

THE ROYAL BRITISH
LEGION



Profile and Needs: Comparisons between the Ex-Service Community and the UK population



Compass Partnership

**Profile and Needs
Comparisons between
the Ex-Service Community
and the UK population**

2006

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Glossary

Veterans

Anyone who has previously served in any of the following ways is a veteran, eligible for welfare assistance from The Royal British Legion: the UK Armed Forces, both Regular Forces (including National Service or the Home Guard), or Reserve/Auxiliary Forces; the Mercantile Marines in hostile waters; the Allied Civil Police Forces; full-time, in uniform for a Voluntary Aid Society in direct support of the Armed Forces; or as a British subject serving under British command in the forces of an allied nation.

Dependants

Dependent spouses/partners, dependent divorced/separated spouses, dependent widow(er)s and dependent children, make up veterans' dependants.

Adult Ex-Service Community

Veterans and their dependants, taken together, make up the whole ex-Service community. This term is used throughout the report to describe both veterans and their dependants combined. In this research the adult ex-Service community was defined as veterans and their dependants who were aged 16 or over (children aged 0-15 were out of scope of the research). Sometimes the "adult ex-Service community" is shortened in the text to "the ex-Service community", although this still refers to data from the *adult* ex-Service community, aged 16+.

Foreword
Sue Freeth

The Royal British Legion provides a range of welfare services to the 10.5 million people who make up the ex-Service community, whilst also assisting the serving community, in England, Wales, Northern Ireland and Ireland.

In an effort to ensure these services are first rate and genuinely meet the welfare needs of the ex-Service community, we commissioned several pieces of research.

This is the second in the series of studies into the welfare needs of the ex-Service community. This report brings together the key findings of our first survey with some of the data collected from people not eligible for help in our survey group, plus data collected from the last Census and other relevant studies conducted recently which asked broadly compatible questions.

It compares demographics, personal circumstances and the welfare needs of the ex-Service community with those of the rest of the population of the UK to provide a clear picture of whether the needs of the ex-Service community are the same as those of the general population, or different.

The study reveals much about the ex-Service community compared with the general population, including:

- Members of the ex-Service community are more likely to live alone
- Adults in the ex-Service community report poorer health.

The Comparison Report highlights some important differences among the ex-Service population of working age, which suggest early intervention for disadvantage could prevent problems developing later.

We now have a much clearer picture of the welfare needs of the ex-Service community. It is a picture which will shape our thinking as we develop new ways of meeting that need. I am pleased to be able to share this with you.

Sue Freeth
Director Welfare
The Royal British Legion
December 2005

Executive Summary

This report considers whether the demographics, personal circumstances and welfare needs of the adult ex-Service community vary from those of the general population. It is the second in a series of reports to be published by The Royal British Legion on the ex-Service community in the UK.

The first report in this series, *“Profile of the ex-Service Community in the UK”*, measured the size, demographic profile and welfare needs of the ex-Service community in the UK. The research involved a nationally representative survey of over 1,200 adults in the UK ex-Service community (both veterans and their dependants), interviewed via a national Omnibus survey.

The data used for the general population comes from the Omnibus survey of all UK adults, Government reports, national Government surveys and reports published by the charity sector.

Overview

The proportion of the ex-Service community aged over 65 is three times higher than in the general population. Other demographic differences are age-related: members of the ex-Service community are more likely to live alone, own their home outright, or be retired.

Older ex-Service community

Members of the ex-Service community aged 65 and over, when compared to their peers in the general population, are:

- less likely to be ‘very happy’
- less likely to experience complete social isolation
- in better or equivalent health
- more likely to experience mental health and hearing problems.

Younger ex-Service community

Members of the ex-Service community aged 16 – 64, when compared to their peers in the general population, are:

- more likely to be ‘very happy’
- more likely to experience major health problems.

Relative to their peers nationally:

- 16-44 year olds are more prone to mental health problems
- 16-44 year old veterans have higher prevalence of musculo-skeletal complaints
- 45-64 year olds are more prone to cardio-vascular or respiratory conditions.

In the general population, women are more at risk of mental health problems than men; whereas in the ex-Service community mental health problems afflict men as much as women.

Unemployment among 25-49 year olds in the ex-Service community is higher than the rate nationally.

Demographic profile

The UK adult population is around 60 million people, with the adult ex-Service community (in private households) estimated at 8.4 million people.

Gender

The adult ex-Service community is evenly divided between men and women, as is the general population.

(Section 2.1)

Age

The ex-Service community has a substantially older age profile than the general UK population. The average age of the adult ex-Service community is 63 years, compared with 47 years for the general adult population. Three fifths of the adult ex-Service community are aged 65 and over, as compared with only one fifth of the general population.

An appreciation of the older age profile of the ex-Service community is essential to understand other variances in their demographics, personal circumstances and welfare needs.

(Section 2.2)

Ethnicity

The UK ex-Service community has fewer members from non-white minority ethnic groups than the general UK population (0.6% vs. 8% respectively).

(Section 2.3)

Household composition

Members of the ex-Service community are more likely to live alone (31%) than UK adults generally (19%).

(Section 2.4)

Geographical distribution

The ex-Service community has a slightly different regional profile to the UK adult population:

A significantly higher proportion live in:	A significantly lower proportion live in:
<ul style="list-style-type: none"> • South West 	<ul style="list-style-type: none"> • London
<ul style="list-style-type: none"> • Yorkshire and Humberside 	<ul style="list-style-type: none"> • West Midlands
<ul style="list-style-type: none"> • North West 	

Variations in geographical distribution are wider for younger members of the ex-Service community (aged 16-64), than for over 65s.

(Section 2.5)

Tenure

Members of the ex-Service community are more likely to own their home outright than the general UK population (50% vs. 29% respectively).

(Section 2.6)

Working status

Adults in the ex-Service community are much more likely to be retired (64%) than the adult population generally (25%).

(Section 2.7)

Social grade

A quarter (26%) of the ex-Service community are in social grade E, compared with 18% in the UK population (related to the older age profile of the ex-Service community, since those entirely dependent on the State pension fall into this category).

(Section 2.8)

Personal circumstances

In this section the personal circumstances of the ex-Service community are compared with the general population using data available from Government surveys, such as the General Household Survey and British Social Attitudes. The basis for comparison with these surveys is Great Britain.

Happiness

The ex-Service community as a whole are more likely to say they are ‘very happy’ (43%) than adults generally (33%).

In particular, 25-64 year olds in the ex-Service community are *more* likely to be ‘very happy’ than their peers in the general population.

However older and younger members of the ex-Service community are *less* ‘happy’ than their peers nationally:

Proportion who are ‘very happy’		
	Ex-Service community	General population
People aged 18-24	44%	51%
People aged 65+	22%	30%

(Section 3.1)

Self-reported health

Adults in the ex-Service community report poorer health than the general population: 25% say they have not been in good health over the last 12 months, compared with 14% of adults in the general population.

The prevalence of self-reported poor health among older people is broadly similar in the ex-Service community to the elderly population in general.

In contrast, younger members of the ex-Service community (aged 25-64) are significantly *more* likely to report poor health than their peers in the general population.

(Section 3.4)

Long-term health problems

More than half (52%) of the adult ex-Service community have any long-term illness, disability or infirmity, which is higher than in the adult population (35%), using a similar but not identical question.

In both the national population and the ex-Service community, the prevalence of any long-term health problems or disabilities increases with age, and so the poorer health of the ex-Service community as a whole is at least partly explained by their more elderly composition.

Therefore, it is important to consider the health of different age cohorts within the ex-Service community, relative to their peers nationally. This reveals that the ex-Service community of working age are in poorer health than the general population; whereas the retired ex-Service community are generally in better or equivalent health than their peers nationally.

Veterans show different prevalence of various types of conditions, relative to the general population of equivalent age (spaces left blank represent a similar prevalence of condition):

Veterans	16-44	45-64	65-74	75+
Musculo-skeletal	higher		lower	lower
Cardio-vascular		higher	lower	
Respiratory		higher	lower	
Mental health	higher			
Hearing				higher

(Section 3.5)

Caring responsibilities

The proportion of adults in the ex-Service community with caring responsibilities for someone else in the household is similar to general population (7% vs. 5% respectively).

(Section 3.6)

Transport

Despite the lack of directly comparable data, access to a car appears broadly similar in the ex-Service community to the general population.

Amongst over 65s, both in the ex-Service community and nationally, not having their own vehicle is more common among those living alone and older women.

(Section 3.2)

Social contact

The ex-Service community who are elderly (aged 65 and over) are less likely to live in complete social isolation compared with their peers nationally:

- 11% never visit relatives or friends, compared with 27% nationally
- 4% never receive visits from relatives or friends, compared with 6% nationally
- 6% never have contact with friends or neighbours, compared with 14% nationally.

Elderly people in the ex-Service community who live alone are less isolated :

- 14% never visit relatives or friends, compared with 20% nationally
- 8% never have contact with neighbours, compared with 17% nationally.

(Section 3.3)

Welfare Needs

All comparisons with national population statistics cited in this section should be treated with a degree of caution, since the questions were not directly comparable.

Fear of crime

Fear of violence or crime is similar among the ex-Service community to the general population; apart from the younger members of the ex-Service community aged 16-29, who are less fearful of crime than their peers nationally.

(Section 4.1)

Loneliness

The 8% of over 65 year olds experiencing loneliness lies within the normal prevalence range of between 5% and 16% found on other British studies of older people.

(Section 4.3)

Self-care

Both the ex-Service community and the general population show heightened difficulty with self-care tasks over the age of 85.

(Section 4.2)

Mobility

Mobility problems increase with age amongst both the national and ex-Service populations, particularly afflicting those aged over 85.

(Section 4.6)

Medical treatment and social care

In the older ex-Service community the proportion using personal social services such as district nurses, home care workers, meals on wheels or day centres is similar to older people generally.

(Section 4.7)

Housing

Younger people, both nationally and in the ex-Service community, are more likely to live in poor quality social housing than older people.

Most older people own their own home but the proportion decreases with age; this is also true in the ex-Service community. Difficulty with house and garden maintenance increases with age in the ex-Service community, as in the general population, peaking among those aged over 85.

(Section 4.4)

Mental health

Nationally, the prevalence of depression is higher among younger adults than among older people; this is also true in the ex-Service community where depression affects:

- 16% of 16-44s
- 9% of 45-64s
- 8% of over 65s.

The prevalence of depression amongst older members of the ex-Service community (8%) is at the lower end of the normal range of 8% to 14% found for older people in other research studies. Among over 65s, in both the ex-Service community and nationally, various risk factors are associated with depression: gender (women more so than men), ill health, pain or disability, loneliness and bereavement.

In the general population below retirement age, common mental health problems peak at age 45-49 years for men and age 50-54 years for women. In the ex-Service community mental health problems peak among younger adults: age 25-44 for men, and age 35-44 for women. Women are generally more at risk of mental health problems than men, whereas in the ex-Service community men have similar prevalence to women.

In both the ex-Service community and the general population mental health problems are associated with: ill health, disability, unemployment, economic inactivity, debt and relationship breakdown.

(Section 4.5)

Financial difficulties

The ex-Service community above pensionable age reports an average net household income of £216 per week. Allowing for survey margins of error, this is similar to the national average for pensioners of £246 per week net (£223 per week net after housing costs).

Nationally, and in the ex-Service community, risk of low income among pensioners increases with age. Lone female pensioners have a higher risk of low income than their male counterparts.

(Section 4.8)

Unemployment

In the ex-Service community, the unemployment rate among adults of working age is 6%; hardly different from the 5% in the general working age population. However this hides an unemployment rate among younger members of the ex-Service community (aged 18-49), which is as much as twice that of their peers nationally.

(Section 4.9)

1 Introduction

This is the second of a series of reports on the ex-Service community in the UK.

The first report in this series “*Profile of the ex-Service Community in the UK*” measured the size, demographic profile and welfare needs of the ex-Service community in the UK.

The research involved a nationally representative survey of over 6,000 UK adults aged 16+ living in private residential households, interviewed face-to-face, through an Omnibus survey. Of this sample, over 1,200 respondents were in the adult ex-Service community. Full details of the research methods are given in chapter 2 of the report “*Profile of the ex-Service Community in the UK*”.

Key findings from that report were:

- The current size of the UK ex-Service community (both veterans and their dependants, including dependent children), is over 10.5 million people, and with a more elderly profile than the general population
- A minority (6%) of the adult ex-Service community are currently experiencing difficulties and not receiving the help, advice or support they need. This is equivalent to around half a million people with unmet welfare needs
- Whilst they may not necessarily wish to ask for charitable welfare assistance, over half of the adult ex-Service community (around 4.6 million people) have experienced at least one significant personal difficulty in the last year
- The problems encountered by younger and older members of the ex-Service community differ. Older members are more likely to encounter difficulties with mobility and house and garden maintenance. Younger members are more likely to experience financial, employment or psychological difficulties.

