

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

Published 31 January 2019

This bulletin provides estimates on the size and socio-demographic characteristics of the UK Armed Forces veteran population residing in Great Britain (GB) using responses provided in the 2017 Annual Population Survey (APS) administered by the Office for National Statistics (ONS).

Summary figures of the veteran population and comparisons to the estimated non-veteran population residing in GB are provided. Main topics include: people characteristics; regional location; health including smoking status; employment status; education and accommodation (housing). The nonveteran population is defined as those aged 16+ who have not served in the UK Armed Forces or are currently serving.

The APS veteran questions were not asked in Northern Ireland due to security concerns. 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**

In 2017, there were an estimated **2.4 million** UK Armed Forces Veterans in Great Britain, making up an estimated 5% of household residents aged 16 and over.

Veteran characteristics: Veterans were estimated to be predominantly white (99%), male (89%) and/or aged 65 and over (60%).





Health: Overall, there were 'no differences' between working age and retirement age veterans (35% and 18% respectively) and nonveterans (35% and 20% respectively) who reported their general health as very good.

between working age veterans and non-veterans who had a qualification (92% and 89% respectively). However, there were significant differences between working age veterans and non-veterans who:

**Educational attainment:** There were 'no differences'



Had a degree: 21% Veterans 30% Non-veterans



Gained qualifications through work: 60% Veterans 43% Non-veterans

of Smoking status: Veterans working age and retirement age were more likely to have ever smoked (55% and 66% respectively) than nonveterans (44% and 56% respectively).



Accommodation status: Veterans were as likely to have bought their own home (outright or with a mortgage) (76%) as non-veterans (78%).

Employment status: Working age veterans were as likely to be employed as non-veterans (79% for both groups). But there were significant differences in occupation held, with veterans aged 16-34 (when compared to non-veterans) being:



More likely to work as 'process, plant and machine operatives' (18% and respectively).



Less likely to work in 'professional occupations' (11% and 20% respectively).

Responsible statistician: Further information/mailing list: DefStrat-Stat-Health-PQ-FOI@mod.gov.uk

Deputy Head of Vets - 030 67984424 - DefStrat-Stat-Health-PQ-FOI@mod.gov.uk

**Press Office:** 020 721 83253

https://www.gov.uk/government/collections/annual-population-survey-uk-armed-**Background quality report:** 

forces-veterans-residing-in-great-britain

Would you like to be added to our contact list, so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing defstrat-stat-wds-pubs@mod.gov.uk

#### **Contents**

Introduction	Page 2
Estimated Population Characteristics	_
Estimated Location of veterans and non-veterans	Page 4
Comparisons of estimated veteran and non-veteran Populations:	
Health and smoking behaviours	Page 5
Employment	Page 9
Education	Page 11
Accommodation	Page 12
Data, Definitions and Methods	Page 13
Glossary	Page 15
Further Information	Page 17

This Statistical bulletin, supplementary tables (presented in Microsoft Excel as Annex A, and as an Open Data Source file as Annex B) and accompanying Background Quality Report can be found at: <a href="https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic/mod-national-and-official-statistics-by-topic">https://www.gov.uk/government/publications/mod-national-and-official-statistics-by-topic/mod-national-and-official-statistics-by-topic</a>

#### Introduction

This report has been produced to gain a better understanding of UK Armed Forces veterans residing in GB and provides evidence on the health, employment, education and housing status of the veteran population. Information presented provides evidence required by Government, third party organisations and the private sector to aid policy development in support of the Armed Forces Covenant, and supports the MOD's commitment to release information wherever possible. 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 statistical information on UK Armed Forces veterans by analysing responses to the Annual Population Survey (APS) carried out by the Office for National Statistics (ONS) in 2017. Respondents were asked a number of questions to identify if they were a veteran. Due to size of the sample which took part in the Annual Population Survey 2017 (approximately 290,000) the results presented in this report provide the most reliable estimates of the veteran population in Great Britain (GB). The APS excluded any questions pertaining to military Service in the Northern Ireland survey due to security concerns in collecting this information in a household survey context.

<u>Veterans:</u> Individuals aged 16+ who reside in households in Great Britain and have previously served at least one day 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.

