Essex County Council

Greater Essex

Armed Forces Needs Assessment

2026



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Foreword

The Armed Forces community is an integral part of Essex. Serving personnel, veterans, reservists and military families make a valuable contribution to our communities, workplaces and public life. Their service and sacrifice deserve not only our gratitude, but a shared commitment to ensuring they can access the support, opportunities and services they need to thrive.

On behalf of Essex County Council and our partners, we are pleased to introduce the 2026 Essex Armed Forces Needs Assessment (AFNA). This updated assessment reflects our continued commitment to understanding the experiences, strengths and challenges of the Armed Forces community across Essex. By combining robust evidence with local insight, it provides a strong foundation for informed decision-making and meaningful action.

Since the publication of our previous assessment, the national landscape has continued to evolve. Recognising the proposed expansion of the Armed Forces Covenant Duty into a broader range of policy areas, this updated assessment has been developed with the future in mind. In anticipation of these changes, the 2026 AFNA has expanded both its thematic scope and evidence base, providing a more comprehensive picture of the opportunities and challenges facing serving personnel, veterans, reservists and their families.

This assessment is more than a document. It is a shared evidence base that will help partners across the public, private, voluntary and community sectors work together to improve outcomes for the Armed Forces community. It highlights areas of need, identifies opportunities for action and reinforces our collective commitment to ensuring that those who serve, or have served, are recognised, valued and supported.

We would like to thank everyone who has contributed to the development of this assessment. The collective efforts of partners across Essex have helped to strengthen our understanding of the Armed Forces community and ensure that this assessment provides a robust foundation for future planning and action.

By continuing to work together and uphold the principles of the Armed Forces Covenant, we can ensure that Essex remains a county where serving personnel, veterans, reservists and their families are recognised, supported and able to thrive.



Cllr Peter Harris

Leader of Essex County Council



Cllr Terry Longstaff

ECC Armed Forces Champion

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- Op RESTORE
- Essex Citizens Advice Bureau

Executive summary – key findings

*"Most members of the **Armed Forces community** do well, but a smaller number experience complex, interconnected needs. Those needs are not always visible, because Armed Forces status is not consistently identified, recorded or understood across services".*

The Armed Forces Covenant is a national commitment to ensure that serving personnel, veterans, and their families are treated fairly and are not disadvantaged.

Greater Essex has a substantial and diverse Armed Forces community, including around 51,000 veterans alongside serving personnel, reservists, Service children, cadets, military families and bereaved members of the Armed Forces community. Veterans live across Greater Essex with the largest numbers in Colchester and Tendring. The veteran population is older overall, although Colchester and Thurrock have comparatively younger veteran profiles, while Colchester retains a strong connection to the serving Armed Forces population through Colchester Garrison.

The evidence does not suggest widespread disadvantage across the Armed Forces community as a whole. Many veteran households are in stable housing; national analysis shows that differences in labour-market participation narrow substantially after accounting for age and other demographic factors; and outcomes for Service children are mixed. However, a smaller number of veterans and family members experience complex and overlapping needs, particularly around transition from Service, health and disability, housing insecurity, employment, financial vulnerability and contact with the criminal justice system.

A consistent finding across all themes was the importance of identification – Armed Forces status is not always routinely identified, recorded or shared appropriately. Where this information is absent, individuals may miss opportunities to access specialist support pathways, and organisations are unable to fully understand demand, monitor outcomes or evaluate service effectiveness.

The assessment also identified continuing gaps in local intelligence regarding service utilisation, referral pathways, housing outcomes, and the experiences of specific groups within the Armed Forces community. Improving identification, data quality, partnership working and referral pathways should therefore remain key priorities for Greater Essex.

Looking ahead, national developments including the Veterans Strategy, the proposed expansion of the Armed Forces Covenant Duty through the Armed Forces Bill 2026, and the roll-out of the VALOUR programme place increasing emphasis on coordinated local delivery. Greater Essex is well positioned to build on existing Armed Forces Covenant partnerships and strengthen a whole systems approach to supporting serving personnel, veterans, and their families.

Key findings by theme:

Policy, delivery and progress: The review of earlier AFNA recommendations shows some useful progress, but uneven implementation. Greater Essex now has 163 Veteran Friendly GP Practices, Veteran Aware NHS trusts and access to specialist national pathways. The Veterans Strategy, development of the VALOUR programme and the proposed expansion of the Armed Forces Covenant Duty place greater emphasis on coordinated local action. The next step is to turn commitment and accreditation into consistent identification, referral, follow-up and measurable outcomes across the whole county.

Health and wellbeing: Greater Essex has a large and ageing veteran population, with around 60% of veterans aged 65 years and over. The absolute level of need is significant: 5,975 veterans reported bad or very bad health, 16,924 were disabled or limited in daily activities, and 5,963 provided unpaid care. Age-adjusted East of England comparisons narrow the apparent health gap considerably, although disability and unpaid care remain slightly more prevalent among veterans. As the veteran population ages, demand may increase for dementia support, support for carers, accessible healthcare, home adaptations and independent living services. Musculoskeletal conditions and hearing loss remain important service-related health issues, while mental ill health, alcohol and substance misuse, gambling harms, suicide risks among some groups highlight the need for connected and veteran-aware pathways. Local intelligence on prevalence, service use, waits and outcomes remain limited, making improved identification, routine coding, referral and monitoring key priorities alongside the availability of specialist services.

Education: There were 1,464 Service children in Essex schools, representing 0.7% of pupils. Compared with non-Service pupils in Essex, Service children had lower levels of deprivation and were less likely to be eligible for Free School Meals, while rates of Special Education Needs were similar. Education outcomes were mixed. Service children achieved higher attainment in Year 1 phonics and Key Stage 2 and had slightly better attendance rates. However, attainment was lower at Early Years Foundation Stage and Key Stage 4, and outcomes were below the national average for Service pupils at all four reported educational stages. Service children were also almost twice as likely to have changed schools during the two years prior to KS2 assessments, reflecting the impact of military mobility. Post-16 destinations were broadly comparable to those of non-Service pupils.

Housing: Most veteran households are in stable accommodation: 77% are owner-occupiers, compared with 69% of all Greater Essex households. The emerging issue is not only access to housing but whether homes remain suitable as veterans age, including access to adaptations, Disabled Facilities Grants, assistive technology and support for independent living. Affordability varies considerably between Greater Essex local authorities and can constrain choices for Service leavers. Forty-two Armed Forces households were recorded as owed a homelessness prevention or relief duty in 2024/25, however, it is only a partial count depending on disclosure and recording. A shared Greater Essex housing prevention and referral approach would improve consistency while preserving each authority's statutory responsibilities.

Employment, transition and skills: National analysis indicates that after adjustment for age, sex and region, veterans and non-veterans have broadly similar economic activity. Nearly half of employed Greater Essex veterans work in managerial, professional or associate professional roles, and local demand in logistics, engineering, technical, health and care occupations aligns with many military skills. The main concern is therefore the quality of transition and employment, not the all-age employment rate alone. Nationally, 52.5% of veterans reported ever taking a job below the experience or skill level of their final Armed Forces role. Better skills translation, retraining and outcome monitoring are needed, particularly for medically discharged personnel, Early Service Leavers and military spouses and partners.

Criminal Justice: The number of veterans in contact with the criminal justice system cannot be reliably estimated from current local data. Essex Police data combine serving personnel and veterans, and disclosure is inconsistent across police, courts, probation and prisons. National evidence suggests that around 5% of people in prisons, detention centres, and approved probation accommodation identify as veterans, with housing, mental health, substance misuse, debt and employment needs often overlapping. Consistent identification and prompt referral to Op NOVA and other appropriate services should be embedded across the pathway.

Families and underserved groups: The Armed Forces community is diverse. Greater Essex includes around 6,000 women veterans; 5.3% of veterans were born outside the UK; approximately 1,700 are from ethnic minority groups; Census data showed that there are approximately 265 Nepal-born veterans. LGBTQ+ veterans affected by the pre-2000 ban, Commonwealth and Gurkha veterans, women veterans and military families may face distinct barriers, including discrimination, immigration and settlement issues, social isolation, childcare and disrupted careers. These groups should be considered within both mainstream and veteran-specific pathways and included in future engagement and needs assessment activity.

Overall, the AFNA suggests that Greater Essex's principal challenge is not the scale of need across the veteran population as a whole, but ensuring that veterans and families experiencing disadvantage, poor health, transition difficulties or complex needs are identified early and supported through coordinated, evidence-based pathways.

Strategic priorities

Overall, based on the findings, the key strategic priorities should be:

1. **Identify** – improve consistent identification and recording of the Armed Forces community across services.

2. **Connect** – improve referral, navigation and awareness of existing specialist provision.

3. **Prevent** – use proactive case-finding for early intervention at key transition points, including service discharge, housing, health and criminal justice.

4. **Target** – focus additional support on cohorts with complex or overlapping needs.

5. **Understand** – close the major local intelligence gaps and develop routine monitoring of access, demand and outcomes.

1.Introduction

1.1 Purpose, scope and key questions

This needs assessment builds on the previous Armed Forces Needs Assessments for Essex (Greater Essex where possible) with the aim of providing key updates on research and evidence related to covenant commitments and areas of need identified previously. The scope of this assessment will cover Health and Wellbeing, Education, Housing, Employment, and Criminal Justice System.

The Armed Forces Covenant (AFC) is a promise by the nation that those who serve or have served and their families are treated fairly and do not face disadvantage. The Covenant's focus is on helping Armed Forces communities to have the same access to Government and commercial services and products as any other citizen. The support includes areas such as: healthcare, education and childcare, housing and accommodation, employment, and financial services.

The Armed Forces Covenant Legal Duty requires specified public bodies to have due regard to the principles of the Armed Forces Covenant when exercising relevant functions relating to healthcare, education and housing. [1]

1.2 Methodology and evidence approach

For this needs assessment, the methodology included the collection, collation and analysis of:

- national and local data obtained online or through direct communication with organisations;
- information obtained through Freedom of Information requests and interviews with local stakeholders; and
- literature reviews.

Quantitative evidence was drawn from a range of national and local sources, including Census 2021, Ministry of Defence statistics (MOD), Office for National Statistics (ONS), government administrative datasets and information supplied by local services and partner organisations where available.

Analysis was undertaken at Greater Essex, local authority and smaller-area geographies to identify variation within the county and the two unitary authorities. Care was taken to

[1] About the Covenant - Armed Forces Covenant

distinguish between individuals, households, and service activity as these measures are not directly interchangeable.

Policy evidence was reviewed to identify changes since the previous Essex Armed Forces Needs Assessments and to place local findings within the wider evidence base. This included relevant legislation, statutory guidance, government strategies, national programmes, published research and evaluations.

Rapid evidence reviews were undertaken for selected priority areas where local data alone was insufficient. Evidence was prioritised according to relevance, recency and methodological strength.

Local evidence and stakeholder intelligence were gathered from relevant local authorities and partners across health, education, employment, housing, criminal justice and the voluntary sector where available. This information was used to understand local service pathways, recorded demand, gaps in available data and how national policy is being implemented locally. Stakeholder evidence was used alongside quantitative evidence where possible.

Recommendations from the previous AFNAs were also reviewed. Each recommendation was assessed against available evidence of implementation, continuing relevance, changes in policy or service provision and any remaining gaps. Relevant recommendations were considered alongside the findings of the 2026 AFNA.

Overall, evidence from different sources was triangulated to identify consistent findings, as well as gaps and differences. Greater emphasis was given to the most recent evidence with clear definitions and local coverage. Service activity was not treated as a direct measure of need, and unrecorded information was not understood as zero. Key limitations are described in Section 1.4, with key sources provided in Appendix A.

1.3 Definitions and geography

In this needs assessment the following key terms are used throughout the report:

- **Armed Forces community** – Serving personnel, veterans, reservists, service families, and bereaved family members.
- **Armed Forces Covenant** – A promise by the nation ensuring that those who serve or have served in the Armed Forces, and their families, including the bereaved, are treated fairly.
- **Cadet** – A young person participating in one of the UK cadet forces, including the Sea Cadets, Army Cadet Force, Combined Cadet Force, RAF Air Cadets and Volunteer Cadet Corps.
- **Cadet Adult Volunteer** – An adult volunteer who supports the delivery of cadet activities through instructional, leadership, welfare, administrative or other volunteer roles.
- **Reservist** – A member of the UK Reserve Forces who serves part-time (although other types of reservists are recognised) alongside the Regular Armed Forces.

- **Service child** – A child or young person with a parent or carer who is currently serving in the UK Armed Forces. The Service Children's Progression Alliance (SCiP Alliance) also recognises a broader definition which includes children and young people whose parent or carer has previously served in the Armed Forces.
- **Service family** – The partners, spouses, children and other dependants of serving Armed Forces personnel.
- **Serving personnel** – Members of the UK Regular Armed Forces who are currently serving.
- **Veteran** – A person who has served for at least one day in the UK Armed Forces, whether as a Regular or Reserve member.
- **War widow(er)** – The surviving spouse or civil partner of a member of the UK Armed Forces whose death occurred during military service or as a result of service-related injury, illness or circumstances.

The principal geography used in this assessment is Greater Essex, comprising the Essex County Council administrative area, Southend-on-Sea and Thurrock. However, data availability varied between sources. Some datasets covered Greater Essex, while others related only to the Essex County Council area. The geographical coverage and reporting period of each source are identified alongside the relevant analysis. Cadets and cadet adult volunteers are included where relevant because of their role in the wider Armed Forces ecosystem and local Armed Forces engagement activities.

1.4 Limitations

This AFNA draws on the most recent available national and local evidence. However, there are several limitations that should be considered when interpreting the findings.

The Census 2021 remains the most comprehensive source of local information on veterans; however, it captures a snapshot of the population at a single point in time and does not reflect subsequent changes. More recent datasets are used where available; however, these may differ in reporting period, definitions and geographical coverage. As an example, in October 2026, the Office for National Statistics published new administrative estimates for 2024 and 2025, classified as official statistics in development. These estimates use a different methodology from Census 2021 and are subject to limitations relating to identification and coverage of veterans. Consequently, the estimates are not directly comparable with Census 2021 and should not be interpreted as evidence of changes in the veterans population over time. The newer administrative estimates will be considered in future updates as the methodology develops.

Identification of members of the Armed Forces community is also inconsistent between datasets and services. In many settings, Armed Forces or veteran status depends on self-disclosure and accurate recording, and some services do not routinely collect this information. Low recorded numbers may therefore reflect lower demand, incomplete identification, or both. Service activity should not be interpreted as a direct measure of population need.

The veteran population has a considerably different age and demographic profile compared with the wider population. Comparisons with the general population may therefore reflect differences in age, sex or other characteristics rather than an effect associated with Armed Forces service. As a result, findings have been interpreted cautiously.

These limitations are identified throughout this needs assessment and support recommendations for improving future Armed Forces related data, monitoring and evaluation.

2. What changed since the previous AFNA

2.1 Review of previous recommendations

The recommendations from the AFNA 2023 and 2024 update were reviewed to assess progress, continuing relevance and how they should be treated within the 2026 assessment.

The previous assessment included recommendations across health and wellbeing, education, housing, employment and transition, and the criminal justice system. Where individual recommendations addressed similar issues, they have been grouped into broader themes to avoid repetition across multiple related actions.

Each theme was considered against available evidence of implementation, changes in national policy and service provision, and the findings of the 2026 AFNA report. The following status definitions were used:

- Green – substantially implemented.
- Amber – progress evident but further work is required.
- Grey – insufficient evidence to assess implementation.
- Superseded – the original recommendation is no longer in its previous form.

The final column shows how each theme is treated within the 2026 strategic recommendation framework in Chapter 10. This is intended to provide continuity with earlier AFNAs without repeating previous recommendations as a separate set of current actions.

Table 2.1: Review of previous Essex AFNA recommendations

Previous recommendation / theme	Status	Evidence / Gap	2026 treatment
Consistent identification and recording of the AF community	Amber	No consistent cross-system approach exists. Some systems combine different AF groups or record status in ways that limit analysis of need, service use and outcomes	**Carry forward and broaden > R1 Identification and intelligence**
Veteran Friendly primary care, healthcare awareness and specialist referral pathways	Amber	Veteran Friendly GP accreditation has increased, but accreditation alone does not demonstrate consistent identification, appropriate referral, accessibility or improved outcomes	**Merge and update > R3 Health, care and wellbeing, supported by R1 and R2**

Health inequalities and specific areas of need, including mental health, alcohol, physical health, families and under-represented groups	Amber	The evidence base and specialist offer have developed, including Op COURAGE and Op RESTORE. However, local information remains limited for many conditions and population groups, particularly regarding access and outcomes.	**Carry forward and broaden > R3 Health, care and wellbeing and R8 Families and underserved groups**
Identification, educational continuity and support for Service children	Amber	Identification continues to depend partly on families disclosing Service status. Local wellbeing information remains limited, while mobility remains an important issue	**Carry forward > R4 Service children**
Housing information, homelessness prevention, recording and referral to specialist support	Amber	National arrangements have strengthened including Op FORTITUDE and updated housing and homelessness guidance. Recorded homelessness does not represent total need and intelligence on housing register demand and outcomes remains limited	**Carry forward and update > R5 Housing and strategic planning supported by R1**
Recognition of Armed Forces housing needs within strategic planning and housing provision	Amber	The policy and evidence base have developed. The 2026 AFNA identifies a range of potential housing considerations, including transition from Service accommodation, affordability, accessible/adapted housing, homelessness prevention and potential specialist provision	**Retain and develop where supported by evidence > R5 Housing and strategic planning**
Employment, skills and transition to civilian employment	Amber	The national employment offer has developed including Op ASCEND and continued employer engagement. Local information remains limited on transition outcomes, underemployment and groups experiencing more difficult transitions	**Carry forward and refocus > R6 Employment, skills and post-Service education**
Criminal justice identification, recording and referral to veteran support	Amber	Op NOVA provides an established specialist support pathway. However, local recording is inconsistent	**Carry forward and update > R7 Criminal justice, supported by R1 and R2**
Information, signposting, Covenant awareness and coordination of support	Amber	A wide network of specialist support services exists, but pathways can be complex, publicly available information can become outdated and responsibility for maintaining local referral information is not always clear	**Merge and broaden > R2 Navigation, referral and coordination**
Understanding inequalities and groups who may experience additional disadvantage	Amber	The evidence base has expanded for women veterans, Commonwealth and non-UK personnel, LGBTQ+ veterans, families and other groups. However, small local populations and limited routine data mean that inequalities may remain hidden within aggregate statistics	**Carry forward and broaden as a cross-cutting consideration > R8 Families and underserved groups**

This review indicates that progress has been made against a number of previous recommendations. However, many of the underlying issues remain relevant in a different form.

The most persistent cross-cutting issue remains identification and data quality. Armed Forces status is captured across many systems, but recording remains inconsistent and information on service uptake, referrals and outcomes is limited.

The review also demonstrates that the national service and policy landscape has changed substantially since the previous assessments, meaning that previous recommendations are better consolidated into broader system-level priorities rather than carried forward individually.

The 2026 recommendations therefore focus less on promoting individual initiatives and more on identification, effective navigation and referral, prevention, monitoring and outcomes, inequalities and coordination across the wider support system. The full historic list of 2023 and 2024 recommendations remain in Appendix B, while the consolidated 2026 strategic recommendations are presented in Chapter 10.

2.2 National policy and delivery context

This Armed Forces Needs Assessment builds on the existing Essex Armed Forces Needs Assessment 2023 and the Essex AFNA Update Review 2024. The 2024 update was an addendum covering health and wellbeing, education and children's care, housing, employment and transition, and the criminal justice system. It also reflected national policy at that time, particularly the Veterans' Strategy Action Plan 2022–24. Since then, the national context has moved on, and this assessment updates the policy framework to reflect newer legislation, guidance, service pathways and national delivery programmes. [2]

The Armed Forces Covenant remains the central policy and legal framework. It is based on the principle that those who serve or have served in the Armed Forces, and their families, should not face disadvantage as a result of service, and that special consideration may be appropriate for those who have given the most, such as the injured and bereaved. The Armed Forces Covenant Duty came into effect on 22 November 2022 and places a legal duty on specified public bodies to have due regard to the Covenant principles when exercising relevant functions in **healthcare**, **education** and **housing**.

The direction of national policy is increasingly broader than these three statutory areas. The Armed Forces Covenant Annual Report 2025 highlighted a stronger focus on **delivery**, **coordination, data and accountability**, alongside the proposed plans to expand the Covenant Duty to additional policy areas including **social care, childcare, employment, welfare benefits, criminal justice, pensions and transport**.[3] This reflects a growing recognition that the needs of serving personnel, veterans, families and the bereaved extend across a wide range of public services.

Armed Forces Bill 2026. This direction has been reinforced by the Armed Forces Bill 2026, which proposes extending the Covenant Legal Duty beyond housing, healthcare and education and bringing central government departments and devolved administrations formally within scope. The Bill also establishes the new Defence Housing Service and

[2] CBP-10130.pdf
[3] Armed Forces Covenant annual report 2025 - GOV.UK

introduces wider reforms affecting reserve forces and the Service Justice System. Together, these developments point towards a more comprehensive and coordinated approach to supporting the Armed Forces community. [4]

Veterans Strategy. In 2025, the UK government published a new Veterans Strategy which supersedes the previous Veterans Strategy Action Plan 2022-24. The new strategy is organised around three themes: **Celebrate, Contribute and Support.** It presents veterans as a national asset whose skills, experience and contribution should be recognised and maximised. The strategy also places increased emphasis on improving access to support, strengthening local delivery systems, improving data and evaluation, and ensuring that veterans can access timely and coordinated assistance when needed. [5]

LGBT financial review. The Government continues to implement the LGBT Financial Recognition Scheme following acceptance of recommendations from the Independent Review into the historical treatment of LGBT personnel. The scheme provides financial recognition for veterans affected by the former ban on homosexuality in the Armed Forces, including those who experienced dismissal, discharge, harassment, intrusive investigations or other harms. Alongside financial recognition, wider policy activity seeks to improve support, acknowledgement and inclusion for LGBT veterans within the Armed Forces community. [6]

Digital Veteran Card. A further development is the expansion of the HM Armed Forces Veteran Card. In 2025 the Government introduced the digital Veteran Card, making it the first government-issued credential to be digitised and enabling easier proof of veteran status when accessing services, support, concessions and entitlements. The Veteran Card can also be used as an accepted form of voter identification. The continued rollout of digital veteran identification is expected to improve recognition of veterans across public services and may strengthen future data collection and service access. [7]

Armed Forces Commissioner Act 2025. The Armed Forces Commissioner Act 2025 received Royal Assent in September 2025 and established an independent Armed Forces Commissioner for the United Kingdom. The Commissioner is intended to strengthen the voice of serving personnel and their families by providing independent scrutiny of service welfare matters, investigating concerns and reporting on issues affecting service life. The role forms part of a wider national emphasis on accountability, transparency and continuous improvement across Defence. [8]

Women Veterans. National policy has also placed increased emphasis on improving recognition and support for women veterans. In 2025, the Government supported the development of a national toolkit to improve awareness of women veterans' experiences across public services and announced a **new Women Veterans Forum** to help ensure that

[4] Armed Forces Bill 2026 - GOV.UK
[5] Veterans Strategy - GOV.UK
[6] Debate: LGBT Financial Recognition Scheme - 18th May 2026
[7] Service meets innovation: The digital Veteran Card is here – Government Digital Service
[8] Armed Forces Commissioner Act 2025

policy development is informed by women veterans' lived experience. These initiatives reflect growing recognition that women veterans may have distinct experiences and support needs that are not always visible within veteran services and data systems. [9]

These developments collectively indicate a shift from a narrow focus on statutory responsibilities towards a broader whole-system approach based on identification, prevention, coordination and evidence-led delivery. Future Armed Forces Needs Assessments should adopt this wider framework to ensure that local assessment remains aligned with national policy and is better able to identify unmet need, service gaps and opportunities for partnership working across the public, private and voluntary sectors.

2.3 VALOUR programme and the national support model

A major national development since the 2024 Essex Armed Forces Needs Assessment update is the introduction of the VALOUR programme. Announced in 2025 and supported by a £50 million investment, VALOUR aims to improve veterans' access to care and support through a better coordinated system of national, regional and local services. The programme brings together national oversight through VALOUR headquarters, a network of VALOUR-recognised support centres, and regional field teams intended to strengthen collaboration between local authorities, statutory services, the NHS, the voluntary and community sector, and other partners.

For Greater Essex, VALOUR represents an important shift in policy from focusing solely on individual services towards assessing the effectiveness of the wider support system available to veterans and their families. This creates a stronger expectation that local areas understand the size and characteristics of their Armed Forces community, map existing provision, identify unmet need and service gaps, and develop effective referral pathways between organisations. As VALOUR develops, robust local intelligence and evidence of partnership working may become increasingly important in supporting engagement with national veteran support initiatives and potential future funding opportunities.

