Ministry of Defence

Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2014

Published 19 May 2016

This bulletin provides estimates on the size and socio-demographic characteristics of the UK Armed Forces veteran population living in households in England, Scotland and Wales using responses provided in the 2014 Annual Population Survey (APS) produced by the Office for National Statistics (ONS).

Summary figures and comparisons to the non-veteran population residing in Great Britain (GB) are presented on: people characteristics; regional location; health; employment status; education and accommodation (housing). The non-veteran population is defined as those aged 16+ who have not served in the UK Armed Forces or are currently serving.

This report has been produced to gain a better understanding of UK Armed Forces veterans residing in GB. It provides evidence required by Government, third party and the private sector to aid policy development in support of the Armed Forces Covenant. This report supports MOD's commitment to release information wherever possible.

The veteran questions were not asked in Northern Ireland due to security concerns, therefore respondents living in Northern Ireland were not represented in this bulletin. In addition the APS was only asked of those residing in households and therefore excluded individuals who were homeless or were living in communal establishments such as care homes or prisons.

Key Points

- There were an estimated 2.6 million UK Armed Forces veterans residing in households across Great Britain (GB) in 2014.
- UK Armed Forces veterans residing in GB were predominantly male with over 50% aged 75 or older. This was expected given that National Service ran from 1939 to 1960 and, at certain times, stated that males of specific ages were required to serve.
- The South East and South West of England were estimated to contain the highest number of UK Armed Forces veterans equating to 28.6% of the veteran population residing in GB.
- Across UK Armed Forces veterans and non-veterans residing in GB there were no differences in the types of long term health conditions, with the most prevalent long-term health conditions being musculoskeletal and cardiovascular and respiratory problems. There were no differences in the health conditions reported by the working age (16-64) veterans when compared to the standardised non-veteran population; however a significantly higher percentage of retirement age (65+) veterans (44.9%) reported conditions relating to legs and feet, when compared to the non-veteran population (33.9%). This may partly be due to the physical activities veterans would have partaken in whilst in Service.
- There were no notable differences in the employment status of working age UK Armed Forces veterans residing in GB when compared to non-veterans with 75.3% of veterans employed compared to 78.3% of the standardised non-veteran population.

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Contents

This Statistical bulletin can be found at:
https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic/mod-national-and-official-statistics-by-topic

Supplementary tables (Annex A) containing all data presented in this publication can be found at:
https://www.gov.uk/government/collections/defence-statistics-background-quality-reports-index

Introduction

1. This report provides statistical information on UK Armed Forces veterans by analysing the 320,000 responses to the Annual Population Survey (APS) carried out by the Office for National Statistics (ONS) in 2014. Respondents were asked a number of questions in order to identify if they were a veteran. Due to the security concerns in collecting this information in a household survey context in Northern Ireland the questions were only asked of responders residing in England, Wales and Scotland. Therefore, all reference to 'veterans' and 'non-veterans' only include those residing in Great Britain (GB).

2. The Armed Forces Covenant lays out the Government's commitment to ensure the Armed Forces community, which includes veterans, are not disadvantaged. This report provides evidence on the health, employment, education and housing status of the veteran population to aid policy development in ensuring the commitment under the covenant is met. Over time this report will enable these policies to be monitored and to identify areas where more understanding may be required.

3. The Royal British Legion (RBL) Household Survey[1], 2014, was used as a guide to highlight key areas of interest. However, care must be taken when making direct comparisons with the RBL survey; whilst this bulletin focuses purely on the veteran population, the RBL Household Survey reports on the wider 'Ex-Service Community' such as children and spouses of veteran's.

4. In comparing the veterans to non-veterans there were three main statistical concerns which were addressed: the difference in the population structures; the sample size and the sampling design.

    - Differences observed may be as a result of the varying population structures. The veteran population was predominantly male and older than the non-veteran population. **Standardising** was used to enable us to take the population structures into account and be confident that any differences observed were true differences.

    - The large sample size can produce statistically significant results even though the differences between the observations were only trivial. The **measure of effect** was used to identify differences which were large enough to note; not just those which were statistically different.

    - The standard significant test formulas assume the data was from a simple random sample. The formula had to be adjusted using the **design factor** to take account of both the standardisation and the sample design. Please see the Background Quality Report for further information on the statistical procedures applied.

5. Please note it cannot be assumed that any differences identified were caused by service in the Armed Forces as varying lengths of time had elapsed since the respondents served.

Veterans: Individuals aged 16+ who reside in households in Great Britain and have previously served in the UK Armed Forces.

Non-veterans: Individuals aged 16+ who reside in households in Great Britain and have never served or are currently serving in the UK Armed Forces.

Significant difference: A statistically significant difference with an effect size above the threshold.

No difference: A statistically significant difference with an effect size below the threshold or no statistically significant difference.

6. There were an estimated 2.6 million UK Armed Forces veterans residing in households across Great Britain[2] (GB) in 2014. This was lower than the 2.8 million[3] estimated in the Royal British Legion 2014 UK Household Survey of the Ex-Service Community. Due to the larger sample size of the Annual Population Survey (N = 319,717) compared to the RBL 2014 Household Survey (N = 20,698), the results presented in this report provide more reliable estimates of the veteran population.

Table 1: UK Armed Forces veterans residing in Great Britain by people characteristics, estimated number (thousands) and percentage[2]
2014

		Veterans		
		N (Thousands)	%	Percentage of all respondents living in Great Britain aged 16+
Veterans				
	Total	**2,625**	**5.2**	
		N (Thousands)	%	Percentage of veterans
Gender				
	Male	2,348	89.5	
	Female	276	10.5	
Ethnicity				
	White	2,589	98.8	
	Other Ethnic Groups	30	1.2	
Age				
	Aged <20	2	0.1	
	Aged 20-24	21	0.8	
	Aged 25-29	42	1.6	
	Aged 30-34	55	2.1	
	Aged 35-39	55	2.1	
	Aged 40-44	107	4.1	
	Aged 45-49	134	5.1	
	Aged 50-54	170	6.5	
	Aged 55-59	167	6.3	
	Aged 60-64	147	5.6	
	Aged 65-69	175	6.7	
	Aged 70-74	180	6.9	
	Aged 75-79	562	21.4	
	Aged 80-84	432	16.4	
	Aged 85-89	249	9.5	
	Aged 90+	125	4.8	
Marital Status				
	Single, never married	257	9.8	
	Married, civil partner	1,631	62.1	
	Married, Civil partner (separated)	61	2.3	
	Divorced/ Former Civil Partner, legally dissolved	253	9.6	
	Widowed/ Surviving Civil Partner, partner died	423	16.1	

Source: 2014 Annual Population Survey (APS)
1. Percentages are presented to the nearest 1dp
2. Please note ethnicity will not sum to the total as an estimated 6,000 veterans and 124,000 non-veterans did not declare their ethnicity

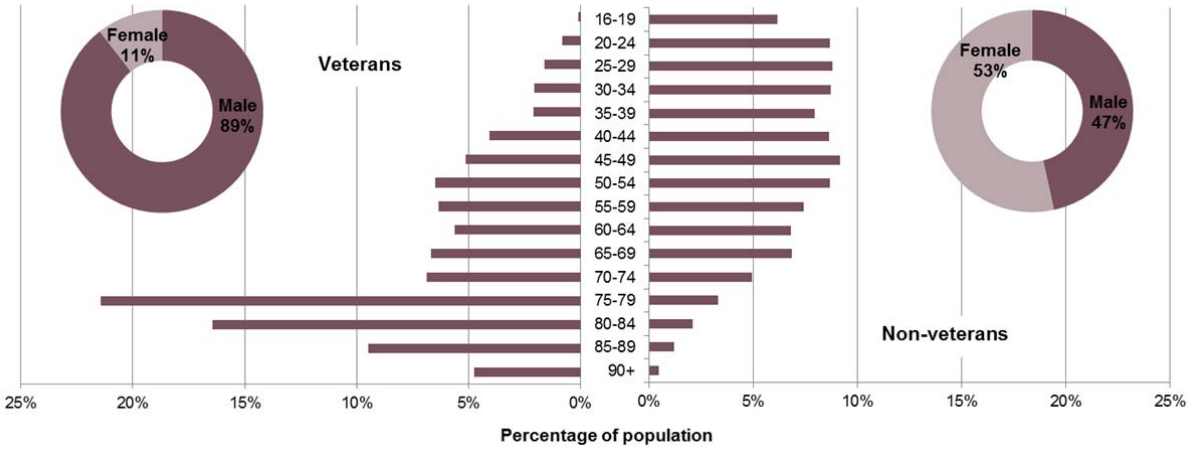
[2] England, Wales and Scotland
[3] RBL estimate includes veterans residing in Northern Ireland. If assumed that the estimate '2% of the adult ex-Service community are located in Northern Ireland' can be extrapolated to the UK Armed Forces veteran population the RBL survey estimates 56,7000 veterans residing in Northern Ireland (https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf)

7. We can see the effect of National Service[4], which ended in 1960, in the age distribution of the veteran population (Figure 1). UK Armed Forces veterans residing in GB were predominantly older , with 52.1% aged 75 years or older (Table 1). The last individuals expected to complete the minimum service would have turned 75 in 2014; hence the marked drop in the percentage of veterans aged 70-74 when compared to those aged 75-79.

