch and has deep cultural links within the British psyche. The Royal Navy has had a key role in many of the modern operations that the current generation living within the UK will recognise; however, due to many years of defence cuts by subsequent governments, its current operational strength has been criticised (Blackham & Prins, 2007).

The British Army, similarly, to the Royal Navy, has a long history. From the images of young men in Redcoats to the images of the Green Tommies in the First World War, the uniform worn by soldiers makes the British Army discernible across the world. The British Army, as a modern fighting force can trace its roots to the late 1600 s, with the Acts of Union in 1707 combining both the English and Scottish armies into fully British army force (Chandler & Beckett, 2003). Since then, the British Army has fought in many operational theatres across the globe, with the most recent being the conflicts in the Middle East. The British Army now holds a more humanitarian remit, most notably being deployed to support the National Health Service (NHS) during the COVID-19 pandemic (Iacobucci, 2022). Despite this new remit, the British Army currently holds an operational strength of approximately 114,000 serving personnel (Kirk-Wade & Mansfield, 2023), arguably the largest of the three branches.

The Royal Air Force is the newest branch of the British Armed Forces, having been created in 1918 with the

merger of the Royal Flying Corps and the Royal Naval Air Service, becoming the first air force across the world (Wragg, 2007). With an operational mandate to protect the skies above the country, the operational history of the Royal Air Force conjures images of intense dog-fights held above the ruins of cities during the Blitz in the Second World War. Ceremonially, the Royal Air Force is present within the modern British consciousness, with many large national events comprising of some form of Royal Air Force fly over, whether this is conducted by the Red Arrows or other historically significant aircraft. With a current operational capacity of almost 37,000 serving personnel (Kirk-Wade & Mansfield, 2023), the Royal Air Force plays an important role in maintaining security both at home and abroad.

Due to the historical complexity of the British Armed Forces, alongside the deep relationship the military holds with the British public, especially during times of national crisis, emergency or celebration, it is noteworthy that the definition of a veteran in the UK is significantly different to those used across Europe and the world. For the UK, to be a veteran, one must have “served for at least one day in [His] Majesty’s Armed Forces (Regular or Reserve)” (Ministry of Defence, 2017, p. 2). This definition is one of the broadest across not only Europe, but amongst NATO member states (Truusa & Andrew Castro, 2019). It encapsulates all the service branches within the British Armed Forces whilst also stipulating that occupying an operational role within an international conflict is not required to hold the status of a veteran. Consequently, the manner of discharge does not hold any relevance to holding this status, unlike other countries such as the US. It is also important to note that many members of the veteran community within the UK do not class themselves as veterans. This can be often seen as a pejorative title and one that is held by older veterans who fought in large wars such as the Second World War (Burdett et al., 2013).

Using this definition does pose a conundrum; the Head of State is a veteran, as well as several members of the Royal Family. There is a significant number of individuals who will be a veteran family member due to the legacy of National Service and conscription during the two World Wars. The conundrum could not be clearer than this; with a large veteran and ex-service population today, and a veteran Head of State, why do veterans within the UK often feel forgotten when they transition out of the military?

PROBLEMS ENCOUNTERED BY UK VETERANS

Within the Veterans Studies field it has been well reported that following military service, many veterans can face

difficulties with transitioning into the civilian world (Ahern et al., 2015; Fulton et al., 2019; Johnstone & Cogan, 2021; Pease et al., 2016). These difficulties can present as mental and physical health issues, experiences with the justice system, and homelessness (Brewer & Herron, 2022; Stevelink et al., 2019). Whilst these problems are well reported within the literature, it is important to recognise that not all veterans or ex-service personnel will experience any type of maladaptive transition into civilian life (Brewer & Herron, 2022). For those who do face difficulties, support can be seen as a postcode lottery and dependent of factors beyond individual veteran control (Defence Committee, 2011).

MENTAL HEALTH

Mental health challenges in the veteran community have been well recorded and reported within the literature base. Research has stated that the prevalence rate of both posttraumatic stress disorder (PTSD) and common mental health difficulties such as depression, anxiety, and substance misuse, stand at approximately 3–4% and 20% respectively across the veteran community (Eaton et al., 2008; Fear et al., 2010; House of Commons Defence Committee, 2018; Johnstone & Cogan, 2021; Palmer et al., 2021). It is accepted that the true prevalence across the UK is not currently known, with some findings placing the PTSD rate at between 2–17% amongst the veteran population (King’s Centre for Military Health Research and Academic Department of Military Mental Health, 2023; Ministry of Defence, 2022b).