The first report also highlighted, in chapter 4, some important differences between the **demographic profile** of the adult ex-Service community and the UK general population. These will be summarised again here as context.

This report considers whether the **personal circumstances** and **welfare needs** of the adult ex-Service community vary from those of the general population. Comparisons have been made between the ex-Service community, using data from the Legion survey and the general population, from Government-collected data, and research by other charitable organisations. Variances in the demographic profile of the two groups are important to assess how the ex-Service community is faring relative to the general population.

It is intended that this report be read alongside the main report “*Profile of the ex-Service Community in the UK*”.

1.1 Format of this report

Subsequent chapters compare the ex-Service community and the UK population in terms of their demographics (chapter 2), their personal circumstances (chapter 3) and their welfare needs (chapter 4).

Tables are used to highlight key comparisons between the ex-Service community and the general population. Percentage figures in the tables are set out in columns and a description of the sample on which the percentages are based appears at the head of each column. Where percentages read across the table as rows this is highlighted in footnotes to the tables. Percentages presented in tables will not always add up to exactly 100%, either due to rounding or because more than one response was allowed. An asterisk signifies a percentage of less than 0.5% whilst a dash signifies zero. Statistically significant differences between the two groups, taking account of the sample sizes, are often highlighted in the tables.

2 Demographic profile of the ex-Service community

Chapter 4 of the report “*Profile of the ex-Service Community in the UK*” described in detail the demographic profile of the ex-Service community. In this chapter the key variances are reiterated to help to interpret differences in personal circumstances and welfare needs in subsequent chapters. The demographics of the adult ex-Service community (1,211 survey respondents) are compared with the total UK adult population (6,218 survey respondents). All data presented is from the Omnibus survey unless otherwise stated.

2.1 Gender

The adult ex-Service community is divided equally between men and women. However, 84% of veterans are men and 94% of adult dependants are women.

Figure 2.1 GENDER OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community %	UK adults %
Male	50	48
Female	50	52

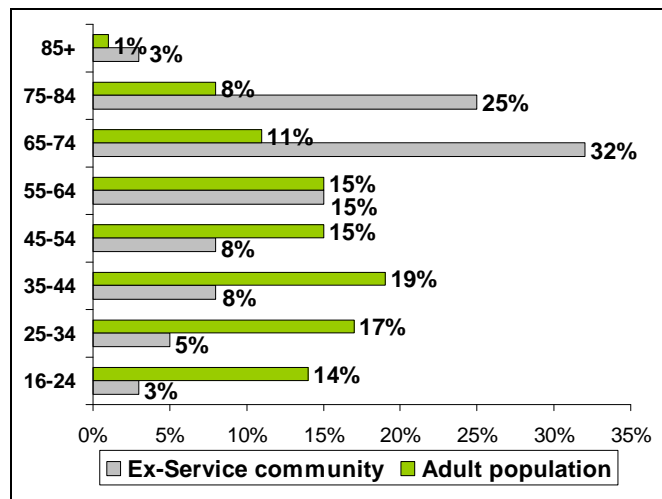
2.2 Age

The ex-Service community has a substantially older age profile than the general UK population. The average age of the adult ex-Service community is 63 years, compared with 47 years for the general adult population. The adult ex-Service community is divided approximately 40:60 (working age: retirement age); whereas the general adult population is split 80:20 (working age: retirement age).

An appreciation of the elderly age profile of the ex-Service community is essential, since

it leads to other variances in demographic profile and is crucial to understanding their needs.

Figure 2.2 AGE PROFILE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK ADULT POPULATION



2.3 Ethnicity

The ex-Service community is nearly all white (99.3%). Only 0.6% are from a non-white minority ethnic group, as compared with 7.9% of the general UK population.

Figure 2.3 ETHNIC PROFILE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community %	UK population* %
White	99.3	92.1
Minority ethnic:	0.6	7.9
Mixed race	0.1	1.2
Asian or Asian British	0.1	4.0
Black or Black British	0.4	2.0
Chinese	-	0.4
Other	-	0.4

*Adults and children, Source: 2001 Census

2.4 Household composition

Members of the ex-Service community are more likely to live alone, or in smaller households than UK adults generally. 31% live alone, as compared with 19% in the general population. This difference is, at least partly age-related: in 2001, 37% of GB adults aged 65+ and 48% of those aged 75+

were living alone¹; the equivalent proportions in the ex-Service community are similar, at 41% and 52% respectively.

Just over one tenth of the adult ex-Service community have children aged 0-15 in their household, compared with a third in the general population.

Figure 2.4 HOUSEHOLD SIZE (ADULTS AND CHILDREN) AMONG ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community	UK adults
	%	%
1 (live alone)	31	19
2	47	33
3	11	19
4+	11	29

2.5 Geographical distribution

The ex-Service community has a slightly different regional profile to the UK adult population, with a significantly higher proportion living in the South West of England, Yorkshire and Humberside and the North West, and a significantly lower proportion in London and the West Midlands.

Figure 2.5 REGIONAL PROFILE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community	UK adults
	%	%
South West	11	7
South East	11	12
London	5	11
East of England	9	9
West Midlands	8	10
East Midlands	9	8
Yorkshire & Humberside	11	9
North West	14	12
North East	5	5
Scotland	10	9
Wales	5	5
Northern Ireland	3	3

The regional profile of over 65s (who make up the majority of the adult ex-Service community) shows only very slight differences from over 65s in the UK population: a significantly higher proportion living in the South West or Yorkshire and Humberside, and significantly fewer in London, the North East or Northern Ireland (fig 2.6). Overall the geographic distribution is not markedly different, with no differences larger than +/-2%.

In contrast the members of the ex-Service community below retirement age, especially the 16-44s, show wider regional variations from their peers nationally (fig 2.6):

16-44s in the ex-Service community have:

- a significantly higher proportion living in the North West (+6%), the North East (+6%), Northern Ireland (+5%) and East Midlands (+4%)
- a significantly lower proportion in London (-10%) and the South East (-6%).

45-64s in the ex-Service community have:

- a significantly higher proportion living in the South West (+6%)
- a significantly lower proportion in London (-7%), or the West Midlands (-3%).

The higher proportion of younger ex-Service community adults in certain regions may be due to various factors such as:

- settling close to the Armed Forces base where they were previously stationed, and where they may have bought a family home or 'put down roots'
- returning to the region where they lived before active service, therefore reflecting areas where Armed Forces recruitment is traditionally strong.

The particularly low proportion of younger ex-Service community adults in London warrants further investigation. It may reflect a real deficit, or it could be that younger ex-Service Londoners are more likely than elsewhere to live in communal establishments (e.g. hostels, rehabilitation centres, detention centres etc.) or be homeless or sleeping rough, and

¹ " People Aged 65 and Over – Results from the 2001 General Household Survey" (National Statistics)

therefore excluded from this survey of private households.

Figure 2.6 REGIONAL PROFILE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION, BY AGE

	16-44		45-64		65+	
	Adult Ex-Service community %	UK Adults %	Adult Ex-Service community %	UK Adults %	Adult Ex-Service community %	UK Adults %
South West	6	6	14	8	10	8
South East	6	12	10	12	13	12
London	3	13	2	9	6	8
East of England	6	9	8	9	9	9
West Midlands	8	11	7	10	9	10
East Midlands	12	8	9	7	8	8
Yorks & Humber	9	9	9	10	12	10
North West	17	11	12	12	13	12
North East	12	6	7	6	3	4
Scotland	8	8	13	12	10	11
Wales	6	5	4	5	6	6
Northern Ireland	8	3	4	3	1	2

Statistically significant differences at 90% level are highlighted in red

It is not possible to carry out detailed regional analysis on the demographic and needs profiles of the ex-Service community, due to the small number of respondents in the Omnibus survey in some regions. However Government data suggests that the proportion of older people in the general population is above average in coastal and rural areas. The proportion of older people in cities is lower, but they are most at risk from income deprivation (see Appendix 1).

2.6 Tenure

Members of the ex-Service community are more likely to own their home outright than the general UK population, and they are less likely to have a mortgage, or rent from a private landlord. This is related to the older age profile of the ex-Service community.

Figure 2.7 TENURE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community %	UK adults %
Owner occupiers:	68	65
Own outright	50	29
Mortgage	19	36
Rent from local authority	23	21
Rent privately	6	11
Other	2	3

2.7 Working status

Adults in the ex-Service community are much more likely to be retired than the adult population generally.

Figure 2.8 WORKING STATUS OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community %	UK adults %
Retired	64	25
Working full-time (30+ hrs)	19	39
Working part-time (8-29 hrs)	6	12
Working part-time (< 8 hrs)	1	1
Unemployed (seeking work)	2	4
Not seeking work	7	14
Higher education	1	5
Still at school	*	1

Below retirement age, the working status profile of the ex-Service community is very similar to that of the whole population (fig. 2.9). The unemployment rate and the economic activity rate are almost the same as

in the general population. The proportion still in full-time education is lower in the ex-Service community (3% vs. 8%). People in the ex-Service community are twice as likely to have retired early (10% vs. 5%).

Figure 2.9 WORKING STATUS OF ADULT EX-SERVICE COMMUNITY BELOW RETIREMENT AGE, COMPARED WITH EQUIVALENT UK POPULATION

Base: People of working age (men 16-64, women 16-59)	Adult ex-Service Community %	UK adults %
<u>Employed:</u>	64	65
Working full-time (30+ hrs)	51	51
Working part-time (8-29 hrs)	12	14
Working part-time (< 8 hrs)	1	1
<u>Unemployed:</u>	6	5
<u>Economically inactive:</u>	31	30
Not seeking work	18	17
Higher education	2	6
Still at school	1	2
Retired	10	5

2.8 Social grade

A quarter (26%) of the ex-Service community are in social grade E, 8% more than in the UK population (concomitantly there are 8% fewer in social grades B/C1). The higher proportion in social grade E is related to the older age profile of the ex-Service community, since those entirely dependent on the State pension fall into this category.

Figure 2.10 SOCIAL GRADE OF ADULT EX-SERVICE COMMUNITY COMPARED WITH UK POPULATION

	Adult ex-Service community %	UK adults %
A	5	4
B	13	17
C1	23	27
C2	19	20
D	14	14
E	26	18

Considering those who are *not retired*, the social grade profile of the ex-Service community has a higher proportion of skilled manual workers (C2) and a lower proportion of non-manual workers in grades B/C1 than the UK adult population (fig 2.11).

Figure 2.11 SOCIAL GRADE OF ADULT EX-SERVICE COMMUNITY, NOT RETIRED, COMPARED WITH UK POPULATION

	Adult ex-Service community	UK adults
Base: Not retired	%	%
A	4	3
B	13	17
C1	28	30
C2	25	21
D	16	15
E	14	13

3 Personal circumstances

Chapter 5 of the earlier report “*Profile of the ex-Service Community in the UK*” described in detail the personal circumstances of the ex-Service community. This chapter compares the adult ex-Service community with the general population in terms of:

- happiness
- main form of transport
- informal socialising by those aged over 65
- health and disability
- caring responsibilities.

Comparisons are made with all adults in the general population (either Great Britain or England and Wales, according to data available).

3.1 Happiness

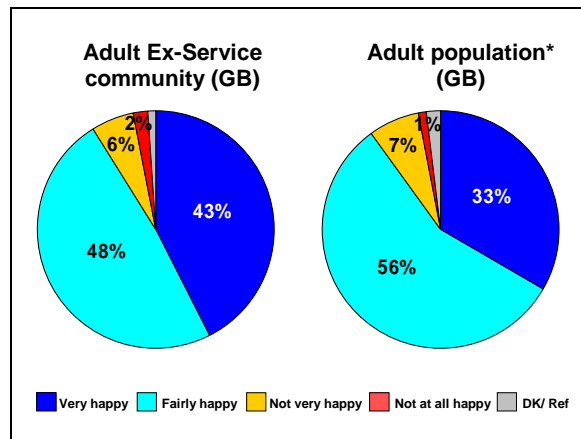
The vast majority (91%) of the GB ex-Service community are either ‘very happy’ (43%) or ‘fairly happy’ (48%) with their life in general. Only 6% are ‘not very happy’ and 2% ‘not at all happy’. Veterans are marginally happier than their dependants.

The ex-Service community are happier than the general GB adult population: they are more likely to say they are ‘very happy’ 43% vs. 33% of all adults² (fig 3.1). The same question wording was used on both surveys thereby enabling a direct comparison³.

Taken together the proportion who are ‘very’ or ‘fairly’ happy is similar among the ex-Service community (91%) and the general

population (89%) The proportion who are ‘not very happy’ or ‘not at all happy’ is the same among the ex-Service community and the general population (8%).