8. The veteran population was predominantly male (89.5%), which was expected given that prior to 1960 males were expected to undertake National Service. However, since service became voluntary males have continued to be more likely to join the UK Armed Forces, as reported in the UK Armed Forces Biannual Diversity Statistics[5].

9. The reported age, gender and ethnicity structure of the veteran population were consistent with the RBL 2014 Household Survey.

Figure 1: UK Armed Forces veterans and non-veterans residing in Great Britain by age group and gender, estimated percentage
2014



Source: 2014 Annual Population Survey (APS)

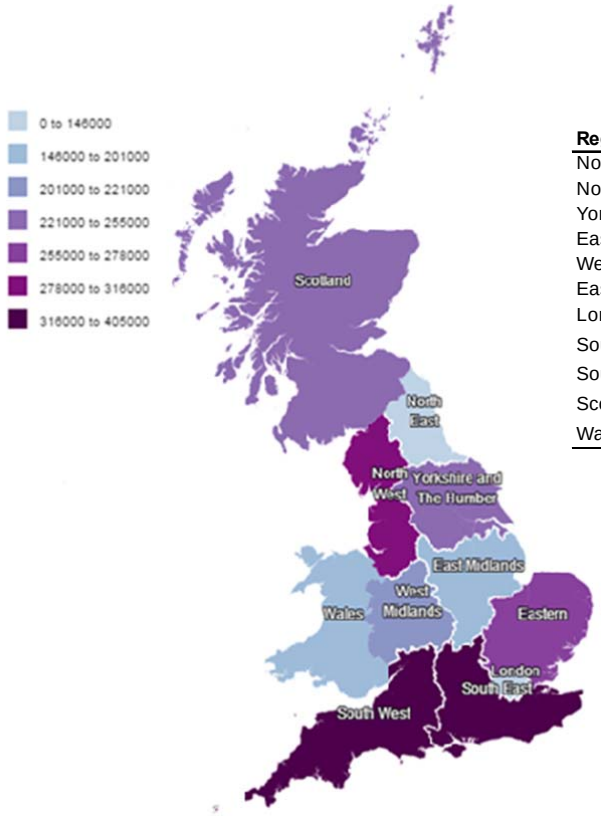
10. The age and gender structure of the veteran population was very different to the non-veteran population (Figure 1). Just under half of the non-veteran population were estimated to be male and approximately 7.1% were estimated to be 75 years or older. These differences were taken into account when comparing the veteran population to the non-veteran population in the following sections; the age and gender structure of the non-veteran population was altered to match the veteran population (standardising), to ensure we were confident in identifying true statistically significant differences. Further information on standardisation is available in the methodology section of this bulletin.

[4] http://www.nsrafa.org/%5CGetSome.aspx
[5] https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2015

Location

11. The UK Armed Forces veteran population residing in GB was compared to the unstandardized non-veteran population to enable Government departments and the third party sector to identify the regions where veterans were more likely to reside to aid the allocation of resource in support of veterans.

Figure 2: Map of UK Armed Forces veterans residing in Great Britain by Region, estimated number and percentage[1]
2014



Region	N (Thousands)	Percentage of regional population
North East	128	6.0%
North West	291	5.1%
Yorkshire and The Humber	256	6.0%
East Midlands	193	5.2%
West Midlands	210	4.6%
East of England	267	5.6%
London	145	2.2%
South East	422	6.0%
South West	330	7.5%
Scotland	231	5.2%
Wales	153	6.0%

Source: 2014 Annual Population Survey (APS)
1. The percentage of veterans is of the estimated total unstandardised regional population

12. The highest percentage of veterans were estimated to be in the South East and South West of England (28.6%) (Figure 2). If we assume Armed Forces personnel stay within the same region when they leave the Armed Forces then this result was expected given the majority of personnel are stationed in the South[6]. This finding was consistent with the Official Statistic which provides the location of veterans in receipt of Armed Forces compensation/pension[7] and the RBL 2014 Household survey.

13. Within each region it was estimated that veterans accounted for between 5-6% of the population with the exception of the South West and London where they accounted for 7.5% and 2.2% respectively (Figure 2). The low proportion of veterans seen in London may reflect the fact that only 3% of the Armed Forces living in GB are stationed in London[6].

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376061/QLS_Quarterly_Location_Statistics__October_2014.pdf
[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427120/20150512-Location_statistics_Mar14-U.pdf

Health

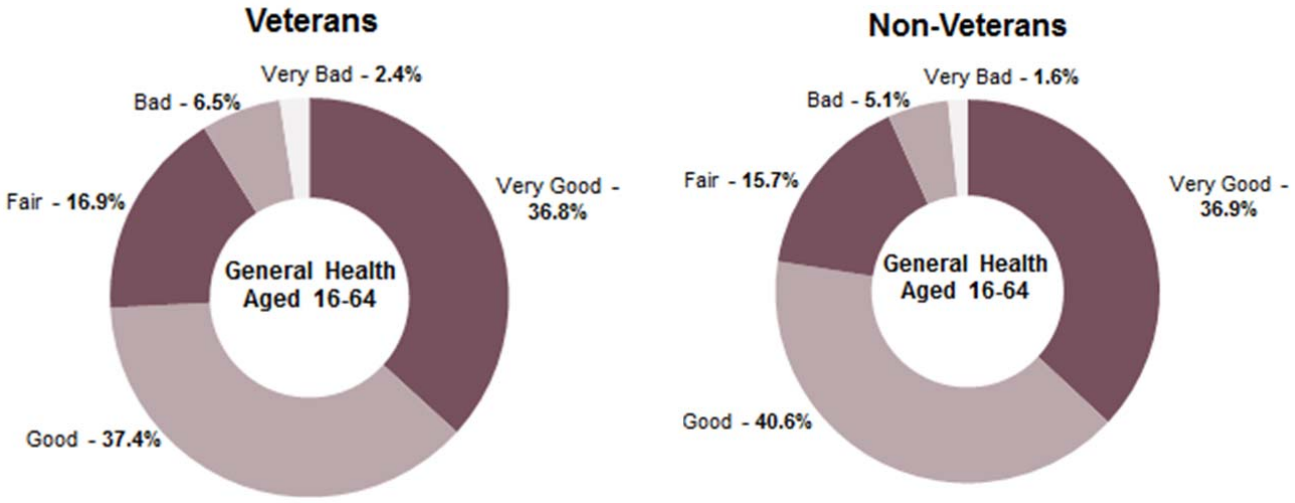
14. This section looks at the general health and the long-term health conditions as reported by the UK Armed Forces veterans residing in GB and identifies if there were any significant differences when compared to non-veterans. Further analysis was carried out across age groups, gender and regional location. It should be noted it is unknown if the health conditions reported by veterans developed whilst in Service or after leaving the Armed Forces.

15. As health is known to decline with age, this section looks at the health of both the veteran population and the non-veteran population by working age (aged 16-64) and retirement age (aged 65+) separately.

Working age population

Figure 3: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16-64, by general health, estimated percentage

2014



Source: 2014 Annual Population Survey (APS)

1. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

16. The working age veteran population did not view their general health any differently to the non-veteran population; 74.2% believed they had very good or good general health compared to 77.5% respectively (Figure 3).

17. General health provides an indication of how an individual views their health, however some responders reported having good general health whilst also reporting having a long-term health condition.

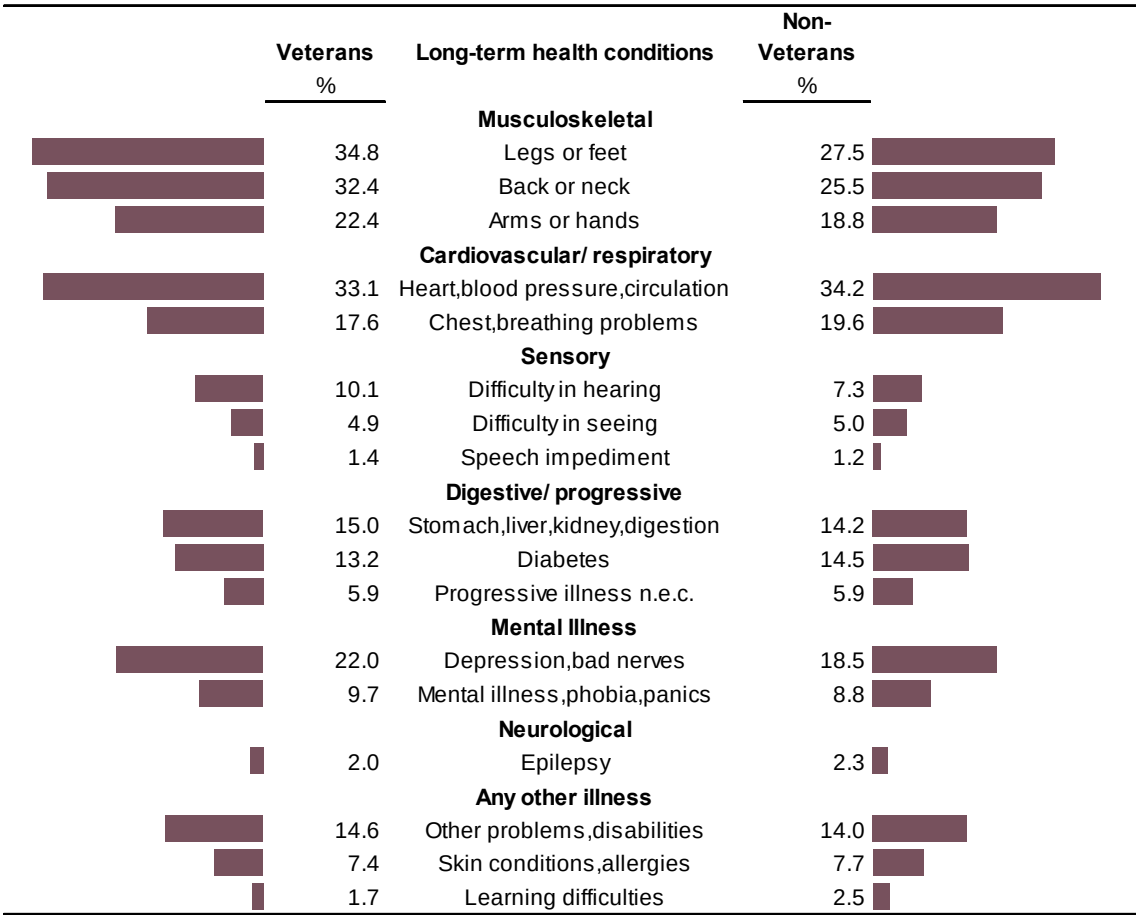
18. An individual's perception of their general health may differ: what is perceived as good health by one individual may be perceived as only fair by another. Thus the report has also presented the reported long-term health conditions.