PTSD has often been regarded as a military related mental health condition, with much of the initial research having been conducted on US veterans returning from the Vietnam war in the late 1970s (Institute of Medicine, 2012). Following the deployment and subsequent return from recent conflicts including the 1991 and 2003 Gulf Wars, renewed interest in the development and management of PTSD symptoms has led to new models and understanding of the risk factors associated with developing the condition (Hunt et al., 2014; Palmer et al., 2021).

Despite PTSD often being cited as the most well-known veteran mental health experience, common mental health disorders are more prevalent within the veteran community (Finnegan & Randles, 2022; Goodwin et al., 2015). According to recently published statistics, depression and alcohol misuse are the most prevalent forms of mental health disorder, present in approximately 20% of the UK veteran population (Finnegan & Randles, 2022). Complex presentations and comorbidities, linked with delays in help-seeking behaviour (Randles & Finnegan, 2022; Stevelink et al., 2019) often complicate recovery pathways for veterans; therefore, it should be recognised that what might be

considered a straightforward treatment plan may not often be the case.

Considering the recent statistics showing that over half of the veteran population within the UK are aged 65 and over (Office of National Statistics, 2023), it is unsurprising that alongside common mental health disorders, loneliness and isolation are often cited as complicating factors for veteran mental health concerns (Wilson et al., 2018). Whilst this tends to appear in older veterans, it is also important to recognise that some of the key factors linked with loneliness and isolation can also apply to younger veterans: difficulties relating to the civilian world, becoming disconnected from fellow comrades, and managing often complex mental or physical health challenges (Wilson et al., 2018).

The epidemiology of common mental health disorders has yet to be truly uncovered; however, gender and combat role seems to provide some form of individual differences between veterans (Finnegan & Randles, 2022; Stevelink et al., 2018). The method of leaving service may contribute to a successful post-transition and minimise the risk of developing common mental health conditions (Gordon et al., 2020). Furthermore, challenges in help-seeking behaviour may contribute to a delayed presentation (Randles & Finnegan, 2022; Stevelink et al., 2019), which can often result in a more complex pattern of mental health conditions.

Common mental health disorders are similarly prevalent within the civilian population of the UK, albeit at a lower rate: 16% of the general population experience depression or anxiety compared to the 20% of the veteran population (Williamson et al., 2023). Equally, true prevalence rates are unknown, and there seems to be a lack of direct comparison between the mental health of UK veterans and the UK general population (Williamson et al., 2023).

Alongside common mental health disorders, alcohol misuse seems to be more prevalent amongst the veteran community than the general population, with a recent study having found a prevalence rate of 11% compared to 6% respectively (Rhead et al., 2022). The epidemiology of alcohol misuse and the differences between the general and veteran populations, similarly to that of common mental health disorders, has yet to have a full examination within the literature base; however, it has been suggested that physical health concerns are correlated to higher prevalence rates across both groups (Rhead et al., 2022).

PHYSICAL HEALTH

Modern warfare has experienced huge technological changes, which have had a direct impact on the survival rates from traumatic injuries gained during operations. As service personnel returning from the frontlines survive more of the injuries experienced in warfare, the veteran

community living today are managing more traumatic physical injuries with life changing consequences than before.

In Scotland, musculoskeletal disorders and injuries are cited as one of the main physical health conditions that can cause medical discharge from the military (Scottish Veterans Commission, 2018). Many younger veterans face traumatic physical injuries such as amputation and acquired brain injury (Scottish Veterans Commission, 2018). It is unsurprising then, that alongside a traumatic physical injury, chronic pain and complex mental health presentations can often result in veterans needing input from many areas of the NHS during their recovery journey.

It is also important to recognise that a third of the veteran population within the UK are aged 80 years or older (Office of National Statistics, 2023), which contributes to the appearance of physical issues that present later in life. With an ageing population comes many challenges with general health including mobility, hearing loss, high or low blood pressure, amongst others (Oster et al., 2017; Williamson et al., 2019). Whilst some of these conditions may not be directly related to service, having a service history can often complicate matters when considered alongside the recent understanding of ex-military help-seeking behaviour (Murphy et al., 2016; Randles & Finnegan, 2022).

Whilst the physical health of the UK veteran population has had some exploration, there has yet to be an in-depth comparison between civilian and veteran physical health. It in latest available data, 47.5% of the general population of the UK reported having “very good health,” whilst comparatively 5.4% report that their health is either “bad” or “very bad” (Waddington, 2023). Prevalence of physical disability is higher amongst the veteran community than the general population, with almost a third (32.1%) of veterans experiencing some form of physical disability compared to 19.6% of the general public (Knipe & Hookway, 2023). A full comparison between veteran and civilian physical health within the UK remains uncharted.

