Essex County Council

Greater Essex

Armed Forces Needs Assessment

Rapid Literature Review

2026



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ARMED FORCES COVENANT

Armed Forces Community Needs, Support and Outcomes: A Rapid Review to Inform Service Planning in Essex

1. Introduction

The Armed Forces Covenant sets out the principle that serving personnel, veterans and their families should face no disadvantage in accessing public services as a result of military service. Translating this principle into effective local provision requires a clear understanding of the community's needs, experiences and outcomes.

This rapid review of research evidence was undertaken to complement the Essex Armed Forces Needs Assessment (AFNA). It synthesises national published evidence on the experiences and needs of the armed forces community across key domains, including health, education, housing, employment, transition and the criminal justice system. It also examines evidence on interventions, services and policies intended to improve outcomes. The review builds on the systematic review by Senior (2018), which synthesised UK evidence on veterans published up to August 2017. Using that review as a baseline, a pragmatic rapid review[1] was undertaken to identify relevant literature published subsequently. This approach supports an assessment of whether earlier conclusions remain valid, how the evidence base has developed and where important gaps persist. Although the scope extends to the wider armed forces community, the published evidence remains most extensive for veterans.

2. What are the experiences and needs of serving personnel, veterans and their families? (Q1)

The following sections compare Senior's review with newer evidence published since 2017.

2.1 Health

Baseline evidence: Mental health represented the largest body of evidence. Veterans experienced higher rates of common mental health conditions, particularly depression, anxiety and adjustment disorders, although post-traumatic stress disorder (PTSD) was not consistently found to be more

[1] Full methods are provided in Appendix 1.

common than in the general population. Suicide rates were broadly comparable with the general population, but men leaving service before age 25 experienced substantially higher risk. Hearing problems were more common among younger veterans, while increased rates of musculoskeletal disorders were reported in some English regions. Cancer incidence among more recent generations appeared lower. Improvements in battlefield trauma care meant that veterans increasingly survived severe injuries, creating long-term rehabilitation needs.

Evidence since 2017: A study comparing UK veterans who had served during the Iraq and Afghanistan era with the general population found higher rates of probable PTSD, common mental disorders and alcohol misuse, with differences concentrated among men. This suggests that PTSD may be more common in some veteran groups than earlier evidence indicated, but the findings should not be applied to all veterans (Rhead et al., 2022). An important theme in evidence published since 2017 is access to mental healthcare. Studies consistently identify stigma, self-reliance, trust and the accessibility of services as barriers to mental health help-seeking, while incomplete identification of veterans in primary care may reduce access to appropriate support (Finnegan & Randles, 2023; Godier-McBard et al., 2022; Williamson, Greenberg & Stevelink, 2019). In England, NHS responses include initiatives to improve veteran identification in primary care and specialist services for mental health and rehabilitation (Bacon et al., 2022). Studies of treatment-seeking UK veterans have also highlighted moral injury (distress linked to experiences that conflict with deeply held moral beliefs) and its association with PTSD and common mental health problems, alongside concerns about its recognition and treatment (Williamson, Greenberg & Murphy, 2019; Williamson, Greenberg & Murphy, 2021). Greater attention has also been given to gambling-related harm (Roberts et al., 2020). Long-term musculoskeletal conditions, hearing loss and the health needs of an ageing veteran population remain important considerations for health and care services (Williamson, Harwood, Greenberg, Stevelink & Greenberg, 2019).

2.2 Education

Baseline evidence: Published evidence relating to education was limited. Educational attainment among veterans was broadly similar to the general population, although veterans were less likely to hold degree-level qualifications and more likely to have gained qualifications through military service or work. Educational attainment among non-officer infantry recruits was reported to be particularly low.

Evidence since 2017: Little new UK evidence was identified in this review on veterans' educational attainment, though further evidence is available on children from armed forces families. Studies indicate that frequent school moves and parental deployment can disrupt learning, friendships and wellbeing, alongside inconsistent transfer of educational records and support and variable understanding of Forces life within schools (Forces Children Scotland & Children and Young People's Commissioner Scotland, 2026; Selous et al., 2020).

2.3 Housing

Baseline evidence: Evidence on veteran homelessness was limited. Estimates of the proportion of homeless people who had served in the UK armed forces varied widely, and high-quality evidence was lacking. Homeless veterans appeared broadly similar to other homeless people, although they may have been older on average.

Evidence since 2017: Suitable housing is important when moving from military to civilian life. Housing difficulties often occur alongside employment, health and relationship problems (Fleuty et al., 2021). Some veterans struggle to navigate civilian housing services because support is poorly coordinated, varies locally or is unclear (Rolfe & Anderson, 2024; Wilding, 2020). Early Service Leavers (those who served less than four years) and people leaving for medical reasons may face particular difficulties (Rolfe & Anderson, 2024). Shortages of suitable housing and limited support for veterans with complex needs remain barriers to preventing and reducing homelessness (Alma Economics, 2025; Rolfe & Anderson, 2024).