Comparisons have been made between populations within this report. Differences reported as *significantly different* have met the specific criteria (as outlined in the Methodology) to demonstrate that the difference between the two populations of interest was large enough to note. Where *no difference* has been identified, there was not enough evidence to suggest that the difference between populations met the criteria to be statistically significant.

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

This statistical bulletin is the last in the series. The four reports in this series, published using the 2014-2017 APS survey datasets, have provided the evidence base required by Government, third party and the private sector to aid policy development in support of the Armed Forces Covenant under the following key themes: health, educational attainment, employment and occupations, and housing.

# Section 1: 2017 Veteran Estimates by Population Characteristics

This section presents a summary of the overall estimated numbers of UK Armed Forces veterans residing in households across GB in 2017, by key characteristics, with comparisons to the non-veteran population. Underlying summary data for this section can be found in Section 1 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

# In 2017 there were an estimated 2.4 million UK Armed Forces veterans<sup>1</sup>.

This is a 99,000 reduction since 2016.

(Table A1.1, Annexes A and B) Source: Annual Population Survey

Veterans were less likely to be single (11%) or married/ in a civil partnership (62%) but more likely to be widowed (16%) than



non-veterans (14%, 66% and 9% respectively). Please note, these differences were not notable significant differences. These findings may be associated with the older age profile of veterans.

(Table A1.4, Annexes A and B) Source: Annual Population Survey Veterans were significantly more likely to be male (89%) than non-veterans (47%).



(Table A1.2 Annexes A and B) Source: Annual Population Survey

> Veterans<sup>2</sup> Non-Veterans<sup>2</sup>

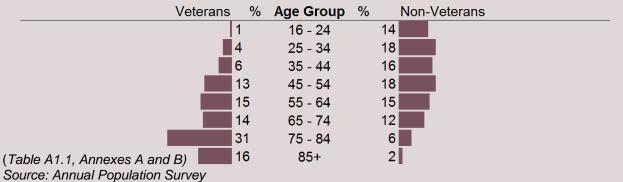
99% White 92% White

1% BAME 8% BAME

Veterans were significantly more likely to be white than non-veterans.

(Table A1.3, Annexes A and B) Source: Annual Population Survey

Veterans were older, with a significantly higher percentage aged 75 and over (47%) than nonveterans (8%). Almost two-thirds of veterans were estimated to be aged 65 and over (60%).



The current demographic profile of veterans is a result of the Second World War, and subsequent National Service<sup>3</sup> which ended in 1960, with the last National Servicemen released from the Armed Forces in 1963. Since UK military service became voluntary, white males have continued to be more likely to join the UK Armed Forces4.

The volume of veterans aged 75 and over may have influenced the reduction in the overall veteran estimate since 2016, since it is likely that the number of veterans who died during the year was higher than the number of Service personnel who left Service and joined the veteran population.

- 1. Residing in households across Great Britain (England, Wales and Scotland).
- 2. Estimates were calculated excluding an estimated 1,000 veterans and 33,000 non-veterans who did not declare their
- http://www.parliament.uk/about/living-heritage/transformingsociety/private-lives/yourcountry/overview/nationalservice/
- https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2017

# Section 2: 2017 Veteran Estimates by Location

This section presents a summary of the overall estimated numbers of UK Armed Forces veterans residing in households across GB in 2017, by location, with comparisons to the non-veteran population. Underlying summary data for this section can be found in Section 2 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

# What proportion of the population were estimated to be veterans?

Five per cent of household residents in England, Wales and Scotland were estimated to be veterans. Table A2.7 in Annexes A and B presents the estimated proportion of veterans within the population, broken down by county. This is to help enable Government departments and the third-party sector to identify where veterans were more likely to reside and to aid the allocation of resource in support of veterans. The counties which had the largest proportion of veterans were: Rutland (14%), Lincolnshire (8%), Herefordshire (8%), Isle of Weight (8%), Cornwall and the Isles of Scilly (8%) and Devon (8%)