Figure 4: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16-64, by long-term health condition[1], estimated percentage[2]

2014

40.2% of veterans aged 16-64 had long-term health condition(s)

35.4% of non-veterans aged 16-64 had long-term health condition(s)



Veterans %	Long-term health conditions	Non-Veterans %
	Musculoskeletal	
34.8	Legs or feet	27.5
32.4	Back or neck	25.5
22.4	Arms or hands	18.8
	Cardiovascular/ respiratory	
33.1	Heart,blood pressure,circulation	34.2
17.6	Chest,breathing problems	19.6
	Sensory	
10.1	Difficulty in hearing	7.3
4.9	Difficulty in seeing	5.0
1.4	Speech impediment	1.2
	Digestive/ progressive	
15.0	Stomach,liver,kidney,digestion	14.2
13.2	Diabetes	14.5
5.9	Progressive illness n.e.c.	5.9
	Mental Illness	
22.0	Depression,bad nerves	18.5
9.7	Mental illness,phobia,panics	8.8
	Neurological	
2.0	Epilepsy	2.3
	Any other illness	
14.6	Other problems,disabilities	14.0
7.4	Skin conditions,allergies	7.7
1.7	Learning difficulties	2.5

Source: 2014 Annual Population Survey (APS)

1. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
2. Percentages presented to the nearest 1dp
3. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

19. There were no statistical difference between the working age UK Armed Forces veterans and non-veterans residing in GB who reported a long-term health condition (40.2% and 35.4% respectively) nor was there any difference for each long term health condition. (Figure 4).

20. The top three reported conditions across veterans and non-veterans were consistent with that reported in with the RBL 2014 Household survey:

- leg or feet related conditions (34.8% and 27.5% respectively)
- heart, blood pressure or circulatory related conditions (33.1% and 34.2% respectively)
- back or neck related conditions (32.4% and 25.5% respectively)

21. No information was collected on the seriousness of these reported health conditions. However, there was no difference between working age veterans and non-veterans on the impact of health conditions on work and day-to-day activities, which may be interpreted as there being no difference in the seriousness of their long-term health conditions:

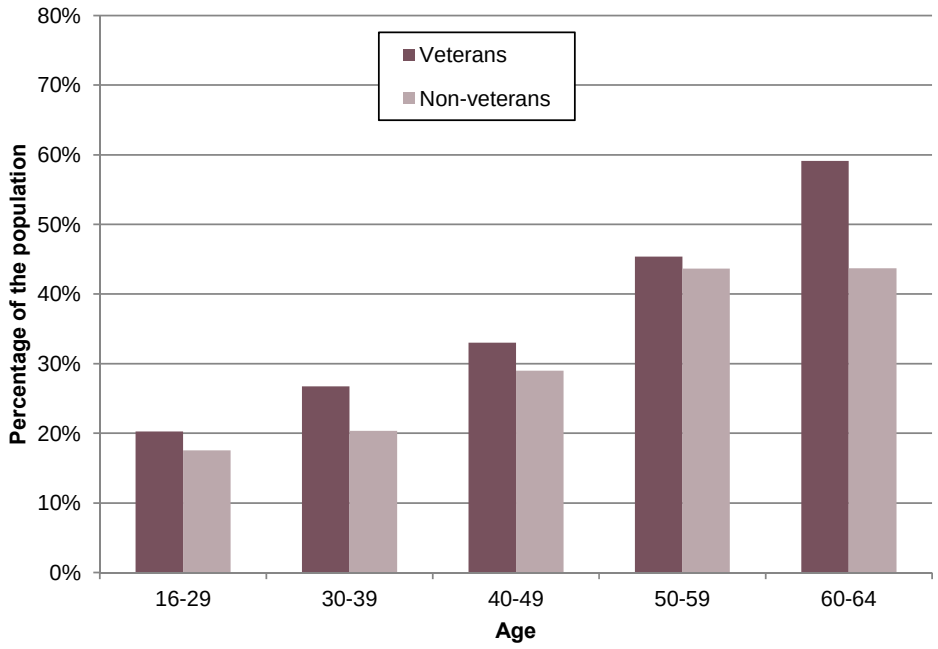
    - Impacted on amount of paid work carried out (48.0% and 45.0% respectively)
    - Impacted on the kind of paid work carried out (54.4% and 48.8% respectively)
    - Impacted on ability to carry out day-to-day activities (59.7% and 59.5% respectively)

22. Even though no significant differences were found when looking at the populations as a whole, further analysis was carried out across age groups, gender and regional location. Please note: long-term health conditions by age and region, and for females, should be interpreted with caution as the sample sizes became small, reducing the confidence in the results.

Age

Figure 5: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16-64, those reporting at least one long-term health condition[1], by age group, estimated percentage

2014



Source: 2014 Annual Population Survey (APS)

1. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
2. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

23. The percentage of those reporting at least one long term health condition increased as age increased (Figure 5), which is expected as health declines with age. Within each of the age groups there were no statistically significant differences between working age veterans and non-veterans reporting at least one long-term health condition.

24. Between the age groups the top three reported health conditions differed. For veterans aged 50 to 64, the top three conditions were the same as those for all working age veterans (see paragraph 20). However, for veterans aged 16-49 the top three reported health conditions were: 'legs or feet', 'back or neck' and 'depression or bad nerves'; this was consistent with the non-veteran population.

25. There were statistical significant differences when comparing the long-term health conditions reported by veterans and non-veterans within each of the age groups;

    - Veterans aged 16 to 39 were significantly less likely to report a chest or breathing related condition compared to non-veterans (10.5% and 24.8% respectively). This may be due to individuals being precluded from joining the Armed Forces[8] for childhood illnesses including asthma and therefore less likely to be a veteran however, this difference was not seen in those aged 40 to 64.
    - Veterans aged 40-49 were significantly more likely to report a legs or feet related condition compared to non-veterans (35.2% and 22.1% respectively)
    - Veterans aged 60-64 were significantly more likely to report a back or neck related condition when compared to non-veterans (37.9% and 27.6% respectively)

Gender

26. When comparing males to females within the working age veteran population there were no differences for those who reported at least one long-term health condition however there were significant differences in the types of conditions reported;

    - Male veterans were significantly more likely to report a heart, blood pressure or circulation related condition than females (34.9% to 20.5% respectively). This significant difference was also seen between the genders in the non-veteran population (males: 35.6% to females: 26.0%)
    - Male veterans were significantly more likely to report diabetes than females (14.3% to 5.7% respectively). This was not seen in the non-veteran population.

27. For male veterans the top three reported health conditions were the same as those reported for all working aged veterans (see paragraph 20) which is expected as males accounted for 89.5% of the veteran population.

28. For working age female veterans the top three reported health conditions were back or neck, legs or feet and depression or bad nerves (excluding 'other problems and disabilities') which differed to that seen in non-veteran females where the top three were: back or neck, legs or feet and heart, blood pressure or circulatory. It should be noted that there was no significant difference between the percentage of female veterans and non-veterans who reported 'depression or bad nerves' related conditions.