2.4 Employment

Baseline evidence: Employment rates among veterans were generally comparable with those of the wider population. Veterans were more likely to have gained qualifications through work, although civilian recognition of military skills and qualifications could present difficulties. Transition from military to civilian life emerged as a key period of vulnerability, with individuals leaving service early more likely to experience unemployment, homelessness, alcohol misuse and poor mental health.

Evidence since 2017: The available evidence suggests that most veterans move successfully into civilian employment, but some face difficulties. Those leaving for medical reasons or through an unplanned discharge are more likely to experience mental health, employment and financial problems. Younger veterans are more likely to be unemployed, while those with fewer qualifications face greater risks of unemployment and financial hardship (Burdett et al., 2021). Research highlights the importance of sustaining suitable employment beyond finding an initial job, with some veterans needing career guidance and help applying military skills in civilian workplaces (Barnes et al., 2025). Adjusting to civilian life can also involve changes in identity and social connections. Maintaining existing relationships and building new ones may support wellbeing during transition to civilian employment (Binks & Cambridge, 2018; Wakefield et al., 2024). Veterans beginning teacher training identified useful military skills but anticipated challenges adapting them to teaching and developing a new professional identity (Price, 2019).

2.5 Criminal Justice

Baseline evidence: Senior (2018) reported lower overall offending rates among veterans than in the general population, while highlighting younger men and those deployed in combat roles as groups at greater risk of violent offending. Evidence cited in the review suggested that approximately 5% of the prison population had served in the armed forces. This historical estimate does not, by itself, establish whether veterans were more or less likely to be imprisoned than comparable non-veterans.

Evidence since 2017: Among people using Liaison and Diversion services, veterans were more likely than non-veterans to be suspected of or charged with violence against the person. They also had higher rates of anxiety disorders and hazardous drinking, highlighting overlapping criminal justice and health needs (Short et al., 2018). A separate study found that stable housing, freedom from debt and satisfying relationships were associated with lower offending risk after leaving service, including among veterans with mental health problems. These findings suggest that efforts to reduce offending should address housing, financial and relationship needs alongside mental healthcare, although the study did not test the effectiveness of such support (MacManus et al., 2021).

2.6 Military families

Baseline evidence: Senior (2018) found very limited UK evidence on the needs of military families. Limited international evidence suggested that children of serving personnel may experience increased behavioural and mental health difficulties, particularly where a parent had PTSD. Its relevance to UK families remains uncertain.

Evidence since 2017: Research on military families has grown since Senior (2018). A UK study found higher rates of probable depression and hazardous drinking among female military spouses and partners than among women in the general population (Gribble et al., 2019). Spouses described employment challenges linked to military life and felt that employment support improved their confidence and job prospects (Godier-McBard et al., 2020). Partners of veterans also described work as helping restore their sense of identity (Spikol et al., 2024). Children's needs during school moves and parental absence are discussed in section 2.2.

2.7 Groups at greater risk

Baseline evidence: One of the review's most important conclusions was that adverse outcomes were concentrated within a relatively small subgroup of veterans. Those at greatest risk were more likely to

leave service early, be younger and male, have lower educational attainment, have served in combat roles, and experience difficulties during the transition to civilian life.

Evidence since 2017: People leaving service for medical reasons or through an unplanned discharge face greater mental health, employment and financial difficulties. Younger veterans and those with fewer qualifications are also more likely to experience unemployment (Burdett et al., 2021). Veterans under 25 have higher suicide risk than people of the same age and sex in the general population (Rodway et al., 2023). Mental health needs also vary among combat-injured personnel and veterans according to injury type (Dyball et al., 2022). Veterans seeking treatment also describe distress associated with moral injury (Williamson, Greenberg & Murphy, 2019). Women veterans report barriers including not being recognised as veterans by civilian professionals, feeling less comfortable attending veteran events and difficulties accessing veteran organisations (Baumann et al., 2022; Godier-McBard et al., 2022).

3. **What evidence exists on interventions, services and policies intended to improve outcomes, and what does it suggest? (Q2)**

Veterans' villages, including Aylesford in Kent and Erskine in Scotland, combine accommodation with support, although provision varies between schemes (Royal British Veterans Enterprise, 2025; Erskine Veterans Charity, 2022). Their stated aims include stable housing, successful transition, independence and reduced isolation. This review identified limited evidence evaluating veterans' villages as a complete model, although evaluations of other relevant services offer useful lessons.

3.1 Case study: Reducing Veteran Homelessness Programme

The programme combined a national referral pathway with grant-funded projects providing accommodation and personalised support across mental health, substance misuse, employment and other needs. In its second year, nine of the ten grant-funded projects supplied data on 1,530 veterans. Among veterans with relevant needs who engaged consistently, the evaluation reported

improvements in housing access and retention, health, wellbeing, employment and social engagement. It also identified difficulties supporting complex needs and shortages of suitable move-on accommodation (Alma Economics, 2026). An earlier evaluation of a Wolverhampton supported-housing scheme also found that some residents had higher support needs than anticipated and required more intensive preparation for independent living (Clifford, 2017).