HOMELESSNESS

Homelessness is as another key problem veterans across the UK can face. Research exploring the reasons behind veteran homelessness is limited and often takes a London-centric view, which further complicates the understanding of this experience when trying to apply to the four nations within the UK (The Royal British Legion, 2011a). The most up to date figures of homeless veterans stands at 6% in London and 12% in Glasgow (The Royal British Legion, 2011a), although historically, this has been between 3–20% of the homeless population. Available statistics lack generalisability, further complicating a provision of support.

One factor contributing to veteran homelessness is financial difficulties, encapsulating both employment difficulties and getting into debt (Ashworth et al., 2014). Trades learnt within the military may not be applicable to a civilian context, with some stark differences in the ability to apply key skills within a civilian job. Cost-of-living difficulties, fuel poverty, and low support from key benefits may contribute to financial difficulties and reliance on “quick” fixes such as payday loans. Falling into mortgage or rent arrears may result in homelessness, with financial education seemingly lacking within the transition support (Forces in Mind Trust, 2021).

When regarding homelessness across the UK population in general, there is a need for further research, as there is a significant lack of up-to-date data. Homelessness is a devolved issue, leading to difficulties in directly comparing civilian and veteran homelessness. In Scotland, for example, there were over 32,000 households who were assessed as homeless; however, it is unknown how many veterans were included in these figures (National Statistics, 2023).

THE CRIMINAL JUSTICE SYSTEM

There remains a lack of clear population statistics regarding the true number of veterans within the criminal justice system, however in a recent literature review the number has been estimated at around 4% of the prison population across England and Wales (The Royal British Legion, 2011b). For Scotland, this number is estimated to be 3.1% (Robson et al., 2019).

The research exploring some of the characteristics contributing towards veterans' experiences with the criminal justice system is scant. The largest exploration into the veteran prison population was commissioned in 2010 (Bray et al., 2010). Within that report, approximately 3% of the prison population classed themselves as a veteran. Of this population, 99.6% were male, 15% were ex-Navy, 77% were ex-Army, and 8% were ex-Air Force; of course, it is unknown whether this figure remains accurate today (Bray et al., 2010). When exploring offence groups within the Veteran population, a third were convicted of violence against the person, with sexual offences representing a quarter of the offences (Bray et al., 2010). Motoring offences represented 0.7% of the offending groups; however, later research has found a correlation between not only veteran status and motoring offences, but also military service and interpersonal violence offences (Bray et al., 2010; Short et al., 2018). Mental health conditions such as alcohol misuse and the presence of anxiety disorder are risk factors for these offences (Short et al., 2018).

Compared to the civilian population within prison, estimates suggest that civilians were over 20% more likely

to be convicted of interpersonal violence than veterans (Bray et al., 2010). In fact, civilians were more likely to have been convicted of all offending groups except for sexual violence, where veterans were 20% more likely to have been convicted (Bray et al., 2010). There is a lack of recent research exploring the experiences of veterans within the criminal justice system in the UK, and more work is needed to fully understand some of the contributing factors or epidemiology.

AVAILABLE SUPPORT

There are three main pillars of support for the veteran community: statutory services, charity and third sector services, and government and legislative support. Due to the complex nature of the “veteran experience,” the support available to veterans can be separated into approximately six categories: Welfare support, mental health support, physical support, legislative support, benefit advice and guidance, and transition support (Doherty et al., 2019). Alongside formal support services, informal and spousal caregiving is an additional form of support that has recently gained more traction within the literature (Johnstone & Cogan, 2021; Mansfield et al., 2014; Murphy et al., 2016, 2017); however, this research has yet to be translated into policy or practice.

It is worthwhile to mention that due to a four nations approach, much of the support available in England and Wales may not be available in Scotland or Northern Ireland and vice versa. Devolved governments have different laws and different welfare systems, as well as different healthcare systems, which can be difficult for many veterans to navigate. Exploring the differences across all four nations is not possible within this article; it has been reported that transitioning veterans between the four nations may have challenges in accessing support (Brewer & Herron, 2022).