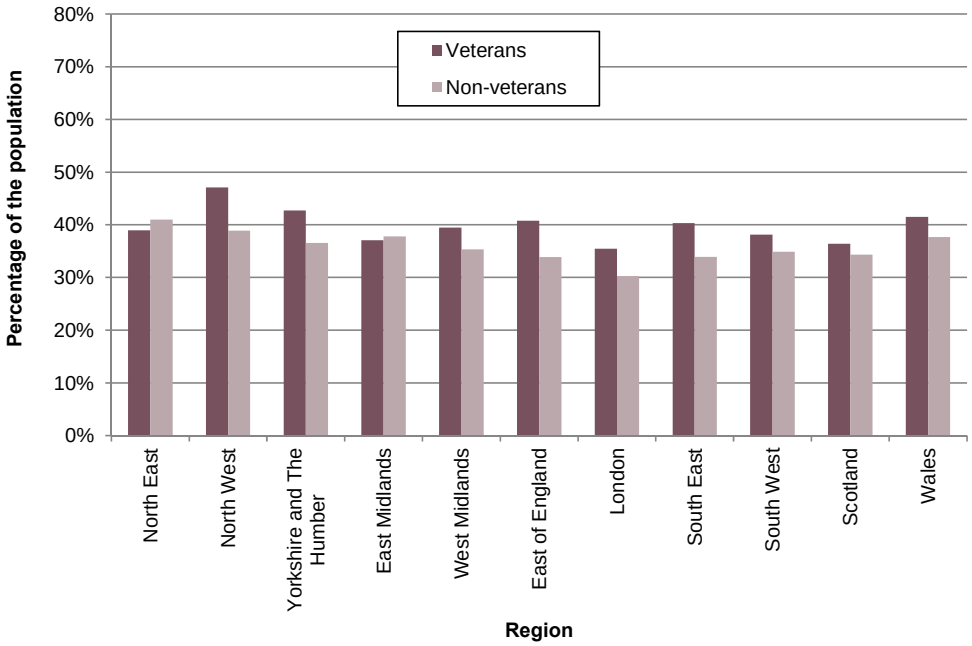
29. When comparing working age males across veterans and non-veterans there were no differences in terms of the percentage reporting long-term health conditions or the percentage who reported each of the conditions. This was the same for females.

[8] www.army.mod.uk/join/how-to-join.aspx

Health (cont.)

Regional location

Figure 6: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16-64, those reporting at least one long-term health condition[1], by region, estimated percentage[2]. 2014



Source: 2014 Annual Population Survey (APS)

1. Health conditions that had or were expected to last more than a year
2. Percentage calculated as the number of those reporting at least one health condition divided by the total population
3. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

30. Within each region there were no statistically significant difference between working age veterans and non-veterans reporting at least one long-term health condition. Of all working age veterans, those living in London were least likely to report at least one long term health condition (35.4%), in contrast, working age veterans residing in the North West were most likely to report at least one long term health condition (47.1%) (Figure 6).

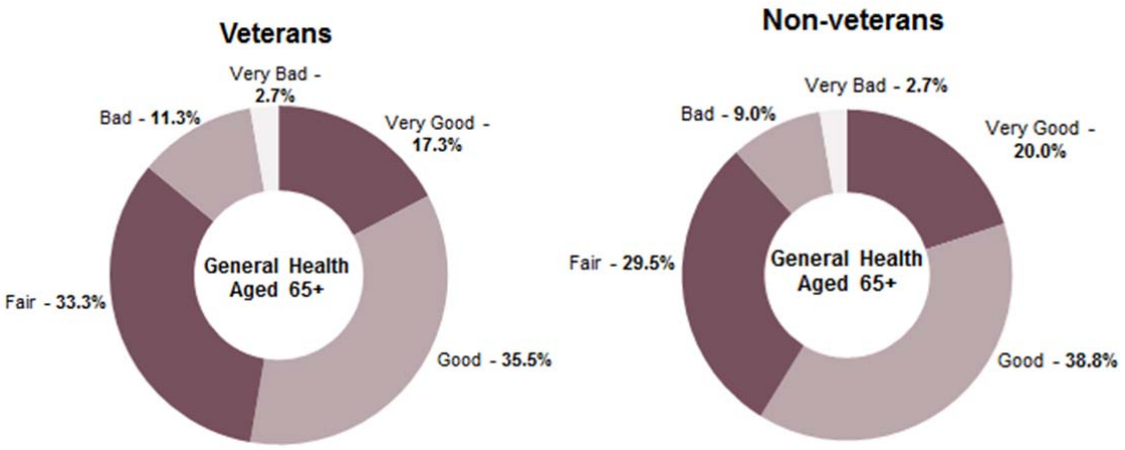
31. The top three reported conditions by veterans in each of the regions were the same as those reported for all working age veterans: legs or feet; heart, blood pressure or circulatory and; back or neck.

32. There were no statistically significant differences between the percentage of veterans and non-veterans who reported each of the long-term health conditions within each of the regions.

33. In summary, across the working age population residing in Great Britain and, the gender and regional subgroups, there were no differences in the long-term health of the UK Armed Forces veterans and non-veterans. However, fewer younger veterans (16-39), compared to non-veterans, reported a chest or breathing related condition; this may be due to entry restrictions for those who suffer from asthma. There were differences between male and female veterans; males veterans were more likely to report heart, blood pressure or circulatory and diabetes.

Retirement age population

Figure 7: UK Armed Forces veterans and non-veterans residing in Great Britain aged 65+, by general health, estimated percentage
2014



Source: 2014 Annual Population Survey (APS)
1. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

34. Just over half of the retirement age UK Armed Forces veterans residing in GB felt in very good or good general health (52.7%[9]) which was not significantly different to non-veterans (58.8%) (Figure 7).

35. There were no differences between the retirement age veterans and non-veterans in relation to the percentage who reported a long-term health condition (73.0% and 66.3% respectively) (Figure 8).

36. The retirement age veteran population and the non-veteran population had the same three top reported long-term conditions:

    - heart, blood pressure or circulatory related conditions (60.2% and 55.1% respectively)
    - leg or feet related conditions (45.9% and 33.9% respectively)
    - back or neck related conditions (27.3% and 23.6% respectively)

37. For all long-term conditions, except legs or feet, there were no differences in the estimated percentage of veterans and non-veterans who reported suffering from them. However, a significantly higher percentage of retirement age UK Armed Forces veterans residing in GB reported suffering from a leg or feet related condition compared to non-veterans (44.9% compared to 33.9% respectively). This may be partly explained by the level of physical activities which veterans would have participated in whilst serving, such as marching and regular training.

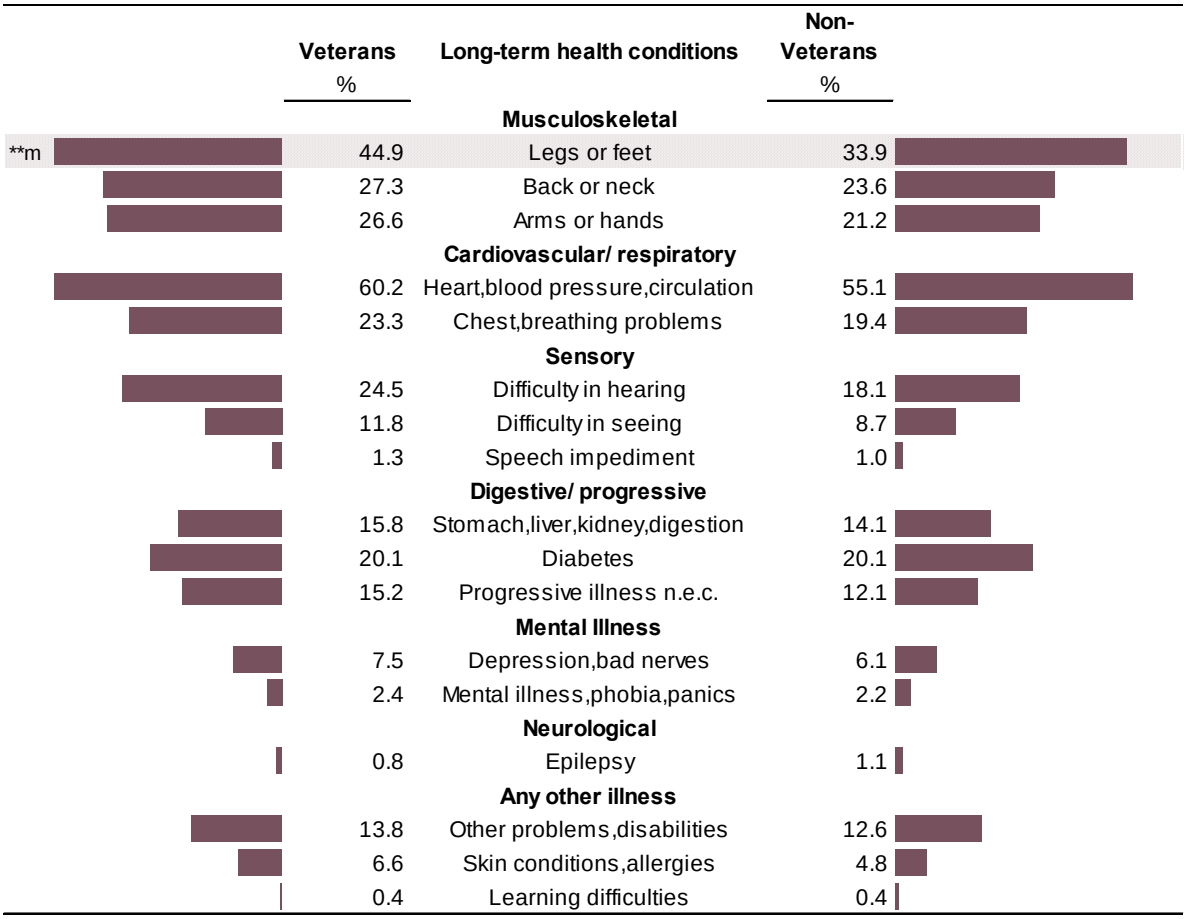
[9] Calculated using the figures in the accompanying Excel tables

38. No information was collected on the seriousness of these reported health conditions. However, there was no difference between retirement age veterans and non-veterans on the percentage who felt their health conditions impacted on day-to-day activities, which may be interpreted as there being no difference in the seriousness of their long-term health conditions (70% and 66% respectively).