(Tables A2.6 - A2.7, Annexes A and B) Source: Annual Population Survey

#### Did veterans reside in different regions across Great Britain than non-veterans? Veterans residing in GB by Non-Veterans residing in GB by Key: Region, proportion of veterans Region, proportion of non-veterans < 6% of population 6 - 8% of population Scotland 9 - 11% of population 12% + ofNorth North population East Fast Yorkshire Yorksh & Humber & Humbe Fast Fast Midlands Midlands West West East of Wales Wales London London South East South Fast South West South West

The percentage of **veterans residing in the London region** (5%) was **significantly lower than** the percentage of **non-veterans** (14%). This significant difference was observed among working-age veterans only (4% compared with 15% respectively). There was 'no difference' between the percentage of veterans and non-veterans aged 65+ residing in London (6% and 9% respectively).

Over a quarter (29%) of veterans were estimated to be in the South East and South West regions of England.

(Tables A2.2 - A2.4, Annexes A and B) Source: Annual Population Survey

# Section 3: 2017 Veteran Estimates by Health and Smoking Status

This section presents a summary of self-reported health conditions suffered by UK Armed Forces veterans residing in households across GB and identifies if there were any significant differences when compared to the standardised non-veterans. For the remaining sections of this bulletin, comparison will be made between veterans and standardised non-veterans. For more information on standardisation, please see the Methodology section on page 13.

As health is known to decline with age, separate comparisons were made between veterans and non-veterans of working age (aged 16 to 64) and retirement age (aged 65+). It should be noted that it is unknown if health problems reported by veterans developed whilst in Service or are attributed to their Service after leaving the UK Armed Forces.

Underlying summary data for this section can be found in Sections 3 and 4 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

### Did veterans report worse general health than non-veterans?

Overall, there were 'no differences' between veterans' and non-veterans' self-reported general health (from very bad to very good), and whether any health problems suffered were expected to last more than 12 months.



# <u>Did veterans report that their health conditions had a more severe impact on their daily activity and work than non-veterans?</u>



Overall, there were 'no differences' between the percentage of veterans and non-veterans who reported that their health problems limit their activity, or that their health problems affect the amount and kind of work they could carry out.

Note that the work-related questions were only asked to those of working age (aged 16-64 years).

(Tables A3.14 - A3.17, Annexes A and B)

Source: Annual Population Survey

	% Yes,	
Group	a lot	Do health problems limit activity?
Age group 16-64		
Veterans	26	
Non-veterans	24	
Age group 65+		
Veterans	34	
Non-veterans	28	
		Do health problems affect the
Group	% Yes	amount of work carried out?
Age group 16-64		
Veterans	45	
Non-veterans	43	
		Do health problems affect the kind
Group	% Yes	of work carried out?
Age group 16-64		
Age group 16-64 Veterans	53	

# Section 3: 2017 Veteran Estimates by Health and Smoking Status (Cont.)

### Which specific health conditions did veterans and non-veterans suffer from?

Veterans and non-veterans (of working age and retirement age) all reported the same top three health conditions, with 'no difference' between groups:



Heart, blood pressure or circulatory related conditions.



Leg or feet related conditions.



Back or neck related conditions.

In addition, almost one-quarter of retirement age veterans also reported difficulty in hearing (23%). This was 'no different' to retirement age non-veterans (16%).



(Tables A3.5 - A3.6, Annexes A and B) Source: Annual Population Survey

#### Did veterans suffer more than nonveterans from specific health conditions?

When looking at the overall populations, there were 'no differences' between veterans' and non-veterans' self-reported health conditions.

However, veterans aged 35-49 were significantly more likely than non-veterans to report problems with:



Back or neck related conditions (34% and 23% respectively).



Leg or feet related conditions (33% and 20% respectively).



**Arm or hand** related conditions (22% and 13% respectively).

(Tables A3.5 - A3.7, Annexes A and B) Source: Annual Population Survey

### Were there any groups within the veteran population who suffered more from specific health conditions?



Divorced and separated veterans were significantly more likely to report suffering from depression and bad nerves (18%) than veterans in all other marital status groups (11%). This finding reflects other research findings<sup>5</sup> which suggest that a relationship breakup among the 'ex-service community' is likely to be a 'trigger' of psychological difficulties, including depression. However, it is unknown whether mental health issues may place strain on a relationship, contributing towards divorce or separation.