Recommended action (CMPB, AFC partners): Given the scale of Greater Essex's Armed Forces community, the presence of Colchester Garrison, established Armed Forces Covenant partnerships and existing veteran support infrastructure, Greater Essex partners should explore the feasibility of developing a county-wide VALOUR delivery model, including potential designation of a VALOUR-recognised support centre or hub. This should seek to maximise opportunities for external investment, improve coordination between services and strengthen access to support for veterans and their families across Greater Essex.

2.4 Implications for Greater Essex

National policy has increasingly moved from broad recognition of the Armed Forces Covenant towards stronger expectations around delivery, coordination, evidence and accountability. Across health, education, housing, employment and criminal justice, a common requirement is the ability to identify members of the Armed Forces community,

[9] First ever government female veterans' forum to put ex-military voices at the heart of support - GOV.UK

understand where disadvantage or additional need exists and connect individuals and families with appropriate support.

For Greater Essex, this means that the next stage of Armed Forces partnership working should focus not only on the availability of individual services but also at how effectively the wider system operates. This includes improving identification, navigation and referral; strengthening prevention at key transition points; responding to groups whose needs may be less visible; and improving understanding of service access and outcomes.

3. The Armed Forces community

This section provides an updated profile of the Armed Forces community in Essex. Detailed analysis of Census 2021 data was presented in the previous Essex Armed Forces Needs Assessments and remains the most comprehensive source of information on the local Armed Forces community. This section therefore focuses primarily on updated statistics and key demographic indicators relevant to understanding current and future need.

3.1 Veterans

Census 2021 data show that there were approximately 51,000 veterans living in Greater Essex (including Southend-on-Sea and Thurrock), representing 3.4% of the population aged 16 years and over. The largest veteran populations were recorded in Colchester (7,172; 4.6%) and Tendring (6,338; 5.1%), reflecting Essex's longstanding military presence and the influence of Colchester Garrison. [10]

Analysis at Middle Layer Super Output Area (MSOA) level highlights further geographic variation, which ranges from 1.3% to 6.3%. MSOAs typically have a population of around 7,000 people. The largest veteran populations at MSOA level were recorded in Frinton West and Kirby (Tendring) (664 veterans), Parsons Heath (Colchester) (618 veterans) and Monkwick (Colchester) (514 veterans).

Age: 60% of Greater Essex veterans are aged 65 and over, with a higher proportion in Brentwood and Castle Point (68% and 67% respectively). Colchester and Thurrock recorded the lowest proportions (51% and 52% respectively), indicating a younger veteran profile (see Appendix C.5 for full breakdown).

Sex: In terms of sex, there were approximately 6,000 (11.7%) females and 45,000 (88.3%) males in Greater Essex. Harlow (13.2%), Colchester (13.1%) and Thurrock (12.7%) recorded the highest proportions of female veterans, and the highest numbers were in Colchester and Tendring (939 and 694 respectively).

Religion: Of the total veteran population in Greater Essex, 65% were Christian, 28% were recorded as having no religion, 5% did not answer this question, and 2% were recorded as Buddhist, Hindu, Jewish, Muslim, Sikh or belonging to another religion.

[10] Colchester Garrison - Wikipedia

Epping Forest and Thurrock recorded the highest proportions of veterans belonging to a non-Christian religion (5% each). The highest numbers were in Colchester (227), Thurrock (157) and Southend (147).

Ethnicity: Of the total veterans in Greater Essex, approximately 97% (49,600) were of White ethnicity, 2% were of Asian ethnicity, fewer than 1% were of Black ethnicity and fewer than 1% were of another ethnic group. Within Greater Essex, the highest proportion of veterans from non-White ethnic groups was in Thurrock (9%), followed by Colchester (6%).

Note: More recent administrative estimates of the veteran population were published by ONS in October 2026. These are official statistics in development and are not comparable with Census 2021. See Section 1.4 for further details. [11]

3.2 Veteran households and families

Census 2021 data show that there were approximately 48,934 households in Greater Essex in which the Household Reference Person (HRP) was a veteran (Table 3.1). Of those households, 69% were couple households (vs 57% in the general population), 25% were one-person households (vs 29% in the general population), and 5% were lone-parent households (vs 12% in the general population).

Census 2021 data also indicate that approximately 6,401 households where the Household Reference Person a veteran (13% of all veteran households) contained children. While this provides an indication of the scale of veteran families in Greater Essex, these data relate to households rather than individual children. Children may be of any age, and some households may contain more than one child. Consequently, the total number of children living in veteran households is likely to exceed the number of households recorded.

Table 3.1: Veteran household types by Household Reference Person status, Greater Essex, Census 2021

Household type	Greater Essex	Essex	Southend	Thurrock
Married/civil partnership household	28,591	24,399	2,399	1,793
Cohabiting couple household	4,943	4,113	457	373
One-person household	12,215	10,151	1,361	703
Lone-parent household	2,453	1,996	259	198
Multi-person household	732	592	80	60
Total	**48,934**	**41,251**	**4,556**	**3,127**

3.3 War Pension Scheme widows and widowers

War widows and widowers are a distinct Armed Forces Covenant cohort with potentially elevated health, bereavement and support needs. According to the latest data, there are approximately 160 (rounded figure) war widows and widowers in Greater Essex. [12] However,

[11] UK armed forces veterans, England and Wales: 2024 and 2025 - Office for National Statistics
[12] War Pensions Scheme Statistics: 2026 - GOV.UK

it is important to note that this is an administrative benefit count and will not capture every bereaved spouse or partner.

Table 3.2: War pensions scheme recipients, Greater Essex, 2026

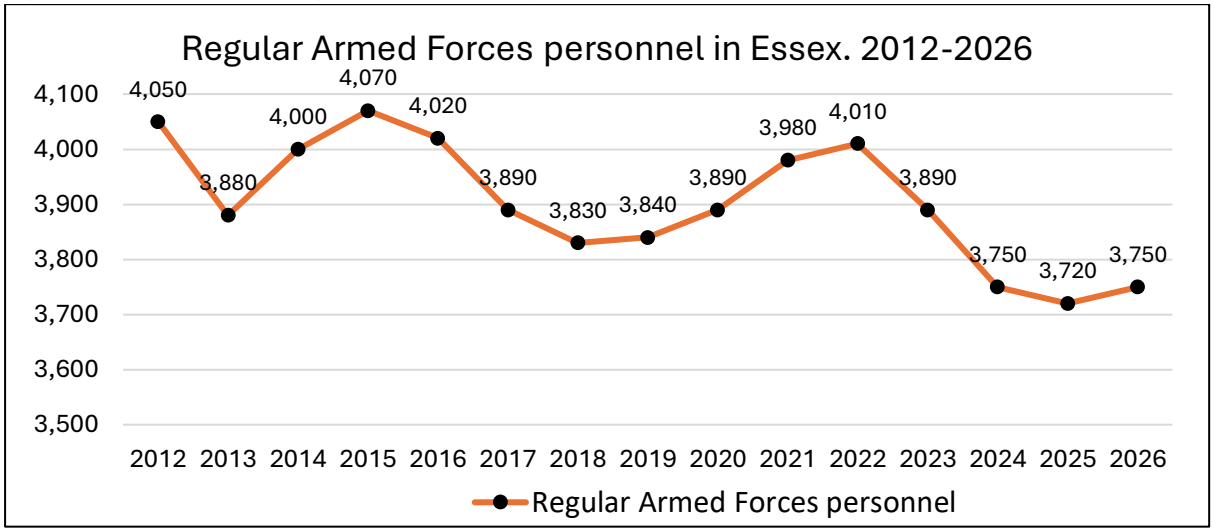
Local Authority	All pensioners	Disablement Pensioners	War Widow(er)s	Other War Pensioners*
Basildon	85	80	5	[c]
Braintree	95	85	10	[c]
Brentwood	20	15	5	0
Castle Point	35	30	5	0
Chelmsford	75	55	15	[c]
Colchester	330	290	35	[c]
Epping Forest	35	25	5	0
Harlow	30	30	5	0
Maldon	35	30	5	0
Rochford	45	35	10	0
Tendring	210	180	30	0
Uttlesford	55	45	10	0
Southend	95	85	15	[c]
Thurrock	60	55	5	0
Total	**1,205**	**1,040**	**160**	**5**

** [c] denotes suppressed figure.*

3.4 Serving personnel

The latest available data from the Ministry of Defence show that approximately **3,750** UK Regular Armed Forces personnel were stationed in Essex in 2026, including personnel from the Royal Navy/Royal Marines, British Army and Royal Air Force. This represents a 7% decline since 2012. [13] The lowest recorded number was in 2025 (3,720).

Figure 3.1: Number of UK Regular Armed Forces personnel based in Essex, 2012 to 2026



[13] Location of all UK regular service and civilian personnel annual statistics: index - GOV.UK

** MOD location statistics are based on the duty station of serving personnel rather than their residential address. They should therefore be interpreted as an indicator of Defence presence rather than the resident serving population or the number of military families living in the area.*

3.5 Serving families and partners

There is no single source of data that captures partners of serving personnel at a local level. To estimate the size of this population, relationship status data from the Armed Forces Continuous Attitudes Survey (AFCAS) 2026 were used. AFCAS shows that 46% of survey respondents were married or in a civil partnership and a further 27% reported being in a long-term established relationship, giving a combined partnered rate of 73%.

Applying the national partnered rate to the number of personnel stationed in Essex produces an indicative estimate of approximately 2,738 partners associated with personnel stationed in Essex. However, this should not be interpreted as an estimate of the number of partners living in Essex.

Indicative estimate: 3,750 x 73% = 2,738.

This estimate should be treated with caution as it is derived from national survey data and assumes that the relationship profile of serving personnel in Essex mirrors that of the wider UK Armed Forces population. In addition, Ministry of Defence location statistics are based on where personnel are assigned or stationed rather than where they or their families reside. Consequently, some partners may live outside Essex despite personnel being based across the county, while some partners residing in Essex may be associated with personnel stationed elsewhere.

Unlike the estimate for veterans' partners, which is informed by Census 2021 household composition data, the estimate for serving personnel's partners is modelled using AFCAS survey results because local-level data on service families are not available.

3.6 Service children

According to the latest School Census data (January 2026), there were approximately 1,464 Service children attending mainstream schools in Essex, accounting for 0.71% of all pupils. While this represents a relatively small proportion of the school population, Service children may have distinct educational and wellbeing needs associated with military family life. Further analysis of Service children in Essex is presented in the education section. The available Service Pupil Premium allocation data indicate that there may be approximately 39 Service children in Southend and 25 in Thurrock.

3.7 Reservists

Royal Navy, Royal Marines and RAF Reservists typically undertake their training outside Essex, as these Services do not maintain reserve units in the county. Likewise, nationally recruited Army Reservists and specialist Army personnel may train outside Essex at the locations where their units are based. Conversely, some Reservists who train in Essex may live elsewhere and travel into the county for training. As a result, the number of Reservists

associated with Essex cannot be determined precisely at any given time, although the number is estimated to be around 500 personnel.

3.8 Cadets

Cadet organisations form an important part of the wider Armed Forces community. Although cadets are not members of the Armed Forces, organisations such as the Army Cadet Force, RAF Air Cadets, Sea Cadets and Combined Cadet Force provide structured opportunities for young people to develop leadership, teamwork, confidence and resilience. Cadet units also contribute towards community cohesion, create volunteering opportunities for adults, including veterans, while helping strengthen links between the Armed Forces community and local residents. Cadet provision represents a valuable community asset that can support positive outcomes for young people as well as enhance understanding of the Armed Forces.

As of September 2026, there are approximately **2,537 cadets** and 484 adult volunteers across major MOD-sponsored cadet organisations in Essex. This includes 1,241 RAF Air Cadets, 969 Army Cadets and 327 Sea Cadets, supported by 164 RAF Cadet Adult Volunteers, 210 Army Cadet Adult Volunteers and 110 Sea Cadet Adult Volunteers.

Cadet Organisation Insight

Stakeholders from RAF Air Cadets highlighted the role that cadet organisations can play in improving **equality of opportunity** for young people.

They noted that participation provides access to experiences that may otherwise be unavailable, including aviation activities, adventure training, leadership development and opportunities to travel. Stakeholders emphasised that cadet organisations help ensure that access to these experiences is not determined by a young person's background, personal circumstances or where they live. Through participation, young people gain skills, confidence and aspirations that can support future educational and employment pathways.

3.9 Indicative profile of the wider Armed Forces community

While there is no single source of data for estimating the size of Armed Forces community, an indicative estimate can be produced by combining Census data, School Census data and Armed Forces Continuous Attitudes Survey (AFCAS) data.

Table 3.3: Selected measurable components of the Armed Forces community

Local Authority	Children of serving personnel [1]	Veteran households containing children[2]	Serving Personnel[3]	Partners of serving personnel[4]	Veterans[5]	War widow(er)s[6]
Essex	1,464	5,379	3,750	2,738	43,225	145
Southend	39	483	*	*	4,781	15
Thurrock	25	539	*	*	3,248	5
Total	1,528	6,401	3,750	2,738	51,254	160

1. *Serving personnel children. Essex figure derived from School Census 2026. Southend and Thurrock figures derived from Service Pupil Premium registrations (2026/27). These are indicative measures.*
2. *Veteran Households containing children. Children may be of any age, and households may contain more than one child. Census 2021.*
3. *Regular Armed Forces personnel. MOD Location Statistics for UK Regular Armed Forces Personnel, 2026.*
4. *Estimated partners of serving personnel. AFCAS 2026 relationship status data were used to apply a partnered rate of 73% (46% married/in a civil partnership and 27% in a long-term relationship).*
5. *Veterans. Census 2021*
6. *War widows and widowers. War Pensions Scheme Statistics (rounded figures).*

- *Figures are derived from multiple sources and may overlap. They should not be summed to produce a single Armed Forces community total. A war widow(er) could also be a veteran; a veteran partner may also be a veteran; Service children may also live with a veteran parent.*

The demographic profile presented in this chapter provides context for understanding current and future need. The following sections will describe the extent to which these demographic characteristics translate into need across health, education, housing, employment and criminal justice.

4. Health and wellbeing

Overview: Health policy continues to focus on improving identification of veterans and ensuring access to dedicated support pathways. Veterans are encouraged to register with a GP and inform their practice of their military service so that veteran status can be recorded within their healthcare records. Identification is increasingly recognised as an important first step in ensuring that service-related health needs are understood and that veterans can access appropriate support.

Dedicated NHS pathways remain available for both physical and mental health needs. Op RESTORE, the Veterans Physical Health and Wellbeing Service, provides assessment and treatment for veterans experiencing physical health conditions related to military service. Op COURAGE provides specialist mental health and wellbeing support for veterans, service leavers, reservists and family members, including support relating to transition, trauma, substance misuse, housing, relationships, financial wellbeing and employment. [14]

National policy also continues to support the expansion of Veteran Friendly GP Practices and Veteran Aware NHS Trusts. These programmes aim to improve recognition of veterans within healthcare settings, strengthen referral into specialist support pathways and increase staff awareness of military-related issues.

Recent developments increasingly recognise that health outcomes are closely linked to wider determinants of wellbeing, including housing, employment, financial circumstances and social support. This aligns with broader initiatives such as VALOUR, which seek to improve coordination across services and ensure veterans receive timely and joined-up support.

[14] Mental health support for veterans, service leavers and reservists - NHS

For Greater Essex, these developments highlight the importance of veteran identification within healthcare settings and suggest that future assessments should consider not only the prevalence of health conditions within the Armed Forces community, but also awareness, uptake and accessibility of veteran-specific services, the coverage of Veteran Friendly GP Practices and Veteran Aware NHS Trusts, and the effectiveness of referral pathways between health services and the wider veteran support system.

4.1 Local population health data

Unadjusted analysis: Census 2021 remains the most comprehensive source of local information on the health and caring circumstances of veterans in Greater Essex. However, the results must be interpreted in the context of the older age profile of the veteran population.

Available evidence indicates that a proportion of veterans experience poor general health, disability or limitations affecting their daily lives. Almost 12% of veterans also reported providing some form of unpaid care (Table 4.1).

Census analysis shows that veterans have higher unadjusted levels of poor health, disability and caring responsibilities compared with the non-veteran population (Table 4.1), but much of this difference is likely to reflect their older age profile. More detailed analysis also shows higher concentrations of veterans with health and caring needs across Greater Essex, particularly in parts of Colchester and Tendring, with some concentrations also evident in Southend-on-Sea. [15] More detailed MSOA-level tables are provided in Appendix C.

Table 4.1: Health, disability and unpaid care among veterans and non-veterans, Greater Essex, Census 2021 (observed, unadjusted estimates)

Indicator	Greater Essex Veterans	Non-veterans
Bad or very bad health	5,975 (11.7%)	80,054 (5.5%)
Disabled or limited daily activity	16,924 (33%)	268,584 (18.5%)
Providing unpaid care	5,963 (11.6%)	143,573 (9.9%)
Aged 65 and over	30,539 (59.6%)	337,853 (23.2%)

Adjusted analysis: ONS adjusted analysis for the East of England, which weights the non-veteran population to reflect age, sex and regional distribution of veterans show reduced differences. Bad or very bad health was reported by 10.8% of veterans and 10.6% of the adjusted non-veteran population. Disability remained slightly more prevalent among veterans, at 32.0%, compared with non-veterans 29.8%, while 11.4% of veterans provided care compared with 10.1% of the adjusted comparator (Table 4.2). [16]

[15] Census 2021 - protected characteristic outcomes | Essex Open Data
[16] UK armed forces veterans: health and unpaid care, NHS regions of England and Wales - Swyddfa Ystadegau Gwladol

Table 4.2: Health, disability and unpaid care among veterans and non-veterans, East of England, Census 2021 – observed and age-, sex-, region-adjusted comparisons

Indicator	EoE veterans	EoE non-veterans (crude)	EoE non-veterans (adjusted)
Bad or very bad health	10.8%	5.3%	10.6%
Disabled or limited daily activity	32.0%	18.4%	29.8%
Providing any unpaid care	11.4%	9.7%	10.1%
Provides 50+ hours unpaid care	4.9%	2.8%	4.0%

Note: Greater Essex estimates are observed and unadjusted. Adjusted East of England estimates reweight the non-veteran population to match veterans' age, sex and regional distribution. Unadjusted figures describe actual population need; adjusted figures support a fairer comparison between veterans and non-veterans.

The crude Greater Essex differences should not be interpreted as evidence that previous service itself causes poorer health or disability. They simply shows the considerable absolute number of local veterans who may require accessible healthcare, disability support, carer support and appropriate referral pathways.

Additionally, Census data does not identify the specific health conditions experienced by veterans, whether individuals are recognised as veterans by health services, or the extent to which they access and benefit from veteran-specific support pathways. These issues are explored in the following sections.

4.2 Veteran identification and awareness within healthcare services

Veteran identification within primary care is increasingly recognised as an important first step in ensuring access to appropriate healthcare and support services. In the AFNA 2024 update, GP practices were encouraged to participate in the Royal College of General Practitioners (RCGP) Veteran Friendly Accreditation Programme. The programme supports practices to identify veterans, correctly record veteran status within patient records, and improve awareness of specialist services available to the Armed Forces community.

As of July 2026, there are 4,515 Veteran Friendly accredited GP practices across England, representing a substantial increase from 2,994 practices in February 2024. In Greater Essex, 163 active GP practices hold Veteran Friendly accreditation, representing an increase of approximately 20% since the previous AFNA update. [17] The continued growth in accreditation is important because primary care is often veterans' first point of contact with healthcare services. Failure to record veteran status can result in missed opportunities for referral to dedicated NHS services, including Op COURAGE (Veterans Mental Health and Wellbeing Service), Op RESTORE (Veterans Physical Health and Wellbeing Service), and other Armed Forces-specific support services.

Recognition of veteran status is also being strengthened within hospital settings through the **Veteran Aware Accreditation Programme,** led by the Veterans Covenant Healthcare Alliance (VCHA). [18] The programme supports NHS trusts to improve awareness of the Armed Forces

[17] Course: Veterans' Health Hub | RCGP Learning
[18] Veterans Covenant Healthcare Alliance – Veterans Covenant Healthcare Alliance

community, encourage identification of veterans and improve referral pathways to veteran-specific services. The programme complements the Veteran Friendly GP Practice initiative by extending veteran awareness beyond primary care into acute, community and mental health services. Accredited trusts serving Greater Essex include East Suffolk and North Essex Foundation Trust, Essex Partnership University NHS Foundation Trust, Mid & South Essex NHS Foundation Trust and The Princess Alexandra Hospital NHS Trust.

To improve identification of the Armed Forces community, NHS England introduced additional Armed Forces questions within its **online GP registration service**, asking patients whether they have served in the UK Armed Forces and if a family member has served in the UK Armed Forces or Armed Forces Reserves. [19] While this change has the potential to improve recording of the Armed Forces community within primary care, it relies on digital registration and voluntary disclosure.

To better understand local recording of veteran status within primary care, a Freedom of Information request was submitted to Essex Integrated Care Board in 2026. Information provided from Mid and South Essex identified veterans through SNOMED-coded GP records and demonstrated that veteran status can be recorded within primary care systems. However, equivalent data for North East Essex and West Essex were not available through the reporting system at the time of request. The Essex ICB also advised that veteran status recording relies on patient disclosure and local coding practices, as there are no statutory requirements for veterans to disclose their service history and no requirement for practices to record it consistently. The information was only available at Primary Care Network level because publication at practice level would have required substantial suppression of small numbers. The findings from this request suggest that veteran identification within primary care is possible, but that current reporting remains incomplete and is not yet sufficient to provide a comprehensive picture of veterans accessing GP services across Greater Essex.

Improved identification and coding of veterans in primary care records would help strengthen understanding of local healthcare needs, support service planning and facilitate timely referral to specialist veteran services.

[19] Additional armed forces question added to online GP registration form - NHS England Digital

Case study - Mid and South Essex NHS Foundation Trust (MSENFT)

Supported by the Defence Medical Welfare Service, Mid and South Essex NHS Foundation Trust (MSENFT), which includes Broomfield Hospital, Basildon University Hospital and Southend University Hospital, **piloted a Veteran Discharge Navigator service** to support veterans accessing hospital care. An Armed Forces welfare officer, known as a "Navigator", helped veterans navigate hospital systems, access specialist support and address barriers that were delaying discharge or increasing the risk of readmission.

Between November 2025 and May 2026, more than 100 Armed Forces community members were engaged, and the service supported 30 veterans. Reported outcomes included: improved links with primary care, increased access to veteran-specific support services, improved patient experience of hospital care and reduced social isolation and loneliness.

Early evidence also indicates faster hospital discharges, fewer avoidable A&E attendances, and a reduced likelihood of readmission, generating savings for the Trust while improving veterans' health and wellbeing.

4.3 Physical health, rehabilitation and long-term conditions

Evidence on the prevalence of specific physical health conditions among UK veterans has historically been limited. [20] However, emerging research suggests that some veterans may experience a greater burden of long-term physical conditions associated with military service, occupational exposures, service-related injuries, ageing and wider health risk factors. [21]

4.3.1 Musculoskeletal (MSK) conditions

According to the World Health Organisation (WHO), musculoskeletal conditions are disorders or injuries that affect the body's muscles, bones, joints, tendons, ligaments and connective tissues, causing pain, stiffness, reduced mobility, weakness and disability. [22] MSK conditions can also have a significant impact on daily activities, employment and quality of life. As a leading cause of disability worldwide, effective management often requires a combination of clinical treatment, rehabilitation and support to remain physically active. Supporting veterans to manage their conditions over the long term may help reduce disability, maintain function and preserve independence.

The latest Ministry of Defence Medical Discharges in the UK Regular Armed Forces Annual Statistics report (2025/26) shows that musculoskeletal (MSK) and mental/behavioural health were the two leading causes of medical discharge from the UK Armed Forces. Over the last five years, MSK conditions accounted for 39% of all medical discharges among Royal Navy/Royal Marines and UK Army personnel, and 26% among Royal Air Force personnel. Injuries and disorders of the knee accounted for 9% of medical discharges of Army and Royal

[20] Health needs of ex-military personnel in the UK: a systematic review and qualitative synthesis | BMJ Military Health
[21] Veterans-rehabitation-report-230123.pdf
[22] Musculoskeletal health

Navy/Royal Marines and 5% for RAF. Back pain was the second most common MSK condition accounting for 7% of Royal Navy/Royal Marines, 6% of Army, and 5% of RAF discharges. [23]

More recent evidence comes from a large matched primary care study by Almeida-Meza and colleagues (2026), which examined 122,484 identified veterans and 244,573 non-veterans in England. [24] Among the physical conditions examined, lower back pain (11.7%) and osteoarthritis (9.9%) were recorded more frequently among veterans than among matched non-veterans.

While local data on veteran MSK health are not available, evidence from military discharge statistics and primary care records consistently indicates that MSK conditions are among the most common physical health problems experienced by veterans.

Recommended action (ICB, NHS MSK Services, Primary Care): Develop a veteran-aware approach to musculoskeletal health that promotes early identification, personalised rehabilitation and long-term self-management. Primary care and MSK services should routinely identify veteran status, ensure access to multidisciplinary assessment where appropriate, and utilise social prescribing to connect veterans with physical activity, peer support and community resources that can help prevent deterioration and support independent living.