Figure 8: UK Armed Forces veterans and non-veterans residing in Great Britain aged 65+, by long-term health condition[1], estimated number and percentage[2]
2014

73.0% of veterans aged 65+ had long-term health condition(s)

66.3% of non-veterans aged 65+ had long-term health condition(s)



	Veterans %	Long-term health conditions	Non-Veterans %
		Musculoskeletal	
**m	44.9	Legs or feet	33.9
	27.3	Back or neck	23.6
	26.6	Arms or hands	21.2
		Cardiovascular/ respiratory	
	60.2	Heart,blood pressure,circulation	55.1
	23.3	Chest,breathing problems	19.4
		Sensory	
	24.5	Difficulty in hearing	18.1
	11.8	Difficulty in seeing	8.7
	1.3	Speech impediment	1.0
		Digestive/ progressive	
	15.8	Stomach,liver,kidney,digestion	14.1
	20.1	Diabetes	20.1
	15.2	Progressive illness n.e.c.	12.1
		Mental Illness	
	7.5	Depression,bad nerves	6.1
	2.4	Mental illness,phobia,panics	2.2
		Neurological	
	0.8	Epilepsy	1.1
		Any other illness	
	13.8	Other problems,disabilities	12.6
	6.6	Skin conditions,allergies	4.8
	0.4	Learning difficulties	0.4

Source: 2014 Annual Population Survey (APS)
**m denotes the estimate is significantly different to the non-veteran population estimate (z test of proportions, 99% confidence level) with a small to large effect size (Cohen's d= >0.19)

1. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
2. Percentages presented to the nearest 1dp
3. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

39. Further analysis was carried out across gender and regional location. Please note: long-term health conditions by region and for females should be interpreted with caution as the sample sizes became small, reducing the confidence in the results.

Gender

40. When comparing males to females within the retirement age veteran population there were statistical significant differences in the specific health conditions reported:

    - Male veterans were significantly less likely to report: arms or hands (25.5% and 38.1% respectively); back or neck (26.0% and 40.1% respectively) or; sight (11.1% and 19.6% respectively) related conditions. All, apart from the latter, were seen in the non-veteran population.
    - Male veterans were significantly more likely to report diabetes than female veterans (20.8% and 12.4% respectively). This was not seen in the non-veteran population.

41. For retirement age male and female veterans the top three reported conditions were the same as those reported for all retirement age veterans: ‘heart, blood pressure or circulatory’, ‘legs or feet’ and ‘back or neck’.

42. When comparing retirement age males across veterans and non-veterans, male veterans were significantly more likely to report a legs or feet related condition compared to non-veteran males (44.1% and 32.8% respectively). No differences were seen for females across the two populations in terms of the health conditions reported.

Regional location

43. When comparing the top three health conditions in the different regions there were some differences, for example veterans in North East, East Midlands and Scotland were more likely to suffer from a hearing related condition than non-veterans but these differences were not significant. For further regional variations please see the accompanying Excel tables.

44. However, for one region there was a significance difference between the veteran and non-veteran population: a significant higher percentage of retirement age veterans residing in the South East reported suffering from legs or feet related conditions compared to non-veterans (44.1% and 30.1% respectively).

45. In summary, across the retirement age population residing in Great Britain and, the gender and regional subgroups, there were no differences in the long-term health of UK Armed Forces veterans and non-veterans with the exception of legs or feet related conditions. For the whole population, males and those residing in the South East, a higher percentage of veterans reported a legs or feet related condition.

Employment (aged 16-64)

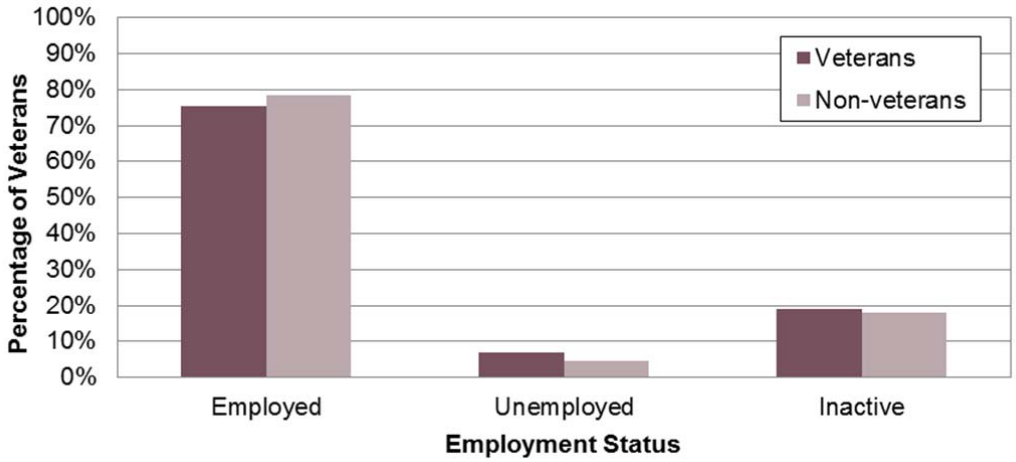
46. This section looks at the employment of UK Armed Forces veterans residing in GB and identified if there were any significant differences when compared to non-veterans. To better understand employment we have also looked to see if there were any differences across age groups, gender and regional location. Finally this section looks at the occupations and industries that veterans have been employed within.

47. The employment percentages follow the ONS definitions; the percentages cannot be summed due to the unemployment rate being calculated from a different population;

    - Employed and inactive percentage: Those employed or inactive divided by those employed, unemployed and inactive.

    - Unemployed percentage: Those unemployed divided by those employed and unemployed only.

Figure 11: UK Armed Forces veterans and non-veterans residing in Great Britain, aged 16-64 by employment status, estimated percentage[1,2]
2014



Source: 2014 Annual Population Survey (APS)

1. Employed and inactive percentage: those employed or inactive divided by those employed, unemployed and inactive
2. Unemployed percentage: those unemployed divided by those employed and unemployed
3. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

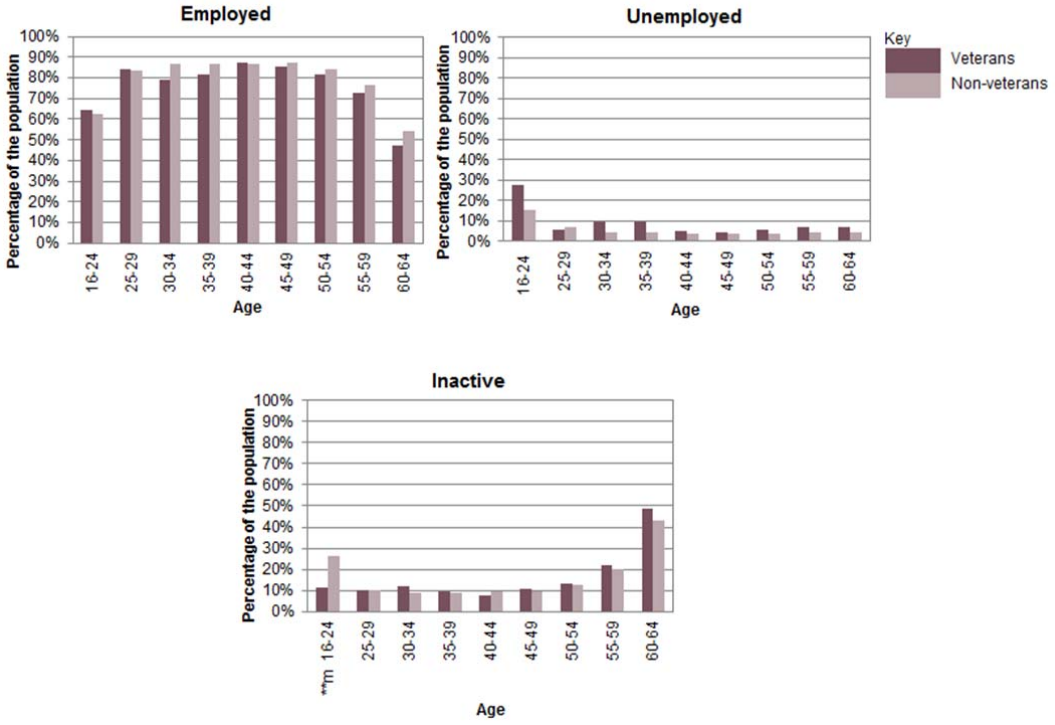
48. The majority of working age UK Armed Forces veterans residing in GB were estimated to be in employment (75.3%), with no differences in the percentages employed, unemployed or economically inactive when compared to non-veterans (Figure 11).

49. Further analysis was carried out across age, gender, regional location and ethnicity. Please note: employment status by age, region and ethnicity should be interpreted with caution as the sample sizes became small, reducing the confidence in the results.

Employment (aged 16-64) (cont.)

Age

Figure 12: UK Armed Forces veterans and non-veterans residing in Great Britain, aged 16-64 by employment status, age, estimated percentage
2014



Source: 2014 Annual Population Survey (APS)
**m denotes the veteran estimate is significantly different to the non-veteran population estimate (z test of proportions, 99% confidence level) with a small to large effect size (Cohen's d= >0.19)

1. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

50. The only significant differences when comparing the estimated employment status for different age groups of UK Armed Forces veterans and non-veterans residing in GB (Figure 11) was:

    - Veterans aged 16-24 were significantly less likely to be economically inactive than non-veterans (11.6% and 27.5% respectively).