Figure 3.1 HAPPINESS WITH LIFE IN GENERAL THESE DAYS



Source for GB adults: *British Social Attitudes 2001* (identical question wording, self-completion)

Figure 3.2 shows how the degree of happiness varies by age among the ex-Service community and all adults in Great Britain.

25-64 year olds in the ex-Service community are more likely to be ‘very happy’ than their peers in the general population. However the youngest members of the ex-Service community (aged 18-24), and the oldest (aged 65 or over) are less ‘happy’ than their peers:

- 65 or over: 44% ‘very happy’ in ex-Service community vs. 51% of all GB adults
- 18-24: 22% ‘very happy’ in ex-Service community vs. 30% of all GB adults.

² Source: British Social Attitudes (2001). The degree of happiness has remained stable over the period of time this has been measured 1991, 1998 and 2001.

³ However, a degree of caution should be exercised when interpreting these results since on the British Social Attitudes survey of all adults the question was self-completion rather than interviewer-administered, so there could be a methodology effect (i.e. people give a less positive answer under self-completion than if answering to an interviewer).

Figure 3.2 HAPPINESS WITH LIFE IN GENERAL THESE DAYS, BY AGE

	18-24		25-34		35-44		45-54		55-59		60-64		65+	
	Ex-Service	GB Adults	Ex-Service	GB Adults	Ex-Service	GB Adults	Ex-Service	GB Adults	Ex-Service	GB Adults	Ex-Service	GB Adults	Ex-Service	GB Adults
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Very happy	22	30	42	30	46	31	40	26	39	32	50	21	44	51
Fairly happy	70	63	49	61	41	55	52	59	59	55	44	68	47	42
Not very happy	4	6	2	5	7	9	5	9	2	8	4	5	7	5
Not at all happy	4	1	4	*	5	3	2	1	-	2	-	1	2	1
DK/ NS	-	-	2	3	1	2	1	5	-	-	2	2	1	1
Very/fairly happy	91	93	91	91	86	86	92	85	98	87	94	89	91	93
Not very/not at all happy	9	6	7	6	12	13	7	10	2	11	4	5	8	6

'Ex-Service' is Adults in the ex-Service community in GB.

Source for GB adults: British Social Attitudes 2001 - identical question wording, self-completion (cf. ex-Service - interviewer administered)

3.2 Transport

Two thirds (65%) of the GB adult ex-Service community use a motor vehicle (car, motorcycle or moped) as their main form of transport. A fifth (19%) primarily use public transport. 11% primarily walk, 2% cycle, 1% rely on taxis and 1% use an electric wheelchair or electrically powered vehicle as their main form of transport. 1% never go out.

There is no directly comparable data on main mode of transport available. However the 2001 General Household Survey asked a similar question on car ownership, whilst older people were also asked about their use of public transport.

In 2001, 72% of households in Great Britain owned or had continuous use of a motor vehicle (car, van, motorcycle or other)⁴. This is slightly higher than the 65% in the ex-

⁴ Living In Britain 2001 - Results from the 2001 General Household Survey (National Statistics, 2002).
Question wording: "Do any members of your household, at present own or have continuous use of any motor vehicles?"

Service community who report that the car is their main form of transport.

However we cannot conclude that car ownership is slightly lower in the ex-Service community, since people may own a car, but use a different form or transport for most of their journeys e.g. public transport, walking or cycling etc.

In 2001, 58% of people aged 65 or over had access to a car. Only 28% of older people living alone had access to a car compared with 74% of those who live with other(s)⁵. The likely explanation for this is that older women are more likely to live alone than older men, and historically far fewer women learned to drive and are therefore less likely to have a car.

Among people aged 65 or over in the GB ex-Service community, 59% use a car (their own or someone else's) as their main form of transport. 43% of older people living alone predominantly travel by car, compared with 71% of those who live with at least one other

⁵ People Aged 65 and Over – Results from the 2001 General Household Survey (National Statistics)

person. So, car usage amongst people aged 65 or over in the ex-Service community reflects the situation amongst the older population in general (fig 3.3).

The higher car usage is found amongst people aged 65 or over living alone, in the ex-Service community (43%), than the level of car ownership among over 65s nationally (28%). This is probably due to the slightly different question wording, which included use of someone else's car as their main form of transport. Those who do not have their own car, are relying on being driven by a relative or friend when they need to travel.

Figure 3.3 CAR USAGE/ OWNERSHIP AMONG OLDER PEOPLE IN GB

	All aged 65+ %	65+ and live alone %	65+ and live with other(s) %
Ex-Service community:			
Car/ motorcycle/ moped (own or someone else's) is main form of transport	59	43	71
All adults:			
Own or have use continuous use of any motor vehicle(s)	58	28	74

Source for All GB households: GHS 2001

The proportion of older people with access to a car in the general population also varies by age and gender (fig 3.4), and amongst the ex-Service community in a similar way: men aged 65-74 are more likely to have access to a car whilst women aged over 75 are the least likely.

In 2001, just over half (54%) of people aged 65 or over used public transport, falling to around a third (36%) of those aged over 85. When asked reasons for not using public transport, ill health or disability was the key factor for over 85 year olds⁶.

A quarter (25%) of the people aged 65 or over in the ex-Service community in GB say they

rely on public transport as their *main* form of transport, peaking at 31% among 75-84s, and then tailing off again over 85 years (22%), when reliance on walking to get around increases.

Figure 3.4 CAR USAGE/ OWNERSHIP AMONG OLDER PEOPLE IN GB

	Male 65-74 %	Female 65-74 %	Male 75+ %	Female 75+ %
Ex-Service community:				
Car/ motorcycle/ moped (own or someone else's) is main form of transport	79	59	58	40
All adults:				
Own or have use continuous use of any motor vehicle(s)	77	64	57	34

Source for All GB households: GHS 2001

In conclusion, despite the lack of directly comparable data, the suggestion is that access to a car, is broadly similar in the ex-Service community to the general population. Amongst people aged 65 or over - both in the ex-Service community and nationally - lacking their own vehicle is more common among those living alone and older women.

3.3 Social contact among older people

83% of people aged 65 or over in the GB ex-Service community have informal contact with neighbours at least once a week, 67% receive visits from relatives or friends at home at least once a week and 58% call in on relatives or friends at least once a week.

Figures 3.5, 3.6 and 3.7 show how the degree of informal socialising by members of the ex-Service community aged 65 or over compares with the elderly population in general.

Social isolation is defined as having minimal contact with other people such as family, friends or the wider community. The prevalence of social isolation among people

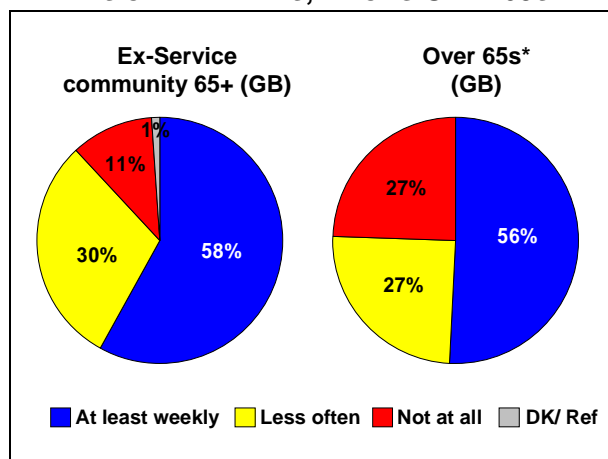
⁶ "People Aged 65 and Over – Results from the 2001 General Household Survey" (National Statistics, July 2003)

aged 65 or over in the UK has been estimated at approximately 10%⁷.

The ex-Service community aged 65 or over are less likely to live in complete social isolation than their peers nationally:

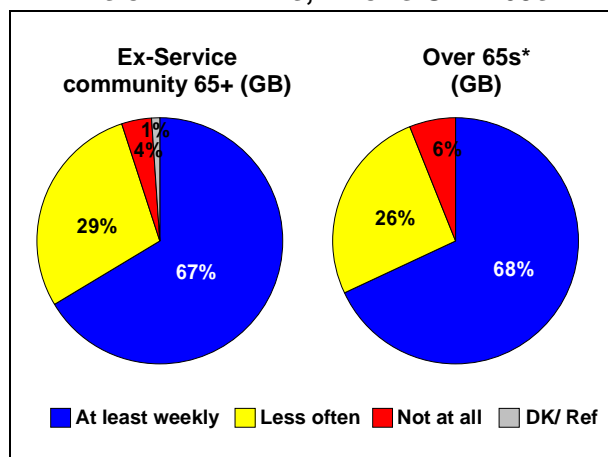
- 11% never visit relatives or friends, compared with 27% of over 65s in GB
- 4% never receive visits from relatives or friends, compared with 6% of over 65s in GB
- 6% never have contact with friends or neighbours, compared with 14% of over 65s in GB.

Figure 3.5 FREQUENCY OF VISITS TO FRIENDS OR RELATIVES, AMONG OVER 65S



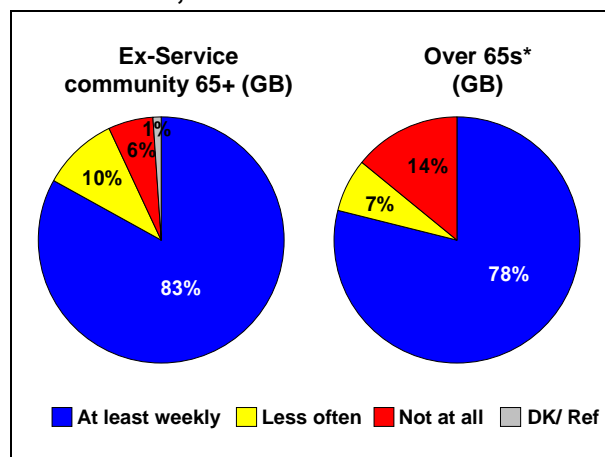
* Source for GB over 65s: GHS 2001 (identical question wording)

Figure 3.6 FREQUENCY OF VISITS FROM FRIENDS OR RELATIVES, AMONG OVER 65S



* Source for GB over 65s: GHS 2001 (identical question wording)

Figure 3.7 FREQUENCY OF TALKING TO NEIGHBOURS, AMONG OVER 65S



* Source for GB over 65s: GHS 2001 (identical question wording)

Members of the ex-Service community are more likely than their peers to socialise infrequently (less than weekly) but no more likely to socialise at least once a week.

Within the ex-Service community, membership of the Legion is not associated with any greater propensity to visit relatives or friends.

65-74 year olds in the ex-Service community are more likely to visit relatives or friends weekly (65% vs. 47%) or to have contact with their neighbours at least weekly (86% vs. 80%) than are their peers in the general population (fig 3.8).

Those aged 75 or over in the ex-Service community are less likely than their peers generally to make weekly visits to relatives or friends (51% vs. 63%). However they are as likely as their peers generally to receive visits from relatives or friends or to talk to neighbours.

Living alone

Other research among older people has found an association between living alone and social isolation⁸.

⁷ "Being alone in later life: Loneliness, social isolation and living alone." Victor, Scambler et al. (2000) Reviews in Clinical Gerontology 10

⁸ "Social-isolation and loneliness in old age – review and model refinement" Wenger, Davies, et al. (1996) Ageing and Society 16

People aged 65 or over living alone are less isolated in the GB ex-Service community than in the general population (fig 3.8):

- 14% never visit relatives or friends, compared with 20% in the general population
- 8% never have contact with neighbours, compared with 17% nationally.

In conclusion, the overall picture emerging is of an elderly ex-Service community who are less likely to experience complete social isolation than elderly people generally. This may reflect the impact of ex-Service social and support networks in reaching those most at risk from social isolation.

Figure 3.8 FREQUENCY OF INFORMAL SOCIALISING AMONG OVER 65 YEAR OLDS, BY AGE AND HOUSEHOLD TYPE

	ALL AGED 65+		65-74		75+		Live alone	
	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %
Frequency of visits to relatives or friends								
At least once a week	58	56	65	47	51	63	60	59
Less often	30	27	27	28	33	26	26	20
Not at all	11	27	7	25	15	11	14	20
Frequency of visits from relatives or friends								
At least once a week	67	68	69	68	64	68	72	72
Less often	29	26	27	27	32	26	23	22
Not at all	4	6	4	5	3	6	5	6
Frequency of talking to neighbours								
At least once a week	83	78	86	80	80	77	84	77
Less often	10	7	9	7	11	7	7	6
Not at all	6	14	4	13	9	16	8	17

'Ex-Service' is Adults in the ex-Service community in GB.