4.3.2 Hearing loss

Hearing loss and tinnitus are among the most common long-term progressive health issues that are strongly attributed to military service. Exposure to hazardous noise from weapons, artillery, explosions, vehicles and training environments can result in both hearing impairment and tinnitus, which may persist and progress over time.

The most recent evidence comes from a study commissioned by the Royal British Legion (RBL) and undertaken by the University of Chester, which examined hearing loss among working age UK Armed Forces veterans. The study found that veterans were 2.33 times more likely to experience hearing loss than non-veterans and 1.6 times more likely to experience tinnitus. Deployment was also associated with poorer hearing outcomes, with deployed veterans being 1.98 times more likely to experience hearing loss than those who had not deployed. The study also found that many veterans sought support from multiple sources. However, the support from health services was often perceived as inadequate. [25]

These findings are consistent with the evidence from primary care records. Almeida-Meza and colleagues (2026) found that veterans were twice as likely to have recorded hearing loss as matched non-veterans.

The impact of hearing loss extends beyond physical health. Hearing impairment and tinnitus can affect communication, social participation, employment, relationships and mental wellbeing, and has also been associated with an increased risk of social isolation, depression

[23] Annual Medical Discharges in the UK Regular Armed Forces 2025/26
[24] Leveraging primary care data to understand military veteran health in England: feasibility study and matched-control comparison of recorded conditions | BMC Medicine | Springer Nature Link
[25] Understanding the Impact of Hearing Impairment on Veterans

and reduced quality of life. Given that many veterans in Greater Essex are older adults, age-related hearing decline may compound the effects of service-related hearing loss.

Veterans can access hearing assessment and treatment primarily through NHS audiology services, typically by self-referral to local providers or via primary care referral. Given the elevated risk of hearing impairment among veterans, there is a need to improve awareness of hearing health, promote early identification of hearing problems and ensure veterans are aware of available audiology and support services, which could also help reduce the wider impact of hearing loss, such as social participation, mental wellbeing and quality of life.

Recommended action (ICB, NHS audiology, Op RESTORE): Improve identification and recording of veteran status within primary care and NHS audiology services to support earlier recognition of service-related hearing loss and tinnitus. Raise awareness of the available support through Op RESTORE and Op COURAGE and where hearing loss is attributable to service, ensure veterans are signposted to the War Pension Scheme and Armed Forces Compensation Scheme.

4.3.3 Cardiovascular, metabolic and respiratory health

According to the World Health Organisation (WHO), cardiovascular diseases (CVDs) are the leading cause of death globally. [26] Cardiovascular disease includes conditions that narrow or block blood vessels (coronary heart disease), which can lead to a heart attack, angina and strokes. There are a number of risk factors associated with increased risk of CVD, including smoking, alcohol consumption, sedentary lifestyle/not being active, obesity and diabetes. [27]

Among veterans, CVD is less shaped by military service itself. However more so by some of the risk factors associated with military life, including smoking and alcohol consumption, which have historically been common among older veterans. CVD risk in veterans is not uniformly elevated; CVD is more prevalent in specific groups.

One of the more comprehensive UK longitudinal studies, the *Trends in Scottish Veterans Health* study (2021), examined the risk of cardiovascular disease from linked 78,157 veterans and 252,637 non-veterans for up to 37 years, found that a first CVD event was recorded for 5.7% of veterans and 4.8% of non-veterans, representing a 16% higher relative risk among veterans. Increased risks were found for acute myocardial infarction, peripheral arterial disease and stroke. However, the overall difference was confined to male veterans born before 1960 and those with the shortest periods of service, and it was not seen in later birth cohorts. Other findings from the study show that type 2 diabetes risk was only slightly elevated and was concentrated among older male veterans, and that COPD risk became non-significant after adjustment for deprivation. [28]

Almeida-Meza and colleagues found that coronary heart disease (CHD, a specific form of CVD) was recorded in 5.5% of veterans in a primary care study compared with 2.3% of matched non-veterans. COPD was recorded in 5.9% of veterans compared with 2.9% of

[26] Cardiovascular diseases (CVDs)
[27] Cardiovascular disease - BHF
[28] Trends in cardiovascular disease in Scottish military veterans: a retrospective cohort study - PMC

matched non-veterans. However, because the Scottish Veterans study found that COPD difference was largely explained by deprivation, these higher recorded rates are likely to reflect socioeconomic factors rather than military service itself.

Evidence on obesity among UK veterans is limited, and there is no robust veteran-specific prevalence estimate for Greater Essex.

Recommended action (ICB, Public Health): Partners across health and veteran support services should strengthen awareness and uptake of preventative cardiovascular and respiratory health interventions among veterans, including NHS Health Checks, smoking cessation support and healthy lifestyle programmes, recognising that increased rates of cardiovascular disease appear concentrated among older veteran cohorts and may be influenced by modifiable lifestyle risk factors.

4.3.4 Cancer

According to the latest Cancer Research UK report (2026), the number of new cancer diagnoses each year in the UK exceeded 400,000, equivalent to around 1,100 new cases every day. Breast, prostate, lung and bowel cancers make up more than half (53%) of new cancer cases among the general population. [29]

Current evidence suggests that overall cancer incidence among veterans is similar to the general population. However, some historic cohorts and exposure groups show elevated risks for particular cancers. [30_31_32]

In July 2026, the MOD launched a UK-wide epidemiological study of approximately 1.4 million serving personnel and veterans who have served since 1990. The study will link military and NHS information to compare cancer incidence and mortality with the general population and subsequently examine demographic, occupational and service-related exposure groups. The findings are expected from 2027 onwards. [33]

Current evidence does not indicate substantially higher overall cancer incidence among veterans. However, monitoring emerging evidence remains important, especially for those cohorts who were exposed to specific occupational, environmental or operational hazards during their service. The National Cancer Registration and Analysis Service (NCRAS), part of the National Disease Registration Service (NDRS), collects information on cancer diagnosis, treatment and outcomes. [34] While NCRAS provides a rich source of intelligence, veteran status is not captured, limiting the ability to examine cancer outcomes among veterans. As national work to improve veteran identification across healthcare systems progresses, there may be future opportunities to better understand cancer outcomes within the Armed Forces

[29] Cancer_in_the_UK_2026_-_Overview.pdf
[30] Smoking-related cancer in military veterans: retrospective cohort study of 57,000 veterans and 173,000 matched non-veterans | BMC Cancer | Springer Nature Link
[31] Mortality and cancer incidence in UK military veterans involved in human experiments at Porton Down: 48-year follow-up | International Journal of Epidemiology | Oxford Academic
[32] Nuclear weapons test participants study: summary of the fourth analysis - GOV.UK
[33] Epidemiology of Cancer in the UK Armed Forces Study - GOV.UK

community through the linkage of military and health datasets, which is what the new MOD study is expected to provide.

Recommended action (NHS commissioners, Public Health): While national work on veteran identification progresses, opportunities should be taken to record veteran status within cancer services and datasets so that cancer incidence and outcomes among veterans, particularly those in known exposure groups, can be monitored. Local awareness of the MOD's forthcoming cancer study (reporting from 2027) will help inform future assessments.

4.3.5 Dementia and cognitive health

Dementia is a progressive and irreversible syndrome that affects memory, thinking, reasoning, communication and the ability to carry out everyday activities. [35] It is more common in people aged 65 years and over, although it is not a normal part of ageing, according to the World Health Organisation (WHO). Alzheimer's disease (AD) is the most common form of dementia, accounting for around 60-70% of cases. [36]

The WHO identifies several factors associated with an increased risk of dementia including hypertension, diabetes, obesity, depression, hearing and vision loss, traumatic brain injury, stroke, smoking, harmful alcohol use, physical inactivity and social isolation. Some of the early signs of dementia may include memory loss, confusion, getting lost in familiar places and difficulties with planning or decision making. [37]

It is estimated that in 2019 there were approximately 885,000 people (age 65 years and over) living with dementia in the UK and this number is expected to increase to 1.6 million by 2040. [38]

Research on dementia among veterans remains limited. The Scottish cohort found no evidence that veterans were at increased risk of dementia. However, their study explored veterans aged up to 73 years. [39] A recent primary care study by Almeida-Meza and colleagues (2026) reported higher recorded Alzheimer's disease among coded veterans, highlighting the need for further research into dementia prevalence and recording within the veteran population.

Qualitative studies exploring experiences of veterans living with dementia in the UK found that veterans may face additional barriers to diagnosis and service access. Common themes included fragmented service provision, poor awareness of available support, limited coordination between dementia and veteran services, stigma associated with dementia, and the importance of recognising veteran identity within care and support pathways. [40,41]

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[35] Definition | Background information | Dementia | CKS | NICE
[36] Dementia
[37] Alzheimer's disease - NHS
[38] 5
[39] Dementia in Scottish military veterans: early evidence from a retrospective cohort study | Psychological Medicine | Cambridge Core
[40] Microsoft Word - 20250312-UoM-Dementia Final
[41] SERVED: Supporting Evidence-based Research for Veterans Experiencing Dementia | Bournemouth University

Currently it is not known how many veterans in Greater Essex are living with dementia, nor is there sufficient local evidence to understand their experiences, support needs or use of dementia services.

Veterans access dementia diagnosis and care through mainstream NHS memory services in the same way as the general population. Specialist voluntary sector support is available through Dementia UK (Admiral nurses), the Alzheimer's Society, Royal British Legion, and Veterans Dementia Support.

Recommended action (ICB and Dementia Services): Ensure veteran status is routinely identified within memory assessment and dementia services. Improve signposting between dementia and veteran support services to strengthen understanding of the needs of veterans living with dementia.

Recommended action (Public Health): Work with NHS and voluntary sector partners to improve local intelligence on dementia among veterans, including prevalence, experiences, support needs and service utilisation across Greater Essex.

Recommended action (Adult Social Care): Ensure dementia support, carer support and information services are aware of veteran-specific support pathways and consider person-centred care.

Case study: Essex County Council – Care Technology Service

While evidence on dementia among veterans in Greater Essex is limited, a range of local services support people living with dementia and their carers. Essex County Council's Care Technology Service helps adults and carers remain independent by providing equipment such as **safety alarms, falls detectors**, **medication dispensers** and **GPS trackers**. The service is free of charge for eligible residents and supports thousands of people across Essex.

Care technology can help people manage everyday challenges associated with disability, long-term health conditions and ageing, enabling them to live more safely and confidently at home. Referrals can be made by health and social care professionals.

- More information is available on the Essex Frontline webpage - Service Detail.
- Email: adultsocialcareconnect@essex.gov.uk;
- Tel: 0345 603 7630

4.3.6 Dental care

According to the recent Nuffield Trust analysis (2026), access to NHS dentistry is becoming increasingly difficult as more dental practices move away from NHS provision and focus on private dental care. Between 2017 and 2026, approximately 600 dental practices holding NHS general dental contracts were lost, while the number of private and specialist practices increased by more than 1,000. Over the same period, the proportion of dental practices providing NHS general dental services fell by 9 percentage points, from 64.6 to 55.6%.

The reduction in NHS dental provision has also been evident locally. Nuffield Trust analysis found that the proportion of practices providing NHS dentistry fell by 17% in NHS Suffolk and

North East Essex, and by 7% in both NHS Mid and South Essex, and NHS Hertfordshire and West Essex. [42]

The government announced plans to tackle the challenges in accessing NHS dental care and the plan includes the provision of 700,000 urgent dental appointments and the recruitment of new dentists in areas that need them most. Armed forces families and veterans will be able to benefit from the improved access with these changes; however, the free NHS dental care will be for those who meet the following criteria:

- Are under 18 years old, or under 19 years old and in full-time education;
- Are pregnant or have had a baby in the previous 12 months;
- Are being treated in an NHS hospital and the treatment is carried out by the hospital dentist, although patients may have to pay for any dentures or bridges;
- Are receiving low-income benefits, or under 20 years old and a dependant of someone receiving low-income benefits; or
- Are receiving War Pension Scheme payments or Armed Forces Compensation Scheme payments and the treatment is for your accepted disability. [43]

The Veterans Survey 2022 found that most veterans were registered with a GP (98.4%) and 76.9% were registered with a dentist. Of those who were registered with a dentist, 62.2% were registered with an NHS dentist and 39.5% with a private dentist. However, these findings should be interpreted alongside evidence of NHS dental access, which has deteriorated in recent years. Nuffield Trust analysis found that only 38% of people seeking access as a new NHS dental patient were successful, compared to 87% of existing patients returning to a previously attended practice.

The latest data (2026) for the general population showed that 49.3% of people in England had used an NHS dentist and 34.2% had used a private dentist. [44]

These findings may have implications for veterans. Following transition from military service, some veterans relocate to different areas and may need to find a new NHS dental practice, and if NHS dental provision is limited, this may create barriers to accessing routine and preventative dental care.

It is also important to note that registration with a GP or dentist does not necessarily mean that the healthcare provider is aware that a patient is a veteran. Whilst veteran status is routinely recorded within general practice, equivalent identification is less developed within NHS primary dental data. The NHS Business Services Authority (NHSBSA) principal activity data are obtained from FP17 forms submitted by dental providers. [45] These data support national and local analysis of NHS dental activity, treatment and contract performance. However, the current FP17 does not capture veteran status, limiting the ability to assess NHS dental access, activity and outcomes for veterans.

[42] The great extraction: the changing state of NHS general dental services in England | Nuffield Trust
[43] Written questions and answers - Written questions, answers and statements - UK Parliament
[44] Experiences of NHS healthcare services in England - Office for National Statistics
[45] NHS Dental Services | NHSBSA

While adding another manually completed item to every form may not be the most feasible solution, a longer-term opportunity would be to explore whether veteran status could be recorded once through a suitable patient information system and then used across NHS dental services. The NHSBSA is developing the NHS Dental Services Portal, which is expected to replace Compass as the principal platform for managing NHS dental services information and is expected to launch in February 2027. [46] As many services are migrating online, this could provide an opportunity to improve identification of the Armed Forces community within future dental data standards which would also support local intelligence and insight.

These findings are also consistent with Essex County Council's 100 Day Plan commitment to call for more GPs and NHS dentists in Essex. [47] The plan states that ECC will work with NHS partners to encourage the changes necessary to attract more NHS healthcare professionals, with a specific emphasis on increasing NHS dental provision. Improving access to NHS dentistry is therefore not only a national issue but also a recognised local priority.

Recommended action (CMPB, NHS England, NHSBSA): Explore with NHS England and NHSBSA opportunities to incorporate veteran status within future NHS dental data standards and digital systems, including development of the NHS Dental Services Portal, using a method that minimises additional administrative burden on dental practices and avoids repeated collection through individual FP17 submissions. Improved identification of veterans within dental services would support local and national understanding of access, utilisation and outcomes.

4.3.7 Rehabilitation and Op RESTORE

Veterans and serving personnel preparing to leave the Armed Forces who have continuing service-related physical health conditions can access specialist support through **Op RESTORE**, the NHS Veterans Physical Health and Wellbeing Service. Op RESTORE provides assessment, treatment and rehabilitation for veterans whose physical health problems are attributable to their time in the Armed Forces. The service works alongside existing NHS services and supports veterans with a range of conditions, including musculoskeletal injuries, chronic pain and other service-related health problems. [48] Op RESTORE requires a GP referral and works alongside existing NHS services.

Data provided by the Op RESTORE programme for 2025/26 indicate that nationally:

- 73.5% of referrals were from Army veterans;
- 12.3% of referrals were women veterans;
- 12% of referrals were from the East of England region;
- 73% of referrals related to trauma and orthopaedic (T&O) conditions; and

[46] NHS Dental Services Portal | NHSBSA
[47] Reforming Essex: Delivering the high-quality services residents are entitled to expect | Essex County Council
[48] Op RESTORE

- 49% of referrals involved a co-existing mental health condition recorded on the referral form. [49]

These figures describe characteristics of people referred to a specialist service and should not be interpreted as estimates of prevalence among veterans.

Recommended action (CMPB, PHI, Essex ICB, Primary Care, Op RESTORE): Increase awareness of Op RESTORE among primary care, rehabilitation services and veterans to ensure timely referral for service-related physical health conditions. Further work should explore local referral patterns, service utilisation and outcomes for Greater Essex veterans accessing the service.

4.4 Mental health and wellbeing

Mental and behavioural disorders are one of the two principal causes of medical discharge across all three Services and, in some recent years, have exceeded musculoskeletal conditions in the Army. Conditions include PTSD, depression, anxiety and stress-related disorders. These findings provide an indication of health issues that may continue to affect veterans after leaving military service and reinforce the importance of access to appropriate health services.

4.4.1 PTSD and complex PTSD (C-PTSD)

Post Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after experiencing very stressful, frightening or distressing events. According to the NHS, symptoms may include avoiding reminders of the traumatic events, having negative thoughts or beliefs, losing interest in activities that were previously enjoyable, difficulty managing emotions and feeling emotionally numb. [50] PTSD is a serious condition. However, it is important to place the risk in context: while prevalence is low overall, it is notably higher among veterans who have experienced combat exposure. [51]

The fourth phase of the KCMHR military cohort study found that the prevalence of probable PTSD among serving personnel and veterans was 9.4%, with 5.7% meeting criteria for probable Complex PTSD (C-PTSD). The study also found that ex-serving Regulars who had deployed were significantly more likely to report probable PTSD than those who had not deployed.

A significant recent development in trauma research has been the recognition of complex PTSD (C-PTSD) as a distinct diagnosis within the ICD-11 classification system. [52] It includes the core features of PTSD (re-experiencing, avoidance and a persistent sense of threat) and additional symptoms in disturbances in self-organisation (affective dysregulation, negative self-concept, disturbances in relationships.

[49] Data request from the programme (Op RESTORE) provider.
[50] PTSD (post-traumatic stress disorder) - NHS
[51] Current perspectives on the mental health of UK military personnel and veterans | British Medical Bulletin | Oxford Academic
[52] PTSD and Complex PTSD: ICD-11 updates on concept and measurement in the UK, USA, Germany and Lithuania - PMC

The KCMHR phase four cohort study found that the majority of veterans with PTSD met the criteria for C-PTSD. A 2024 systematic review reported that C-PTSD was more prevalent than PTSD in 13 of the 16 military and veteran studies. [53] C-PTSD differs from PTSD in ways that may influence veterans' support needs.

The distinction between PTSD and C-PTSD has important implications for services and support. Qualitative research found veterans experiencing C-PTSD typically delayed seeking help for longer and experienced a greater burden of comorbidity, including anger, depression, anxiety, sleep difficulties and social isolation than those experiencing PTSD alone. [54]

Recommended action (Local commissioners, service providers): Local commissioners and providers should ensure that veteran mental health services can identify and treat complex PTSD, including the capacity for longer, phased treatment, as well as managing associated comorbidities such as dissociation, anger, depression, guilt and shame-based distress. Because C-PTSD is associated with delayed and reluctant help seeking, awareness raising and trusted, veteran-aware routes into support are crucial, pathways should connect trauma treatment with wider support for relationships and social isolation.

4.4.2 Moral injury

Research suggests that moral injury is an important consideration in veterans' mental health. It describes psychological distress that can arise when individuals experience, witness, or are involved in events which conflict with deeply held moral or ethical beliefs. [55] Evidence involving UK veterans has identified experiences such as shame, guilt, anger, depression and social isolation and found that moral injury may occur alongside conditions such as PTSD, anxiety and depression. That said, moral injury is not itself a recognised mental health diagnosis and its prevalence among the wider UK veteran population remains unclear. [56] Awareness of moral injury may help services better understand and support veterans experiencing trauma-related distress.

4.4.3 Alcohol and substance misuse

The KCMHR research comparing UK veterans with the general population found that veterans who served during the Iraq and Afghanistan era, were more likely to report alcohol misuse than non-veterans (11% vs 6% respectively). [57]

Serving personnel and veterans may experience unique stressors, which include exposure to combat, witnessing injury or death, prolonged separation from family and friends, operational uncertainty and transition to civilian life. Such experiences can increase the risk of mental health difficulties for some individuals. Alcohol has traditionally been used within

[53] Prevalence of Complex Post-Traumatic Stress Disorder in Serving Military and Veteran Populations: A Systematic Review - Rory Grinsill, Matilda Kolandaisamy, Katelyn Kerr, Tracey Varker, Andrew Khoo, 2024
[54] Experiences of Veterans with ICD-11 Complex PTSD in Engaging with Services: Journal of Loss and Trauma: Vol 26 , No 2 - Get Access
[55] Moral Injury - PTSD: National Center for PTSD
[56] Experiences of moral injury in UK veterans
[57] S0033291720001944jra 292..302

military culture, helping to create social bonds and, for some, as a coping mechanism for stress and trauma. Evidence suggests that alcohol misuse frequently co-exists with PTSD, anxiety, depression and loneliness. [58][59][60]

In terms of drug use, Forces in Mind Trust has commissioned a study exploring the experiences of those who have been discharged from the British Army for drug use. [61] Every year there are approximately 15,000 service leavers nationally. [62] Research studies suggest that between 600 and 770 serving personnel return a positive compulsory drug test every year with discharge from service being a common outcome for many personnel. [63] Cocaine was the most commonly reported drug followed by cannabis, which was also supported by the ADVANCE cohort study. [64] The ADVANCE study also concluded that greater prevalence of drug use was identified among younger, lower-ranking, single veterans, those who reported mental health illness or suicidal ideation.

In Essex, around 2% of adults accessing structured substance misuse treatment services during 2025/26 identified as veterans of the British Armed Forces. Mental health needs were common among veterans in treatment, with 70% identified as having a mental health need and 86% receiving support for that need. Around 44% of veterans in treatment were in employment, education or retired, while 36% were unemployed and 20% were long-term sick or disabled. Although most veterans were living in owner-occupied, rented or otherwise stable accommodation (84%), around 16% were experiencing some form of housing instability. Treatment outcomes were generally positive, with 72% leaving treatment in a planned and agreed way, either through successful completion or transfer to another service. Although veterans accounted for only a small proportion of individuals accessing structured treatment services, the high prevalence of identified mental health needs and presence of housing instability among some veterans show the complex and interconnected nature of substance misuse, mental health and wellbeing and wider social circumstances.

Note: Recording of veteran status within Essex substance misuse services was introduced in April 2020. The number of veterans accessing treatment may therefore be underestimated, as some individuals entering treatment before this date may not have been identified as veterans.

The Department of Health and Social Care (DHSC) has published the first-ever clinical guidelines for alcohol treatment. The guidelines are designed to improve the quality of service provision and outcomes for individuals experiencing alcohol dependence. There is a dedicated chapter for Armed Forces (chapter 27). [65]

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[58] Drinking motivations in UK serving and ex-serving military personnel - PMC
[59] Exploring patterns of alcohol misuse in treatment-seeking UK veterans: A cross-sectional study
[60] Phase_4_Health_and_Wellbeing_Cohort_Study_Report.pdf
[61] 20210322-Galahad-Fall-Out-Full-Report-FINAL.pdf
[62] Quarterly service personnel statistics: 1 April 2026 - GOV.UK
[63] New research highlights harmful dismissal process for Service personnel who tested positive for drugs ahead of conference on addiction and drug use in the Armed Forces - Cobseo
[64] Illegal drug use amongst male UK military personnel who sustained physical combat injuries: The ADVANCE cohort study
[65] Clinical guidelines for alcohol treatment - Guidance - GOV.UK

Recommended action (CMPB, substance misuse providers): Substance misuse providers should continue to identify and record veteran status consistently and ensure clear referral pathways into veteran-specific mental health, housing and welfare services, recognising the high prevalence of co-occurring mental health needs among veterans accessing treatment. Consistent identification would improve understanding of need, support monitoring of outcomes and facilitate referral to veteran-specific support pathways, including Op COURAGE and Op FORTITUDE where appropriate.

4.4.4 Gambling

Gambling-related harm is a recognised but under-identified problem among veterans. It is described as a hidden harm, due to being rarely screened for and often masked by mental health and financial difficulties that accompany it. Gambling is strongly associated with military-to-civilian transition, with PTSD, depression, alcohol misuse, debt, relationship breakdown, social isolation, and in the most serious cases, suicide. [66]

The United Kingdom Armed Forces Veterans Health and Gambling Study (2021) found that veterans were more than 10 times more likely to experience gambling harms and to gamble as a way of coping with distress than non-veterans. The study also found that veterans with PTSD and C-PTSD were most at risk. [67]

Veterans currently access gambling support primarily through mainstream NHS gambling harms services [68] and via third sector services, including the National Gambling Support Network. [69] However, evidence indicates that gambling related harm is often hidden, with stigma, shame and barriers to help-seeking, which contributes to under-identification and delayed access to support.

Recommended action (CMPB, mental health, substance misuse, financial support services): Mental health, substance misuse and financial support services working with veterans should be aware of the increased risk of gambling-related harm, ask about gambling as a routine part of assessment, and have a clear referral pathway to gambling support and debt advice. Particular attention should be given to the transition period and to veterans presenting with PTSD or alcohol problems, given the strong association between these factors and gambling-related harm.