51. Having fewer economically inactive 16-24 year old veterans may be partly explained by the likelihood that fewer of them were studying when compared to non-veterans. In 2014 an estimated 5.9% of veterans aged between 16 to 24 were studying which was significantly lower than non-veterans (estimated at 17.8%).

52. Aside from the difference found in the above mentioned age group, the veteran population followed the same trend, across the age groups, as the non-veteran population. It was estimated that the younger age groups (16-24) were more likely to be unemployed and the older age groups (55+) were more likely to be inactive i.e. retired.

Employment (aged 16-64) (cont.)

Gender

53. When comparing males to females within the veteran population there were significant differences in the estimated employment status. Male veterans were significantly more likely to be in employment and significantly less likely to be economically inactive compared to female veterans.

    - 76.1% of male veterans compared to 70.5% of female veterans in employment
    - 18.0% of male veterans compared to 26.1% of female veterans economically inactive.

    These differences were not seen in the non-veteran population.

54. When comparing males across the veteran and non-veteran population there were no significant differences; this was the same for females:

    - 76.1% of male veterans were employed compared to 79.9% non-veteran males
    - 70.5% of female veterans were employed compared to 68.2% non-veteran females
    - 26.1% of female veterans were economically inactive compared to 28.6% non-veteran females

Regional location

55. There were no differences when comparing the employment status of working age veterans to non-veterans across the regions in Great Britain.

Ethnicity

56. When comparing the employment status of working veterans to non-veterans across ethnicity there were no differences.

57. In summary, across the working age population residing in Great Britain and, the gender, regional and ethnicity subgroups, there were no differences in the employment status of UK Armed Forces veterans and non-veterans. However, fewer younger veterans (16-24), compared to non-veterans, were economically inactive which may be partly explained by fewer of them studying.

Figure 13: UK Armed Forces veterans residing in Great Britain, aged 16-64, by occupation[1] and by industry[1], estimated numbers and percentages[2,3]
2014

Veterans %	Occupation	Non-veterans %
10.6	Managers and Senior Officials	14.3
15.9	Professional occupations	20.7
19.9	Associate Professional and Technical	14.3
5.1	Administrative and Secretarial	6.2
15.1	Skilled Trades Occupations	16.6
4.2	Personal Service Occupations	4.5
3.5	Sales and Customer Service Occupations	4.2
14.7	Process, Plant and Machine Operatives	10.3
11.1	Elementary Occupations	9.1

Veterans %	Industry	Non-veterans %
0.9	Agriculture, forestry and fishing	1.5
1.1	Mining and quarrying	0.7
14.1	Manufacturing	13.8
1.2	Electricity, gas, air supply	0.9
1.7	Water supply, sewerage, waste	1.1
8.0	Construction	10.9
9.9	Wholesale, retail, repair of vehicles	11.6
11.5	Transport and storage	7.4
1.4	Accommodation and food services	3.3
4.5	Information and communication	4.9
2.4	Financial and insurance activities	4.0
1.0	Real estate activities	1.1
6.3	Prof, scientific, technical activ.	8.1
7.2	Admin and support services	4.6
9.6	Public admin and defence	6.2
6.5	Education	7.4
9.4	Health and social work	8.0
1.3	Arts, entertainment and recreation	2.2
1.9	Other service activities	2.2
0.1	Households as employers	0.2
0.1	Extraterritorial organisations	0.1

Source: 2014 Annual Population Survey (APS)
1. Standard Occupational Classification and Standard Industrial Classification
2. Percentages are presented to the nearest 1dp.
3. Percentage excludes non responses
4. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

58. There were no differences between the veteran population and the non-veteran population in terms of the occupations they were employed in or the industries they entered. It was estimated that veterans were most likely to be in associate professional and technical roles.

Employment (aged 16-64) (cont.)

59. Further analysis has been carried out by gender in terms of the occupations and industries of veterans. Please note: occupations and industries for females should be interpreted with caution as the sample sizes became small, reducing the confidence in the results.

Occupation

60. When comparing male veterans to female veterans there were significant differences in occupation:

    - Female veterans were significantly more likely to be employed in 'Administrative and secretarial occupations' and 'Caring, leisure and other service occupations' (30.8%) than male veterans (6.0%).
    - Male veterans were significantly more likely to be employed in 'Skilled trade occupations', 'Process, plant and machine operatives' and 'Elementary occupations' (45.4%) than female veterans (10.7%).

    With the exception of elementary occupations, these differences were consistent with the non-veteran population.

61. There were no differences when comparing the occupations for males across the veteran and non-veteran populations. This was also the same for females across the two populations.

Industry

62. When comparing male veterans to female veterans there were significant differences in the industries they were employed in:

    - A significantly higher percentage of male veterans (37.7%) were working in the 'manufacturing', 'construction' and 'transport' industry compared to female veterans (6.4%).
    - A significantly higher percentage of female veterans (42.3%) were working in 'health and social work' and 'education' industry compared to male veterans (11.8%).

    These differences were replicated in the non-veteran population.

63. There were no differences when comparing the industries employed in by males across the veteran and non-veteran populations. This was also the same for females across the two populations.

64. In summary, across the working age population residing in Great Britain and, the regional subgroups, there were no differences in the occupations they were employed in or the industries they entered between UK Armed Forces veterans and non-veterans.

Education (aged 16-64)

65. This section looks at the highest qualification for UK Armed Forces veterans residing in GB and how they gained their qualifications and identifies if there were any significant differences when compared to non-veterans. To gain a better understanding of educational attainment, information has been presented by region.

Figure 14: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16-64 by Highest Qualification[1], estimated numbers and percentages[2, 3]
2014

Veterans		Highest Qualification	Non-veterans	
%			%	
**m	18.5	Degree or equivalent	27.5	**m
	11.5	Higher education	9.5	
	24.9	GCE, A-level or equivalent	23.6	
**m	26.2	GCSE grades A*-C or equivalent	17.6	**m
	11.0	Other qualifications	10.6	
	6.9	No qualification	10.0	
	1.0	Did not know	1.2	

Source: 2014 Annual Population Survey (APS)
**m denotes the estimate is significantly different to the non-veteran population estimate (z test of proportions; 99% confidence level) with a medium to large effect size (Cohen's d= >0.49)

1. Qualification could be gained in the UK or abroad
2. 'Other qualifications may include GCSE below grade C
3. Percentages are presented to the nearest 1dp.
4. Percentage excludes non responses
5. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

66. It is estimated that 92.1% of working age UK Armed Forces veterans residing in Great Britain had a qualification, which was not significantly different to the non-veteran population estimate of 88.8% (Figure 14).

67. There were significant differences in terms of the highest qualification achieved when comparing working age veterans to non-veterans.

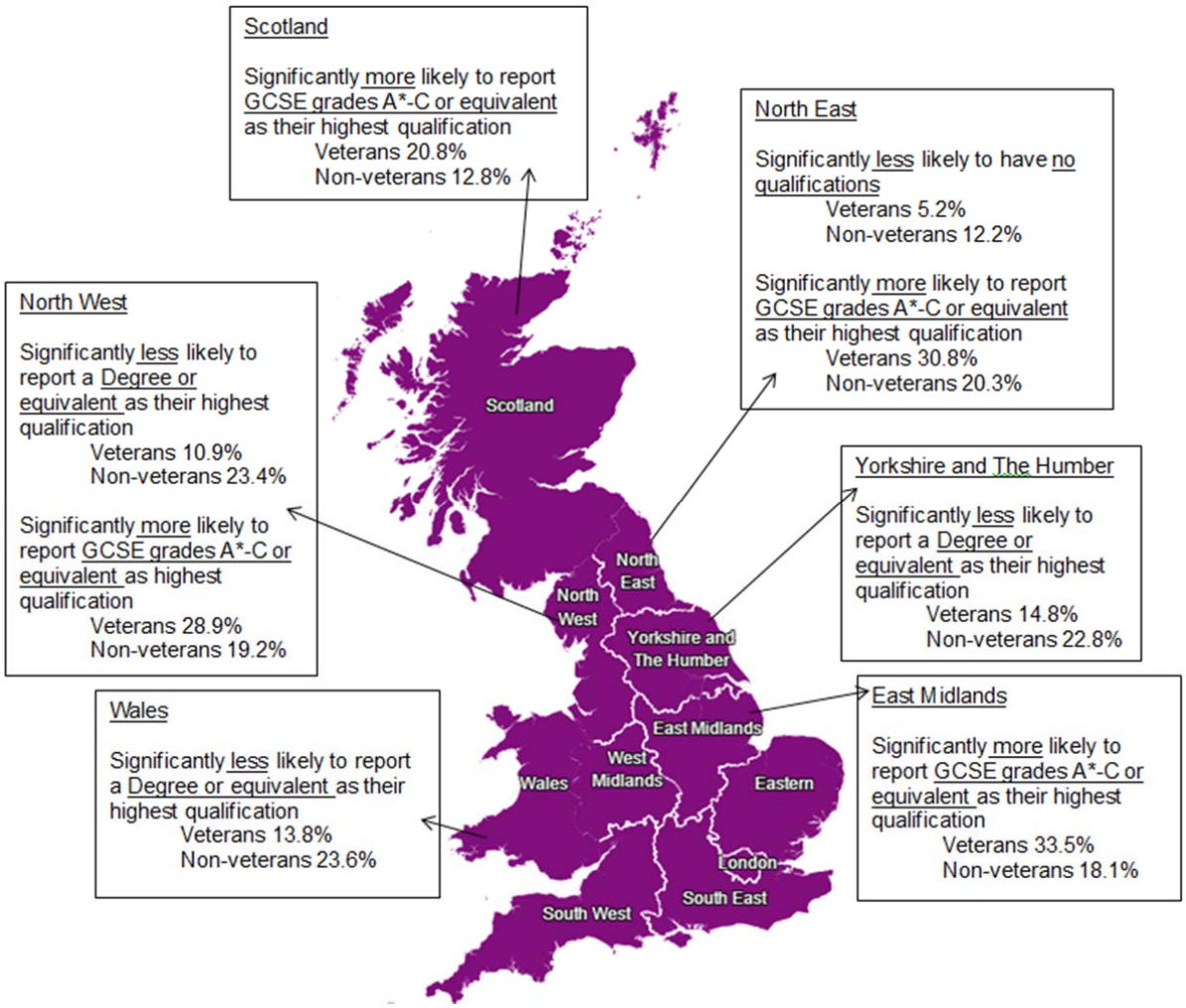
- Working age veterans were significantly more likely to have completed their education at GCSE level[10] (26.2%), compared to non-veterans (17.6%)
- The working age non-veteran population were significantly more likely to have continued onto a degree or equivalent (27.5%) compared to the veteran population (18.5%).

