

## HEALTH AND WELLBEING BOARD

27 June 2023

### ARMED FORCES: PERSONNEL AND FAMILIES SURVEY REPORT

Report of the Director of Public Health

Strategic Aim:	Healthy and Well	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Diane Ellison: Portfolio Holder for Adult Care and Health	
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Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Notes the findings from the survey and approve for specific recommendations to be taken to Staying Healthy Partnership for consideration and to determine next steps and actions.

#### 1. PURPOSE OF THE REPORT

- 1.1 The 1<sup>st</sup> Battalion Royal Anglian Regiment, currently based in Cyprus are due to arrive in Rutland throughout the Summer 2023. They are due to be based at Kendrew Barracks moving forward, leading to a considerable change in the demographic locally.
- 1.2 Previous insight into the Rutland armed forces community has been completed in 2019 with an Armed Forces Covenant Survey for Rutland, South Kesteven and Harborough. A Health Needs Assessment was also completed in 2019, focused on army personnel and families in Rutland.
- 1.3 While the findings here are still useful, it was decided that a new survey for Rutland would be completed via Public Health at Rutland County Council. The main purpose of the new survey would be to understand the health and wellbeing needs of the armed forces community in Rutland and due to arrive in 2023.

#### 2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Statutory Guidance on the Armed Forces Covenant Duty sets out requirements of local public bodies, including Rutland County Council and Leicester, Leicestershire and Rutland Integrated Care Board. Understanding local armed forces community needs are covered in the guidance and the survey commissioned aims to address this.
- 2.2 Rutland is an area with a high density of armed forces personnel and families (6.9% of the over 16 population are veterans according to latest Census data), meaning local services must take care to reflect the needs of the armed forces population particularly in terms of their health, wellbeing and community. It's important that serving personnel and families do not experience health inequalities because of their status in the forces.
- 2.3 While the initial scope was to understand the needs of the 1<sup>st</sup> Battalion Royal Anglian Regiment personnel and families, the scope was broadened when the number of respondents was low, including after two extensions. The scope was expanded to those currently based at Kendrew Barracks, St George's Barracks and Veterans. The expanded scope resulted in more respondents, although with limited time remaining being open, the expected response rate was not reached. In total, 69 people responded.
- 2.4 The Armed Forces Officer from Rutland County Council actively promoted the survey through several channels, including face-to-face briefings for soldier and their families (of the 1<sup>st</sup> Battalion) during a visit to their Cyprus location, the Forces Family Forum at Kendrew Barracks and the Welfare Teams from all units based in Rutland. In Cyprus, the survey was distributed to families on multiple occasions and utilised the chain of command to emphasis the value. The MOD run HIVE (Help Information Volunteer Exchange) in both Rutland and Cyprus repeatedly included details in their weekly newsletter. Hard copies of the leaflet were placed in the Kendrew Community Centre.
- 2.5 For the veteran community in Rutland the survey was distributed through emails, multiple social media channels including the local Royal British Legion and RAF Associations, and its completion was encouraged at face-to-face events such as the regular Veteran's Breakfast in Oakham. Finally, Rutland County Council 'tweeted' information about the survey on two occasions to its 6.5k followers.

### **3. DEMOGRAPHIC**

- 3.1 Of the 69 respondents, 57% were from people married to or in a relationship with a serving member, 28% were Veterans, 13% were serving members and the remaining 'other'. 24 (35%) identified as male and 45 (65%) identified as female. 43 (62%) had children and 26 (38%) did not.
- 3.2 35 (51%) stated they didn't have a disability. 17 (25%) stated they have a mental health condition, 17 (25%) stated they have a long-term condition and 10 (14%) stated they had a disability.

### **4. SUMMARY FINDINGS**

- 4.1 While the results are only indicative, some of the figures compare or are similar to the ones from the Tri-Service Continuous Attitude Survey from 2022 among family members of the service people. This may suggest that the issues and needs of all the Army members and families are also true for those in Rutland and Cyprus.
- 4.2 Life in the armed forces affects many aspects of participants' lives, particularly spouses. Their mental health and job opportunities are especially impacted. This

observation may suggest that the relatives of service members endure greater challenges compared to those directly serving in the military.

- 4.3 Many respondents pointed to challenges with accessing NHS services, especially dental and GP in Rutland. They reported long waiting lists or issues making an appointment, as well as poor transport connectivity in the area. Nevertheless, the physical health of respondents overall can be described as good, based on self-description and health behaviours (smoking, drinking, exercise). Around a third of participants would be interested in specialised services for losing weight and exercise in Rutland. Cyprus respondents rated their services much higher in comparison and are worried that after the relocation, they will struggle with access to those services.
- 4.4 While many respondents had issues with mental health, only 22% accessed those services in Rutland, and just 10% would feel very comfortable doing so. That suggests that mental health services should be linked into GP and other channels that they would feel comfortable accessing. 6% of all participants would like to see counselling available directly at Kendrew and St George's.
- 4.5 Results suggest respondents do not feel very involved in the Rutland community. Indeed, only 3% of respondents already there said they were 'very involved' in the local area. There is great demand from serving members, families and veterans for different social and exercise groups. Respondents are particularly interested in fitness classes, leisure centres, and sports clubs. They mentioned that often there is little for them do for leisure in the barracks and Rutland as a whole.