4.4.5 Suicide

According to the latest MOD publication (2026), there were 277 suicides among UK Regular Armed Forces personnel between 2006 and 2025, including 255 males and 22 females. The report found that suicide among serving personnel remains a relatively rare event and that the overall risk of suicide among serving personnel is generally lower compared with the UK

[66] Gambling-related harm as experienced by UK Armed Forces veterans and affected others: a thematic framework analysis
[67] Gambling problems among United Kingdom armed forces veterans: Associations with gambling motivation
[68] Help for problems with gambling - NHS
[69] ga-booklet-final-digital-3.pdf

general population. Within the Armed Forces, the highest suicide rates were observed among younger personnel, particularly aged 20-24 years. [70]

Evidence relating to veterans suggests a more nuanced picture. An ONS report (2024) linking Census 2021 records with the MOD Service Leavers Database (SLD) found that of 5,175 suicides in England and Wales in those aged 16 years and over, 253 (4.9%) suicides occurred in UK Armed Forces veterans, which is equivalent to 15 suicides per 100,000 veteran population. Most veteran suicides occurred among men (93.7%), while females accounted for 6.3% of deaths. While overall suicide rates among veterans were not higher than those observed in the general population, **male veterans aged 25 to 44 were found to have higher age-specific suicide rates** than males of the same age in the wider population. [71] Rodway and colleagues investigated suicide in personnel who left UK Armed Forces between 1996 and 2018. Of 458,058 individuals who left the army, 0.2% died by suicide (1,086). The authors concluded that the overall suicide rate in veterans was slightly lower compared with the general population. However, the suicide risk was two to three times higher in male and female **veterans aged under 25 years**. [72]

Evidence suggests that suicide is rarely attributable to a single cause and is more commonly associated with a combination of factors, including poor mental health, PTSD, substance misuse, relationship breakdown, social isolation, unemployment, housing instability, financial hardship and other adverse life events. Research consistently identifies younger veterans, Early Service Leavers (ESLs), and those experiencing multiple disadvantages as groups that are at increased risk of suicide. [73_74_75]

The transition from military to civilian life is recognised as a particularly important period. Most veterans transition successfully; however, some experience difficulties associated with employment, housing, social support, mental health and financial stability.

While the local data on veteran suicides remain limited, the national evidence highlights the importance of early intervention and coordinated support. Improving awareness of veteran-specific services including Op COURAGE may help reduce risk among those veterans experiencing difficulties during or after transition to civilian life.

Recommended action (CMPB, Public Health, service providers): Suicide prevention activity across Greater Essex should focus on providing strong support for veterans during transition from military to civilian life, with particular attention to younger veterans and Early Service Leavers. Partners should ensure clear pathways between mental health, housing, substance misuse, employment and welfare services. Successful transition should be recognised as an important protective factor for long-term health and wellbeing.

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[70] Suicides in the UK regular armed forces: Annual summary and trends over time 1984-2025
[71] Suicides in UK armed forces veterans, England and Wales
[72] Suicide after leaving the UK Armed Forces 1996–2018: A cohort study | PLOS Medicine
[73] Prevalence and risk factors of suicide and suicidal ideation in veterans who served in the British Armed Forces: a systematic review
[74] 'One Is Too Many' preventing self-harm and suicide in military veterans: a quantitative evaluation | BMJ Military Health
[75] Veterans_and_Armed_Forces_policy_position_April_2024.pdf

4.4.6 Op COURAGE

Op COURAGE, launched in 2021, provides a single access point to specialist NHS mental health services for serving personnel due to leave the Armed Forces, reservists, veterans and their families. In addition to delivering mental health assessment and treatment, the service works with other organisations to support wider wellbeing needs, including housing, employment, relationships and financial circumstances. As of 30 June 2024, 2,702 veterans were actively receiving support through Op COURAGE nationally. Since its predecessor services were introduced in 2017, there have been more than 38,500 referrals to the programme. In addition, almost 64,000 veterans entered NHS Talking Therapies services between April 2020 and June 2024. [76]

An evaluation of the NHS Op COURAGE High Intensity Service (HIS) in the South East England found that veterans accessing the service experienced improvements in depression, anxiety, PTSD symptoms and alcohol misuse. The evaluation highlighted the importance of addressing wider social factors, including housing, employment, finances and relationships alongside clinical treatment. Veterans reported high levels of satisfaction with the service, with evidence suggesting that veteran-specific support and an understanding of military culture can improve engagement with mental health services. While the findings are based on a regional pilot evaluation in South East of England, rather than a national study, it demonstrates the value of integrated approaches that address both the clinical and wider wellbeing needs of veterans experiencing mental health difficulties. [77]Mental health remains one of the most commonly reported health concerns among veterans, with conditions such as depression, anxiety, PTSD and alcohol misuse identified as key reasons for referral into specialist veteran services.

While national and regional evaluation findings are positive, limited publicly available data exist on utilisation, waiting times and outcomes for Greater Essex veterans accessing Op COURAGE services. Improving local intelligence in this area would support a better understanding of veteran mental health needs and service effectiveness. Consideration should also be given to understanding the experiences of family members, who may experience their own mental health and wellbeing challenges associated with military service and transition.

Recommended action (CMPB, EPUT, NHS, partners): Work with EPUT to improve understanding of veteran mental health needs in Greater Essex, including referral volumes, service utilisation, waiting times, outcomes and unmet need. This intelligence should be used to inform future service planning and ensure veterans can access timely, appropriate support.

[76] Written questions and answers - Written questions, answers and statements - UK Parliament
[77] Evaluation of the NHS England 'Op COURAGE' High Intensity Service for military veterans with significant mental health problems

Case study: Op Courage East of England

Essex Partnership University NHS Foundation Trust (EPUT) leads Op COURAGE East of England, which provides specialist NHS mental health support for veterans, service leavers and non-mobilised reservists across Essex and the wider East of England. The service combines clinical expertise with an understanding of military life, helping individuals access assessment, treatment and support with transition from service, PTSD, anxiety and wider wellbeing concerns.

Working in partnership with organisations including Walking With The Wounded, The Warrior Programme, Norfolk and Suffolk NHS Foundation Trust, St Andrew's Healthcare, Mental Health Matters, SSAFA and the Royal British Legion (RBL), Op COURAGE offers a holistic approach that connects veterans to healthcare, employment and community support through a single coordinated pathway.

The service receives around 50 referrals each month, with veterans presenting a range of needs, and currently supports approximately 300 active patients. As of September 2026, approximately 91 veterans with an Essex postcode were receiving support through Op COURAGE.

Cross-cutting themes

4.5 Sexual health

There is relatively limited evidence related to the sexual health needs of veterans in the UK. However, sexual health remains an important aspect of overall health and wellbeing.

Emerging research suggests that some veterans experience sexual health and intimacy challenges associated with combat injury and its wider impacts. Evidence from the UK ADVANCE cohort study found that erectile dysfunction (ED) was reported by 11.6% of combat-injured veterans compared with 5.8% of matched uninjured veterans. Injured personnel were also more likely to experience higher levels of mental ill health.[78] Further evidence is expected from the ADVANCE-CIRCUIT study, which is exploring the prevalence, experiences and support needs associated with sexual dysfunction. [79]

Research also suggests that PTSD symptoms, including emotional numbing, difficulties with intimacy, anxiety and depression, may contribute to sexual dysfunction among some veterans. Studies have reported higher rates of sexual dysfunction and ED among veterans experiencing PTSD symptoms. [80]

Recognition is also increasing of the impact of military sexual trauma (MST) on veteran health and wellbeing. Recent UK research suggests that MST can have long-term

[78] Relationship between combat-related traumatic injury and its severity to predicted cardiovascular disease risk: ADVANCE cohort study - PMC
[79] ADVANCE-CIRCUIT: Combat injury-related challenges to sexual intimacy | Centre for Evidence for the Armed Forces Community
[80] Erectile Dysfunction in Veterans with Post-Traumatic Stress Disorder | European Psychiatry | Cambridge Core

psychological, emotional and relationship impacts, with survivors reporting barriers to seeking help as well as challenges in accessing appropriate support. [81,82]

Locally, the Essex Sexual Health Service (ESHS) provides free and confidential sexual health support. Services include STI testing and treatment, HIV testing, contraception, emergency contraception, psychosexual support and sexual health advice. [83] Currently, there is little information available on the sexual health needs of veterans in Greater Essex.

Recommended action (Essex Sexual Health Service, NHS commissioners, Armed Forces Covenant partners): Improve awareness of veteran-specific sexual health needs, including the potential impacts of combat injury, military sexual trauma and mental ill health. Consider opportunities to identify veterans accessing sexual health services and improve signposting to appropriate support where needed.

4.6 Stakeholder evidence and pathway gaps

Lived experience and frontline perspectives provide valuable insight into veteran identification, referral pathways, waiting times, continuity of care and awareness of veteran-specific support services. A qualitative study undertaken by Healthwatch Essex between November 2024 and February 2025 gathered evidence from 12 participants, including veterans, family members, carers and professionals working with the Armed Forces community in West Essex. Participants highlighted recurring issues relating to transition from military to civilian healthcare, delayed transfer of medical records, inconsistent identification of veteran status, limited awareness of specialist pathways such as Op COURAGE and Op RESTORE, and concerns around continuity of care. Participants also reported that veterans often struggle to navigate NHS services after leaving the Armed Forces and felt that awareness of Armed Forces Covenant commitments varied across providers. [84]

Although the study focused on a relatively small number of participants in West Essex, the findings align with wider national evidence and provide useful local intelligence on the experiences of veterans and their families. Building on this work, further research could help to more fully understand the extent of these issues across Greater Essex and provide a broader evidence base to inform service planning and pathway development.

The findings are consistent with evidence from other Healthwatch organisations across England. For example, Healthwatch Lancashire found that many veterans were unsure whether their GP was aware of their veteran status and reported limited awareness of veteran-specific healthcare services. [85] Similarly, Healthwatch Central Bedfordshire found

[81] Ground-breaking Report Highlights the Impact of Military Sexual Trauma (MST) & Suicidal Ideation Among UK Veterans — Forward Assist
[82] CombatStress_ENHANCE_Report_230928.pdf
[83] Essex Sexual Health Service – We are responsible for delivering local authority funded sexual health services across the county of Essex.
[84] Healthcare Experiences of the Armed Forces Community in West Essex – Healthwatch Essex
[85] 20180522_Lancashire%20Blackpool_Military%20veterans%20experience%20of%20nhs%20services%20backlog.pdf

that despite all veterans being registered with a GP, only 4% reported being asked whether they were a veteran, while 97% had never been referred to a veteran-specific service. [86]

Healthwatch Telford and Wrekin reported that veterans commonly experienced difficulties navigating civilian healthcare services following discharge from the Armed Forces. Challenges included GP and dental registration, transfer of medical records, lack of recognition of veteran status, and limited awareness of available support services. [87] Healthwatch Dudley similarly highlighted the importance of veteran-aware services, timely access to mental health support and peer support networks. Veterans described difficulties navigating multiple organisations and support pathways and expressed a preference for simplified referral routes and a single point of contact. [88]

Collectively, the evidence suggests that many of the challenges experienced by veterans relate not only to the availability of healthcare services, but also to identification, awareness, navigation and coordination of care. While initiatives such as Veteran Friendly GP accreditation, Veteran Aware NHS Trusts, Op COURAGE and other veteran-specific programmes strengthen support for the Armed Forces community, evidence suggests that awareness and uptake remain variable. These findings indicate that improving referral pathways, continuity of care and awareness of available support may be just as important as expanding service provision.

Recommended action (Public Health, ECC Research team, CMPB, Essex Healthwatch): Undertake a larger scale research with veterans and their families across Greater Essex to better understand healthcare experiences, awareness of available services, barriers to access, and unmet health and wellbeing needs. This would build on the findings from the Healthwatch Essex study and provide a stronger evidence base to inform future local service planning and commissioning.

4.7 Implications for Greater Essex

As discussed previously, Greater Essex has a large and ageing veteran population. As veterans grow older, demand may increase for health services associated with long-term conditions, disability, caring responsibilities, MSK disorders, chronic pain, hearing loss and other age-related needs.

Improving identification of veterans across healthcare settings remains one of the most important factors for understanding local need and ensuring access to specialist support such as Op COURAGE, Op RESTORE and Op FORTITUDE.

Mental health continues to be a significant consideration for some veterans, with evidence highlighting links between mental health difficulties, substance misuse, housing instability, employment circumstances and wellbeing, reinforcing the importance of integrated approaches that address clinical and social needs.

[86] Veterans Survey Report 2025.pdf
[87] 20260623_Telford_&_Wrekin_Veterans Report 2025 1.pdf
[88] healthwatchdudley.co.uk/sites/healthwatchdudley.co.uk/files/Veterans Voices .pdf

Despite improvements in veteran-specific healthcare provision, important evidence gaps remain regarding service awareness, utilisation, outcomes and unmet need among veterans and their families in Greater Essex. Improving local intelligence in these areas would support future commissioning, strengthen referral pathways and help ensure services remain accessible and responsive to the needs of the Armed Forces community.

5. Education

Overview: For education, the policy context has been updated by the 2025 Service Pupils in Schools guidance. This guidance is aimed at schools and local authorities and supports better understanding of the education and wellbeing needs of service pupils from Reception to Year 11. It highlights that service pupils may experience unique challenges associated with military life, including mobility between schools, parental deployment, periods of family separation and impacts on emotional wellbeing. The guidance also notes that around 78,000 current and former service pupils are recorded in state-funded schools in England, although this is likely to be an underestimate as identification relies on voluntary disclosure. [89]

For Greater Essex, this reinforces the importance of maintaining robust intelligence on the service pupil population and monitoring indicators such as Service Pupil Premium eligibility, school mobility, attendance, attainment, SEND prevalence, exclusions and access to wellbeing support. It also highlights the importance of encouraging identification of service pupils within schools to ensure that children from Armed Forces families receive appropriate support and that local needs are fully understood.

It is also important to note that the definition of a Service child varies across organisations. Education datasets generally identify children of currently serving Armed Forces personnel, the Service Children's Progression Alliance (SciP) adopts a broader definition that includes any child or young person whose parent or carer serves or has served at any point during the first 25 years of the child's life. This recognises that the impacts of military service and transition may continue beyond active service and influence educational experiences and progression into further and higher education.

5.1 Service children in Essex

Data on Service children are obtained through the School Census, which provides a wide range of educational indicators. As of January 2026, there were 205,777 pupils of statutory school age (5-16 years) in Essex schools. **1,464 (0.71%)** of these were Service Children – very similar to previous years. As shown in Table 5.1, compared with non-Service children, Service children in Essex were:

- Considerably less likely to be eligible for Free School Meals
- Similarly likely to have Special Educational Needs
- Less likely to live in the 20% most deprived areas nationally

[89] Service Pupils in Schools: Non-statutory guidance - GOV.UK

Table 5.1: Service and non-Service Children Cohorts, January 2026

Pupil Characteristic	% with pupil characteristic	
	Service Children	Non-Service Children
Free School Meals Eligible	9.4%	21.4%
Receives SEN (Special Educational Needs) Support	13.7%	14.1%
Has an Education, Health and Care Plan (EHCP)	4.2%	5.0%
Lives in the 20% most deprived areas nationally	4.1%	9.8%

5.2 Service children educational attainment

The four most commonly reported headline measures across the English education system include: Early Years Foundation Stage (EYFS); Year 1 Phonics screening check; Key Stage 2; Key Stage 4.

The latest available attainment data relate to the 2024/25 academic year. Four key attainment measures are presented:

- Early Years Foundation Stage (EYFS): Good Level of Development at the end of Reception.
- Year 1 Phonics: attainment of the expected standard in the phonics screening check.
- Key Stage 2 (KS2): attainment of the expected standard in reading, writing and mathematics at the end of primary school.
- Key Stage 4 (KS4): attainment of grade 4 or above in English and mathematics GCSEs.

Table 5.2 compares the attainment outcomes of Service children in Essex with non-Service children in Essex and equivalent national cohorts. Figures in brackets indicate the change from the previous academic year.

Key findings include:

- **Service children compared with non-Service children in Essex:** Service children achieved higher attainment rates in Year 1 Phonics and KS2. However, attainment was lower among Service children in EYFS and KS4.
- **Year-on-year change for Service children in Essex:** Compared with the previous academic year, attainment among Service children improved notably in Year 1 Phonics and KS2. In contrast, attainment declined in EYFS and KS4.
- **Comparison with England averages:** In 2025, attainment outcomes for Service children in Essex were below the England average across all four key stages. The gaps equate to approximately four additional children achieving the expected standard in EYFS, two in Year 1 Phonics, one in KS2, and 12 in KS4 to meet or exceed the national average.

Findings should be interpreted with caution, as the number of Service children within individual year groups is relatively small. Consequently, attainment percentages can

fluctuate considerably from year to year, with even small changes in pupil numbers resulting in notable shifts in performance rates.

Table 5.2: Service and non-Service Children Attainment, Essex, 2025

Age Group/Key Stage		Measure	Essex			England	
			Service Pupil Number	Service pupil %	Non-Service pupil %	Service pupil %	Non-Service pupil %
5	Early Years Foundation Stage	% achieving a Good Level of Development	91	69.2 (-3.7)	70.7 (+1.3)	72.8 (-2.7)	68.3 (+0.7)
6	Year 1 Phonics	% achieving expected standard	96	81.3 (+3.1)	79.5 (-1.0)	83.5 (-0.3)	79.8 (-0.4)
11	Key Stage 2	% achieving expected standard in Reading, Writing & Maths	117	64.1 (+1.9)	62.7 (+1.1)	64.5 (+0.5)	62.2 (+1.7)
16	Key Stage 4	% achieving 9-4 in English & Maths	104	55.8 (-2.5)	63.8 (+0.1)	67.7 (+0.2)	65.2 (-0.2)

The percentages in brackets indicate the percentage change from the previous academic year.

5.3 Absence

School attendance is an important indicator of educational engagement and is strongly associated with attainment, wellbeing and longer-term outcomes. Overall absence measures the proportion of school sessions missed during the academic year, where a session is defined as either a morning or afternoon registration period. Absence rates include both authorised and unauthorised absences and are calculated as a percentage of all possible sessions for pupils of statutory school age.

Table 5.3 compares absence rates among Service and non-Service children in Essex. The findings show that Service children had a slightly lower rate of absence than their non-Service peers, indicating marginally better attendance overall.

Nationally, the overall absence rate for pupils in state-funded schools in England was 6.8% in the 2024/25 academic year, and in the East of England region – 6.7%. [90]

Lower absence rates among Service children suggest that, despite the potential challenges associated with Service life, including family relocations and parental deployment, engagement with education remains strong. Good attendance may also contribute to the broadly positive attainment outcomes observed for Service children in Year 1 Phonics and Key Stage 2. However, attendance should continue to be monitored alongside attainment and wellbeing measures to ensure that any emerging issues are identified and addressed at an early stage.

[90] Release home - Pupil absence in schools in England - Explore education statistics - GOV.UK

Table 5.3: Absence rates among Service and non-Service children, Essex, 2025

Pupil Characteristic	Eligible Pupils	% overall absence	% attendance
Service Children	1,431	5.4%	94.6%
Non-Service Children	197,046	6.9%	93.1%

5.4 Service Pupil Premium

Service Pupil Premium (SPP) provides additional funding to state-funded schools that educate children from Service families. The funding is designed to support the pastoral and educational needs of Service children, helping schools address challenges associated with parental deployment, family mobility and school transitions. Schools have flexibility in how the funding is used and may provide academic, wellbeing or transition support to eligible pupils. [91]

The latest SPP allocation data show that the number of the eligible pupils in Essex increased slightly from 1,517 in 2025/26 to 1,525 in 2026/27 (Table 5.4). Over the same period, the annual SPP payment increased from £350 to £360 per eligible pupil. SPP allocations are based on the preceding October School Census. For example, funding awarded during the 2026/27 financial year is calculated using pupil eligibility recorded in the October 2025 School Census.

Maximising the uptake of SPP remains important, as schools can only claim funding when eligible pupils are correctly identified. Service families may not always inform schools of their Service status, either because they are unaware of the funding available or because they assume this information will automatically transfer when moving between schools.

Table 5.4: Service Pupil Premium Funding Allocations for Essex, Southend, and Thurrock for 2025/26 and 2026/27.

Local Authority	2025/26			2026/27		
	Total Pupils in years R-11	Pupils eligible for Service Child Pupil Premium	Service Pupil Premium Allocation (£)	Total Pupils in years R-11	Pupils eligible for Service Child Pupil Premium	Service Pupil Premium Allocation (£)
Essex	208,486	1,517	530,804	207,634	1,525	549,000
Southend-on-Sea	27,902	38	13,300	27,603	39	14,040
Thurrock	29,488	18	6,300	28,976	25	9,000

The number of pupils eligible for Service Pupil Premium differs slightly from the number of school-aged Service children identified through the school census because eligibility criteria and timing of data collection vary.

5.5 Post school destinations

The transition from compulsory education into further education, training or employment represents an important milestone in a young person's educational journey. Monitoring

[91] Service pupil premium: what you need to know - GOV.UK

post-16 destinations helps to understand whether young people are successfully progressing into sustained education, employment or training opportunities.

Based on the Activity Survey conducted approximately six months after Year 11 examinations, the post-16 destinations of Service children in Essex are broadly comparable to those of non-Service children, suggesting that Service children are transitioning into education, employment and training pathways at similar rates.

Table 5.5 presents the destinations of Year 11 leavers in 2025, based on Service child eligibility recorded during Year 11.

The majority of Service children (87%) progressed into full-time education or training, with a further 6% entering apprenticeships. A small proportion were recorded in employment or other destinations. No Service children were recorded as having an unknown destination ('Current activity not established'), compared with 1% of non-Service children.

Table 5.5: post-16 destination of Service and Non-Service children, Essex, 2025

Destination	Service Children		Non-Service Children	
	Number	%	Number	%
Apprenticeship	6	6%	458	3%
Current activity not established			95	1%
Employment	<5	<5%	164	1%
Full-time education or training	90	87%	16,078	92%
Other*	6	6%	858	4%
Total Leavers	104		17,558	

Counts fewer than five have been suppressed and percentages rounded to the nearest whole number to protect confidentiality. The 'Other' category includes young people recorded as 'Not settled (active in the labour market)', 'Not settled (not active in the labour market)', 'Temporary break from learning', and 'Working towards participation'.

5.6 Pupil mobility

School mobility refers to pupils joining a school during the two-year period prior to sitting their Key Stage 2 (KS2) assessments or Key Stage 4 (KS4) examinations. Research has shown that frequent moves can affect educational continuity, attainment, social relationships and wellbeing, particularly where pupils experience multiple transitions during their school career. School mobility is one of the principal reasons the Service Pupil Premium was introduced.

Service children may be more likely to change schools as a result of military postings and family relocations. Monitoring pupil mobility therefore provides insight into one of the distinctive educational challenges associated with Service life.

Table 5.6 shows the proportion of pupils who joined their current school within the two years preceding their KS2 or KS4 assessments in 2025. Service children were almost twice as likely as non-Service children to be mobile at KS2 (19.4% compared with 9.8%). In contrast,

mobility rates at KS4 were similar for Service and non-Service pupils (5.3% and 5.9% respectively).

Table 5.6: Service and non-Service pupil mobility rates for 2025 key stage cohorts, Essex

Key Stage	Service Children	Non-Service Children
KS2	19.4%	9.8%
KS4	5.3%	5.9%

The higher levels of mobility observed among Service children at KS2 are likely to reflect the impact of military postings and family relocations during the primary school years. Despite this, Service children in Essex achieved attainment outcomes that were comparable to, or better than, non-Service children in both Year 1 Phonics and KS2. This may suggest that schools and support mechanisms, including Service Pupil Premium funding, are helping to mitigate some of the potential impacts of school transitions. However, given the relatively small number of Service children within individual cohorts, these findings should be interpreted with caution.

While attainment outcomes remain generally positive, the higher levels of mobility experienced by Service children highlight the importance of effective transition support, pastoral provision and early identification of educational needs when families move between schools and local authority areas.

5.7 Wellbeing

Service children may experience unique challenges associated with military life, including parental deployment, family separation and repeated transitions between schools and communities. While local wellbeing data for Service children are not currently available, these factors have been identified in national research as potential influences on emotional wellbeing, social connectedness and educational experiences. [92]

Recommended action (Essex Education, schools and local authorities): Continue to encourage the identification of Service children within schools, so that families receive appropriate support and eligible pupils are correctly registered for the Service Pupil Premium. Schools should be supported to provide effective transition and pastoral support, given the higher school mobility of Service children. Consideration should also be given to developing local intelligence on the wellbeing of Service children, which is not currently available.

6. Housing

Policy overview: Housing policy affecting the Armed Forces community has developed significantly since the 2024 assessment. Updated statutory guidance confirms that veterans should not be disadvantaged by **local connection requirements** when accessing social housing and emphasises the importance of identifying Armed Forces status within housing

[92] New Research: The Impact of Military Life in the Service Child – Naval Childrens Charity

and homelessness services. A dedicated chapter on veterans has also been added to the **Homelessness Code of Guidance**, reinforcing expectations around homelessness prevention and partnership working. Veteran homelessness remains a national priority, with continued emphasis on specialist support pathways such as Op FORTITUDE and wider initiatives including VALOUR.