68. Further analysis was carried out across region. Please note: educational attainment by region should be interpreted with caution as the sample sizes became small, reducing the confidence in the results.

[10] Includes A-C grade GCSE's or equivalent only.

Education (aged 16-64) (cont.)

Figure 15: UK Armed Forces veterans residing in Great Britain aged 16-64, highest qualification[1], by region, estimated percentage[2]
2014



Source: 2014 Annual Population Survey (APS)

1. Qualification could be gained in the UK or abroad
2. Percentages are based on the estimated unrounded population and are presented to the nearest 1dp.
3. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

Education (aged 16-64) (cont.)

69. When comparing regional educational attainment between the working veteran population and the non-veteran population residing in GB there were some significant differences (Figure 15):

    - Overall working age veterans were significantly more likely to have completed their education at GCSE level[11] and significantly less likely to have continued onto a degree or equivalent than the non-veteran population. However, this difference was not seen in the South East, South West, London, West Midlands and East of England.
    - Veterans residing in the North East were significantly less likely than the non-veteran population in the North East to report having no qualifications (5.2% compared to 12.2% respectively).

70. The way in which qualifications were gained differed across the two populations: working age UK Armed Forces veterans residing in Great Britain were significantly more likely to have gained their qualifications through work compared to non-veterans (63.7% compared to 47.5% respectively). This may be due to veterans using the opportunities available to gain qualifications once they were in Service, or veterans being more likely to undertake vocational training on leaving the Services.

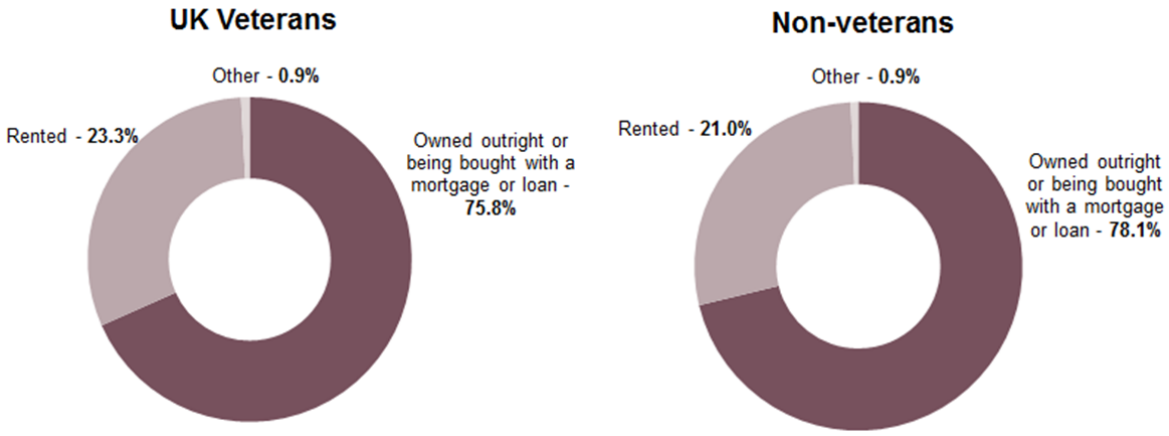
71. In summary, a similar percentage of working age veterans and non-veterans residing in GB had a qualification. However, veterans were more likely to have gained their qualifications through work with their highest qualification being GCSE A-C. In comparison non-veterans were more likely to have had a degree as their highest qualification.

[11] Includes A-C grade GCSE's only

Accommodation

72. This section looks at the percentage of veterans who own or rent their accommodation (tenure) and identifies if there were any significant differences when compared to the non-veteran population. To gain a better understanding of accommodation, information has been presented by age and location.

Figure 16: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16+ by accommodation tenure, estimated percentages[1,2]
2014



Source: 2014 Annual Population Survey (APS)

1. Percentages are presented to the nearest 1dp.
2. Percentage excludes non responses
3. Other includes part renting and rent free
4. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.

73. The majority of UK Armed Forces veterans residing in GB were estimated to either have owned their own property or had a mortgage (75.8%) which was the same as the non-veterans (78.1%) (Figure 16).

74. When combining 'owned outright' and 'being bought with a mortgage', there were no significant differences in accommodation tenure when comparing age groups or regions between the veteran population and the non-veteran population. Please note: accommodation tenure for the younger veterans (aged 16-34) and for veterans living in London should be interpreted with caution as the sample sizes became small, reducing the confidence in the results. The data is presented in the accompanying Excel tables.

75. In summary, there was no difference between UK Armed Forces veterans and non-veterans, residing in GB, in terms of whether they own/mortgage or rent their accommodation.

Data, Definitions and Methods

This section provides a brief summary of the data sources and methodology; more detailed information is available in the background quality report for this bulletin.

Data Sources

76. Defence Statistics received survey data from the Office for National Statistics (ONS). The Annual Population Survey (APS) is a quarterly survey of households in the UK conducted by the ONS. In 2014 questions were included for the first time to enable the identification of UK Armed Forces veterans.

77. More information on the coverage of the APS (formerly known as the Integrated Household Survey (IHS)) and the survey itself can be found at; http://www.ons.gov.uk/ons/guide-method/method-quality/specific/social-and-welfare-methodology/integrated-household-survey/index.html

Data Coverage

78. The data in this report was based on survey responses from 320,000 individuals in the UK. Only respondents aged 16 and over and residing in England, Scotland and Wales were asked the veteran questions. Veterans were identified as those who had previously served; non-veteran populations were those who had never served or were currently serving. Using these criteria 14,000 respondents were identified as veterans and 226,000 as non-veteran populations[12].

79. Some respondents were re-classified due to inconsistencies within responses. See the background quality report for further information

Methodology

Weighting

80. A weight (PWTA14) was applied to the entire dataset, by the ONS, in order to inflate the sample size to the population size. This weight took the sampling design into account. More information on the weighting and other adjustments used by the ONS can be found at: http://www.ons.gov.uk/ons/guide-method/method-quality/specific/social-and-welfare-methodology/integrated-household-survey/index.html in the 'IHS user guide 2014' page 119