LEGISLATIVE SUPPORT

With the creation and implementation of the Armed Forces Covenant (AFC) in 2011, the legal protection and status of veterans was enshrined in law by the passing of the Armed Forces Act (2011). The Defence Minister is now obligated to provide reports on an annual basis, setting out progress against the AFC. The AFC enshrined certain protections, most specifically that veterans and their families should be “treated fairly” (Ministry of Defence, 2022a). In practice, however, provision is inconsistent and the understanding of being treated fairly is difficult to quantify. It can be generally understood that by pledging to the AFC, services agree to “remove, mitigate or prevent disadvantages from

occurring” (Ministry of Defence, 2022a, p. 9). Statutory services must abide by the AFC regardless of having signed the pledge itself or not.

Alongside the implementation of the AFC, there are several key governmental departments that support Veterans within the UK. These include the Office for Veterans’ Affairs and Veterans UK. Additionally, the Armed Forces Compensation Scheme, previously known as War Pensions, is managed by the Ministry of Defence (MOD) and offers compensation for service-related mental or physical health injury, illness, or death.

STATUTORY SERVICES

The main form of statutory support within the UK takes the form of the NHS and local authorities. Despite devolution of some services including the NHS, it is necessary for all health boards across the country to provide some considerations to veterans for priority, dependent on clinical need. There is clear provision within the AFC that veterans are not entitled to “jump the queue,” but that their needs and service-related health requirements may place them at a significant need of healthcare (Ministry of Defence, 2022a). Mental health care can be viewed in the same light, although in practice, many aspects of the NHS mental health system fail to recognise the complex needs of veterans (Wilson et al., 2018).

Specific mental health services have been developed for veterans across the UK, including OP Courage in England and Wales, and Veterans First Point in Scotland. These services have provided some promising movement towards supporting veterans to manage their complex mental health needs whilst also accessing social support (Finnegan et al., 2023; Fitzpatrick et al., 2018); however, further evaluative work is required to fully measure the benefits.

CHARITY AND THIRD SECTOR SUPPORT

The latest available figures show that there are approximately 1,888 Armed Forces Charities registered across the UK (Doherty et al., 2019). These charities range from national charities such as Combat Stress, Help for Heroes, and Soldiers’, Sailors’ & Airmen’s Families Association (SSAFA), to smaller charities providing a discreet service to veterans and their families (Doherty et al., 2019). The sector can often be seen as volatile, and in Scotland, there has been a stark reduction in the number of Armed Forces charities compared to England (Doherty et al., 2019).

According to a report by the Directory of Social Change, there are generally six different categories of Armed Forces charity that provide a range of services: welfare charities, service funds charities, heritage charities, associations,

association branches and mixed-type charities (Doherty et al., 2019). Together, these six categories of charities provide a web of support and services that should stop veterans falling through the statutory service net. Despite the presence of these charities, veterans can face difficulties when accessing services. Similarly, to the NHS, veterans may struggle to self-identify and seek help until the last minute, resulting in crisis services rather than a preventative model. Additional criticism exists, including a call to consolidate existing charities to avoid duplication of services (Doherty et al., 2019). One challenge that the charity sector faces, specifically when addressing mental health support, is a lack of evaluation of effectiveness for mental health provisions. Additionally, few charities are working towards some form of guidelines or standards, which could lead to mental health services not providing the correct form of treatment for complex mental health needs (Doherty et al., 2019).

PUBLIC PERCEPTIONS OF UK VETERANS

In autumn, it is difficult to walk through any high street across the UK without seeing the symbol of the poppy. Every year, on 11 November at 11 a.m., the whole country stops for a minute’s silence to remember and reflect on the sacrifice and service of our Armed Forces. Communities come together, broadcasters show national services of remembrance, and many branches of the Armed Forces hold parades. This event has been ingrained within the British cultural calendar since 1919 and marked its centenary in 2019. Another national symbol of the UK is a member of the Coldstream Guards, wearing their red uniform and bearskin hat performing their duty of protecting the Monarch. The presence of serving personnel is impossible to ignore, and yet, when it comes to veterans, their presence is often ignored or misrepresented within public perception.

A recent study reported that for many members of the public, stereotypes of veterans being “mad, bad, or sad” are rife (Parry & Pitchford-Hyde, 2023, p. 441). Explorations behind public perceptions have provided some key insights on contributory factors. Operational history and its legitimacy have a role in perceiving veterans as “passive, naïve actors,” engraining a victimisation narrative within the Veteran experience (Phillips et al., 2022, p. 419). Furthermore, veterans within the UK are often seen more negatively compared to serving personnel and are perceived as holding both a heroizing and victimising role in public perception (Phillips et al., 2020), further complicating the public’s understanding of the “veteran experience.” It is a known fact that there is a relationship between publicly

prevalent beliefs regarding veterans and their successful reintegration into society (Phillips et al., 2020). In fact, when examining public perceptions of veterans, many members of the public hold factually incorrect beliefs (Phillips et al., 2020), which could further complicate a veteran's already complicated transition.