## 5. SECTION SUMMARY

- 5.1 The best way for members to understand the findings from the armed forces community is to work through the report in appendix A. This sets out all responses with narrative and visually includes charts for greater clarity. However, a summary from some sections is presented below.
- 5.2 **Cyprus feelings and transition** - First, we asked respondents from Cyprus about their feelings toward the move to Rutland (multiple choice). The opinions are split, with some feeling more positive than others (more details in appendix A). Yet still the majority of the feelings are on the good side. We asked respondents how best they can be supported in the transition to living in Rutland and if they have any specific concerns. Two main themes emerge here: some respondents are particularly concerned about having access to a dentist, others will benefit with social support after moving – integrating into the community is important for them.
- 5.3 **Impact of being in the armed forces community** - The survey asked all the respondents whether being in the Armed Forces community negatively affected different areas of health and wellbeing. An overwhelming majority of 72% said their mental health is influenced. Interestingly, for participants serving in the Army the percentage goes down to 33%. Nearly half (48%) stated it negatively impacted on job opportunities, 35% getting on the housing ladder and 35% on social opportunities.
- 5.4 **Support services** – When all respondents were asked what support services they'd like to access within the community, losing weight was highest with almost half of respondents (46%), followed by support with exercise (35%) and smoking (7%).
- 5.5 **Finding support** – From all respondents, only 30% said it was easy or very easy to find healthcare support by themselves, with 39% saying it was a little difficult or very difficult. For finding community/wellbeing support by themselves, only 21% said it was

easy or very easy, with 46% saying it was a little difficult or very difficult. The remaining respondents said it was neither difficult nor easy.

5.6 **Which services are lacking in Rutland** – respondents currently living in Rutland were asked which health and wellbeing services they lack. 25% said NHS dentists, 17% leisure centres/exercise classes, 11% doctors and 11% swimming facilities. 33% said they didn't consider anything to be lacking.

5.7 **Mental health and loneliness** - 51% of family members feel lonely often/always in our sample (which is a big jump compared to serving members). An online Covenant survey reported 29% of spouses felt lonely always or often.

5.8 **Community involvement** – Those currently living in Rutland were asked how involved they feel with the wider Rutland community. 14% said they felt very involved or fairly involved. 47% felt very uninvolved or fairly uninvolved. From all respondents, the three highest answers for 'which of these would you like support accessing in Rutland' were leisure services (54%), social groups outside of military community (45%) and social groups with military community (39%).

5.9 **Children** – 43 respondents stated they had children under 19 years old. 33% of these have children with SEND. This is higher than the general population but taken from a small sample size. Regarding support in Rutland they would like to see, the three highest responses were extra-curricular activities (67%), physical activity/exercise clubs (56%) and social opportunities (56%).

## 6. **CONSULTATION**

6.1 The purpose of the survey was to consult with the armed forces community to understand views on their health and wellbeing.

## 7. **ALTERNATIVE OPTIONS**

7.1 Focus groups and interviews could have been used to understand the health and wellbeing needs of the armed forces community. This is within consideration but it was decided that a survey should be completed as a first step, before determining whether more detailed insight is needed.

## 8. **FINANCIAL IMPLICATIONS**

8.1 The survey has already been resourced within existing budgets. There are no immediate financial decisions to be made, although there may be future decisions for next steps acting on the survey findings.

## 9. **LEGAL AND GOVERNANCE CONSIDERATIONS**

9.1 The survey contributes towards local commitments to the Armed Forces Covenant with legal obligations for some public bodies. The survey contributes to local understanding of the armed forces community needs.

## 10. **DATA PROTECTION IMPLICATIONS**

10.1 A Data Protection Impact Assessments (DPIA) has not been completed as survey data within the report is at population level and anonymised. Individual data was managed and processed by the provider in accordance with the contract.

## **11. EQUALITY IMPACT ASSESSMENT**

- 11.1 An Equality Impact Assessment (EqIA) has not been completed for the following reasons. The project isn't relating to a new or change in service provision and one aim is to understand any inequity for the armed forces community.

## **12. COMMUNITY SAFETY IMPLICATIONS**

- 12.1 N/A

## **13. HEALTH AND WELLBEING IMPLICATIONS**

- 13.1 The survey aims to understand the health and wellbeing needs of the armed forces community.

## **14. ORGANISATIONAL IMPLICATIONS**

- 14.1 Environmental Implications

13.1.1 N/A

- 14.2 Human Resource Implications

13.2.1 N/A

- 14.3 Procurement Implications

13.3.1 N/A

## **15. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 15.1 To conclude, although the total respondents weren't as high as hoped, there is rich insight for those who did respond on their health and wellbeing. There are some areas which partners can look to take forward to develop more insight with the community or look at actions to address concerns. This provides rationale for the recommendation that the Staying Healthy Partnership consider and discuss the next steps with specific recommendations for action.

## **16. BACKGROUND PAPERS**

- 16.1 Statutory Guidance on the Armed Forces Covenant Duty: Ministry of Defence.

## **17. APPENDICES**

- 17.1 Appendix A – Rutland Armed Forces Survey

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**