Policy developments have also increased focus on **transition from military to civilian** housing, with greater emphasis on early planning and intervention before service personnel leave military accommodation. In addition, the Ministry of Defence 2025 Defence Housing Strategy introduced a "Forces First" approach, including the creation of a Defence Housing Service and a £9 billion programme to improve military accommodation and housing options for serving personnel, families and veterans.

Alongside these developments, changes to the **planning system** have reinforced the importance of understanding and meeting identified housing needs across different population groups. The National Planning Policy Framework (NPPF) and relevant planning guidance require local authorities to assess housing needs and plan positively for communities requiring different forms of housing, including specialist accommodation. [93]

More broadly, recent housing reforms affecting the wider population, including the Renters' Rights Act, Awaab's Law, leasehold reform and the extension of the Decent Homes Standard may also influence housing experiences across the Armed Forces community. These developments reinforce the importance of understanding housing pathways, housing affordability, transition from service, homelessness prevention and housing outcomes for serving personnel, veterans and their families in Greater Essex.

6.1 Housing profile and future demand

6.1.1 Housing Tenure

Housing tenure provides an important indication of housing security, affordability and future housing need. There are three main housing tenures in England: **owner-occupation, private renting, and social renting**. Owner-occupation includes households who own their home outright and those with a mortgage or loan. The social rented sector includes both local authority and housing association homes. [94]

Census 2021 data for the general population showed that out of almost 771,000 households in Greater Essex, 69% were owner-occupied, 17% were privately rented, and 14% were socially rented at the time of the survey. The latest available English Housing Survey (EHS 2024/25) shows that owner-occupiers represented 65% of all households in England, the private rented sector accounted for 19%, and the social rented sector accounted for 16% in 2024/25 (see Appendix D.1). [95]

[93] National Planning Policy Framework - GOV.UK
[94] Chapter 1: Profile of households and dwellings - GOV.UK
[95] Annex tables for English Housing Survey 2024 to 2025 headline findings on demographics and household resilience - GOV.UK

In comparison, veteran households in Greater Essex were considerably more likely to live in owner-occupied accommodation according to the Census 2021 data. Around 77% of veteran households owned their home, while 10% lived in the private rented sector and 12% in social rented accommodation. This difference is likely to reflect the older age profile of the veteran population, as home ownership generally increases with age. [96]

There is, however, notable variation across Greater Essex local authorities. The proportion of veteran households living in owner-occupied accommodation ranges from 61% in Harlow to 88% in Castle Point. Private renting ranges from 6% in Rochford to 15% in Southend-on-Sea, while social renting ranges from 4% in Castle Point to 32% in Harlow (Table 6.1).

Table 6.1: Tenure type among veteran households, Greater Essex, Census 2021

Local Authority	Owner-occupiers	Private renters	Social renters
Greater Essex	77%	10%	12%
Essex	78%	10%	12%
Basildon	73%	8%	18%
Braintree	73%	11%	16%
Brentwood	83%	8%	9%
Castle Point	88%	8%	4%
Chelmsford	80%	9%	12%
Colchester	74%	13%	13%
Epping Forest	77%	9%	13%
Harlow	61%	7%	32%
Maldon	83%	8%	10%
Rochford	86%	6%	8%
Tendring	81%	12%	7%
Uttlesford	76%	10%	14%
Southend-on-Sea	74%	15%	11%
Thurrock	73%	11%	16%

Veteran households were defined as households where the Household Reference Person had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Tenure is based on the household's accommodation status. Owner-occupiers include households who owned their home outright and those who owned with a mortgage or loan.

These differences may have implications for future housing need. Housing tenure is associated with wider social and economic outcomes, including income, housing costs, financial resilience and wellbeing. While the high rate of home ownership among veterans suggests housing stability for many households, the ageing profile of the veteran population may increase future demand for housing adaptations, accessible housing, home maintenance support and services that enable people to remain living independently for

[96] Chapter 3: Housing history and future housing - GOV.UK

longer. Local variation in tenure may also indicate differing housing and support needs across veteran communities within Greater Essex. [97]

6.1.2 Housing type

Accommodation type can influence housing costs, accessibility, maintenance requirements and the suitability of housing as people age. The majority of veteran households in Greater Essex live in houses (84%), with 15% living in flats, maisonettes or apartments and 1% living in caravans, mobile homes or other temporary structures (Table 6.2).

There is some variation across Greater Essex. Veteran households in Southend (28%), Harlow (21%) and Thurrock (18%) are more likely to live in flats, maisonettes or apartments than the Greater Essex average. By contrast, veteran households in Castle Point, Maldon and Uttlesford are more likely to live in houses, with around 90% living in detached, semi-detached or terraced properties.

The proportion of veteran households living in caravans, mobile homes or other temporary structures is generally low across Greater Essex. However, Castle Point (4.1%) and Rochford (2.7%) have relatively higher proportions than other areas, reflecting local patterns of mobile home and park home accommodation.

Table 6.2: Accommodation type among veteran households, Greater Essex, Census 2021

Local Authority	A caravan or other mobile or temporary structure	Flat, maisonette or apartment	House (Detached, semi, terraced)
Greater Essex	1.0%	15.0%	84.0%
Essex	1.1%	13.3%	85.6%
Basildon	0.7%	13.9%	85.4%
Braintree	0.6%	11.4%	88.0%
Brentwood	0.2%	15.5%	84.3%
Castle Point	4.1%	6.0%	89.8%
Chelmsford	1.2%	15.2%	83.7%
Colchester	0.3%	14.3%	85.4%
Epping Forest	2.1%	17.5%	80.4%
Harlow	0.0%	21.1%	78.9%
Maldon	1.2%	9.0%	89.8%
Rochford	2.7%	10.2%	87.1%
Tendring	1.3%	14.2%	84.5%
Uttlesford	1.0%	10.1%	89.0%
Southend-on-Sea	0.2%	28.2%	71.6%
Thurrock	0.2%	17.6%	82.2%

Veteran households were defined as households where the Household Reference Person had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Accommodation type was grouped as House

[97] 2024-25_EHS_Headline_Report.pdf

(detached, semi-detached and terraced), Flat, maisonette or apartment, and Caravan or other mobile or temporary structure.

The predominance of houses is consistent with the high levels of owner-occupation observed among veteran households. However, accommodation type may become increasingly important as the veteran population ages. Future housing needs may include adaptations to improve accessibility, support for maintaining larger properties and access to housing that can accommodate changing mobility or health needs. Understanding the suitability of existing housing stock may therefore become as important as understanding overall housing tenure and availability.

6.1.3 Care Homes and communal establishments

Adult social care refers to a range of services and support provided to adults who are unable to carry out everyday activities independently because of factors such as age, illness, disability or other physical and mental health conditions. Support can be provided in an individual's own home, in community settings, or within residential and nursing care settings. [98] Services can include personal care, assistance with daily living, respite care, supported accommodation and long-term residential care. Adult social care is funded through a combination of local authority, private and voluntary sector provision. [99]

Census 2021 data indicate that there were approximately 340,355 care home residents in England and Wales of whom 26,520 (7.8%) were veterans. Despite this, after adjusting for differences in age and sex, veterans were less likely than non-veterans to live in a care home (1.43% compared with 2.54%). [100]

Local authority equivalent data on veterans living in care homes are not routinely available. Therefore, the closest available measure is the Census category of **communal establishments**, which includes several types of accommodation, including care homes, nursing homes, prisons, hostels and temporary accommodation.

Using this broader measure, Census 2021 data show 853 veterans living in communal establishments across Greater Essex at the time of Census 2021. This represents 1.7% of the total veteran population in Greater Essex living in communal establishments. Within Greater Essex, the largest numbers of veterans living in communal establishments were recorded in the coastal areas of Tendring (127) and Southend (115) (Table 6.3).

Table 6.3: Veterans in communal establishments, Greater Essex, Census 2021

Local Authority	Veterans living in communal establishments
Greater Essex	853
Essex	705
Basildon	36
Braintree	71

[98] What is adult social care and who is it for?
[99] Forecasting the support needs of the veteran community in Great Britain: Analysis of trends in general health, disability and caring responsibilities
[100] Living arrangements of UK armed forces veterans, England and Wales - Office for National Statistics

Brentwood	34
Castle Point	35
Chelmsford	79
Colchester	89
Epping Forest	63
Harlow	24
Maldon	50
Rochford	20
Southend-on-Sea	115
Tendring	127
Thurrock	33
Uttlesford	77

The latest Care Quality Commission (CQC) data (August 2026) indicate that there are approximately 520 care homes in Greater Essex, with around 15,900 beds. [101] The highest number of care homes and the greatest bed capacity are recorded in Tendring (98 care homes and 2,150 beds). However, it is currently unknown how many Greater Essex veterans reside in these care homes or what their needs are.

Research suggests that the veteran population is projected to decline over the next two decades, largely due to reductions in the number of older veterans. [102] Consequently, the social care demand for veterans is likely to decline as well. However, the wider UK population is ageing and demand for adult social services is expected to increase. This would add further pressure on an already stretched social care system, which could affect veterans seeking care and support, despite the shrinking veteran population. Conversely, if policy changes improve access to adult social services, veterans could also benefit (ibid).

Veterans' social care needs remain a largely unexplored area in the UK. However, available evidence indicates that veterans living in care settings may experience needs related to social connectedness, as well as military-related physical and mental health conditions. These needs are not uniform across the veteran population, highlighting the importance of personalised, veteran-informed care planning across both specialist and mainstream care settings. [103]

The age profile of veterans provides an important indication of potential future demand for adult social care. As shown in Appendix C.5, Tendring has the largest number of veterans aged 65 and over (4,186, 66%) in Greater Essex. Given the association between older age, disability, long-term health conditions and care needs, areas with larger concentrations of

[101] Using CQC data - Care Quality Commission
[102] Forecasting the support needs of the veteran community in Great Britain: Analysis of trends in general health, disability and caring responsibilities
[103] Veterans in Care Homes: An International Scoping Review to Inform UK Policy and Practice | Journal of Long-Term Care

older veterans may experience greater demand for adult social care and specialist support services. [104]

However, this highlights a recurring issue identified throughout this assessment: the limited ability to identify veterans and their families within the local administrative system. As a result, the number of veterans currently accessing adult social care services, their needs and outcomes remain largely unknown. Given the proposed extension of the Armed Forces Covenant Legal Duty to include health and social care, improving the identification of veterans and their families within adult social care systems is likely to become more important.

Recommended action (Essex Adult Social Care Services, Public Health): Essex Adult Social Care Services and the Public Health team should explore opportunities to routinely record veteran status and Armed Forces family status within MOSAIC (Essex Adult Social Care case management system) and associated assessment pathways. This could improve understanding of the number, characteristics and needs of Armed Forces communities accessing social care services, support the future implementation of the Armed Forces Covenant legal duty to social care and enable more effective signposting to specialist veteran support services.

6.2 Housing affordability

6.2.1 Private rented sector affordability

Around 10% of veteran households in Greater Essex privately rent, compared with 17% of households overall, indicating that renting is not the main tenure for the veteran population as discussed in section 6.1. However, private renting may be particularly relevant to younger veterans, service leavers and households transitioning from military accommodation.

Access to the private rented sector may involve several upfront costs and requirements, including deposits, rent in advance, affordability assessments, references and guarantor arrangements. These factors can present barriers for some households, particularly where housing needs arise alongside broader financial pressures or transitions associated with leaving military service.

In June 2026, the modelled average monthly rent for a one-bed property ranged from £757 in Tendring to £1,229 in Epping Forest, a difference of approximately £472 per month, demonstrating the differences within Greater Essex local authorities (Table 6.4). [105]

Table 6.4: Modelled average monthly private rents (£), Greater Essex, June 2026

Area name	Property size				Property type			
	1 bed	2 bed	3 bed	4 + bed	Detached	Semi-detached	Terraced	Flat / maisonette
England	1,184	1,323	1,475	2,140	1,626	1,436	1,422	1,431
East of England	890	1,138	1,383	1,961	1,740	1,393	1,261	1,020

[104] The implications of population ageing for social policy - House of Commons Library
[105] Price Index of Private Rents, UK: monthly price statistics - Office for National Statistics

Southend-on-Sea	869	1,104	1,344	1,845	1,647	1,404	1,307	1,024
Thurrock	935	1,208	1,464	2,183	1,919	1,492	1,341	1,072
Basildon	977	1,262	1,498	2,113	1,953	1,485	1,426	1,124
Braintree	858	1,110	1,366	1,989	1,697	1,313	1,196	979
Brentwood	1,103	1,394	1,711	2,403	2,196	1,776	1,562	1,271
Castle Point	937	1,163	1,417	2,030	1,428	1,350	1,325	1,044
Chelmsford	1,065	1,299	1,551	2,235	2,005	1,529	1,378	1,217
Colchester	824	1,069	1,307	1,806	1,574	1,274	1,235	960
Epping Forest	1,229	1,583	1,939	2,879	2,562	1,968	1,820	1,435
Harlow	1,019	1,323	1,568	2,194	2,176	1,678	1,503	1,124
Maldon	802	1,040	1,253	1,919	1,653	1,260	1,092	868
Rochford	888	1,166	1,424	1,867	1,711	1,356	1,294	1,063
Tendring	757	973	1,183	1,584	1,310	1,133	1,059	882
Uttlesford	902	1,139	1,438	2,031	1,760	1,409	1,276	1,006

The ONS Price Index of Private Rents provides modelled average monthly rent levels rather than median rents or advertised asking rents. The estimates cover both new and existing tenancies and should not be interpreted as the precise rent that a household entering a new tenancy would pay. These figures should be interpreted as local housing market context rather than evidence of veteran-specific disadvantage.

In addition to affordability pressures, the private rented sector is undergoing significant legislative change through the Renters' Rights Act. The reforms are intended to strengthen tenant protections, including the abolition of Section 21 'no-fault' evictions and increased security of tenure. [106] For service leavers and veterans who move into private rented accommodation following discharge, these changes may improve housing stability and reduce the risk of losing accommodation without cause. However, access to private rented housing will continue to depend on affordability, availability, deposits, references and the willingness of landlords to let properties to prospective tenants.

6.2.2 Home ownership affordability

Home ownership is the main tenure among veteran households in Greater Essex, with around 77% owning their home. Purchasing a home also comes with several challenges, including deposit requirements, mortgage affordability, costs associated with purchasing (i.e. stamp duty, legal costs) and uncertainty about where to settle.

The latest available data suggest that the median property price in Greater Essex ranged from £210,000 for a flat or maisonette to £515,000 for a detached property (Table 6.5). There is also considerable variation between local authorities. For example, the median price of a terraced property ranged from £221,000 in Tendring to £495,000 in Epping Forest, a difference of £274,000. This variation indicates that access to home ownership may differ substantially depending on where households choose to live and what type of accommodation they are looking to settle in.

Flats and maisonettes may provide a lower-cost route into home ownership, with median prices ranging from £150,000 in Tendring to £325,000 in Epping Forest. However, lower

[106] Guide to the Renters' Rights Act - GOV.UK

purchase prices do not necessarily equate to lower overall housing costs. Many flats are sold on a leasehold basis and may involve additional costs such as service charges, building maintenance charges and contributions towards major works. These costs may affect the affordability and long-term suitability of properties for some households. [107]

Table 6.5: Median property price (£), Greater Essex, year ending September 2025

Local Authority	Detached property	Semi-detached property	Terraced property	Flats and maisonettes
Essex	515,000	375,000	328,500	210,000
Basildon	580,000	400,000	325,000	214,500
Braintree	490,000	344,998	292,000	171,000
Brentwood	820,000	526,500	424,500	275,000
Castle Point	425,000	360,000	302,500	225,000
Chelmsford	590,000	421,834	360,000	218,000
Colchester	455,000	327,500	275,000	180,000
Epping Forest	850,000	575,000	495,000	325,000
Harlow	500,000	415,000	332,500	210,000
Maldon	505,000	350,000	290,000	178,750
Rochford	535,000	380,000	332,000	193,500
Tendring	370,500	265,000	221,000	150,000
Uttlesford	607,500	425,000	364,995	210,000
Southend-on-Sea	550,000	396,750	330,000	219,000
Thurrock	515,500	403,000	345,000	210,000

Recent leasehold and commonhold reforms aim to strengthen consumer rights, improve transparency of service charges and simplify the process of extending leases. In addition, the Government has proposed reforms intended to simplify the home buying and selling process. [108] Over time, these reforms may improve protections for serving personnel, veterans and military families who own or are considering purchasing leasehold properties. [109]

6.2.3 Forces Help to Buy and access to ownership

The Forces Help to Buy (FHTB) scheme enables eligible serving personnel to borrow up to 50% of annual salary (maximum £25,000) as an interest-free loan to support home purchase, house moves or eligible home improvements. The scheme is intended to improve access to home ownership and assist personnel in establishing long-term housing arrangements during and after military service. [110]

[107] Leasehold vs freehold: what's the difference? - MSE
[108] Homebuying shake-up to slash delays, cut costs and stop sales falling through - GOV.UK
[109] Draft Commonhold and Leasehold Reform Bill - GOV.UK
[110] Forces Help to Buy: help to get on the property ladder - GOV.UK

Research exploring service personnel experiences of Forces Help to Buy found that the scheme helped many participants to overcome one of the main barriers to home ownership: raising a deposit. Participants frequently reported that the scheme enabled them to purchase a home earlier than would otherwise have been possible and provided greater long-term housing stability for themselves and their families. However, the research also found that wider housing affordability pressures remained important considerations, particularly in higher-cost housing markets. As a result, support through Forces Help to Buy may increase access to home ownership but does not remove the influence of local house prices on settlement decisions and housing choices. [111]

National Forces Help to Buy statistics suggest between 2014 and 2026, only around 6% of all FHTB payments were used to purchase or extend properties in the East of England, compared with 21% in the South West, 13% in South East and 13% in the East Midlands. By comparison, around 10% of UK Regular Service personnel were stationed in the East of England in 2025. [112]

However, housing affordability is likely to remain an important consideration for many service leavers in Greater Essex. The Forces Help to Buy scheme is available to serving Regular personnel and must be used before discharge. It is an entitlement that personnel can plan around during service and transition, rather than one available to veterans after leaving the Armed Forces. Its relevance to this needs assessment is therefore twofold: it directly supports serving personnel and those approaching transition within the local Armed Forces community, and it helps explain why the housing circumstances many veterans enter civilian life with are shaped by decisions made during military service.

Recommended action (MOD Transition Services, Local Authorities, CMPB, AFC Partners): Ensure serving personnel approaching transition are aware of housing support options available before and after discharge, including the Forces Help to Buy scheme, social housing provisions under AFC, home ownership pathways and local housing advice services. Improved housing planning during transition may help achieve successful settlement and reduce future housing vulnerability.

6.2.4 Transition considerations

Transition from military to civilian housing is increasingly recognised as an important stage in the wider resettlement process. The most recent Service Leavers' Guide highlights housing as one of the key issues that should be addressed between nine and six months before discharge, including planning a move from MOD accommodation where applicable.

Upon leaving service, individuals may need to secure alternative accommodation within a defined timeframe. The transition can be particularly challenging for individuals who:

- Have not previously participated in the civilian housing market;
- Have experienced frequent relocations during service;
- Have limited savings or housing equity;

[111] Forces Help to Buy: Understanding service personnel experiences - GOV.UK
[112] Forces Help to Buy Statistics 2025 to 2026 - GOV.UK

- Are medically discharged;
- Are Early Service Leavers;
- Have experienced relationship breakdown; or
- Need adapted accommodation because of injury, illness or disability.

The Defence Transition Service (DTS), together with the Veterans Welfare Service, provides advice and guidance to support serving personnel and recent service leavers in understanding their civilian housing options, including home ownership, private renting, social housing and affordable housing schemes.

A key housing challenge during transition is that service personnel may need to secure accommodation at the same time as navigating other significant changes, including leaving employment, establishing new healthcare arrangements, adjusting family circumstances and integrating into civilian communities. Housing needs are therefore often interconnected with wider financial, health and wellbeing considerations.

6.3 Social housing, homelessness and access to settled accommodation

6.3.1 How the housing system works

Census 2021 data show that around 12% of veteran households in Greater Essex lived in social rented accommodation, compared with 14% of households in the general population. While the majority of veterans are owner-occupiers, social housing remains an important housing option for some veterans and their families, particularly those on lower incomes, experiencing housing insecurity, or unable to access home ownership or private renting. [113]

Understanding access to social housing can be complex because homelessness assistance and social housing allocation operate through separate, although often interconnected, systems. A household may seek support because it is homeless or at risk of homelessness, whilst also applying to join a local authority housing register for access to council or housing association accommodation.

Being owed a homelessness duty does not automatically result in an offer of social housing, and joining a housing register does not guarantee that suitable accommodation will become available. Housing outcomes depend upon a combination of assessed need, priority awarded through local allocation schemes, and the availability of suitable accommodation. [114]

This distinction is important when considering housing outcomes for veterans. Whilst homelessness data provide one indicator of housing need, access to settled accommodation is also influenced by housing register demand, social housing availability, conditions within the private rented sector and the suitability of available housing options.

[113] National Housing Federation - About social housing
[114] Homelessness Code of Guidance for Local Authorities

6.3.2 Recorded statutory homelessness in Greater Essex

In 2024/25, 42 households across Greater Essex authorities with available data were owed a prevention or relief duty and had "Served in HM Forces" recorded as a support need. This represents 5.6 per 1,000 households owed one of these duties, similar to the East of England rate (5.5 per 1,000) but lower than the England average (6.6 per 1,000) (Table 6.6).

Table 6.6: Households with "Served in HM Forces" recorded as a support need, 2024/25

Local Authority	Recorded Armed Forces households	All households owed prevention or relief duty	Rate per 1,000
Greater Essex	42	7,450	5.6
Essex	38	5,093	7.4
East of England	180	32,630	5.5
England	2,180	330,410	6.6

These figures should not be interpreted as the total number of homeless veterans. They only include households that approached a housing authority, were owed a prevention or relief duty, disclosed or were identified as having served, and had this recorded as a support need. They do not capture the hidden homelessness, people who did not approach a council or households whose Armed Forces status was not recorded. Data were also unavailable or incomplete for some local authorities.

Table 6.7 shows that the number of households recorded as having served in HM Forces fluctuated over the six-year period, falling from 48 in 2019/20 to 24 in 2022/23 before increasing to 42 in 2024/25. [115]

Table 6.7: Households owed a homelessness duty where applicant previously served in HM Forces, Greater Essex, 2019/20-2024/25

Served in HM Forces	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Basildon	6	4	2	0	7	5
Braintree	3	4	4	0	1	2
Brentwood	0	0	0	1	*	3
Castle Point	2	0	1	0	1	1
Chelmsford	6	6	11	6	7	5
Colchester	16	3	3	4	*	11
Epping Forest	3	2	5	4	1	*
Harlow	3	0	0	0	0	1
Maldon	0	3	1	2	2	*
Rochford	1	1	1	1	2	1
Southend-on-Sea	0	0	2	1	3	4
Tendring	3	3	5	2	5	5
Thurrock	4	2	1	3	0	0
Uttlesford	1	2	2	0	0	4
Total	**48**	**30**	**38**	**24**	**29**	**42**

** Incomplete or no data received from the local authority*

[115] Homelessness statistics - GOV.UK

Overall, the data suggest that the number of veterans recorded within statutory homelessness services is relatively small. However, the continued presence of cases across multiple local authorities indicates that homelessness and housing insecurity continue to affect some members of the Armed Forces community.

Findings from the Veterans' Survey 2022 suggest that some veterans experiencing homelessness or rough sleeping may not access formal support services. Reported barriers included a lack of awareness of available support, perceptions of ineligibility, concerns that services would not meet their needs, and low levels of trust in support organisations. These findings suggest that recorded homelessness statistics may not capture the full extent of housing need among veterans.[116]

The complexity of veterans' housing needs also shows the importance of timely access to specialist support. Op FORTITUDE is a government-backed centralised referral pathway designed to support veterans who are homeless or at risk of homelessness. Launched in 2023, it provides a centralised route into veteran-specific housing support, helping veterans to maintain their existing accommodation or access suitable supported housing. According to the Armed Forces Covenant Annual Report (2025), as of the end of September 2025, nationally, there were over 4,000 referrals to Op FORTITUDE and over 950 veterans supported into housing. Op FORTITUDE was due to end in March 2026; however, it has now been extended to March 2029 according to the new Veterans Strategy.

Awareness of Op FORTITUDE among local authority housing teams is particularly important as veterans may not identify themselves as such when seeking assistance. Housing officers are often the first professionals to come into contact with veterans experiencing housing instability and can play a key role in ensuring that veterans are connected to specialist support pathways.

National research also identifies particular groups of veterans who may be at greater risk of homelessness or housing insecurity. *The No Homeless Veterans: A Roadmap to End Homelessness Amongst Veterans* study highlighted increased vulnerability among:

- Early Service Leavers;
- Veterans leaving under the age of 35 an reliant on welfare benefits;
- Non-UK personnel with families who wish to remain in the UK;
- Partners within the wider Armed Forces community who are not veterans;
- Women who have experienced interpersonal violence or military trauma;
- Ex-offenders with multiple and complex needs; and
- Veterans and their families experiencing poverty, debt and long-term unemployment.