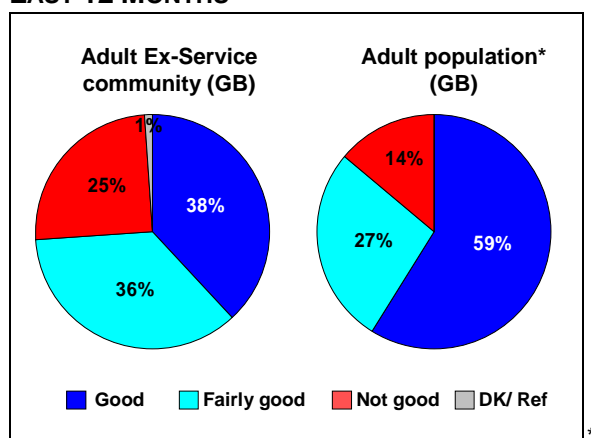
Statistically significant differences (at 90% level) are highlighted in red.

Source for GB adults: British Social Attitudes 2001 (identical question wording)

3.4 Self-reported health

A quarter (25%) of the GB adult ex-Service community say they have not been in good health over the last 12 months. This is higher than the one in seven (14%) of the general population in 2003⁹ (fig 3.9).

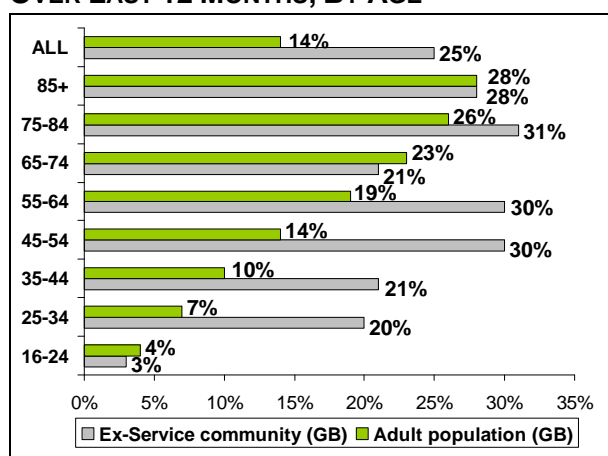
Figure 3.9 SELF-REPORTED HEALTH OVER LAST 12 MONTHS



Source for GB adults: GHS 2003 (identical wording)

In the general population, self-reported health declines steadily with increasing age (fig 3.10). The prevalence of poor health among all adults nationally (14%) reflects the average age of the general adult population i.e. mid 40s.

Figure 3.10 SELF-REPORTED POOR HEALTH OVER LAST 12 MONTHS, BY AGE



Source for GB adults: GHS 2003 (identical wording)

In contrast the average age of the ex-Service community in England and Wales is 64 years and 60% are aged 65 or over. One would expect this elderly profile to drive up the level of self-reported ill health. However, it is apparent that the higher reported ill health in the ex-Service community is also due to poorer reported health by its younger members. Among the ex-Service community there is not the clear pattern of declining health with increasing age that is evident in the general population (fig 3.10).

Figure 3.11 shows the percentage who said their health was not good by age and sex. Statistically significant differences are highlighted in red.

Figure 3.11 SELF-REPORTED POOR HEALTH OVER LAST 12 MONTHS, BY SEX AND AGE

	Adult ex-Service Community (GB) %	GB adults* %
All Men:	25	13
16-24	5	3
25-34	16	6
35-44	19	9
45-54	33	13
55-64	38	20
65-74	19	23
75-84	32	27
85+	24	25
All Women:	24	15
16-24	8 [^]	6
25-34	25 [^]	9
35-44	24	11
45-54	26	15
55-64	24	18
65-74	22	22
75-84	29	26
85+	31	29

Row percentages. [^] caution – low base
Statistically significant differences (at 90% level) are highlighted in red.

* Source for GB adults: GHS 2003 (identical wording)

⁹ General Household Survey 2003 (identical question wording).

Older people, aged 65 or over

Controlling for age, the prevalence of self-reported poor health among older people is broadly similar in the ex-Service community to the elderly population in general (fig 3.10, previous page):

- 65-74s: 21% of the ex-Service community report poor health, similar to the 23% of all adults
- 75-84s: 31% of the ex-Service community report poor health – slightly higher than the 26% of all adults
- 85+: 28% of the ex-Service community report poor health, the same as the 28% of all adults.

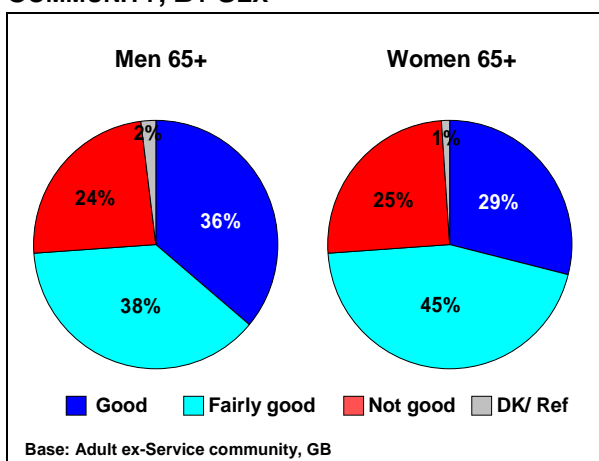
Men aged 65 or over in the ex-Service community are as likely as men nationally to report poor health (fig 3.11, previous page).

Women aged 65 or over in the ex-Service community also have similar prevalence of poor health to women nationally (fig 3.11).

For both older men and older women in the ex-Service community the variations from their peers nationally are not statistically significant.

Among the ex-Service community aged 65 or over, women are less likely than men to say their health is 'good', and more likely to say it is 'fairly good'. (fig 3.12).

Figure 3.12 SELF-REPORTED HEALTH OVER LAST 12 MONTHS, AMONG OLDER EX-SERVICE COMMUNITY, BY SEX



Younger people, aged under 65

In contrast, younger members of the ex-Service community (aged 25-64) are significantly more likely to report poor health than their peers in the general population (fig 3.10):

- 25-34s: 20% of the ex-Service community report poor health vs. 7% of all adults
- 35-44s: 21% of the ex-Service community report poor health vs. 10% of all adults
- 45-54s: 30% of the ex-Service community report poor health vs. 14% of all adults
- 55-64s: 30% of the ex-Service community report poor health vs. 19% of all adults.

This is the case for women as well as men (fig 3.11).

This measure of health is a self-assessment and is therefore *subjective*. It is possible that veterans have higher expectations of fitness than do the general population, which might influence their ratings. However they may also feel the experience of being in the Armed Forces has influenced their health negatively.

However it is not just younger veterans who report poorer health than the national average. Younger members of the ex-Service community who are dependent on someone who served also report poorer health than their peers from age 35 to 64 (fig 3.13). It is not just the fact of having served in the Armed Forces that is associated with poorer health, but also being dependent on someone who served.

Figure 3.13 SELF-REPORTED POOR HEALTH OVER LAST 12 MONTHS

	Veterans (GB) %	Dependants (GB) %	GB adults* %
All	25	24	14
16-24	13 [^]	4	4
25-34	22	8 [^]	7
35-44	17	27	10
45-54	29	30	14
55-64	31	28	19
65-74	20	22	23
75-84	33	28	26
85+	27	30	28

Row percentages. [^] caution – low base

* Source for GB adults: GHS 2003 (identical wording)

3.5 Long-term health problems

In addition to the question on self-reported health where people were asked to rate their overall health on a scale, there was also a further question on the presence of any long-standing health conditions. Whilst the former is a subjective self-assessment, the latter is more objective and focuses on actual health problems from which they suffer.

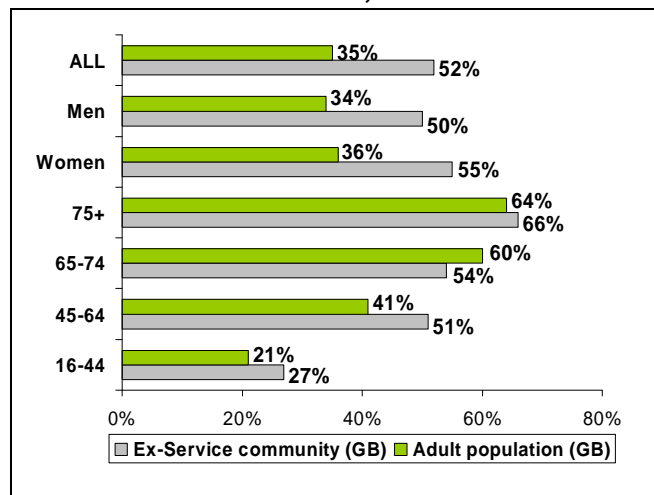
Half (52%) of the adult ex-Service community have any long-term illness, disability or infirmity; 51% of veterans and 54% of their dependants. A similar, although not identical question is asked on the General Household Survey, enabling some broad comparisons¹⁰. In 2003, a significantly lower proportion (35%) of the general adult population had any long-standing illness, disability or infirmity.

Among the ex-Service community, the prevalence of any long-term health problems increases with age, from a quarter of 16-44 year olds to two thirds of those aged 75 or over. The pattern is similar in the general population (fig 3.14). Therefore the poorer health of the ex-Service community as a whole is at least partly explained by the greater proportion of older people aged 65 or over.

When controlling for age, 16-64s in the ex-Service community are more likely to have any long-term health problems than their peers in the general population. In contrast 65-74 year olds in the ex-Service community are slightly less likely than their peers nationally to have any long-standing conditions. Over 75s in the ex-Service

community have a marginally higher prevalence of long-term health problems than their peers. All these variations are statistically significant.

Figure 3.14 ANY LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES, BY AGE



Source for GB adults: GHS 2003 (similar question wording)

The prevalence of long-term health conditions is higher among the economically inactive than among people who are working or unemployed. This is true for the ex-Service community as well as the general population:

- In 2003, 24% of working men and women in the general population reported a long-standing illness, compared with 58% of men and 52% of women who were economically inactive.
- In the ex-Service community the equivalent proportions are 31% of working men and 21% of working women, compared with 59% of economically inactive men and 65% of economically inactive women (figs 3.15 and 3.16).

There are a few notable variations between the ex-Service community and the general population in prevalence of health problems by age and economic activity:

- working men aged 16-44 are significantly more likely to have any long-term health problems in the ex-Service community (29%) than in the general population (17%, fig 3.15).

¹⁰ The survey of the ex-Service community asked "Do you have any long-term illness, disability or infirmity?" and prompted with a list of 20 specific disabilities, plus an 'other' category, to capture conditions not on the list. Whilst no limit was set, the maximum number of conditions mentioned was 8.

In contrast, the General Household Survey asked an unprompted question: "Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?" A follow-up question then asked, "What is the matter with you?" and a detailed description was taken of up to 6 long-standing complaints.

Figure 3.15 ANY LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES, AMONG MEN , BY AGE AND ECONOMIC ACTIVITY STATUS

	All men		16-44		45-64		65+	
	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %
Working	31	24	29	17	33	33	^	44
Unemployed	33*	27	23*	22	^	45*	^	^
Economically inactive	59	58	33*	35	82	68	56	64
All	50	34	29	20	55	41	55	62

Row percentages. Statistically significant differences (at 90% level) are highlighted in red.

'Ex-Service' is Adults in the ex-Service community in GB. Source for GB adults: GHS 2003 (similar question wording)
Economically inactive is those not looking for, or not available for, work i.e. includes the retired and those not working because looking after the family or home, sick or in full-time education.

^ Base too small for separate analysis * Estimates are unreliable and should be treated with caution

Figure 3.16 ANY LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES, AMONG WOMEN, BY AGE AND ECONOMIC ACTIVITY STATUS

	All women		16-44		45-64		65+	
	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %	Ex-Service %	GB Adults %
Working	21	24	15	19	22	31	^	39
Unemployed	^	28	^	24	^	40*	^	^
Economically inactive	65	52	45	27	69	58	65	63
All	55	36	25	22	48	41	65	62

Row percentages. Statistically significant differences (at 90% level) are highlighted in red.

'Ex-Service' is Adults in the ex-Service community in GB. Source for GB adults: GHS 2003 (similar question wording)
Economically inactive is those not looking for, or not available for, work i.e. includes the retired and those not working because looking after the family or home, sick or in full-time education.

^ Base too small for separate analysis * Estimates are unreliable and should be treated with caution

- Men aged 45-64 who are economically inactive are significantly more likely to have any long-term health problems in the ex-Service community (82%) than in the general population (68%). This suggests the ex-Servicemen are more likely than their peers to be not working because of sickness (fig 3.15, previous page).
- Likewise, women who are economically inactive and aged under 65 are significantly more likely to report ill health in the ex-Service community than in the general population: among 16-44s: 45% vs. 27% respectively and among 45-64s: 69% vs. 58% respectively (fig 3.16 previous page).
- Men aged 65 or over are significantly less likely to report long-term health problems in the ex-Service community (55%) than in the general population (62%) (fig 3.15).