Large population surveys have recently shone some light on the general public's perceptions of veterans (YouGov, 2022). The media has been shown to have a role to play in framing public perceptions of veterans (Phillips et al., 2021), with differences in newspaper formats adding to the societal discourse of a stereotypical hero-victim dichotomy. Considering the role of the media, surveys show that one of the top perceptions held about veterans in the UK is that of being "Forgotten/left behind/ignored" (Phillips et al., 2021; YouGov, 2022, p. 7). Similarly, the idea that veterans are "traumatised" is within the top three listed perceptions, whilst the idea of being "brave/courageous" is the second most held view (YouGov, 2022, p. 15). These findings, whilst interesting, corroborate previous findings within the literature base (Parry & Pitchford-Hyde, 2023; Phillips, 2020), suggesting that the image held by the public requires challenging.

DISCUSSION

The role of the Armed Forces is key to the British culture. Our service men and women are ingrained within the British public consciousness; however, support following service can be described as patchy at best. The field of Veterans Studies has allowed more light to be shone on the "veteran experience"; however, the Americentric view often clouds understanding and can lead to misinterpretation of findings when trying to generalise to the UK. This, mixed with large campaigns aiming at reducing homelessness and increasing mental health support, may lead to the factually incorrect public perceptions held about veterans within the UK (Phillips, 2020). Whilst services that are made by veterans for veterans are showing promising improvements regarding mental health outcomes (Finnegan et al., 2023; Fitzpatrick et al., 2018), there is still a need to further evaluate the web of Armed Forces charities across the UK.

Additionally, public perceptions of veterans require challenging; as for veterans themselves, these often-stereotypical views can delay help-seeking behaviour, further compounding the views that veterans are "mad, bad, or sad" (Parry & Pitchford-Hyde, 2023, p. 441). This delay in help-seeking can result in an increase in crisis interventions, which fundamentally contravenes the message of the AFC legislation put in place to support veterans at the point

they require help, not after. Whilst there is a real need to review pre-transition support for veterans as they prepare to leave service, especially when considered alongside findings that pre-transition preparedness often correlates with post-transition success (Gordon et al., 2020); more must be done to understand what occurs for veterans who do struggle.

FUTURE CHALLENGES

When looking to the future of the veteran community within the UK, there are two changes that will be occurring. According to a projection by the MOD, the veteran community will shrink by the year 2028 to 1.6 million veterans (Ministry of Defence, 2019). The veteran population will move to a younger working-age bracket and will feature more female veterans than ever before (Ministry of Defence, 2019). But what does this mean for the scope of possible support or the requirements of the Veteran community?

The UK Government has set a strategic plan that aims to make "the UK the best place to be a Veteran" (Office for Veterans' Affairs, 2022, p. 2); there are several key concerns that must be addressed before this mission is achieved (Future Agenda & Forces in Mind Trust, 2021). For example, as the tactics of warfare advance, survival rates of physical injuries will continue to improve; however, it is impossible to predict the psychological impact of this. Veterans may become less visible to the public, which may perpetrate the already stereotypical views held. Additionally, due to pressures of the current cost-of-living crisis and funding more generally, Armed Forces charities may reduce further in number which may leave gaps in the service provision for veterans and their families, especially when considering the future possible population of the veteran community. These realities paint quite a stark picture: whilst the community may shrink, the need for services may be increased, which may put pressure on an already dwindling charity sector, resulting in more support required from the government. It is unknown whether these challenges are currently being considered when planning the future of veterans within the UK; however, it is imperative that they are.

CONCLUSION

Whilst the veteran experience has been part of the British culture since the end of the First World War, it is clear to see that the current community of veterans require more than a poppy worn once a year. This article aimed to give a top-level overview of the current position of veterans

across the UK, whilst considering the uniqueness of the country as a union between four individual countries. Much of the support available to veterans is usually a devolved matter, resulting in a postcode lottery of support dependent on which country a veteran decides to settle in. One of the most important points that needs to be reconsidered is the public perceptions of UK veterans; not all veterans will experience mental health issues or homelessness, and the public need to recognise this. Additionally, when predicting the future of the UK veteran population, thought must be taken now to address challenges, before crisis services are all that remain for our ex-service men and women. For the UK to be the “best place to be a veteran,” more must be done, and further research is needed on the complex transition journeys of UK veterans.

COMPETING INTERESTS

The author has no competing interests to declare.

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