6.3.3 Housing registers

National policy has increasingly sought to improve understanding of the housing circumstances of the Armed Forces community and to ensure that veterans are not

[116] Finance and housing, UK armed forces veterans: Veterans' Survey 2022, UK - GOV.UK

disadvantaged in accessing social housing. The Ministry of Housing, Communities, and Local Government (MHCLG) has strengthened both the statutory framework and monitoring arrangements related to Armed Forces households, including statutory guidance on social housing allocations and the introduction of specific Armed Forces fields within Local Authority Housing Statistics (LAHS) returns. [117]-[118] The LAHS now includes information on households receiving additional preference under Armed Forces provisions and households housed through local authority allocations. However, these measures relate to specific statutory preference groups and do not provide a comprehensive measure of veteran housing need.

The LAHS data (as at end of March 2025) shows that, one-bedroom accommodation was the most commonly recorded bedroom requirement, which accounted for 49.6% of specified bedroom requirements in England and 45.8% across Greater Essex. These figures suggest a considerable requirement for smaller accommodation among registered households. However, this does not establish veterans' bedroom needs, and one bedroom accommodation may be required by couples as well as single people. [119] The same dataset shows that 2,649 households in England were recorded as receiving additional Armed Forces preference in 2024/25, equivalent to approximately 0.2% of all registered households. 29% of submitting authorities recorded zero (76 of 261, with another 31 submitted returns missing this field), and the top five authorities accounted for a third (31.5%) of the national total, with one reporting 380 alone.

Available data for Greater Essex show a similar pattern, with a single district accounting for 61% of the Greater Essex total (48 of the 79) (Table 6.8). The year end register count must also be separated from households let accommodation during the financial year (d14a). These measures are not expected to match. Eligibility rules, register reviews and households appearing in multiple authorities lists also affect register statistics, limiting their use as a complete measure of housing need.

Table 6.8: Local authority housing statistics data returns, Greater Essex, 2024 to 2025

Local Authority	Households on housing register (or waiting list)	Residency /Local connection test	Armed Forces community exemption	Armed Forces households given additional preference	Armed Forces households given additional preference and let a dwelling
Basildon	2,376	No	N/A	0	0
Braintree	3,428	No	N/A	48	15
Brentwood	261	Yes	Yes	3	2
Castle Point	748	Yes	Yes	0	0
Chelmsford	1,855	Yes	Yes	9	1

[117] Improving access to social housing for members of the Armed Forces, Veterans, and their families
[118] Improving access to social housing for members of the Armed Forces - GOV.UK
[119] Local Authority Housing Statistics data returns for 2024 to 2025 - GOV.UK

Colchester	1,730	Yes	Yes	4	28
Epping Forest	1,241	Yes	Yes	7	1
Harlow	1,919	Yes	Yes	2	Not reported
Maldon	818	Yes	Yes	0	0
Rochford	751	Yes	Yes	2	1
Southend-on-Sea	1,359	No	N/A	Not reported	0
Tendring	1,857	Yes	Yes	4	7
Thurrock	5,114	Yes	Yes	0	1
Uttlesford	1,374	Yes	Yes	0	5

Note: Housing-register and additional preference counts are snapshots as at 31 March 2025. Lettings cover the financial year 2024/25 and include nominations. "Not reported" denotes unavailable data. The additional preference and lettings fields cover defined Armed Forces preference groups and do not represent all veteran applicants or all veterans housed.

Time series data indicate that recorded housing register totals have followed different trajectories in Greater Essex (See Appendix D.2). Basildon, Braintree and Uttlesford recorded substantial increases in households on housing registers between 2016/17 and 2024/25 (89%, 39%, 70% respectively). In contrast, several authorities reported lower numbers in 2024/25 than in 2016/17, including Thurrock (-35%), Colchester (-59%), and Chelmsford (-67%). However, these figures should be interpreted with caution as changes may reflect genuine shifts in housing demand, or amendments to housing allocation policies, eligibility criteria or register recording practices.

Most Greater Essex authorities reported applying local connection or residency requirements when determining eligibility for their housing register. Consistent with national guidance, authorities operating such requirements reported exemptions for members of the Armed Forces community.

Time series data (See Appendix D.3) also show that Braintree consistently reported the highest numbers, between 39 and 58 Armed Forces households receiving additional preference at each year end since 2020/21. Colchester reported relatively high numbers between 2016/17 and 2018/19 ranging from 43 to 64. However, in more recent years the numbers dropped to below 5. Many other authorities reported either low numbers or no Armed Forces households receiving additional preference throughout the period (2016/17 to 2024/25).

Similarly, the number of Armed Forces households given additional preference and subsequently let a dwelling through local authority allocations or nominations remained low across most areas (See Appendix D.4). Colchester recorded the highest numbers since 2019/20 ranging from 18 to 35, while Braintree reported between 13 and 24 households annually between 2018/19 and 2024/25. In contrast, most other local authorities reported fewer than 5 households housed in any given year, and several reported no Armed Forces households housed during the period (2018/19 to 2024/25).

The reasons for this variation may reflect local levels of housing demand, population size, the concentration of serving personnel and veterans, local allocation schemes, or variations in how Armed Forces status is identified and recorded.

The data also provide limited insight into the number of veterans applying to join housing registers, the proportion found to be eligible, or the outcomes of unsuccessful applications. This makes it difficult to determine whether low numbers reflect low demand, successful access to housing through alternative routes, or limitations in recording and monitoring systems.

Recommended action (CMPB, Armed Forces Covenant partners): Explore with MHCLG opportunities to improve the identification and reporting of veteran housing requirements, building on existing national work on veterans' access to social housing. Engagement through the LAHS statistics team and Central Local Information Partnership-Housing (CLIP-H) should first clarify what improvements are already planned. Greater Essex findings should inform consideration of whether housing-register statistics could provide a consistent count of veteran and other Armed Forces households, separately from additional-preference status, and whether clearer definitions, guidance or validation would improve reporting. Any proposed changes should recognise the different purpose of LAHS, CORE (social housing lettings and outcomes) and H-CLIC (homelessness) and minimise additional reporting burden on local authorities. [120]_[121]

6.3.4 Military affordable housing and the planning system

The National Planning Policy Framework (NPPF) sets out the Government's planning policies for England. It guides the preparation of Local Plans and is an important consideration when councils determine planning applications. It does not itself allocate land or grant planning permission. [122] The Local Plan remains the starting point for decisions. [123]

The revised NPPF (17 August 2026) introduced military affordable housing as a new form of affordable housing tenure. It is defined as rented housing:

- Let at a submarket military rent determined by the MOD; and
- Secured so that it remains affordable for future eligible households, including Service personnel and veteran households, including widowed partners and spouses of the Service personnel, or so that the subsidy is recycled into alternative affordable housing. (ibid: Introduction, policy HO8(2), Annex B).

This is separate from Service Family Accommodation (SFA) and Single Living Accommodation (SLA) provided as part of the Defence estate. Under NPPF Policy HO8(2), a housing development containing military affordable housing must:

- demonstrate an evidenced unmet need for military affordable housing, with that evidence provided by the MOD; and
- meet Local Plan requirement for the overall proportion of affordable housing on the site.

[120] LAHS guidance 2024-25
[121] Debates on 20th July 2026
[122] National_Planning_Policy_Framework.pdf
[123] Local plans: the examination process legacy system - GOV.UK

Where these tests are met, the development is not required to provide the affordable housing tenure mix normally sought by the Local Plan, including its minimum proportion of Social Rent. Military affordable housing may form all the affordable housing on a development or may be provided alongside other affordable tenures (ibid).

This flexibility could help to deliver housing tailored to military households; however, it also means that military affordable housing could replace Social Rent or other affordable housing that would otherwise have been provided on a particular site. Robust evidence, transparent decision-making and effective monitoring will therefore be very important. It is also important to note that the policy does not create the following:

- an automatic requirement for councils to allocate land for military housing;
- a fixed local quota of military affordable homes;
- an automatic right to planning permission;
- an automatic entitlement to a home for every serving person or veteran; or
- a requirement for military affordable housing to be built only on MOD-owned land.

Veteran households are expressly included within the national definition; however, it does not make military affordable housing a general veterans' housing programme. Eligibility, priorities and nomination arrangements would need to be set out clearly for each scheme. Although veteran households are explicitly included within the definition, the policy appears primarily intended to address evidenced military housing need, which may include serving personnel, transitioning personnel, veteran households and bereaved military families where eligibility criteria are met.

The Greater Essex evidence gap

The evidence presented in Sections 6.3.2 and 6.3.3 shows the number of Armed Forces households identified through homelessness services and housing registers. These sources are important, but they do not measure the full extent of unmet military affordable housing need. They mainly identify households that have approached a council and been recorded correctly. Serving personnel living in Service accommodation, private rented housing or unsuitable arrangements may not appear in either dataset.

The number of personnel stationed at Colchester Garrison is also not, by itself, evidence of housing need. Personnel may be suitably housed in Service accommodation, own a home, rent privately or intend to move elsewhere. However, some need may remain hidden until posting, a relationship breakdown, discharge, or other change in circumstances.

The NPPF states that evidence supporting a military affordable housing proposal must be provided by the MOD. Colchester Garrison could help to assemble local information and explain operational circumstances, although, it should not be expected to establish the policy case alone. The resulting evidence should be formally owned or endorsed by the MOD.

The most useful output would be a formal MOD statement setting out the estimated number, location and characteristics of households experiencing unmet military affordable

housing need. Methodology, data sources, assumptions and limitations should also be explained in detail. It should also distinguish between demand for lower cost housing generally and need that cannot reasonably be met through existing arrangements. The Government had committed to publish further guidance on how this need should be evidenced and how appropriate locations should be identified. [124]

Subject to data protection and operational-security requirements, the evidence should include:

- the estimated number of households experiencing unmet need;
- whether the need relates to serving personnel, personnel approaching discharge, eligible veterans or bereaved households;
- the broad geographical areas in which housing is required;
- household size, bedroom and accessibility requirements;
- current accommodation circumstances and the reasons those arrangements are unsuitable or unaffordable;
- anticipated changes in personnel numbers, postings or household composition;
- likely duration of need; and
- measures taken to avoid double counting households recorded in more than one dataset.

This evidence would allow councils to distinguish a demonstrated housing need from general interest in lower cost housing.

MOD land and the role of Defence Infrastructure Organisation (DIO)

The DIO manages the Defence estate and the disposal of land that the MOD no longer requires. The MOD publishes a national Defence Estate Optimisation disposal timeline and a database of current and future disposal properties. It states that surplus MOD land is being released to support housing, business growth and job creation. [125] These sources are a useful starting point; however, they do not provide a complete delivery plan. The inclusion of land in a disposal programme does not mean that it:

- has been allocated for housing;
- is environmentally or otherwise suitable for development;
- will be released on the date currently indicated;
- will be used for military affordable housing; or
- has planning permission.

This is where direct engagement with DIO is required to further understand whether any land in Greater Essex is expected to become surplus during relevant Local Plan periods, when it may be released and if MOD would consider military affordable housing as part of its future use. Any potential site would still need to be assessed through the normal planning process. This would include consideration of environmental and heritage constraints,

[124] National Planning Policy Framework consultation - government response
[125] Defence Estate Optimisation (DEO) Portfolio - GOV.UK

transport, infrastructure, defence safeguarding, viability, deliverability and the relationship with surrounding communities. MOD ownership or previous military use (on its own) should not determine whether land is allocated for development.

Military affordable housing is not restricted by the NPPF to surplus MOD land. If MOD validated evidence demonstrates a need, delivery could also be considered as part of another suitable housing development. DIO liaison should therefore form one part of the response.

Given the scale of military activity associated with Colchester Garrison and housing affordability pressures across Greater Essex it is reasonable to explore whether unmet military affordable housing need exists locally. However, the available evidence is insufficient to quantify that need or determine whether the criteria established in national policy are met.

Recommended action (CMPB, MOD, Colchester Garisson): Obtain MOD-validated evidence of unmet need. The CMPB should request a formal statement of unmet military affordable housing need from the MOD, with first statement sought within 12 months of publication of this needs assessment and in time to inform relevant Local Plan evidence updates.

Colchester Garisson should coordinate appropriate local inputs, including aggregated information about personnel, household characteristics and expected operational changes. The MOD should own or formally endorse the final statement because the NPPF requires the evidence to be provided by the MOD. Councils, housing providers and voluntary sector organisations may contribute supplementary evidence, particularly concerning households approaching discharge and veterans. However, this should not be presented as the MOD evidence required by policy HO8 unless the MOD validated it.

Recommended action (CMPB, DIO): The CMPB should establish a regular liaison arrangement between DIO, the MOD, Colchester Garisson and Greater Essex housing and planning authorities. This should review the position at least annually and at important stages in Local Plan preparation.

The first output should be a shared schedule of MOD land in Greater Essex that is confirmed or potentially expected to become surplus during relevant plan periods. For each site, the schedule should record, so far as information can be shared:

- location and approximate area;
- anticipated release date;
- intended disposal route;
- defence safeguarding or other operational restrictions;
- present operational status;
- known environmental, infrastructure and planning constraints;
- indicative development potential; and
- if the MOD would consider retaining or securing an element of the site for military affordable housing.

This schedule should be treated as an opportunity register, not a list of agreed housing allocations.

Recommended action (CMPB, MOD): Where MOD provides robust evidence of unmet need, the relevant Greater Essex authorities should consider it through their housing-needs evidence, land assessments and Local Plan preparation for review. A dedicated site allocation or site-specific requirement should be considered only where there is sufficiently clear evidence of the scale, location and characteristics of need; and a suitable, available, achievable and deliverable site. The AFNA should not recommend a fixed number of military affordable homes or identify a site for allocation in advance of that work. The AFNA's role is to identify the evidence gap, facilitate partnership working and ensure that Armed Forces housing needs are considered within future planning and housing policy discussions.

Planning applications may still come forward before a Local Plan is updated and these should be assessed against the adopted development plan and NPPF policy HO8, using MOD-provided evidence.

Recommended action (CMPB, MOD, DIO): Protect transparency and wider affordable housing outcomes. For any proposed military affordable housing development, the applicant, MOD and local planning authority should set out clearly:

- the MOD evidence of unmet need being relied upon;
- the number, size, type and accessibility of homes proposed;
- the eligible groups and nomination arrangements;
- how the military rent will be determined;
- the proposed landlord, management and maintenance arrangements;
- how the homes will remain affordable for future eligible households, or how any subsidy will be recycled;
- what will happen when a tenant leaves the Armed Forces or otherwise ceases to meet eligibility requirements; and
- the effect of the proposal on the amount and mix of other affordable housing that would ordinarily have been delivered.
- Where legally appropriate, these arrangements should be secured via planning obligations, conditions, funding agreements or other enforceable mechanisms.

The CMPB should receive an annual monitoring report covering military affordable homes planned, approved, completed and occupied in Greater Essex. Monitoring should distinguish serving personnel, transitioning personnel and eligible veteran or bereaved households, using aggregated information that does not identify individuals. The immediate priority is therefore not to select a site or estimate a housing allocation. It is to obtain defensible MOD evidence, understand the DIO land pipeline and create a clear route by which confirmed need can inform Local Plans and individual planning decisions.

6.4 Service accommodation

6.4.1 Condition and quality of service accommodation

Service accommodation remains an important housing issue for serving personnel and military families. A 2024 House of Commons Defence Committee inquiry identified significant concerns regarding the condition and management of both Service Family Accommodation (SFA) and Single Living Accommodation (SLA), concluding that standards had deteriorated over many years because of historic underinvestment. The Committee highlighted accommodation quality as an issue affecting morale, wellbeing, recruitment and retention, with satisfaction levels reaching historic lows in 2023. [126]

6.4.2 Defence housing reform

In response, the Government announced substantial investment in military accommodation, including an additional £1.5 billion for Armed Forces housing and the subsequent Defence Housing Strategy, which outlined a £9 billion investment programme over ten years. The reforms include improvements to existing accommodation, new housing development, revised housing allocation arrangements and the creation of a dedicated Defence Housing Service. [127]

While many of these changes will take time to be implemented, recent evidence suggests that satisfaction with service accommodation is improving. The Families Continuous Attitude Survey (FamCAS) reported that satisfaction with accommodation increased from 44% in 2023 to 53% in 2026. [128]

The reforms may have particular relevance for Greater Essex because of the presence of Colchester Garrison. Reports suggest that around 1,000 military homes in Colchester could benefit from planned investment, potentially improving housing conditions for serving personnel and their families. [129]

6.5 Implications for Greater Essex

The available evidence suggests that most veterans in Greater Essex are living in relatively stable housing circumstances. Veteran households are more likely than the general population to be **owner-occupiers** and the majority live in traditional housing stock, reflecting both the age profile of the veteran population and generally established housing circumstances.

However, future housing need within the Armed Forces community is likely to be shaped less by access to housing alone and increasingly by the suitability of existing housing. As the **veteran population continues to age**, demand may increase for accessible and adaptable

[126] Service Accommodation
[127] Homes fit for heroes with extra £1.5 billion for forces housing through upcoming Strategic Defence Review - GOV.UK
[128] Tri-service families continuous attitude survey 2026 main report - GOV.UK
[129] Colchester military homes to benefit from £9bn investment | Gazette

homes, home maintenance support, Disabled Facilities Grants, assistive technology and housing options that enable veterans to remain living independently for longer.

Housing affordability also emerged as an important consideration. Whilst Forces Help to Buy has helped many serving personnel overcome barriers to home ownership, substantial differences in property prices and private rents across Greater Essex suggest that affordability may influence where some service leavers and veterans are able to settle. Housing affordability therefore represents an important, but currently poorly understood, factor within the local Armed Forces housing pathway.

Recorded levels of statutory homelessness among veterans remain relatively low. However, homelessness data are dependent upon individuals seeking assistance, Armed Forces status being identified, and information being recorded consistently. As a result, existing statistics are likely to provide only a partial picture of housing need. There is also limited information regarding the extent to which veterans use temporary accommodation, referrals to specialist pathways such as Op FORTITUDE, and longer-term housing outcomes for service leavers and veterans. Evidence in this assessment suggests that housing difficulties rarely occur in isolation. Poor mental health, substance misuse, offending behaviour, financial hardship and social isolation overlap with housing instability. Opportunities to improve data sharing and intelligence across housing, health and the criminal justice system could support earlier identification of veterans experiencing multiple disadvantage and facilitate more coordinated interventions. Approaches such as Housing First may be relevant to veterans with the most complex needs. [130]

The presence of Colchester Garrison gives housing issues particular strategic importance within Greater Essex. The area continues to experience movement between military and civilian housing, meaning that the housing needs of the Armed Forces community extend beyond the existing veteran population and include serving personnel and families transitioning to civilian life. Understanding housing outcomes following transition from military accommodation may therefore represent an important area for future intelligence gathering.

Housing responsibilities are delivered through separate district, borough and unitary authorities, each operating its own allocation scheme, housing register, homelessness processes and data systems. Consequently, the experience of serving personnel, veterans and military families may vary depending on which authority they approach.

One potential opportunity would be the development of a **Greater Essex Armed Forces Housing Compact.** Such an approach would not alter statutory housing duties or create a county-wide allocations scheme. Instead, it could establish a shared commitment to:

- consistent identification of members of the Armed Forces community;
- clear information and signposting regarding housing and homelessness support;
- effective referral pathways to specialist veteran services where appropriate;
- staff awareness and training;

[130] About Us | Homeless Link

- improved monitoring of housing need, service use and outcomes; and
- partnership working between housing authorities, Defence organisations and veteran support services.

Such an approach could improve consistency across Greater Essex, strengthen partnership working and provide a more robust understanding of housing need within the Armed Forces community.

Recommendation (CMPB, Housing teams, PHI): Explore with Greater Essex housing authorities the feasibility of developing a voluntary Greater Essex Armed Forces Housing Compact, setting out shared minimum commitments covering identification, information and signposting, specialist referral pathways, staff awareness, monitoring and partnership working.

Recommended action (CMPB, Housing, Essex ICB, Public Health, Criminal Justice partners): Explore opportunities for data linkage and proactive case finding across housing, health and criminal justice systems to identify veterans experiencing multiple disadvantage and support coordinated early intervention. This should support earlier intervention, improved coordination of support pathways and consideration of evidence-based approaches for people experiencing multiple disadvantage, such as Housing First where appropriate.

7. Employment, transition, skills

Policy overview: Employment remains a key component of successful transition from military to civilian life. Since the 2024 assessment, the Government has launched Op ASCEND, a national employment service providing careers advice, retraining support, business start-up guidance and links to veteran-friendly employers. [131] The Armed Forces Covenant Annual Report 2025 also emphasises employment, skills and transition as priorities for improving outcomes for veterans and their families. In addition, employers continue to benefit from National Insurance contribution relief when recruiting qualifying veterans during their first year of civilian employment. [132]

These developments highlight the importance of understanding not only employment rates, but also the quality of transition into civilian employment, recognition of military skills and qualifications, access to retraining, and longer-term labour market outcomes within Greater Essex.

7.1 Employment and economic activity

Employment is an important determinant of health, wellbeing and financial security. Successful transition into civilian employment can support income, social integration and long-term wellbeing.

[131] Op ASCEND | Forces Employment Charity
[132] Armed Forces Covenant annual report 2025 - GOV.UK

Census 2021 data show that 36.6% of economically active veterans in Greater Essex were in employment, compared with 59.4% of non-veterans (age 16 years and over) (Table 7.1). Veterans were also more likely to be economically inactive (61.9% compared with 37.5%). [133]

However, these differences should be interpreted in the context of the veteran population's older age profile. Many veterans have reached retirement age and are no longer participating in the labour market.

National analysis undertaken by the Office for National Statistics found that, after adjusting for age, sex and region, veterans and non-veterans had **broadly similar levels of economic activity and inactivity.** This suggests that the lower employment rate observed among veterans is largely explained by demographic factors rather than poorer labour market outcomes. [134]

Table 7.1: Economic activity status of veterans and non-veterans aged 16 years and over, Greater Essex, Census 2021

Economic status	Veterans number	Veterans percentage	Non-veterans: number	Non-veterans: percentage
Economically active: In employment (including full-time students)	18,783	36.6%	864,225	59.4%
Economically active: Unemployed (including full-time students)	731	1.4%	46,305	3.2%
Economically inactive	31,746	61.9%	545,167	37.5%
Total, age 16+	51,260	100%	1,455,697	100%

The Veterans Survey 2022 shows that around 52.5% of veterans had ever taken a job requiring a lower level of skill or experience than their last role in the UK Armed Forces, mostly because there were no other jobs available, and because employers did not recognise their transferable military skills.

7.2 Transition from military to civilian life

Leaving the Armed Forces involves a transition from military to civilian employment, which may require individuals to identify civilian career pathways, translate military experience into civilian terms, obtain recognition for qualifications and adapt to different workplace cultures. While many service leavers secure employment successfully, some experience challenges relating to skills translation, career planning and access to suitable opportunities.

Support is available through the Career Transition Partnership (CTP), which provides employment and resettlement support before and after discharge. The level of support varies according to length of service, with tailored programmes available for Early Service Leavers and those with longer military careers. [135]

[133] RM144-Veterans-By-Economic-Activity-Status-2021-ltla-ONS.xlsx
[134] The labour market status of UK armed forces veterans, England and Wales - Office for National Statistics
[135] Career Transition Partnership - GOV.UK

Nationally, employment outcomes among service leavers are generally positive. In 2024/25, approximately 86% of service leavers using CTP services and reporting outcomes six months after discharge were in employment. However, outcomes varied between groups, with medically discharged personnel reporting lower employment rates and higher unemployment levels.[136,137]

7.3 Occupation, qualification, skills and opportunities

Census 2021 data show that veterans in Greater Essex were employed across a range of occupations, with the largest occupational groups being:

- Associate professional and technical occupations (17%)
- Managers, directors and senior officials (16%)
- Professional occupations (15%)
- Process, plant and machine operatives (15%)
- Skilled trades occupations (13%)

Nearly half (48%) of employed veterans worked in managerial, professional or associate professional occupations, suggesting that many veterans successfully transfer military skills and experience into skilled civilian roles (Appendix E.1).

The occupational profile suggests that many veterans are employed in roles requiring technical skills, operational expertise, management experience and professional knowledge. According to the Skills in Transition report, service leavers bring a diverse range of transferable skills and experiences, including leadership, communication, engineering, logistics, project management and problem-solving capabilities that are valued by employers across multiple sectors. The report also highlights adaptability, self-discipline and continuous learning as key strengths developed through military service. [138]

There is notable variation across Greater Essex. Managers, directors and senior officials accounted for almost one-quarter of employed veterans in Uttlesford (23%) and Epping Forest (22%), compared with 12% in Harlow and 13% in Thurrock. Conversely, process, plant and machine operative occupations were particularly common in Thurrock (22%), Harlow (19%) and Tendring (18%). These differences are likely to reflect wider labour market characteristics, commuting patterns and the occupational structure of local economies rather than differences in veterans themselves.