It also worth highlighting the sub-groups in figs 3.15 and 3.16 where there is no difference in the prevalence of long-term health problems between the ex-Service community and the general population:

- Men aged 16-44 who are unemployed or economically inactive
- Men aged 45-64 who are working
- Working women
- Women aged 65+.

Figure 3.17 (following page) shows the prevalence of selected conditions (expressed as a rate per 1000) where a direct comparison has been attempted between the ex-Service community and the general population, although a degree of caution should be used in interpreting any differences since the questions asked were not identical on both surveys.

Most of the variations between the ex-Service community and the general population can be explained by the fact that prevalence of the conditions increases with age, and the ex-Service community has an older age profile than the general population.

The following types of illness increase with age among both the ex-Service community and the general population:

- musculo-skeletal conditions
- heart and circulatory system problems/ disorders
- eye complaints/ difficulty seeing
- ear complaints/ difficulty hearing.

In contrast, mental disorders are more prevalent among those aged under 65, and in the ex-Service community particularly among those aged 16-44.

In the general population, digestive disorders are more prevalent among over 65s, whereas in the ex-Service community these peak among 45-64s.

Comparing each age cohort in the ex-Service community with their peers (fig 3.17), shows some interesting patterns:

- 16-44 year olds in the ex-Service community have similar prevalence of each of the condition groups compared, apart from mental disorders (reported rate of 94 per 1000 as compared with 28 per 1000 in the general population)
- 45-64 year olds in the ex-Service community are more likely to cite disorders of the heart and circulatory system or respiratory system than their peers generally
- 65-74 year olds in the ex-Service community are less likely than their peers generally to be afflicted with the most common conditions i.e. musculo-skeletal or heart and circulatory problems. In contrast they are more likely than their peers to cite mental or sensory disorders
- Those aged 75 plus in the ex-Service community are no more likely than their peers to be afflicted with the most common conditions i.e. musculo-skeletal or cardio-vascular problems; however they are more likely to cite mental problems or difficulty hearing.

**Figure 3.17 LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES:
RATE PER 1000 REPORTING LONG-TERM CONDITIONS, BY AGE**

	All	16-44	45-64	65-74	75+
Musculo-skeletal					
Ex-Service community	211	94	208	212	274
GB adults	145	61	185	293	296
Heart and circulatory system					
Ex-Service community	206	6	176	241	297
GB adults	111	19	132	319	309
Respiratory system					
Ex-Service community	81	56	110	75	76
GB adults	59	52	53	97	74
Mental disorders					
Ex-Service community	40	94	37	33	26
GB adults	27	28	33	17	14
Eye complaints/ Difficulty seeing					
Ex-Service community	39	0	8	51	73
GB adults	16	6	13	21	70
Ear complaints/ Difficulty hearing					
Ex-Service community	39	6	12	42	76
GB adults	14	7	13	22	54
Digestive system					
Ex-Service community	34	25	45	36	23
GB adults	29	16	35	55	53
Average number of conditions reported by those with any long-term illness:					
Ex-Service community	1.7	1.5	1.8	1.7	1.8
GB adults	1.5	1.3	1.5	1.7	1.7

Ex-Service prevalence rates significantly above the rate in the general population (of equivalent age) are highlighted in red.

Ex-Service prevalence rates significantly below the rate in the general population (of equivalent age) are highlighted in blue.

'Ex-Service' is Adults in the ex-Service community in GB.

Source for GB adults: GHS 2003 (similar question wording)

Figure 3.18 (following page) shows some interesting variations between the health conditions of veterans and their dependants. Note that the majority of veterans are men and nearly all dependants are women, and some of the variations from the prevalence among all adults may be gender-related (e.g. variations in prevalence of musculo-skeletal problems between older veterans and older dependants). Significant differences from all adults in GB are highlighted in red or blue. The key differences are outlined below.

Compared with all GB adults of equivalent age, veterans have:

Higher reported prevalence of:

- mental health problems and musculo-skeletal problems among 16-44s (these may reflect psychological problems or injuries resulting from military service)
- Heart, circulatory system and respiratory conditions among 45-64s
- hearing problems among over 75s

Lower reported prevalence of:

- Heart, circulatory system and respiratory conditions among 65-74s
- musculo-skeletal problems among over 65s.

Compared with all GB adults of equivalent age, dependants have:

Higher reported prevalence of:

- mental health problems among 16-44s
- respiratory conditions among 45-64s
- sensory problems among 65-74s
- mental health problems among over 65s
- musculo-skeletal problems among over 75s.

Lower reported prevalence of:

- Heart, circulatory system conditions among 65-74s.

**Figure 3.18 LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES:
RATE PER 1000 REPORTING LONG-TERM CONDITIONS, BY AGE**

	All	16-44	45-64	65-74	75+
Musculo-skeletal					
Veterans	183	114	196	176	216
Dependants	249	69	225	260	368
GB adults	145	61	185	293	296
Heart and circulatory system					
Veterans	207	0	194	258	269
Dependants	204	14	149	221	347
GB adults	111	19	132	319	309
Respiratory system					
Veterans	72	45	91	44	97
Dependants	91	69	129	110	43
GB adults	59	52	53	97	74
Mental disorders					
Veterans	38	114	49	11	22
Dependants	44	69	20	58	34
GB adults	27	28	33	17	14
Eye complaints/ Difficulty seeing					
Veterans	31	0	7	33	59
Dependants	52	0	10	71	94
GB adults	16	6	13	21	70
Ear complaints/ Difficulty hearing					
Veterans	48	11	21	39	97
Dependants	27	0	0	45	43
GB adults	14	7	13	22	54
Digestive system					
Veterans	41	34	56	44	32
Dependants	24	27	39	26	9
GB adults	29	16	35	55	53
Average number of conditions reported by those with any long-term illness:					
Veterans	1.7	1.4	1.9	1.7	1.7
Dependants	1.8	2.8*	1.6	1.7	1.9
GB adults	1.5	1.3	1.5	1.7	1.7

Ex-Service prevalence rates significantly above the rate in the general population (of equivalent age) are highlighted in red.

Ex-Service prevalence rates significantly below the rate in the general population (of equivalent age) are highlighted in blue.

Source for GB adults: GHS 2003 (similar question wording)

* Low base – treat with caution

3.6 Caring responsibilities

Fig 7% of adults in the ex-Service community have at least one adult in their household who is dependent on them for care because of a long-term illness, disability or old age. This is similar to the situation in the general population where 5% reported caring for someone else (adult or child) in the same household in 2000¹¹.

Differences from the general population by age and gender are slight but statistically significant. Figure 3.19 shows that despite the exclusion of care given to sick or disabled children, women and 45-64s in the ex-Service community are slightly more likely to be caring for someone in their household than their counterparts in the general population.

The majority of the ex-Service community are aged 65 and over and these people are slightly less likely to be carers than their peers in the general population.

Overall the pattern of caring responsibilities amongst the ex-Service community is not markedly different from the national picture.

Figure 3.19 CARING FOR SOMEONE ELSE IN THE HOUSEHOLD

	Adult ex-Service Community (GB) %	GB adults* %
All	7	5
Men	6	5
Women	7	5
16-29	2	3
30-44	4	4
45-64	10	7
65+	6	8

Row percentages. Significant differences at the 90% confidence level are highlighted in red.

* Source for GB adults: GHS 2000 (different question wording – included care given to children, as well as adults)

¹¹ Source: “Carers 2000” (National Statistics) Based on results from the General Household Survey 2000.

The survey of the ex-Service community asked “Are there any adults (aged 16 or over) in this household that are dependent on you to care for them because of a long-term illness, disability or old age?”

In contrast, the General Household Survey 2000 asked: “May I check, is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to, other than in a professional capacity (for example a sick or disabled (or elderly) relative/ husband/ wife./ child/ friend/ parent etc.?”

Whilst the caring measure for the ex-Service community excluded care for sick or disabled children, this is unlikely to affect the overall proportion significantly since the majority of the ex-Service community are elderly, without children under 16 living with them.

4 Welfare needs

Chapter 6 of the report “*Profile of the ex-Service Community in the UK*” described the welfare needs of the adult ex-Service community. The key data (in fig 4.1 on the next page) is from two questions designed specifically for the Legion research, about difficulties experienced by the respondent and their household in the last 12 months. This means there are no directly comparable questions in other published surveys.

Nevertheless, it is possible to provide *broad contextual comparisons*; either for the general population; or for **older people**, who are over-represented in the ex-Service community (over 65 year olds represent 60% of all ex-Service adults). A degree of caution should be used in interpreting any differences between these published data and the findings from the ex-Service community, since differences in question wording and survey methodology may at least partially account for the variations.

In many cases the contextual comparisons are for the older general population.

The rest of this chapter will discuss each of the difficulties ranked in fig 4.1, commenting on relevant comparative data where available.

4.1 Fear of violence and crime

Fear of violence and crime was the most prevalent concern of all those measured in the Omnibus survey of the ex-Service community: 17% expressing this as a concern for them or their household in the last 12 months (fig 4.2). Those aged 16-29 are less fearful than those aged 30 or over.

When comparing with British Crime Survey statistics, fear of crime appears similar among the ex-Service community and their peers nationally; apart from the younger members of the ex-Service community aged 16-29, who

are less fearful of crime (6%) than their peers in the general population. Fear of crime among the younger ex-Service community is lower among both veterans (5%), whose military training might make them feel safer, and among their dependants (7%).

Figure 4.2 FEAR OF VIOLENCE/ CRIME

	All %	16-29 %	30-59 %	60+ %
Ex-Service community E&W				
% experiencing fear of violence/crime in last 12 months	17	6	18	17
All adults E & W*				
% very worried about:				
<u>Household crime:</u>				
Burglary	17	16	17	16
Theft of car	18	25	17	15
Theft from car	15	21	15	12
<u>Personal crime:</u>				
Mugging	16	17	14	18
Physical attack	17	22	16	14
Racial attack	7	8	7	5
Rape	18	26	17	14
Insulted or pestered	9	10	8	8

* Source for E&W adults: British Crime Survey 2000

The British Crime Survey reports that older people’s risk of being the victim of a household or personal crime is much lower than for other age groups. Nevertheless they worry as much as younger people about being victims of burglary, mugging or insults/pestering (fig 4.2)¹².

In 2000, the British Crime Survey found that 43% of over 60s never walk alone in their area after dark (compared with 14% of 16-29s and 19% of 30-59s).

A survey of 4,000 older people by Age Concern¹³ found that a quarter feel street crime is a big or very big problem in their area, whilst a third felt fear of crime had affected their quality of life and made them lonely and isolated.

¹² “Crime, Policing and Justice: the experience of Older People (Findings from the British Crime Survey England and Wales)”, Chivite-Matthews and Maggs (2002)

¹³ “Survey of Fear of Street Crime amongst older people” (Age Concern, 2002)

Figure 4.1 DIFFICULTIES EXPERIENCED BY UK EX-SERVICE COMMUNITY, BY AGE

	All Ex-Service %	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	All 65+ %	65-74 %	75-84 %	85+ %
Fear of violence/ crime*	16	8	3	13	24	17	16	15	19	12
Any self-care/ well-being difficulties:	14	3	10	16	13	16	14	12	16	22
Exhaustion or pain	10	4	9	13	11	12	9	7	10	11
Poor bladder/ bowel control	4	-	-	4	-	4	5	-	4	5
Difficulty looking after yourself ^	3	-	2	2	4	5	3	3	3	8
Any relationship/ isolation difficulties:	16	8	16	16	27	15	15	14	16	11
Bereavement	7	5	8	8	16	6	6	6	6	-
Loneliness	6	1	8	7	5	3	8	8	8	6
Lack of recreational facilities/ social life*	3	1	3	4	6	1	3	3	4	5
Marriage/ relationship break-up	2	-	9	7	4	3	*	1	*	-
Difficulty forming close relationships/ getting on with people	1	1	2	1	1	2	1	1	1	1
Any housing difficulties:	13	3	14	13	12	6	15	13	17	27
Difficulty with house and garden maintenance*	11	3	8	7	9	4	15	12	16	25
Poor housing/ inappropriate for your needs*	2	-	9	6	7	2	1	2	1	1
Any psychological difficulties:	13	17	20	25	14	12	10	10	12	5
Feeling depressed	9	14	17	16	8	9	8	7	9	3
Lacking confidence/ low self-esteem	5	-	11	8	8	5	4	3	4	3
Lack of hope for the future/ lack of purpose or direction in your life	3	1	2	6	5	3	3	3	4	1
Heavy drinking or taking drugs	1	-	4	1	1	3	*	*	*	-
Any mobility difficulties:	12	-	4	6	9	16	14	11	16	30
Difficulty getting around outside your home	11	-	3	6	7	15	12	10	13	24
Difficulty getting around your home	6	-	3	4	6	9	7	5	8	12
Any difficulties dealing with authorities:	12	11	18	14	19	16	10	9	11	14
Difficulty getting medical treatment you need*	6	4	7	6	14	9	5	4	6	8
Difficulty finding out about services or benefits that you are entitled to*	5	3	11	6	7	6	5	4	5	6
Difficulty dealing with personal affairs+	3	3	7	6	4	4	2	2	3	4
Any financial difficulties:	12	36	24	32	18	12	7	8	6	5
Not having enough money for day to day living*	9	21	16	27	14	5	6	7	5	5
Getting into debt*	5	15	11	10	8	9	2	2	1	1
Any employment difficulties:	5	14	22	18	10	4	1	1	1	-
Unemployment/ fear of unemployment*	3	8	17	14	5	3	*	*	*	-
Lack of training/ qualifications/ skills*	2	6	8	7	6	1	*	*	*	-

* Asterisked items were experienced by self *or household*; the remaining items by the respondent themselves.