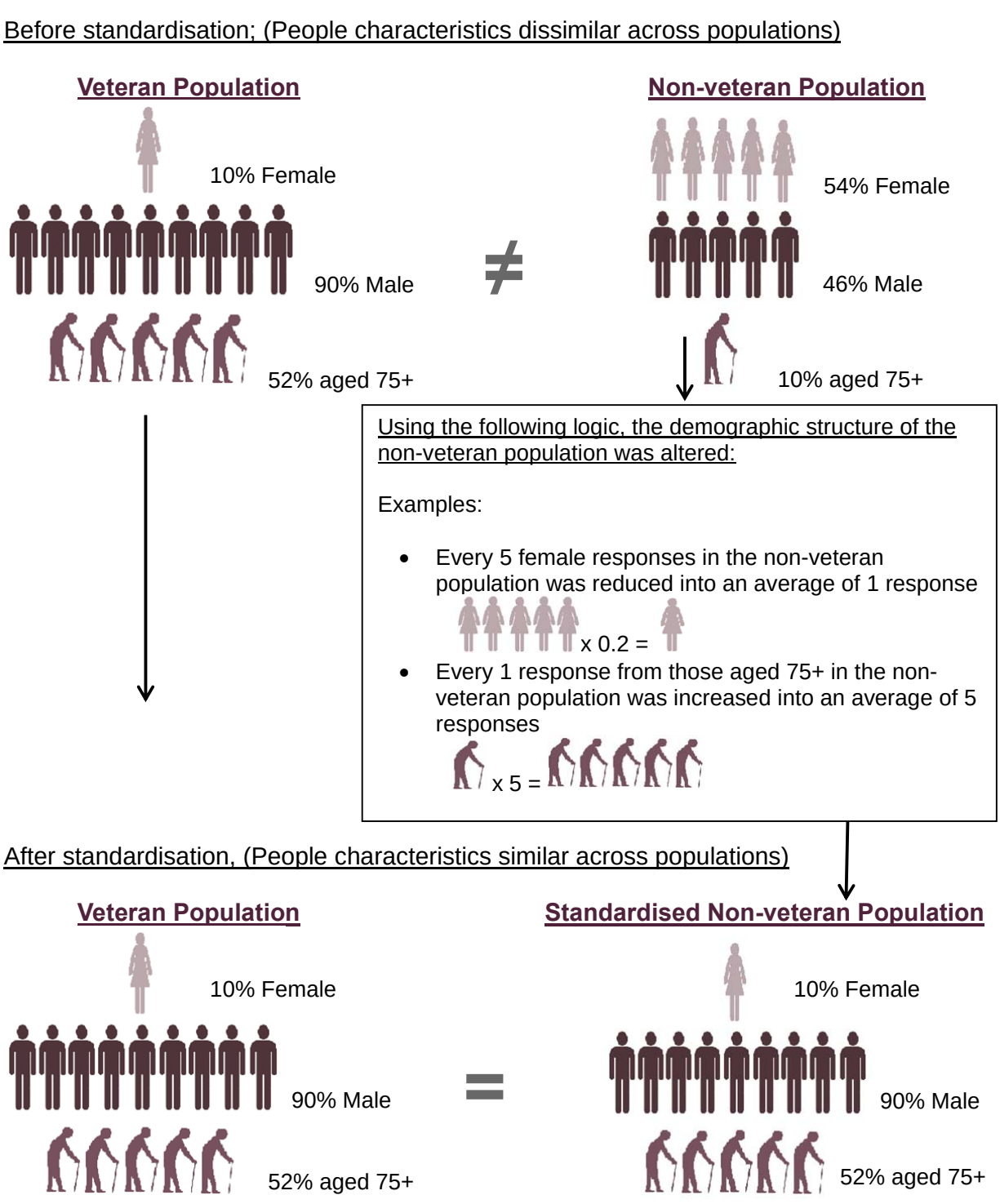
81. Further weights were applied to account for the 9,973 individuals who took part in the APS but did not provide a response to the veteran questions. The percentage of people who answered the veteran question differed by age and gender; therefore probability of the non-responders being a veteran differed by age and gender. See the background quality report for the applied weights.

Standardising

82. The veteran population was predominantly male and older than the non-veteran population (Figure 1). This difference had to be taken into account when comparing veterans to non-veterans to ensure any differences identified were true differences and not due to the different age and gender profiles. This was achieved by assigning additional weights to the non-veteran

[12] All sample numbers rounded to the nearest 1,000

population so the age and gender structure mirrored that of the veteran population. The weight applied for each age and gender group was: the percentage of veterans divided by the percentage of non-veterans. The weights did not affect the overall number of non-veterans but inflated the male and older individual's responses and reduced the female and younger individuals' responses. See below graphic.



Percentage

83. Percentages enabled comparisons to be made between two populations i.e. veterans and non-veterans. The estimated number who gave a particular response for the population was divided by the estimated total number in the population and multiplied by 100.

Significance test

84. The z test: difference between two proportions was used to identify if there was a significant difference between the estimated percentages from the veteran and non-veteran population responses. The significance test gave us the confidence to state that an observed difference between the percentages was a real difference. The confidence intervals, from the test, have been presented in the supplementary tables. If they do not contain zero we have concluded that the estimated veteran percentage and the percentage for the (standardised) non-veterans were significantly different.

85. Due to the number of significance tests being carried out there was a higher likelihood that differences will be classed as significantly different when they were not (a false positive). The significance test was therefore carried out at the 99% level meaning; there should be less than 1% (1 in 100) chance that differences observed in the APS results weren't representative of the population as a whole.

86. The calculations for both the margin of error for the estimates and the z test of proportions have taken into account the weighting and the standardising (design factor). See the background quality report for further information.

Measure of Effect

87. The difference between estimates which have been calculated from a large sample can be significantly different even though the difference is only trivial. The measure of effect enabled us to confirm that any difference observed was large enough to note as it is not impacted by the sample size. Therefore only significantly differences with an effect size above the threshold of 0.2 were commented on in this bulletin.

88. The standardized difference (d) for categorical responses, assuming each response option is a separate binary outcome, was used. Cohen's rule of thumb was applied to identify small, medium and large effects.

89. Results were only classed as significant if they were both statistically significant and they had a small to large effect size.

Margin of error

90. Each estimate carries a margin of error; which has been presented in the supplementary tables. Margins of error provided a measure of the level of uncertainty in the estimate; or a measure of how reliable the survey was. The higher the margin of error, the less likely the results of the survey were true for the population. Large error margins are usually the result of having a small number of respondents within a particular group.

91. A large margin of error can result in a difference being incorrectly identified as there being no statistically significant difference. Therefore this report has highlighted results where there were

no statistical significant difference but a large margin of error (greater than 5%) and a smaller or greater effect size as results which should be interpreted with caution.

Disclosure control

92. Estimates based on fewer than three respondents were suppressed in accordance with the ONS disclosure policy (2008)

93. Estimates based on a small number of respondents were more likely to breach confidentiality. The same estimates were also likely to be unreliable. Confidentiality protection was provided by releasing only weighted estimates and by suppressing certain values. Information on the exact number of sample respondents was restricted.

94. The effect of disclosure control on the quality of data that can be released was very small because data that appear disclosive may also be of low quality

Glossary

Annual Population Survey	The Annual Population Survey ((APS), (formerly the Integrated Household Survey (IHS)), is a survey of households in Great Britain carried out quarterly by the Office for National Statistics (ONS)
Armed Forces Covenant	The Armed Forces Covenant defines the principles for ensuring that Armed Forces personnel are not disadvantaged in their access to public and commercial services as a result of their service. It also sets out that in some cases special treatment may be appropriate, for example for those that have given the most, such as the injured and the bereaved.
Career Transition Partnership (CTP)	The CTP provides resettlement services, for example transition back into employment, for those leaving the Royal Navy, Army, Royal Air Force and Marines. Regardless of time served, all members of the Armed Forces can benefit from CTP support when leaving Service.
Effect Size	Effect size illustrates the magnitude of the difference between two populations.
Great Britain (GB)	Great Britain comprises of England, Scotland and Wales (UK excluding Northern Ireland)
Inactive	Economically inactive - people who are not in work and are not actively looking for work, such as those in retirement, those studying and those caring for relatives.
Long-term health condition	Self-reported health conditions that had or were expected to last more than a year
Margin of Error	Provides a measure of the level of uncertainty in the estimate
Ministry of Defence (MOD)	The Ministry of Defence (MOD) is the United Kingdom government department responsible for the development and implementation of government defence policy and is the headquarters of the British Armed Forces. The principle objective of the MOD is to defend the United Kingdom and its interests. The MOD also manages day to day running of the armed forces, contingency planning and defence procurement.
Non-Response	Refers either to a person who although sampled did take part in the survey at all or those who did not reply to a particular question or questions.
Non-veteran populations	Non-veteran populations includes all those aged 16+ who were not veterans including those who have never served in the UK Armed Forces and those who are currently serving.
Rate	For the purposes of this report, rate has been used as a measure of comparison of the proportions of populations within each region which are veteran or non-veteran.
Retirement age veteran	Veterans aged 65+
Royal British Legion (RBL)	The Royal British Legion (RBL) is a British charity providing financial, social and emotional support to members and veterans of the British Armed Forces, their families and dependants
Standard Error	A measure derived using weighting factors from the sample proportion and unweighted count in a sampling distribution and used as a benchmark in order to ascertain a range of values within which the true population proportion could lie.
Standardising/ standardised	For the purposes of this analysis, the proportion of non-veteran population respondents were weighted by gender and age groups to represent the age and

	gender distribution of the veteran population
Statistically Significant	Refers to a result of a statistical test in which there is evidence of a change in proportions between groups.
Statistical tests	Refers to those tests which are carried out to see if any evidence exists for a proportional difference in response between groups.
United Kingdom (UK)	Comprises of England, Scotland, Wales and Northern Ireland.
Weighting (factor)	Refers to factors that are applied to the respondent data set in order to make the respondent groups representative of their population equivalents.
Weighting Class	Refers to those members of a specific group to whom a weighting factor is applied.
Working age veteran	Veteran aged 16-64
Veterans	Veterans includes those aged 16+ who had served in the UK Armed Forces and were not currently serving
z-test	Statistical test based on a standardised distribution which allows comparison between populations/groups of different sizes.

Further Information

Symbols

.. Estimates based on fewer than three respondents have been suppressed in accordance with the Office for National Statistics disclosure policy (2008)

**m denotes the estimate is significantly different to the non-veteran population estimate (z test of proportions, 99% confidence level) with a small to large effect size (Cohen's d= >0.19)

Revisions

There are no planned revisions of this bulletin. Amendments to figures may be identified in future analysis. To ensure continuity and consistency, figures will only be adjusted during the year where it is likely to substantially affect interpretation and use of the figures, otherwise required corrections will be released in future bulletins along with reasons for the corrections.

i. Where number of figures updated in a table is small, figures will be updated and those which have been revised will be identified with the symbol “r”. An explanation for the revision will be given in the footnotes to the table.

ii. Where the number of figures updated in a table is substantial, the revisions to the table, together with the reason for the revisions will be identified in the commentary at the beginning of the relevant chapter / section, and in the commentary above the affected tables. Revisions will not be identified by the symbol “r” since where there are a large number of revisions in a table this could make them more difficult to read.

Further Information (cont.)

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