Labour market data suggest that many of the skills developed during military service align well with current demand within Greater Essex. ONS online job advert data for May 2026 recorded approximately 16,000 vacancies across Greater Essex. The largest sectors were

[136] Career Transition Partnership Statistic: 1 April 2024 to 31 March 2025
[137] Career Transition Partnership ex-service personnel employment outcomes: financial year 2024/25 - GOV.UK
[138] Skills in Transition: How UK Service leavers can power the nation's economic future | Reed in Partnership

Health, Care and Education (24%), Transport, Logistics and Supply Chains (16%), and Engineering, Manufacturing and Technical occupations (15%). [139]

Alongside skills, Census 2021 data on qualifications show that 22% of veterans in Greater Essex held higher education or professional qualifications (Level 4+) at the time of the survey, while 27% reported having no qualifications (Table 7.2). However, among veterans aged 16 to 64 years, 30% held Level 4+ qualifications and only 8% had no qualifications. This compares with 31% of non-veterans aged 16 to 64 years holding Level 4+ qualifications and 12% reporting no qualifications.

Table 7.2: Highest qualification held by veterans, all ages, Greater Essex, Census 2021

Local Authority	No qualifications	Level 1 (below GCSE standard)	Level 2 (GCSE equivalent)	Level 3 (A Level equivalent)	Level 4 + (Higher education)	Other vocational qualifications
Basildon	31%	11%	11%	14%	19%	16%
Braintree	25%	10%	12%	14%	24%	15%
Brentwood	26%	8%	10%	13%	28%	16%
Castle Point	34%	10%	8%	13%	14%	20%
Chelmsford	23%	8%	11%	15%	27%	16%
Colchester	22%	10%	11%	16%	26%	14%
Epping Forest	29%	8%	9%	13%	24%	16%
Harlow	30%	11%	11%	13%	18%	17%
Maldon	25%	9%	11%	14%	25%	17%
Rochford	29%	11%	10%	13%	19%	18%
Tendring	32%	10%	9%	13%	18%	18%
Uttlesford	19%	9%	10%	15%	32%	15%
Southend	29%	10%	11%	13%	20%	17%
Thurrock	31%	11%	11%	14%	18%	15%
Greater Essex	27%	10%	10%	14%	22%	16%

7.4 Employer engagement and veteran-friendly employment

Successful transition into civilian employment depends not only on the skills of service leavers but also on employers recognising and valuing military experience. The Defence Employer Recognition Scheme (ERS) forms part of the Armed Forces Covenant and recognises organisations that support serving personnel, veterans, reservists and military families through bronze, silver and gold awards.

As of July 2026, there were 1,363 Gold, 1,752 Silver and 5,906 Bronze award holders across the UK. Within East Anglia, there were 91 Gold, 154 Silver and 473 Bronze award holders,

[139] Labour demand volumes by Standard Occupation Classification (SOC 2020), UK - Office for National Statistics

indicating a substantial network of employers that have publicly committed to supporting the Armed Forces community. [140]

Whilst participation in the ERS does not provide evidence of employment outcomes for veterans, it provides an indication of employer engagement and willingness to recruit, support and retain members of the Armed Forces community.

7.5 Transition and education

Transition from military service may also involve entry into further or higher education. Support is available through schemes such as the Enhanced Learning Credits Administration Service (ELCAS) and the Publicly Funded Further and Higher Education scheme, which can help veterans and service leavers access qualifications and training. Universities and colleges may also recognise learning and experience gained during military service through Recognition or Accreditation of Prior Learning arrangements. [141] Despite the availability of support, awareness may vary and some service leavers may benefit from additional guidance when navigating educational pathways.

Recommended action (CMPB, Universities, Further Education providers, AFC partners): Further and higher education providers should consider how they identify and support veterans and service leavers, ensuring awareness of available educational funding, wellbeing support and opportunities to recognise skills and experience gained through military service.

7.6 Implications for Greater Essex

Many veterans possess qualifications and successfully transfer military skills and experience into civilian employment, with almost half of employed veterans working in managerial, professional or associate professional occupations. Labour market demand within Greater Essex also appears to align well with several skills commonly developed during military service, particularly in logistics, transport, engineering, technical and leadership roles.

Future attention should focus on the quality of transition into civilian employment rather than employment rates alone. This includes recognition of military skills and qualifications, support for service leavers navigating civilian career pathways, awareness and uptake of employment support programmes such as Op ASCEND, and the employment experiences of groups who may face additional barriers, including medically discharged personnel and Early Service Leavers.

Whilst employer engagement appears strong through initiatives such as the Defence Employer Recognition Scheme and the Armed Forces Covenant, there is currently limited local evidence on employment outcomes among recent service leavers, military spouses and partners, career progression, underemployment and the extent to which military skills are fully utilised within civilian employment. Addressing these evidence gaps would improve understanding of employment needs across the Armed Forces community in Greater Essex.

[140] Defence Employer Recognition Scheme - GOV.UK
[141] ELCAS - Enhanced Learning Credits Administration Services

Recommended action (Essex employment and skills partners, Armed Forces Covenant partners): Local employment and skills support should focus on the quality of veterans' transition into civilian work, including recognition of military skills and qualifications, reducing underemployment and raising awareness and uptake of Op ASCEND and the Career Transition Partnership. Particular attention should be given to those who face additional barriers, including medically discharged personnel, Early Service Leavers, military spouses and partners. Partners should also work to improve local evidence on employment outcomes for recent service leavers and families, career progression and skills utilisation, which is currently limited.

8. Criminal Justice System

The proposed extension of the Armed Forces Covenant Legal Duty to include criminal justice as a policy area further highlights the growing expectation that public services identify veterans and understand the specific circumstances that may affect their interaction with the justice system.

Op NOVA was previously highlighted in the Essex Armed Forces Needs Assessment Update Review 2024 as the principal national support pathway for veterans in contact with the criminal justice system. Op NOVA provides support to veterans experiencing issues such as housing difficulties, debt, mental ill health, substance misuse and risks associated with reoffending. It works with veterans who have come into contact with the justice system and can undertake assessments, provide practical support and facilitate referrals to specialist services, including healthcare providers and military charities.

Whilst Op NOVA itself is not a new development, its continuing prominence within national veteran support arrangements, together with the proposed expansion of the Armed Forces Covenant Duty and the wider emphasis on coordinated support reflected through initiatives such as VALOUR, reinforce the importance of effective identification and referral pathways within the justice system.

For Greater Essex, this suggests a continued need to understand whether police, probation services, prisons, courts, community safety partnerships and voluntary sector organisations are routinely identifying veteran status, recording this information consistently and referring veterans into appropriate support pathways. Future assessments should therefore consider not only the prevalence and needs of veterans in contact with the criminal justice system, but also the effectiveness of local identification, referral and partnership arrangements.

8.1 Identification and prevalence

Census 2021 data showed that approximately 5% of people living in prisons, detention centres and approved probation accommodation in England and Wales identified as veterans at the time of the survey. However, this may underestimate the true number, as

veteran status is not always disclosed or recorded as discussed in the previous Essex AFNA report. [142]

A Freedom of Information request was submitted to Essex Police to obtain local arrest data relating to veterans. The data provided include both serving personnel and veterans, therefore these figures are only indicative and should be interpreted with caution.

Table 8.1: Essex Police arrest data involving serving personnel and veterans, 2023 to 2026* (2026 data cover the period to 21 July 2026 only and are incomplete data.

Reason for Arrest	2023	2024	2025	2026	Total
Vehicle Offences	21	24	19	7	**71**
Theft & Acquisitive Crime	8	11	8	5	**32**
Other / Crimes Against Society	33	36	33	18	**120**
Violence & Sexual Harm	86	74	83	30	**273**
Drugs, Public Order & Criminal Damage	24	16	15	7	**62**
Total	**172**	**161**	**158**	**67**	**558**

Note: Essex Police supplied arrest data using a more detailed offence classification system. For the purposes of this needs assessment, offence categories were grouped into broader analytical categories to improve interpretability and to reduce the impact of small numbers. A complete offence category lookup was requested from Essex Police but was not available at the time of reporting, therefore groupings presented here were developed for this needs assessment and should be regarded as indicative rather than official.

8.2 Prison population

Local estimates of veterans in custody are not routinely available. Prison population statistics are generally published by prison establishment rather than by a person's area of residence. Individuals are allocated to prisons according to factors such as security category, sentence length, offence type, specialist needs and available capacity.

As a result, veterans from Essex who are in custody may be held anywhere within the prison estate, while prisons within or near Essex may accommodate individuals from other parts of the country. Therefore, prison population figures for local establishments should not be interpreted as representing the number of Essex residents, or Essex veterans, in custody.

HMP Chelmsford is the only civilian prison located within Greater Essex. The Military Corrective Training Centre (MCTC) in Colchester also forms part of the wider criminal justice landscape for serving personnel. Although neither institution provides a reliable estimate of the number of Essex veterans in custody, MCTC presents a potential opportunity for future research to better understand transitions between military and civilian justice pathways, including transfers to the civilian prison estate and subsequent outcomes.[143]_[144]

8.3 Needs, inequalities and service gaps

Further findings from the Veterans' Survey 2022 (published in 2025) provide insights into veterans' experiences of the criminal justice system and their use of support services.

[142] Armed Forces Needs Assessment 2024.pdf
[143] Prison population: monthly prison figures 2026 - GOV.UK
[144] Military Corrective Training Centre | The British Army

Among veterans who had ever served a prison sentence, 44.3% reported having used support available to veterans while in prison. This increased to 62.1% among veterans who were serving a prison sentence at the time of the survey. [145] Commonly used services included SSAFA, Care after Combat, the Veterans in Custody Support Scheme (VICS) and the Royal British Legion. [146]

The survey also highlighted a range of unmet needs among veterans in custody. When asked what services or support would have been helpful but were currently lacking, over one-third identified **housing support**, around one-fifth identified **health services** (primarily mental health support), and more than one in ten identified **careers** or **financial support**. Many respondents also emphasised the importance of support during custody and in preparation for release, particularly in relation to securing accommodation, maintaining wellbeing and successfully reintegrating into civilian life. These findings suggest that veterans in contact with the criminal justice system often experience multiple and interconnected needs, requiring coordinated support across housing, health, employment and welfare services.

Recent research funded by Forces in Mind Trust found that offending among serving and former personnel was strongly associated with a range of social, psychological and service-related factors. The strongest predictor of future offending was a previous history of offending, while PTSD, common mental disorders, alcohol misuse, traumatic experiences and unplanned discharge from service were also associated with increased risk. The report concluded that improving the identification of veterans within the criminal justice system, alongside targeted mental health, welfare and transition support, could help reduce future offending and improve outcomes for veterans. [147]

Recommendations from the report included improving identification of veterans within the criminal justice system, strengthening support for individuals with a history of offending, ensuring access to mental health and alcohol support services, and providing targeted assistance during transition from military to civilian life, reinforcing the importance of early identification and coordinated support across criminal justice, health, housing and welfare services.

8.4 Op NOVA and support pathways

Op NOVA is a specialist support service for veterans in contact with the criminal justice system in England. Commissioned by the NHS and delivered by the Forces Employment Charity, the service provides advice, advocacy and practical support for serving personnel, reservists and veterans who are arrested, under investigation, appearing before the courts, in prison, or transitioning back into the community following release. [148] Op NOVA offers

[145] UK armed forces veterans that were serving a prison sentence by personal and service-related characteristics, unweighted estimates, Veterans' Survey 2022, UK - Office for National Statistics
[146] UK armed forces veterans who had ever been convicted of criminal offences, and had served or were serving prison sentences: Veterans' Survey 2022, UK - GOV.UK
[147] Lifetime-Offending-Report-FINAL.pdf
[148] Op NOVA: support for veterans in the criminal justice system in England

support across a range of areas, including mental health and wellbeing, housing, employment, finances, substance misuse and family relationships (ibid).

According to the latest Armed Forces Covenant report (2025), since Op NOVA was launched in 2023, the service received over 2,500 referrals for support for veterans who were in contact with the justice system, and 1,397 referrals were received in 2024/25.

Alongside Op NOVA, support is also available through a range of organisations, including the Veterans in Custody Support Scheme (VICS), Care after Combat, SSAFA and the Royal British Legion. [149] Ensuring that veterans are aware of, and can access, these support pathways may help address some of the unmet needs identified in recent research, particularly relating to housing, mental health, employment and financial wellbeing.

8.5 Implications for Greater Essex

National evidence suggests that veterans who come into contact with the criminal justice system often experience multiple and interconnected needs, particularly relating to housing, mental health, employment, financial wellbeing and transition to civilian life. Recent research has also highlighted the importance of early identification of veteran status and timely referral to specialist support services.

In Greater Essex, strengthening awareness of veteran-specific support pathways among criminal justice, health and local authority partners may help improve access to appropriate support and reduce barriers to engagement.

Regular review of veteran-related information on local authority and partner websites may help ensure that signposting reflects current referral pathways and available services. A review undertaken as part of this assessment identified examples of publicly available information that continues to reference the former Veterans' Gateway website, which was replaced by the GOV.UK veterans support directory in 2024.[150] Ensuring online information remains current may help veterans and their families access the most appropriate sources of support.

Additionally, given the identified unmet needs relating to housing, mental health and financial wellbeing, continued partnership working between criminal justice agencies, health services, local authorities and the voluntary sector will be important to support veterans in contact with the CJS and those transitioning back into the community.

Future work should also explore whether intelligence relating to MCTC discharges, transfers to the civilian prison estate and subsequent outcomes could contribute to a better understanding of offending and support needs among serving personnel and veterans.

Recommended action (Criminal justice partners, CMPB, Essex Police, PHI): Strengthen the identification and consistent recording of veteran status across criminal justice agencies, including police, probation, prisons, courts, the Military Corrective Training Centre (MCTC) and community safety partnerships. Ensure clear and well-understood referral routes into

[149] Getting help with criminal justice issues as a veteran - GOV.UK
[150] CBP-10130.pdf

Op NOVA and wider support for housing, mental health, substance misuse, employment and financial need. Future work should explore opportunities to improve understanding of transitions between military and civilian justice pathways, including transfers from MCTC and subsequent outcomes where appropriate.

9. Wider Armed Forces Community

9.1 Families

Section 3 described the size and characteristics of the Armed Forces community in Greater Essex. This section explores identified needs within the wider Armed Forces community.

Spouses and partners: According to the latest Families Continues Attitude Survey (FamCAS) 2025, 81% of Service spouses and partners were employed, exceeding the employment rate of the general, working-age population (75%). The survey results show that the Service spousal employment rate has increased from 68% in 2014. However, despite improvements in employment rates, of those spouses who looked for employment over the past year, 68% experienced difficulties finding suitable employment. Common difficulties included location, having a spouse who is often away, limited support with caring responsibilities and extended family living too far away. [151]

Similarly, research by the University of Chester found that the unique demands of Service life can create barriers to employment for spouses. Frequent relocations, deployments, childcare challenges as well as negative employer perceptions were identified as contributing factors affecting employment and career progression. It was also noted that the impact of military service on partner's career is often viewed as one of the most negative aspects of Service life. [152]

In response to concerns raised by military families, the MOD launched Wraparound Childcare (WAC) Scheme in 2022. The scheme was introduced to help Service families with childcare costs. [153] Childcare support continues to be recognised as an important factor in supporting Service families and this support will be further extended in the UK. [154]_[155]

These findings are likely to be particularly relevant for serving personnel and families stationed at Colchester Garrison. However, the identification of the Armed Forces spouses, partners and family members remains very limited.

Recommended action (CMPB, PH, wider system partners): Local partners should explore opportunities to record Armed Forces spouses, partners and family members within relevant administrative systems and service assessments. This includes health, housing, employment and other services.

[151] Tri-service families continuous attitude survey 2025 main report - GOV.UK
[152] Copy of Draft SP Content - LIVE FOR UPDATES
[153] Childcare for Service children - GOV.UK
[154] Transformative new childcare support will save Defence families up to £6000 a year - GOV.UK
[155] Covenant support for the Armed Forces community: Childcare - Armed Forces Covenant

9.2 Underserved groups

Underserved groups are populations who may experience barriers to accessing services, poorer outcomes, or whose needs are not fully met by existing provision.

9.2.1 LGBTQ+

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) veterans are a diverse population, whose experiences are shaped by their identities, service history and the period in which they served. For many veterans who served before January 2000, military service was affected by the Armed Forces ban on homosexual personnel. The LGBT Veterans Independent Review found that those impacted by the ban experienced intrusive investigations, dismissal, disrupted careers, financial hardship and damage to mental wellbeing. [156]-[157]

Research suggests that LGBTQ+ veterans are more likely to experience mental health difficulties, including anxiety, depression, PTSD and social isolation compared with the wider veteran population (ibid).

These findings suggest that priorities in Greater Essex should include ensuring confidential and inclusive access to services, staff awareness of historical discrimination and providing support that recognises the unique experiences of LGBTQ+ veterans.

Recommended action (CMPB, local partners): Local partners should promote access to restorative measures and financial recognition arrangements for those affected by the ban on homosexuality in the Armed Forces. [158]

9.2.2 Women veterans

According to the Census 2021, approximately 13.6% (251,400) of the veteran population in England and Wales were women veterans. [159]

In Greater Essex, women veterans represented approximately 11.7% (6,000) of the veteran population. The age profile of female veterans is also skewed towards older age groups, with the largest proportion aged 65 and over (42.9%; approximately 2,600).

Research on women veterans in the UK is relatively limited compared with that available for male veterans and of available studies, the focus is mainly on physical and mental health issues according to the *We Also Served: The Health and Wellbeing of Female Veterans in the UK* report. [160] The report identified significant evidence gaps relating to housing, employment and financial wellbeing among women veterans (ibid).

The available evidence suggests that female veterans may have distinct needs and challenges compared with male veterans and civilian women. Studies reviewed in the *We*

[156] 6.8313_CO_LGBT Veterans Review
[157] LGBT Veterans and Moral Injury: Addressing the Legacy of the UK's Military 'Gay Ban' Policy | Sexuality Research and Social Policy | Springer Nature Link
[158] LGBT veterans: support and next steps - GOV.UK
[159] Characteristics of UK armed forces veterans, England and Wales - Office for National Statistics
[160] WeAlsoServed_Electronic.pdf

Also Served report found that female veterans were more likely to report post-traumatic stress disorder (PTSD) and suicidal thoughts compared with civilian women. The report also identified higher occurrences of some health conditions, including ovarian and breast cancers when compared with female civilians.

More recent research examining long-term physical conditions among female UK veterans found that female veterans had increased odds of chronic obstructive pulmonary disease (COPD) compared with civilian women. [161] COPD is a progressive lung disease which makes it difficult to breathe and can affect quality of life.

The *We Also Served* report also highlighted a number of wider issues that are associated with women veterans, including experiences of gender discrimination, sexual harassment, barriers to career progression, difficulties balancing military and family life, challenges utilising military skills in civilian employment, and lower engagement with veteran-specific services. Women are also less likely to identify themselves as veterans, which may contribute to lower uptake of veteran-specific services.

In 2023, the Office for Veterans' Affairs announced plans to develop the UK's first Women Veterans Strategy, however, a standalone strategy was not published and instead, policy attention has been incorporated into the broader Veterans Strategy and the establishment of a Female Veterans Forum, which is intended to ensure that experiences and priorities of women veterans help shape future policy and services, including housing, employment and health. [162]

Recommended action (CMPB, Public Health, NHS, AFC partners): Improve awareness and identification of women veterans across health, housing and support services, recognising that women are less likely to self-identify as veterans and may be underrepresented within veteran-specific services. Future engagement and research should seek to address evidence gaps relating to housing, employment, financial wellbeing and service utilisation among women veterans.

9.2.3 Commonwealth and non-UK veterans

Historically, citizens of Commonwealth countries have been eligible to serve in the British Armed Forces, with Nepalese Gurkhas under separate long-standing arrangements. [163_164]

Census 2021 data show that of the total veteran population in England and Wales, the majority were born in the UK (94.2%). Approximately 5.8% were born outside the UK, including veterans born in Commonwealth countries, Nepal, Ireland and other countries.

[161] Long-term physical health conditions among UK female veterans: a UK Biobank cohort study comparing male veterans and female civilians | BMJ Open
[162] First ever government female veterans' forum to put ex-military voices at the heart of support - GOV.UK
[163] Commonwealth Forces Explained: Who Was Included? | CWGC
[164] Gurkha History | The British Army

In Greater Essex, approximately 94.7% of veterans were born in the UK and 5.3% were born outside the UK. The highest proportions of non-UK born veterans were recorded in Thurrock (10.3%) and Colchester (9%), with the largest number residing in Colchester (643).

A distinct group within the non-UK veteran population includes Gurkhas. Gurkha veterans in the UK have a rich history and a strong community. According to the Census data, there may be approximately 265 Nepal-born UK Armed Forces veterans. However, the data provided list local authorities where at least 10 Nepal-born veterans lived and counts below ten are suppressed in the dataset. The highest number is found in Colchester (135) and Thurrock (110), Basildon and Uttlesford recorded 10 each. [165]

Evidence relating to the needs of Commonwealth and other non-UK born veterans in the UK is limited. Research suggests that some groups may experience challenges associated with migration, settlement, immigration status, housing, employment and awareness of and access to public services. [166] Additionally, some experienced discrimination affecting their wellbeing and mental health. [167]

Recommended action (CMPB, local partners): Greater Essex partners should ensure clear referral routes to appropriately regulated immigration advice, alongside housing, welfare and employment support. Information should be accessible, with interpreting services and culturally appropriate engagement where needed. The needs of spouses, partners and dependent children should also be considered. Targeted engagement is needed to further understand local experiences and gaps in support among non-UK Armed Forces communities.

9.2.4 Ethnic minority veterans

Census 2021 data show that 96.4% of veterans in England and Wales identified their ethnicity as White. Similarly, 96.7% of veterans in Greater Essex of identified as White.

Approximately 1,700 veterans (3.3%) in Greater Essex identified as belonging to an ethnic minority group.

Research into the experiences of ethnic minority veterans remains limited, although a more recent OVA-commissioned study (2025) identified significant evidence gaps regarding housing, finance, social integration and wider transition outcomes for veterans from ethnic backgrounds. [168]

The study found that most ethnic minority veterans reported a positive transition to civilian life. However, some experienced additional barriers in employment and community integration. Ethnic minority veterans were found to be more likely than white veterans to experience unemployment and also were more likely to be employed in lower-skilled occupations. Some ethnic minority veterans reported a disconnect between public

[165] UK armed forces veterans who were born in Nepal by lower tier local authorities, England and Wales, Census 2021 - Office for National Statistics
[166] RAND_RRA2163-1.pdf
[167] APA PsycNet FullTextHTML page
[168] IER Veterans Final Report 11 March 2025

perceptions of people from ethnic minority backgrounds and the reality of service in the Armed Forces (ibid).

Given the limited evidence base, further engagement with ethnic minority veteran communities in Greater Essex would help improve understanding of local experiences, unmet needs and support requirements.

Recommended action (ICB, Local Authorities, NHS providers, and AF Covenant partners): Ensure veteran services and mainstream public services are inclusive and responsive to the needs of underserved veteran groups, including LGBTQ+ veterans, women veterans, ethnic minority veterans, Commonwealth veterans and Gurkha veterans. Staff should be aware of the potential impact of discrimination, exclusion and other service-related experiences on health and wellbeing.

9.3 Implications for Greater Essex

The evidence presented in this chapter suggests that the wider Armed Forces community is diverse and includes groups whose experiences and needs may not be fully visible within routine administrative data. This highlights important gaps in understanding the experiences of military families and underserved veteran groups in Greater Essex. While national research identifies particular challenges among these groups, there is limited local intelligence to determine the extent to which these needs are reflected in service use, demand and outcomes.

An important consideration is that some members of the Armed Forces community may access mainstream services without their military background being recognised. This creates an opportunity to improve local intelligence through existing service contracts, alongside more targeted engagement with groups whose experiences remain underrepresented.

Local case study: Identifying veterans through Citizens Advice in Greater Essex

Citizens Advice services in Greater Essex recently introduced a routine question asking clients whether they had previously served in the UK Armed Forces. Advisers were encouraged to ask this question during client interactions, embedding veteran identification within everyday advice processes rather than relying on self-disclosure alone.

During an initial two-month pilot in 2026, 55 clients identified themselves as veterans from 1,559 respondents (3.5%). Although the pilot covers a relatively short period and the findings should not be interpreted as representative of the wider population, it demonstrates how a simple change to routine practice can improve identification of veterans within mainstream services.

Continued monitoring could provide valuable insights into the needs and circumstances of veterans accessing advice services, including welfare benefits, debt, housing and employment issues. The approach also illustrates how organisations can strengthen understanding of the Armed Forces community without establishing separate services, simply by incorporating appropriate identification questions into existing assessment and engagement processes.

While this case study relates primarily to veteran identification rather than a specific underserved group, it demonstrates a practical approach to improving local intelligence and understanding service use within the Armed Forces community. Similar approaches could help improve understanding of spouses, partners, family members and other groups whose needs may not currently be visible within routine datasets.