^ washing, dressing, going to the toilet, preparing meals etc + e.g. paying bills, filling in forms, writing letters

Figures highlighted in red are significantly higher than the total for All ex-Service (95% level significance).

4.2 Self-care

3% of the UK ex-Service community have difficulty looking after themselves (washing, dressing, going to the toilet, preparing meals) Those aged 85 and over are significantly more likely than others to say they have difficulty with self-care (8%).

Difficulty with self-care is associated with mobility and health problems. Among people aged 65 or over in the ex-Service community , self care is a problem for:

- Those who have problems getting around their home (21% of these people cite difficulty with self-care)
- Those who have incontinence (15% of these people cite difficulty with self-care)
- Those suffering from exhaustion or pain (13% of these people cite difficulty with self-care)
- Those with long-term illness or disability affecting their musculo-skeletal system (10% of these people cite difficulty with self-care) or with sensory impairments (8% of these people cite difficulty with self-care).

The survey of the ex-Service community found no difference in prevalence of self-care difficulties between older men and older women. However among all over 65 year olds in GB¹⁴, difficulty in performing self-care tasks increases with age and is more prevalent among women than men.

Figure 4.3 shows data from the General Household Survey (GHS) on ability to perform self-care tasks by age. Both the ex-Service community and the general population show heightened difficulty with self-care over the age of 85, although the increase is more marked in the general population. A series of specific prompted questions was asked on the GHS, which would tend to increase the mentions of self-care difficulties, relative to the one question asked on the survey of the ex-Service community. This different methodology may explain why the ex-Service

community aged 85 or over appear to have lower incidence of self-care difficulties than over 85s in GB.

Figure 4.3 DIFFICULTY WITH SELF-CARE AMONG OLDER PEOPLE

	All 65+	65- 69	70- 74	75- 79	80- 84	85+ %
Ex-Service community GB						
% with difficulty looking after themselves: (washing, dressing, going to the toilet, preparing meals)						
	3	5	2	3	3	8
All adults GB*						
% usually unable to manage on their own:						
Bathing, showering, washing all over	7	3	5	6	11	21
Dressing and undressing	3	2	2	2	4	8
Cook a main meal	5	3	4	5	9	15

* Source for GB over 65s: GHS 2001

4.3 Loneliness

The Omnibus survey found 8% of the older ex-Service community, aged 65 or over, have been lonely in the last year (double the 4% prevalence among under 65s). This section focuses on loneliness among older people.

8% of over 65 year olds experiencing loneliness lies within the normal prevalence range found on other British studies of older people: between 5% and 16%¹⁵. However the general consensus is that these figures are likely to under-estimate the actual prevalence since they are based on those who report being 'very' or 'often' lonely and as much as a further 20% may be lonely 'sometimes'¹⁶. In addition older people can be reluctant to admit to loneliness due to the stigma associated with it.

A link between living alone and loneliness is not conclusive from other studies of older

¹⁴ "Living In Britain 2001 – Results from the 2001 General Household Survey" (National Statistics, 2002)

¹⁵ "Supporting older people to overcome social isolation and loneliness" M. Cattan (Help the Aged, 2002)

¹⁶ "Caring for older people. Loneliness" Forbes, A. (British Medical Journal 313, 1996)

people¹⁷. However the survey of the ex-Service community showed a clear link between living alone and loneliness: 16% of over 65s in the ex-Service community who live on their own have been lonely in the last year, compared with 2% of those who do not live alone. Older men living alone are more likely to say they are lonely (20%) than older women living alone (14%).

Various other factors are associated in the research literature with heightened loneliness among older people:¹⁸

- Gender: women more so than men
- Increasing age
- Widowhood: particularly if recently widowed
- Poor health
- Loss of mobility
- Poor mental health
- Depression.

Among the older ex-Service community, loneliness is also associated with these factors (apart from gender, where women and men have similar prevalence of loneliness). For example 8% of all those aged over 65 are lonely, rising to:

- 23% among widowers and 12% among widows
- 23% among those who have experienced bereavement in the last year
- 21% of those who report their health as 'not at all good'
- 19% among those who cite difficulty with self-care
- 15% among those who have difficulty getting around outside their home
- 39% of those who have suffered with depression.

4.4 Housing

Older people spend between 70% – 90% of their time in their home¹⁹.

In the ex-Service community most older people own their own home but the proportion decreases with age: 68% of 65-74s and 62% of 75-84s own their home outright; falling to 55% of over 85 year olds, of whom 40% rent from their local authority. A similar pattern is found amongst older people generally²⁰.

Figure 4.1 (page 33) shows how living in poor or inappropriate housing is a bigger problem for younger members of the ex-Service community than their older counterparts.

In the ex-Service community, younger Council tenants are more likely to live in poor or inappropriate housing than their older counterparts (fig 4.4). Likewise, in the general population, the proportion of younger people in "non-decent" social housing is higher than among older people.

Figure 4.4 POOR OR INAPPROPRIATE HOUSING, AMONG EX-SERVICE COMMUNITY WHO RENT FROM THEIR LOCAL AUTHORITY

Age	Adult ex-Service Community (UK) %
16-24	-
25-34	9
35-44	25
45-54	20
55-64	5
65-74	5
75-84	1
85+	-

Row percentages.

In the general population, around one third of people who live in "non-decent" homes are aged 60 or over²¹.

¹⁷ "Social-isolation and loneliness in old age – review and model refinement" Wenger, Davies, et al. (1996) Ageing and Society 16

¹⁸ "Supporting older people to overcome social isolation and loneliness" M. Cattani (Help the Aged, 2002)

¹⁹ "The Daily life of the elderly at home: activity patterns, personal control, and functional health" Baltes, Wahl and Schmid-Furstoss (1990) Journal of Gerontology: Social Sciences 45

²⁰ Baltes, et al. (1990) *ibid*

²¹ English House Condition Survey 2001

In the ex-Service community difficulty with house and garden maintenance increases with age: 15% of over 65s, rising to 25% of over 85s (figure 4.1).

In 2001, the General Household Survey asked older people their ability to perform practical tasks such as gardening, decorating or doing household repairs: 28% of older people were unable to carry out these practical tasks by themselves, rising from 13% of 65-69s to 62% of over 85s²².

The lower prevalence of difficulties with house and garden maintenance cited by the ex-Service community may be due to some people relying on a partner, relative or friend to help them and therefore not experiencing difficulty, even though they could not manage these maintenance tasks themselves.

4.5 Mental health

Mental health problems include ‘common’ problems such as anxiety, depression, phobias, panic attacks and obsessive compulsive disorders, and ‘severe and enduring’ mental health problems i.e. psychotic disorders such as schizophrenia and manic depression. Depression, anxiety and phobias can affect up to one in six (17%) of the general population at any one time²³.

Older people, aged 65 or over

8% of over 65s in the ex-Service community cite feelings of depression in the last year, which is at the lower end of the normal range for their age group. Depression among older people generally is estimated in the research literature at below 3% for major depression and between 8% to 14% for minor depression²⁴.

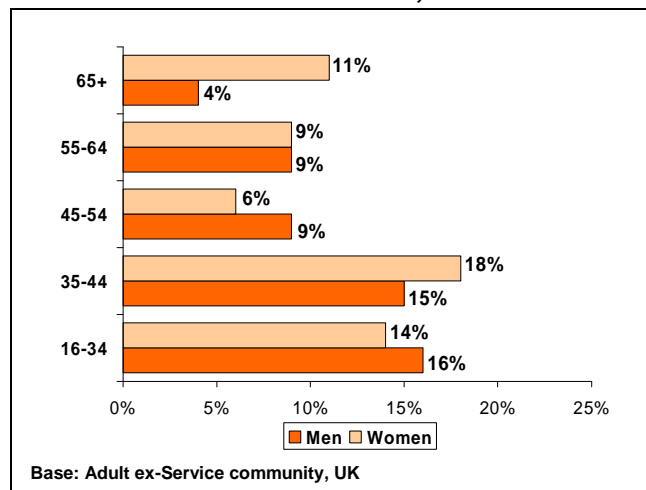
²² “People Aged 65 and Over – Results from the 2001 General Household Survey” (National Statistics, July 2003)

²³ “Psychiatric Morbidity among adults living in private households, 2000” Singleton, Bumpstead, O’Brien, Lee and Meltzer (The Stationery Office, 2001)

²⁴ Major depression is a persistent depressed mood, combined with loss of interest or pleasure in the things the person normally enjoys. This may be accompanied by feelings of guilt, hopelessness, restlessness,

Older members of the ex-Service community are less likely to cite depression than their younger counterparts (see table at fig 4.1 page 33 and fig 4.5 below). Similarly older people in the general population are less prone to depression than younger adults²⁵.

Figure 4.5 PROPORTION EXPERIENCING DEPRESSION IN LAST 12 MONTHS, WITHIN THE ADULT EX-SERVICE COMMUNITY, BY AGE



Various risk factors are associated in the research literature with heightened depression among older people²⁶:

- gender: women more so than men
- ill health, pain or disability, and the restrictions these place on people’s ability to socialise
- bereavement.

Among the older ex-Service community there are similar patterns of heightened depression. Older women are more likely than older men to suffer with depression (11% vs. 4%). 8% of all aged over 65 have been depressed in the last year, rising to:

- 38% of those who are also lonely
- 23% among those recently bereaved

irritability, difficulty concentrating, remembering or making decisions, sleep and appetite disturbances, social withdrawal and recurrent thoughts of death or suicide. Minor depression is a diverse group of syndromes including an early or residual form of major depression, a response to an identifiable stressor, or dysthymia.

²⁵ “Depression and older people, Towards securing well-being later in life” M. Godfrey and T. Denby (Help the Aged, 2004)

²⁶ M. Godfrey and T. Denby (2004) *ibid*

- 25% of those experiencing exhaustion or pain
- 24% among those with self-care difficulties
- 24% who have incontinence
- 16% among those who have difficulty getting around outside their home
- 15% of those who report their health as 'not at all good'.

Younger people, aged under 65

The average age for onset of psychotic problems in the general population is 22 years old. Common mental health problems peak at age 45-49 years for men and age 50-54 years for women²⁷.

In the ex-Service community mental health problems peak among somewhat younger adults: for men, age 25-44 (12% citing any *long-term* mental health problems²⁸), and for women, age 35-44s (13% prevalence).

In the general population below retirement age, women have higher rates of common mental health problems than men, across the age spectrum (see figure iv at Appendix 3)²⁹. The same pattern is not apparent in the ex-Service community: men are as likely as women to cite long-term mental health problems or depression (fig 4.6).

Earlier, this report showed that both veterans and their dependants in the 16-44 age bracket have significantly higher prevalence of long-term mental health problems than 16-44s nationally (fig 3.18), although the reported prevalence was higher among veterans (who are mainly men) at 11%, vis-à-vis their dependants (who are mainly women) at 7%.

The emerging picture is of a younger peak in mental health problems among the ex-Service community. Unlike the general population, men in the ex-Service community are as vulnerable as women, and younger veterans

appear particularly at risk, relative to their peers nationally.

Figure 4.6 PREVALENCE OF MENTAL HEALTH PROBLEMS IN ADULT EX-SERVICE COMMUNITY, BY AGE

	16-44 %	45-64 %
% felt depressed in last 12 months:		
Men	16	9
Women	16	8
% citing <i>long-term</i> mental health problems ²⁴ :		
Men	10	3
Women	9	4

Row percentages

Certain groups of people are at high risk for common mental health problems (See figure v at Appendix 3)³⁰:

- People with illnesses or disabilities
- Lone parents
- The unemployed
- The economically inactive
- Those who left school at age 15 or younger.

Among the younger ex-Service community, there are similar patterns of heightened depression; the prevalence of depression or long-term mental health problems is 14% among all under age 65, rising to:

- 35% among the economically inactive (i.e. not seeking work but not retired)
- 31% of those who report their health as 'not at all good'
- 24% with any long-term illness, disability or infirmity.

The prevalence rate was not any higher among lone parents (15%) or the unemployed seeking work (13%).