3.2 Case study: Glasgow's Helping Heroes

Glasgow's Helping Heroes provides a single point of access to housing, welfare, employment, financial and other support through a partnership between SSAFA and Glasgow City Council. Its evaluation identified positive outcomes relating to housing, finances, employment, wellbeing and resilience, and estimated £6.63 of social value for every £1 invested. The findings were based on service data, client and stakeholder interviews, and social return modelling rather than a comparative study (University of Stirling & Glasgow Caledonian University, 2022).

3.3 Case study: The Veterans' Advocacy People

This largely peer-delivered advocacy service operated in Essex and four other areas, helping veterans and their families navigate housing, benefits, health and employment services. Advocates provided one-to-one support, including speaking on clients' behalf when they struggled to communicate their needs. The evaluation reported outcomes including securing accommodation, avoiding eviction, resolving debt and accessing benefits and other services. Clients also described greater confidence and ability to manage their own affairs. A social return analysis covering 199 people supported during 2019 estimated £4.74 of social value for every £1 invested[2] (SERIO, 2021). However, the evaluation did not include a comparison group, so it could not establish how much improvement would have occurred without the service.

[2] These figures are modelled estimates of social value rather than audited cash savings and should not be compared directly because the evaluations may use different methods and assumptions.

3.4 Other evaluated interventions and lessons for service design

The Poppy Factory's NHS-linked employment service reported positive employment outcomes and improved wellbeing, although the wellbeing sample was small and the evaluation had no comparison group (Thomson et al., 2022). The Veteran Friendly Framework was associated with improved recording of veteran status, stronger social connections and reduced isolation in residential care, based largely on surveys, interviews and staff-reported measures (Care City Innovation CIC, 2025). A trial randomly allocating help-seeking veterans to the Drinks:Ration smartphone intervention or an app providing alcohol guidance alone found greater reductions in drinking among intervention users after three months. No clear advantage was found at six months, when follow-up was low, leaving uncertainty about lasting benefits (Leightley et al., 2022).

Across the evidence, useful features of support include collaboratively assessing needs, providing an accessible single point of entry or contact, improving referrals and navigation, and coordinating public and voluntary-sector services (Rolfe & Anderson, 2024; SERIO, 2021; University of Stirling & Glasgow Caledonian University, 2022). The evidence suggests that support should be person-centred and informed by individuals' experiences of life in the armed forces, with particular attention to early service leavers, those discharged for medical reasons or unexpectedly, and the gender-specific barriers experienced by women veterans (Baumann et al., 2022; Burdett et al., 2021; University of Stirling & Glasgow Caledonian University, 2022).

4. Conclusion

The newer evidence broadly supports Senior (2018), while improving understanding of needs and barriers to support. Most veterans move successfully into civilian life, but a minority face linked difficulties with housing, employment, health, identity and relationships. Those leaving service early, for medical reasons or through an unplanned discharge, younger veterans and people with complex needs may require particular support. Needs also arise during service and later life, including among military partners, children and older veterans. Evidence remains most extensive for veterans and should not be assumed to apply equally across the armed forces community.

Service evaluations identify coordinated housing, health, employment and welfare support, clear referral routes and tailored help as promising features of provision. The proposed veterans' village in Essex offers a practical opportunity to bring these features together. Bringing accommodation and support together could make services easier to access and help residents build supportive relationships. It's design should therefore respond to local needs and veterans' views, with attention to demand, accessibility, costs and links with existing services. Evaluation should be built in from the start to assess residents' outcomes, value for money and whether improvements last.

5. Recommendations for Service Planning in Essex

The following recommendations draw on the evidence reviewed and its implications for service planning in Essex. They can inform the development of the proposed veterans' village alongside a wider package of support for the armed forces community.

- **Identify people who may need support.** Encourage relevant services to ask whether people have served in the armed forces or are part of a military family. Use this information to connect them with appropriate support and identify needs that may otherwise be missed.
- **Make support easier to access.** Strengthen links between housing, health, employment, welfare services and armed forces charities. Clear referrals, help navigating services and responsibility for following up should support people during transition and when difficulties arise later.
- **Offer early support that reflects individual needs.** Pay particular attention to early, medical and unplanned service leavers, especially where several difficulties occur together. Give particular attention to veterans under 25 within local suicide-prevention planning and address barriers experienced by women veterans.
- **Plan housing alongside support.** Use the proposed veterans' village to develop clear links between accommodation and housing, health, employment and welfare support. Plan how

residents will access help, sustain their tenancies and build connections within the village and wider community. Build in evaluation to improve delivery and assess outcomes.

- **Recognise families' own needs.** Consider partners' employment and wellbeing, alongside children's learning and support during school moves and parental absence. Use local families' experiences to guide provision.
- **Help staff understand military experiences.** Support staff to recognise how military life, stigma and reluctance to seek help can affect access to services, and when specialist support may be needed. Consider peer support and opportunities to build connections in the wider community.
- **Check whether services make a lasting difference.** Monitor who accesses support, who misses out or disengages, and whether improvements in housing, employment and wellbeing last. Build evaluation into commissioning to improve services and assess value for money.

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