10.Recommendations

The findings from this needs assessment indicate that most members of the Armed Forces community in Greater Essex experience broadly positive outcomes. However, a proportion of the community experience poor health, difficult transitions or complex and overlapping needs. Across the assessment, a recurring challenge is that these needs are not always visible because Armed Forces status is not consistently identified or recorded, while information on service access, referrals and outcomes remains limited. The recommendations therefore focus on strengthening the systems surrounding the Armed Forces community rather than creating separate services in response to every identified issue.

The five principles outlined in the executive summary (**Identify; Connect; Prevent; Target; Understand**) should underpin implementation of the recommendations. These principles reflect the overall findings of this assessment and should be applied across all recommendations.

The recommendations below are the formal strategic recommendations of the Greater Essex AFNA 2026. More detailed actions identified within thematic chapters provide practical and evidence development actions that can support their delivery. Detailed ownership, timescales and performance measures should be agreed with partners through a subsequent implementation plan.

Reference	Strategic recommendation	Priority focus	Main evidence areas
R1 – Identification and intelligence	Develop a more consistent approach to identifying and recording members of the Armed Forces community across relevant services, and use this information to better understand need, access and outcomes	Improve proportionate recording of AF status; distinguishing veterans, serving personnel and family members where appropriate; improve data completeness; and develop routine intelligence on demand, service use, referrals and outcomes	Cross-cutting
R2 – Navigation, referral and coordination	Strengthen navigation and referral between mainstream, specialist and voluntary sector support so that members of the AF community can access appropriate help through clear and coordinated pathways	Maintain current information on services and referral routes; improve frontline awareness; strengthen connections between mainstream and specialist provision; explore opportunities from the VALOUR programme, including the feasibility of a coordinated Greater Essex model	Policy and delivery; health; housing; CJS
R3 – Health, care and wellbeing	Strengthen veteran-aware health, care and wellbeing pathways and improve understanding of access, experience and outcomes for veterans and their families	Improve identification and appropriate referral across healthcare and care settings; strengthen awareness and use of established specialist pathways such as Op COURAGE and Op RESTORE; recognise the implications of ageing, disability and caring; ensure pathways can respond to interconnected physical health, mental health and wider social needs.	Health; social care
R4 – Service children	Improve identification, educational continuity and wellbeing support for Service children, particularly where mobility and other aspects of military family life affect education	Support appropriate identification of Service children and Service Pupil Premium eligibility; maintain effective transition and pastoral support; continue monitoring attainment, attendance, mobility and wellbeing	Education
R5 – Housing and strategic planning	Develop a coordinated Greater Essex Armed Forces housing approach covering homelessness prevention, transition, access to settled and suitable accommodation, and evidence led consideration of AF housing need within strategic planning	Strengthen housing identification, information and specialist referral; explore a common Greater Essex minimum standard or Housing Compact; improve intelligence on housing register demand and outcomes; support transition from Service accommodation; establish appropriate MOD/DIO liaison so that validated evidence of housing need and relevant Defence estate information	Housing; planning; Service accommodation

		can inform housing strategies and Local Plan processes where appropriate	
R6 – Employment, skills and post-Service education	Strengthen transition into appropriate civilian employment, education and training, with emphasis on employment quality, skills recognition and successful longer-term transition	Improve skills translation and recognition; strengthen connections with employment, training and education opportunities; increase awareness and appropriate use of existing support including CTP and Op ASCEND; improve intelligence on underemployment and groups experiencing more difficult transitions	Employment; skills; further and higher education
R7 – Criminal Justice System	Improve consistent identification of veterans and timely referral to appropriate support throughout the criminal justice pathway	Strengthen identification across police, custody, courts, probation and prisons; distinguish veterans and serving personnel where possible; maintain clear referral routes into Op NOVA and other appropriate provision; improve intelligence on need, referral and outcomes	Criminal justice
R8 – Families and underserved groups	Ensure that mainstream and Armed Forces specific services recognise and respond to the diversity of the Armed Forces community, including families and groups whose experiences and needs may be less visible within routine data	Improve recognition of spouses, partners, carers and bereaved families where relevant; ensure inclusive and accessible pathways for women veterans, LGBTQ+ veterans, Commonwealth and non-UK veterans, Gurkha veterans and ethnic minority communities; use targeted engagement and research where routine data are insufficient	Wider AF community; inequalities; cross-cutting
R9 – Implementation, engagement and accountability	Establish a clear partnership mechanism for implementing, monitoring and periodically reviewing the AFNA recommendations	Develop implementation plan with agreed owners, actions, milestones and measures; maintain engagement with the AF community; improve and refresh supporting local intelligence; review process through the CMPB	Cross-cutting

10.1 Forward look

These recommendations are intentionally strategic. They should not be interpreted as requiring separate Armed Forces specific services in every policy area and in many cases, evidence indicates that improving existing mainstream provision, alongside effective use of specialist pathways may be more likely to be the more proportionate response.

Implementation should also reflect the strength of the available evidence. Where the assessment identifies an important evidence gap but does not demonstrate a clear service gap, the first response may be improved data collection, further engagement, pathway review or analysis before determining whether changes to provision are required.

The thematic chapters contain more specific actions, and these should be mapped to the strategic recommendations above rather than treated as an additional set of separate recommendations.

Following the publication of the AFNA, partners should agree an implementation plan setting out the detailed action, responsible organisation or partnership, timescale, intended

output or outcome and method of monitoring for each strategic recommendation. This would enable the AFNA itself to remain an assessment of need while providing a separate and updateable mechanism for delivery and accountability.

11. Appendix

Appendix A. Key evidence sources

This appendix provides a record of principal evidence and local contributions which supports this AFNA.

Table A.1: Key evidence sources

Evidence area	Source	Main use
Population and demography	Census 2021	Veteran population, age, geography, households and disability
Serving community	MOD location statistics	Scale of serving personnel
Housing and homelessness	Statutory homelessness, and Local Authority Housing Statistics	Homelessness support need, housing-register activity
Health and wellbeing	NHS, ONS, MOD and local service information	Health inequalities, access and service activity
Employment	Census 2021, ONS, MOD, DWP	Prevalence, service interaction, outcomes
Education	School Census	Outcomes and needs
Criminal Justice	Census 2021, Essex Police	To identify prevalence, need, outcomes, service interaction
Research and policy	Government publications, academic research and evaluations	Wider evidence and interpretation
Local intelligence	Partner engagement and previous AFNAs	To establish local prevalence

Appendix B. Review of previous AFNA recommendations

Table B.1: Previous AFNA recommendations from 2023 & 2024

Topic	Recommendation	Year
Health	Improve data collection to better understand age, gender breakdown, and demand for services	2023
	Work with service members and veterans from commonwealth countries, to understand their lived experiences and barriers in accessing mental health services in Essex	2023
	Ensure availability of practical information on accessing NHS services in one place	2023
	Keep military families at the heart of any long-term health plans for veterans	2023
	Provide training to healthcare professionals on key problems prevalent among veterans like chronic pain and musculoskeletal disorders	2023
	Encourage GP practices to get a Veteran Friendly GP Practice accreditation. Accreditation is voluntary but included in NHS long term plan, which ensures all GPs in England are equipped to best serve veterans and their families	2023
	Work with groups at high risk for PTSD	2023
	Develop multidisciplinary and innovative approaches for alcohol services	2023
	Promote veteran friendly GP practice accreditation in Essex.	2024

	Raise awareness of OP COURAGE.	2024
	Further provision of NHS dental services for service families in Essex.	2024
	Share good practices such as demonstrated by MSE Trust with partners.	2024
	Ensure Essex veterans are aware of Blue Badge scheme and application process.	2024
Education	It is important to increase awareness of a range of policies to minimise disruption to family life, particularly around the procedures in place to minimise educational disruption (such as avoiding moves in a GCSE year). This should include improved advice to parents about informing their children's school when they are deployed	2023
	To reduce the impact of education disruption due to family mobility, local schools should be supported to manage the timely transfer of children's information through the new Common Transfer Framework or other methods. This is needed to improve the continuity of education, particularly when children move to another area or abroad	2023
	Social, emotional, and mental health difficulties (SEMH) seem to be slightly higher in Essex in the service children group (secondary school) compared to non-service children, and this may be attributed to discontinuity in education. Additionally, support for children in local schools could be beneficial	2023
	Thriving Lives Toolkit promotion in Essex schools with service children. The tool is highly rated among users and is free for schools to use.	2024
	Focus on EYFS children attainment.	2024
	Better recording (data) of post 16 destinations for service children.	2024
	Share experiences of how SPP funding is utilized in Essex schools	2024
	Engage with schools to encourage Service parents to make schools aware of their status.	2024
Housing	Improve access to data related to service accommodation and social housing in Essex. To achieve this, it is necessary to work closely with the Ministry of Defence Local Authority Partnership (MODLAP) in sharing data and insights	2023
	Data at the national level shows that accommodation is the most-highly reported concern presented by service personnel. The primary reason why personnel do not own their own home continues to be that they cannot afford to buy a suitable home. Ensure that Essex Local Plans include Service help-to-buy properties and social housing for Armed Forces personnel	2023
	Increase and support collaborative networks between local authorities and the third sector to help veterans navigate the housing system bureaucracy and to prevent homelessness	2023
	Local Authorities should make their websites more user friendly to veterans seeking housing services by putting veterans' links on their homepage. If the websites are easy to navigate for veterans, there is potential for greater engagement.	2024
	Local Authorities should work with their IT professionals and veterans to determine how to enhance veterans' user experience through checking that their search bars retrieve information on veterans' homelessness.	2024
	Local Authorities websites should have clear leads for information pertaining to veterans on their websites. Including demonstrating access to Op FORTITUDE.	2024
	Basildon council website serves as the local best practice standard for a user-friendly website in terms of veterans' homelessness in the county. Their responsibility to veterans is clearly visible as soon as one engages with their website interface. This should act as a template or exemplar for other county Local Authorities.	2024
	Local Authorities should keep updated information on veterans in contact with them, such as those sleeping rough, those in temporary accommodation and those threatened with homelessness.	2024
	Statistical information must be comprehensive, covering all variables that affect every aspect of the lives of veterans.	2024
	Local Authorities should seek feedback from veterans on their user experiences in engaging with Local Authorities.	2024

	Data processing needs to consider engagement with veterans, recording their residential circumstances. Linking veteran status to address or recording homelessness and hold a policy for onward referral and signpost when appropriate to agencies such as Op FORTITUDE.	2024
	A&E departments will need to be able to demonstrate recording of veteran status and link this data to housing or homelessness data and hold a policy for onward referral and signpost when appropriate to agencies such as Op FORTITUDE.	2024
	Charities working with veterans and the homeless in Essex need to demonstrate they hold records of numbers served as recognised homeless veterans and record appropriate outcomes of their support. This information should be made available to other agencies serving the same population and hold a policy for onward referral and signpost when appropriate to agencies such as Op FORTITUDE.	2024
	There is need for all agencies supporting homeless veterans to keep detailed records and share information across services when appropriate.	2024
	An integrated system of data processing could facilitate availability of reliable information that could benefit many stakeholders other than homeless veterans.	2024
Employment and Transition	Work with groups less confident in their skills, female veterans, and those from commonwealth countries, to upskill, and support smoother transition into civilian employment	2023
	Engage with local business owners to raise awareness about the Armed Forces community to dispel any negative stereotypes	2023
	Improve data collection and research on veterans seeking unemployment benefit and work with veterans deemed high risk	2023
	Ensure every Jobcentre Plus district in Essex has an Armed Forces Champion to meet the needs of veterans and provide support to the Armed Forces community	2023
	Continue with the previous Essex AFNA 2023 recommendations.	2024
	Raise awareness of the available support to carers.	2024
	Raise awareness/promote the “Employers Guide to Hiring Veterans”.	2024
	Seek insights into the needs of veterans from Jobcentre Plus Armed Forces champions in Essex.	2024
	Raise awareness/promote the Employers Recognition Scheme.	2024
	Consider recommendations from RAND and VFIMSR reports.	2024
Criminal Justice System	Ensure that all veterans in custody, prison, and probation service are asked if they served in the armed forces	2023
	Ensure that Op COURAGE and Op NOVA name https://www.forcesemployment.org.uk/programmes/op-nova/) are sign posted to veterans	2023
	Encourage police, local prison, and probation services to take part in the Civil and Military Partnership Board (CMPB) and share audited data on veterans in their service in Essex	2023
	Ensure that re-offending of veterans is recorded or audited	2023
	Continue to ensure that all veterans who come into contact with the CJS are asked if they served in the armed forces.	2024
	Continue to promote the available support for veterans who come into contact with the CJS.	2024
	Consider recommendations from NACRO & Probation Institute and John Moores University reports.	2024

Appendix C. Additional Census 2021 health and wellbeing data

This appendix presents additional Census 2021 analysis relating to health status, disability and caring responsibilities among veterans and veteran households in Greater Essex. These tables provide supplementary evidence to support the findings in Chapter 4 (Health).

Table C.1: MSOAs with the highest numbers of veteran households containing at least one person with a non-limiting long-term health condition, Census 2021.

Local Authority	MSOA	Veteran households with at least one person with non-limiting long-term health condition
Colchester	Parson's Heath	72
Colchester	Old Heath & Rowhedge	60
Colchester	Monkwick	60
Tendring	Frinton West & Kirby	60
Colchester	West Mersea	52
Tendring	Clacton East	51
Tendring	Harwich West & South	50
Southend-on-Sea	Shoeburyness	49
Uttlesford	Saffron Walden Town	48
Braintree	Witham Town	47

Veteran households were defined as households where the Household Reference Person had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Counts include households with either one person or two or more people reporting a non-limiting long-term physical or mental health condition.

Table C.2: MSOAs with the highest numbers of veteran households containing at least one disabled adult, Census 2021.

Local Authority	MSOA	Veteran households with at least one disabled adult
Tendring	Frinton West & Kirby	260
Colchester	Parson's Heath	207
Tendring	Jaywick & St Osyth	156
Tendring	Harwich West & South	148
Tendring	Holland-on-Sea	147
Colchester	Monkwick	146
Tendring	Manningtree & Mistley	144
Colchester	Prettygate & Westlands	139
Tendring	Brightlingsea & Point Clear	137
Southend-on-Sea	Shoeburyness	136

Veteran households were defined as households where the Household Reference Person had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Counts include households containing either one disabled adult or two or more disabled adults.

Table C.3: MSOAs with the highest number of veterans reporting bad or very bad health, Census 2021.

Local Authority	MSOA	Veterans reporting bad or very bad health
Tendring	Jaywick & St Osyth	92
Tendring	Frinton West & Kirby	86
Tendring	Holland-on-Sea	67
Tendring	Clacton East	62
Tendring	Brightlingsea & Point Clear	58
Colchester	Parson's Heath	57
Southend-on-Sea	Shoeburyness	56

Southend-on-Sea	Southchurch	54
Colchester	Greenstead	53
Tendring	Clacton Bocking's Elm	53

Veterans were defined as individuals who had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Counts include veterans who reported their general health as either bad or very bad.

Table C.4: MSOAs with the highest number of veterans who provide some form of unpaid care, Census 2021.

Local Authority	MSOA	Veterans providing unpaid care
Tendring	Frinton West & Kirby	78
Colchester	Parson's Heath	77
Colchester	Monkwick	65
Tendring	Harwich West & South	57
Tendring	Jaywick & St Osyth	57
Southend-on-Sea	Thorpe Bay	56
Tendring	Brightlingsea & Point Clear	56
Tendring	Clacton North	54
Tendring	Clacton West	54
Tendring	Holland-on-Sea	52

Veterans were defined as individuals who had previously served in the regular UK Armed Forces, reserve UK Armed Forces, or both. Counts include veterans who provided unpaid care.

Table C.5: Veterans age profile by district/UA, Greater Essex, Census 2021

Local Authority	Aged 16 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 years and over	Total
Basildon	59 (1%)	233 (6%)	530 (13%)	920 (22%)	2,390 (58%)	4,132
Braintree	63 (1%)	235 (5%)	614 (13%)	1,154 (25%)	2,593 (56%)	4,659
Brentwood	20 (1%)	82 (5%)	173 (10%)	293 (16%)	1,231 (68%)	1,799
Castle Point	22 (1%)	111 (4%)	252 (10%)	486 (19%)	1,754 (67%)	2,625
Chelmsford	72 (2%)	252 (5%)	562 (12%)	938 (20%)	2,788 (60%)	4,612
Colchester	127 (2%)	396 (6%)	1,153 (16%)	1,848 (26%)	3,646 (51%)	7,170
Epping Forest	41 (2%)	122 (5%)	275 (10%)	499 (19%)	1,738 (65%)	2,675
Harlow	43 (2%)	118 (6%)	222 (12%)	457 (24%)	1,081 (56%)	1,921
Maldon	26 (1%)	73 (3%)	232 (11%)	450 (22%)	1,312 (63%)	2,093
Rochford	29 (1%)	124 (5%)	266 (10%)	480 (19%)	1,658 (65%)	2,557
Southend-on-Sea	43 (1%)	209 (4%)	531 (11%)	985 (21%)	3,013 (63%)	4,781
Tendring	50 (1%)	197 (3%)	617 (10%)	1,285 (20%)	4,186 (66%)	6,335
Thurrock	59 (2%)	183 (6%)	507 (16%)	826 (25%)	1,674 (52%)	3,249
Uttlesford	31 (1%)	114 (4%)	396 (15%)	629 (24%)	1,487 (56%)	2,657
Total	685 (1%)	2,449 (5%)	6,330 (12%)	11,250 (22%)	30,551 (60%)	51,265

Appendix D. Housing

Figure D.1: Tenure type trends among general population, England, 2008/09 to 2024/25

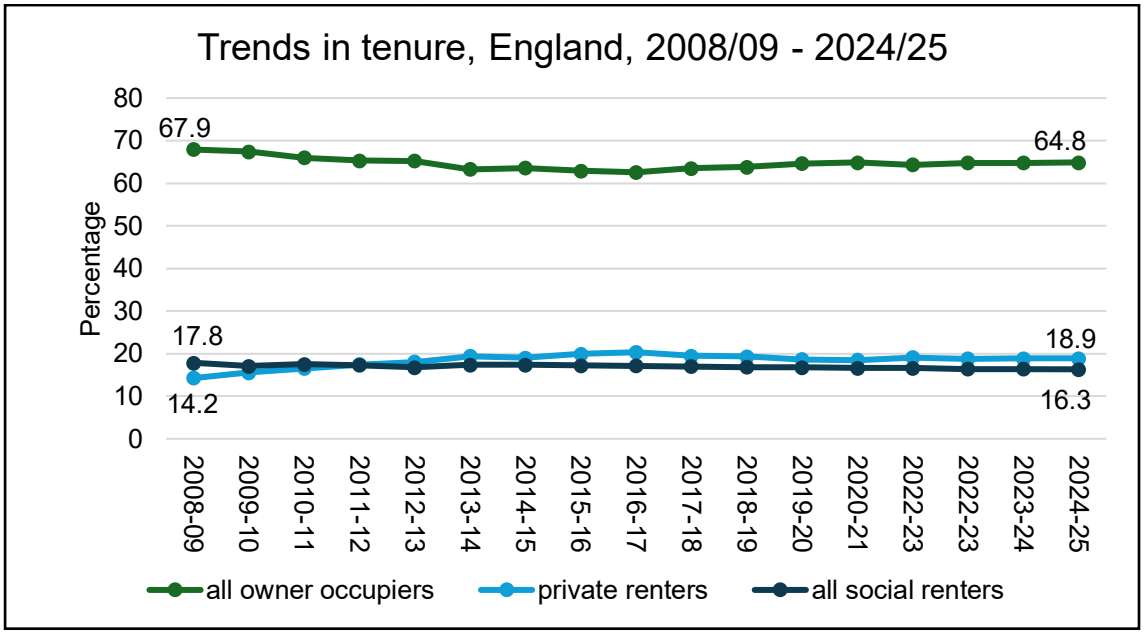


Table D.2: All households on housing registers (cc1a), Greater Essex, 2016/17 to 2024/25

Local Authority	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Basildon	1,255	1,169	1,035	1,376	1,595	1,613	1,535	1,934	2,376
Braintree	2,466	2,749	1,745	1,834	2,464	2,460	2,440	2,680	3,428
Brentwood	600	626	560	801	724	154	230	240	261
Castle Point	574	539	359	554	577	589	659	648	748
Chelmsford	5,576	3,939	3,948	522	662	866	1,130	1,510	1,855
Colchester	4,220	4,392	3,298	2,796	3,016	2,122	1,824	1,831	1,730
Epping Forest	1,353	1,376	1,494	1,291	1,355	1,314	826	1,054	1,241
Harlow	2,776	2,965	3,120	3,291	3,661	3,853	4,093	4,207	1,919
Maldon	753	936	807	853	1,023	1,056	1,042	1,213	818
Rochford	825	638	751	774	988	935	996	1,098	751
Southend-on-Sea	1,668	972	1,041	1,102	1,123	560	1,072	1,129	1,359
Tendring	1,308	1,362	1,509	1,614	1,175	2,677	2,115	2,260	1,857
Thurrock	7,899	8,826	8,258	8,153	7,040	7,035	4,855	4,422	5,114
Uttlesford	808	1,112	1,090	1,108	1,337	1,272	1,328	1,461	1,374

Table D.3: Households given additional preference who are members of the UK Armed Forces community (cc6aa), Greater Essex, 2016/17 to 2024/25

Local Authority	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Basildon	0	0	0	0	0	0	0	0	0
Braintree	0	63	0	45	53	40	39	58	48
Brentwood	0	2	0	0	0	1	0	3	3
Castle Point	0	0	0	0	0	0	0	0	0

Chelmsford	0	0	0	0	0	4	2	5	9
Colchester	54	43	64	5	2	4	0	1	4
Epping Forest	6	0	4	7	6	6	0	1	7
Harlow	7	2	3	4	5	3	2	2	2
Maldon	0	0	0	0	0	0	0	0	0
Rochford	1	2	3	3	3	2	1	3	2
Southend-on-Sea	0	0	0	0	0	0	0	0	0
Tendring	1	2	2	4	32	1	8	14	4
Thurrock	0	0	0	0	0	1	0	0	0
Uttlesford	0	0	5	3	2	2	4	0	0

Table D.4: Number of households with a member of the UK Armed Forces community given additional preference that have been let a dwelling by local authority or in response to a nomination from local authority (d14a), Greater Essex, 2018/19 to 2024/25

Local Authority	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Basildon	0	2	0	0	1	0	0
Braintree	24	19	13	19	15	15	15
Brentwood	0	0	0	0	0	0	2
Castle Point	0	0	0	0	0	0	0
Chelmsford	0	0	0	0	4	5	1
Colchester	21	35	18	21	21	21	28
Epping Forest	0	0	1	0	0	0	1
Harlow	0	0	0	0	2	0	0
Maldon	0	0	0	0	0	0	0
Rochford	2	1	0	0	0	0	1
Southend-on-Sea	0	0	0	0	0	0	0
Tendring	1	0	0	0	0	2	7
Thurrock	0	0	0	1	0	0	1
Uttlesford	0	0	1	4	3	3	5

Appendix E. Employment and occupation data

Table E.1: Veterans' occupation, Greater Essex, Census 2021

Local Authority	Managers	Professional	Associate prof.	Admin & secretarial	Skilled trades	Caring & leisure	Sales & customer service	Process & plant	Elementary
Basildon	16%	13%	17%	6%	13%	5%	4%	16%	10%
Braintree	18%	14%	19%	5%	14%	5%	3%	14%	8%
Brentwood	21%	20%	19%	7%	10%	5%	2%	9%	7%
Castle Point	18%	13%	16%	8%	15%	4%	2%	17%	7%
Chelmsford	19%	20%	19%	6%	10%	4%	3%	11%	8%
Colchester	15%	15%	18%	5%	13%	6%	3%	15%	9%
Epping Forest	22%	16%	18%	5%	14%	3%	3%	12%	7%
Harlow	12%	13%	15%	6%	13%	6%	3%	19%	13%

Maldon	19%	16%	18%	4%	14%	4%	3%	15%	8%
Rochford	15%	15%	18%	8%	15%	6%	2%	15%	7%
Southend-on-Sea	14%	15%	17%	6%	14%	6%	4%	16%	7%
Tendring	16%	12%	15%	4%	16%	7%	4%	18%	9%
Thurrock	13%	11%	15%	6%	12%	5%	3%	22%	14%
Uttlesford	23%	19%	18%	7%	13%	4%	3%	7%	4%
Greater Essex	16%	15%	17%	6%	13%	5%	3%	15%	9%
Essex	17%	15%	18%	6%	13%	5%	3%	14%	8%

Note: Occupation categories have been abbreviated for presentation purposes. Full Census 2021 categories are: Managers, directors and senior officials; Professional occupations; Associate professional and technical occupations; Administrative and secretarial occupations; Skilled trades occupations; Caring, leisure and other service occupations; Sales and customer service occupations; Process, plant and machine operatives; and Elementary occupations.

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