Mental health problems can be both a cause and a consequence of social exclusion³¹.

²⁷ Singleton et al. (2001) *ibid*

²⁸ Long-term health problem with at least one of: depression, anxiety/ phobias/ panic attacks, PTSD/ Combat Stress or mental illness.

²⁹ Singleton et al. (2001) *ibid*

³⁰ "Social Inequalities and the Distribution of the Common Mental Disorders, Maudsley Monograph 44" Melzer, Fryers & Jenkins (Hove, Psychology Press, 2004)

³¹ "Mental Health and Social Exclusion, Social Exclusion Unit Report" (Office of the Deputy Prime Minister, June 2004)

Mental health problems can spark off a chain of events, such as loss of employment, leading to debt, housing problems and relationship breakdown; these in turn can contribute to worsening mental health. The impacts of poor mental health are wide-ranging:

- Only a quarter (25%) of adults with long-term mental health problems are in employment – the lowest rate for any of the main groups of disabled people³²
- People with mental health problems are nearly three times more likely to be in debt³³
- A quarter of tenants with mental health problems have serious rent arrears and are at risk of losing their home³⁴
- People with severe mental health problems are three times more likely to be divorced than those without³⁵.

Among members of the ex-Service community below retirement age with long-term mental health problems there is evidence of lower employment rates and increased poverty and debt:

- 35% are in employment, which is much lower than the 58% for all in the ex-Service community, although similar to other types of disability:
musculo-skeletal: 34% employment
heart and circulatory system: 35% employment
sensory: 36% employment
- 35% do not have enough money for daily living (vs. 13% of those without mental health problems)
- 20% have debt problems (more than twice the 9% of those without mental disorders)
- 19% are divorced/separated (vs. 14% of those without mental disorders).

³² Labour Force Survey (Office for National Statistics, August 2003)

³³ "The Social and Economic Circumstances of Adults with Mental Disorders" Meltzer, Singelton, Lee, Bebbington, Brughna & Jenkins (The Stationery Office, 2002)

³⁴ "Housekeeping, preventing homelessness through tackling rent arrears in social housing" (Shelter, 2003)

³⁵ "Living In Britain 2001 - Results from the 2001 General Household Survey" (National Statistics, 2002).

4.6 Mobility

12% of the ex-Service community have difficulties getting around their home and/or getting around outside. As one would expect the likelihood of having difficulties with mobility increased with age:

- Among men, 11% aged 16-64 reported mobility difficulties, compared with 12% of over 65s, rising to 27% of over 85s
- Among women, 9% aged 16-64 reported having a mobility difficulty, compared with 17% of over 65s, rising to 31% of over 85s.

Nationally, prevalence of mobility difficulties (getting around their home or outdoors) is consistently around 8% of all GB adults³⁶. The increase in prevalence with age is more marked than found on our survey of the ex-Service community:

- Among men, 4% aged 16-64 reported mobility difficulties, compared with 20% of over 65s, rising to 52% of over 85s
- Among women, 4% aged 16-64 reported having a mobility difficulty, compared with 20% of over 65s, rising to 68% of over 85s.

At face value it would appear that younger members of the ex-Service community have slightly higher prevalence of mobility problems than their peers nationally, whilst older members of the ex-Service community have lower prevalence than their peers. This ties in with the earlier finding that younger veterans aged 16-44 have higher prevalence of musculo-skeletal problems than their peers nationally, whilst older veterans have lower prevalence of musculo-skeletal complaints than their peers (see fig 3.18, page 30). However, given the different question formats of the General Household Survey and the Omnibus survey of the ex-Service community³⁷, it would be dangerous to draw

³⁶ "Living In Britain 2001 - Results from the 2001 General Household Survey" (National Statistics, 2002).

³⁷ The ex-Service community Omnibus questionnaire included mobility problems within an answer list alongside other unrelated problems, whereas the

firm conclusions. The prevalence of mobility problems amongst the very elderly members of the ex-Service community is probably an under-estimate. Nevertheless it is safe to say that mobility problems increase with age amongst both the general and ex-Service populations, particularly afflicting those aged over 85.

In the general population, three quarters of adults who report a permanent mobility difficulty possess at least one mobility aid, whilst a quarter do not have a mobility aid of any kind³⁸.

4.7 Medical treatment and social care

5% of the older ex-Service community cite difficulty getting the medical treatment they need. The effects of lack of access to appropriate medical care are wide-ranging. Lack of access to chiropody, dentistry, eye care and continence services affect older people most and neglecting these issues can lead to depression and isolation³⁹.

Among the older ex-Service community in GB, use of personal social services in the last year is as follows:

- 9% district nurse/ health visitor
- 4% home care worker or meals on wheels
- 1% lunch club or day centre
- 3% Royal British Legion branch or club (including RBL Scotland).

In 2001, the proportion of older people (65+) in GB using various personal social services in the last month was broadly similar⁴⁰:

- 12% private home help
- 5% local authority home help
- 7% district nurse/ health visitor
- 4% day centre
- 2% meals on wheels.

General Household Survey asked separate questions on mobility.

³⁸ "Living In Britain 2001 - Results from the 2001

General Household Survey" (National Statistics, 2002).

³⁹ "Excluded Older People, Social Exclusion Unit Interim Report" (Office of the Deputy Prime Minister, March 2005)

⁴⁰ "People Aged 65 and Over – Results from the 2001 General Household Survey" (National Statistics, July 2003)

4.8 Financial difficulties

Older members of the ex-Service community report a lower net household income, on average, than their younger counterparts (fig 4.7). However, younger members of the ex-Service community are more likely to cite difficulty with lack of money for daily living and getting into debt than older members (see fig 4.1, page 33). This paradox is shown graphically in figure 4.8 (following page).

Figure 4.7 MEAN REPORTED ANNUAL NET HOUSEHOLD INCOME⁴¹ OF ADULT EX-SERVICE COMMUNITY

	pw	pa
All ex-Service	£300	£15,500
Veterans	£310	£16,300
Dependent widow(er)s	£180	£9,600
Dependent (ex-)spouses/ (ex-)partners	£330	£17,000
Dependent 16-18 yr olds	£370	£19,100
16-24	£290	£15,200
25-34	£440	£22,700
35-44	£490	£25,400
45-54	£400	£20,800
55-64	£350	£18,100
65-74	£240	£12,500
75-84	£180	£9,400
85+	£170	£9,000

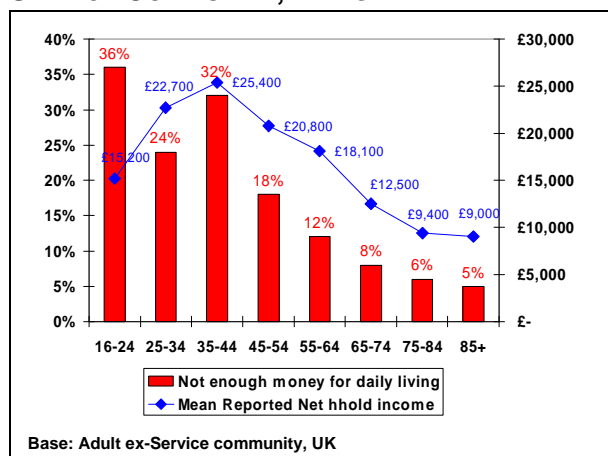
Base: All stating their income (56% of respondents)

All figures quoted to 3 significant figures

The younger members are more likely to have families to support and so greater demands on their household finances than those of pensionable age; but they may also have higher expectations for wealth, whereas pensioners may be happier to accept lower income at their stage in life. When asked if they were satisfied with their current standard of living, 25-54 year olds in the ex-Service community were less satisfied than their older counterparts, and 35-44s were the least satisfied (who conversely have the highest reported average household income).

⁴¹ Respondents were asked to give the income from all members of their household, not just themselves, so veterans were stating their own income, combined with income from any dependants.

Figure 4.8 MEAN REPORTED ANNUAL NET HOUSEHOLD INCOME AND PROPORTION CITING FINANCIAL DIFFICULTY, AMONG ADULT EX-SERVICE COMMUNITY, BY AGE



In 2003/04 the average income among all pensioner households in GB⁴² was as follows:

- Gross income £291 per week
- Net income (after tax) £246 per week
- Net income after housing costs £223 per week.

The ex-Service community above pensionable age report a similar average income, albeit with much less sophisticated questioning⁴³:

- Net household income (after tax) £216 per week (or £11,200pa).

A fifth of older people nationally are classified as being on low incomes. Risk of low income among pensioners increases with age. Single female pensioners have a higher risk of low income (average net income £172 pw in 2003/04) than their male counterparts (average £208 pw)⁴⁴. Similar patterns are found among older members of the ex-Service community: average income falls with increasing age, and dependent widows have particularly low incomes (fig 4.6).

⁴² "The Pensioners' Income Series 2003/04" (National Statistics, April 2005)

⁴³ The survey of the adult ex-Service community asked one overall question, "Please could you tell me which of the bands on this screen your annual household income, after tax, falls into. Please include all sources of income including pay, pensions, benefits, income from savings and investments, income from husband/wife, income from other household members and so on." The question wording did not clarify whether this should be before or after housing costs, so probably some respondents would be deducting this if their Housing Benefits are deducted automatically, whilst some would be answering before their housing costs were deducted.

⁴⁴ "Households Below Average Income 1994/5 - 2003/04" (National Statistics, September 2004)

The proportion reporting net household income under £7,500pa or £145pw, is 19% of all pensioners in the ex-Service community, rising to :

- 23% of women, compared with 15% of men
- 31% of dependent widows
- 32% of 80-84 year olds
- 35% of over 85 year olds
- 37% of women living alone, compared with 27% of men living alone.

4.9 Unemployment

Unemployment or fear of unemployment is mainly a concern of younger members of the ex-Service community, particularly 25 – 44 year olds (fig 4.1). Lack of training, qualifications or skills is also more of a problem among this age group.

In the ex-Service community, the unemployment rate among adults of working age is 6%, compared with 5% in the general working age population. However this hides an unemployment rate twice the national average among 18-49 year olds in the ex-Service community (fig 4.9).

Figure 4.9 UNEMPLOYMENT RATES AMONG ADULTS OF WORKING AGE (MEN 16-64, WOMEN 16-59), BY AGE

	Adult ex-Service Community (UK) %	UK adults* %
All of working age	6	5
16-17	14 [^]	26
18-24	23 [^]	12
25-34	8	4
35-49	6	3
50-64 (m) / 50-59 (f)	2	3

Row percentages. [^] N.B. Low base – treat with caution
* Source for UK adults: LFS (Summer 2005, not seasonally adjusted)

In the 25-34 cohort, veterans and their dependants have similar unemployment rates, whereas among 35-49s, veterans have a higher rate of unemployment than dependants (8% vs. 2%).

Appendices

Appendix 1: Geographic distribution of older people

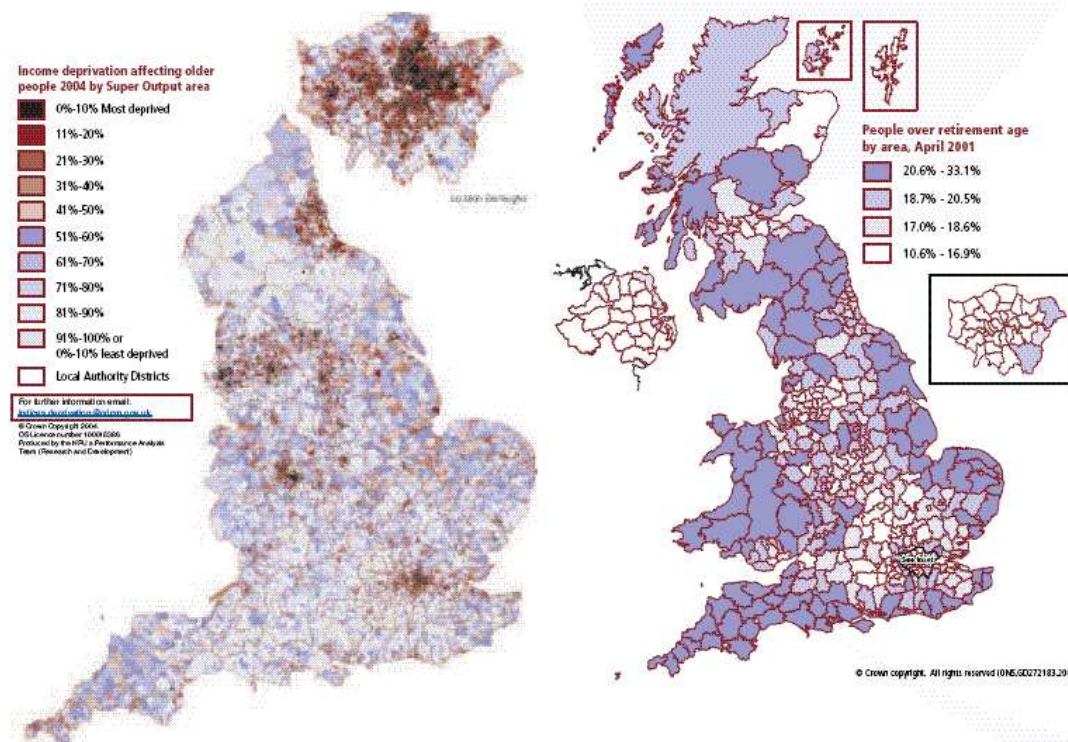
The maps below show the geographic distribution of older people in the general population and areas of the country where older people on low incomes are concentrated.

Figure (i) REGIONAL POPULATION PATTERNS OF OLDER PEOPLE

A) INCOME DEPRIVATION AFFECTING OLDER PEOPLE

B) PROPORTION OF POPULATION OVER RETIREMENT AGE

...some areas have larger numbers of older people of state pension age at risk of social exclusion...



Older people on **low incomes** are concentrated in areas such as the North East, North West, West Midlands and Greater London.¹

There are higher proportions of people above state pension age in some areas, including rural and coastal areas where **isolation and exclusion from services** are key issues.²

Source: *Excluded Older People, Social Exclusion Unit Interim Report (Office of the Deputy Prime Minister, March 2005)*

¹ *Income Deprivation Affecting Older People 2004 by Super Output Area – Neighbourhood Renewal Unit, ODPM*

² *People over state pension age by area, April 2001, United Kingdom (Office of National Statistics)*

Appendix 2: Chronic sickness

The survey of the adult ex-Service community asked “*Do you have any long-term illness, disability or infirmity?*” and prompted with a list of 20 specific disabilities, plus an ‘other’ category, to capture conditions not on the list. Whilst no limit was set, the maximum number of conditions mentioned was 8. Figure (ii) shows the prevalence of health conditions in the ex-Service community, by age.

The equivalent data for all GB adults in 2003 is in figure (iii), albeit with slightly different categories. The General Household Survey asked an unprompted question: “*Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?*” A follow-up question then asked, “*What is the matter with you?*” A detailed description was taken of up to 6 long-standing complaints; these were then coded into condition groups.

Both tables show, by age, the prevalence of conditions expressed as a rate per 1000.

Figure (ii) LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES OF ADULT EX-SERVICE COMMUNITY (GB): RATE PER 1000 REPORTING LONG-TERM CONDITIONS, BY AGE

	All Ex-Service (GB)	16-44	45-64	65-74	75+
ANY CARDIO-VASCULAR/ RESPIRATORY	263	63	254	293	343
Heart, blood pressure or blood circulation problems	206	6	176	241	297
Chest or breathing problems, asthma, bronchitis	81	56	110	75	76
ANY MUSCULO-SKELETAL	211	94	208	212	274
Problems or disability connected with legs or feet (including serious arthritis or rheumatism)	114	19	98	113	178
Problems or disability connected with back, hips or neck (including serious arthritis or rheumatism)	93	75	94	90	106
Problems or disability connected with arms or hands (including serious arthritis or rheumatism)	78	19	90	93	83
Osteoporosis*	2	0	4	3	0
Arthritis (unspecified)*	3	0	0	3	10
ANY DIGESTIVE/ PROGRESSIVE ILLNESS	120	44	148	110	145
Diabetes	66	13	66	60	102
Stomach, liver, kidney or digestive problems	34	25	45	36	23
Progressive illness (e.g. cancer, multiple sclerosis, spondylitis etc.)	29	6	53	21	26
ANY SENSORY	77	6	33	87	139
Difficulty seeing (even with glasses if you wear them)	39	0	8	51	73
Difficulty hearing (even with hearing aid, if you have one)	39	6	12	42	76
Speech difficulties	6	0	12	3	7
ANY MENTAL	40	94	37	33	26
Depression	25	44	24	21	17
Anxiety, phobias, panic attacks	14	37	16	9	7
Mental Illness	6	13	8	3	3
Post Traumatic Stress Disorder/ Combat Stress	4	19	0	3	0
ANY NEUROLOGICAL	22	6	37	15	26
Memory problems or finding it difficult to concentrate or understand	17	6	20	15	26
Epilepsy	4	0	16	0	0
ANY OTHER	52	50	53	39	66
Skin conditions/ allergies	13	13	20	12	10
Thyroid problems*	5	6	4	3	7
Stroke*	4	0	4	3	7
Chronic fatigue syndrome*	2	0	4	3	0
Learning disability	1	6	0	0	0
Gulf War Illness	1	6	0	0	0
Other	28	25	24	18	43
<i>Average number of conditions reported by those with a long-term illness</i>	<i>1.7</i>	<i>1.5</i>	<i>1.8</i>	<i>1.7</i>	<i>1.8</i>

* All conditions from prompted list except the asterisked items, which were mentioned spontaneously

^ Significant only at 90% level (due to small base size). All other highlighted figures are significantly different from the total for All ex-Service at 95% level of significance.

**Figure (iii) LONG-TERM ILLNESSES, DISABILITIES OR INFIRMITIES OF GB ADULTS (2003)
RATE PER 1000 REPORTING LONGSTANDING CONDITION GROUPS, BY AGE**

<i>Persons aged 16 and over</i>						
Condition group		All adults (GB)	16-44	45-64	65-74	75+
XIII	Musculo-skeletal system	145	61	185	293	296
VII	Heart and circulatory system	111	19	132	319	309
VIII	Respiratory system	59	52	53	97	74
III	Endocrine and metabolic	47	17	62	105	95
IX	Digestive system	29	16	35	55	53
VI	Nervous system	28	22	34	34	32
V	Mental disorders	27	28	33	17	14
VI	Eye complaints	16	6	13	21	70
X	Genito-urinary system	16	10	16	29	31
VI	Ear complaints	14	7	13	22	54
II	Neoplasms and benign growths	13	3	15	30	33
XII	Skin complaints	8	7	9	8	10
IV	Blood and related organs	5	3	4	10	13
	Other complaints*	4	3	4	6	7
I	Infectious diseases	2	2	2	1	1
<i>Average number of conditions reported by those with a longstanding illness</i>		<i>1.5</i>	<i>1.3</i>	<i>1.5</i>	<i>1.7</i>	<i>1.7</i>

* Including general complaints such as insomnia, fainting, generally run down, old age and general infirmity and non-specific conditions such as war wounds or road accident injuries where no further details were given.

Source: General Household Survey (2003)

Appendix 3: Mental health

The charts below show prevalence of mental health problems. Source: "Mental Health and Social Exclusion" Social Exclusion Unit Report (Office of the Deputy Prime Minister, June 2004)

Figure (iv) PREVALENCE OF COMMON MENTAL HEALTH PROBLEMS, BY AGE AND SEX

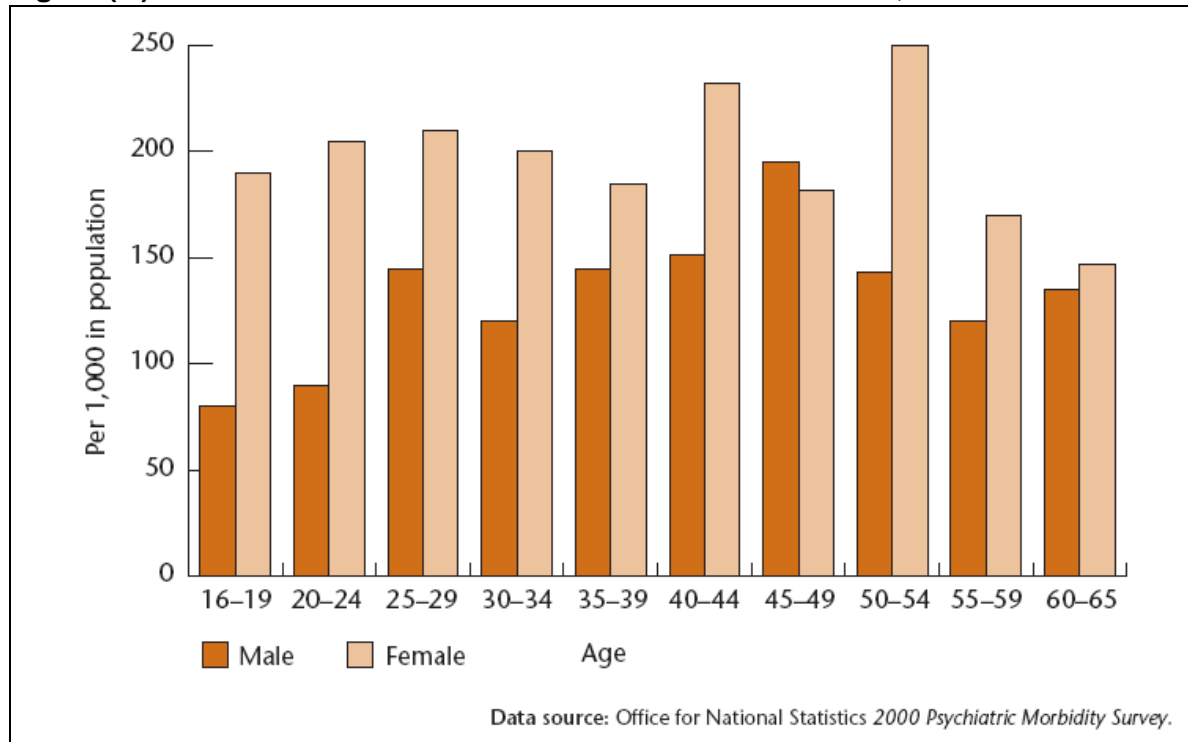
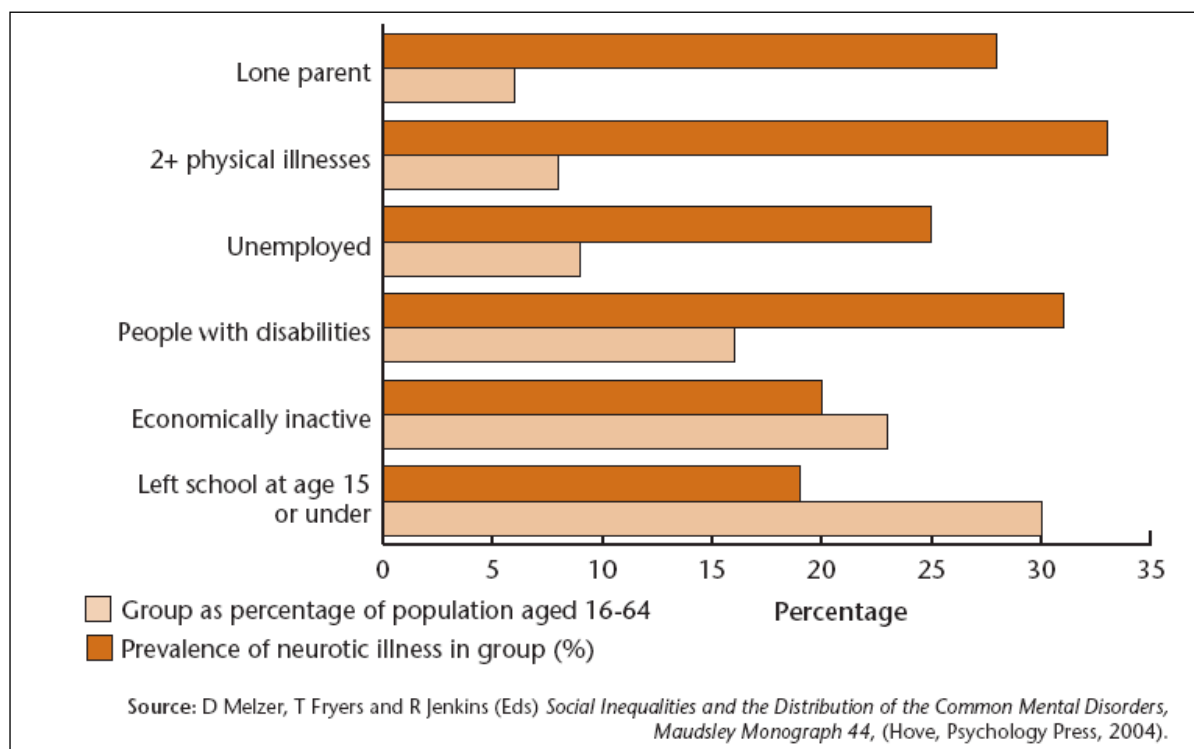


Figure (v) HIGH RISK SUB-GROUPS AS A PERCENTAGE OF THE GENERAL POPULATION AGED 16-64, AND THE PREVALENCE OF NEUROTIC DISORDER IN EACH GROUP (N.B. GROUP MEMBERSHIP OVERLAPS)



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