Male veterans of working age were significantly more likely than female veterans of the same age to report having:



Diabetes (15% and 8% respectively).



Difficulties with hearing (11% 4% and respectively).

Males veterans of retirement age were significantly more likely than female veterans of the same age to report having:



Heart, blood pressure and/or circulatory problems (53% and 42% respectively).



Female veterans of were retirement age significantly more likely than male veterans of the same age to report having problems with:



Arms or hands (34% and 22% respectively).



Back or neck (36% and 23% respectively).

The same significant differences were observed among the nonveteran population.

(Tables A3.19 - A3.24, Annexes A and B) Source: Annual Population Survey

5. https://media.britishlegion.org.uk/Media/2275/2014householdsurveyreport.pdf

# Section 3: 2017 Veteran Estimates by Health and Smoking Status (Cont.)

Historically, smoking was highly prevalent within the UK Armed Forces. For example, during WWII, cigarettes were included in the rations for those serving, and it has been suggested that 'life in the military can encourage non-smokers to smoke and ex-smokers to restart' <sup>6</sup>. Therefore, the remainder of this section compares self-reported health problems between veterans and non-veterans who currently smoke, or who have ever smoked, cigarettes. Note that APS survey question on smoking were only asked to those aged 18+.

#### Did veterans smoke more than non-veterans?

There were 'no differences' between the percentage of veterans and non-veterans who reported that they currently smoke. However **veterans of working age** (55%) **and retirement age** (66%) were **significantly more likely** than non-veterans **to have ever smoked** (44% and 56% respectively).

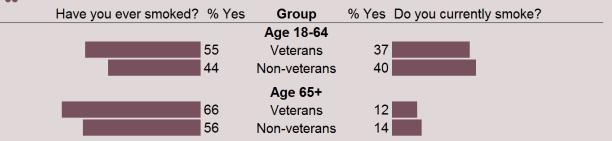
Within the veteran population;



Females of retirement age were significantly more likely than males of retirement age to currently smoke (20% and 11% respectively).



Males of retirement age were significantly more likely than females of retirement age to have ever smoked (67% and 57% respectively). The same significant differences were also found between male and female non-veterans of retirement age (57% and 41% respectively).



Further significant differences between veterans and non-veterans who had ever smoked were found when looking at sub populations by age, gender and region:



**Veterans** within the following age groups were **significantly more likely to have ever smoked** than non-veterans within the same age groups:

**18 to 34 years** (49% and 36% respectively),

**50 to 64 years** (58% and 46% respectively),

**65 to 69 years** (67% and 54% respectively).



Female veterans were significantly more likely than female non-veterans to have ever smoked. This was observed for female veterans and non-veterans of working age (51% and 39% respectively) and retirement age (57% and 41% respectively).



Working age male veterans (56%) were significantly more likely than male non-veterans of the same age (45%) to have ever smoked. 'No difference' was found between male veterans and non-veterans of retirement age.



Regional differences were found between veterans and non-veterans of working age and retirement age who have ever smoked. Regional comparisons are provided in Tables 4.6 and 4.7 in Annexes A and B.

(Tables A4.1 - A4.18, Annexes A and B) Source: Annual Population Survey

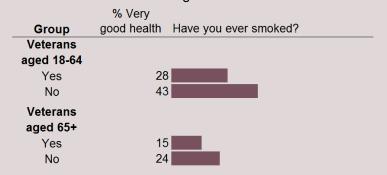
6. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/530240/Defence\_Annual\_Health\_and\_Wellbeing-report-2015\_WEB\_lowres.pdf

# Section 3: 2016 Veteran Estimates by Health and Smoking Status (Cont.)

# <u>Did veterans who smoke, or have ever smoked, report worse general health than non-veterans?</u>

There were 'no differences' between veterans and non-veterans who currently smoke or have ever smoked who reported their health as 'very good'. However, a negative association between smoking

and health was found among veterans and non-veterans.



(Tables A4.35 - A4.38, and Tables 4.55 - 4.58 Annexes A and B) Source: Annual Population Survey

For example, veterans who have ever smoked (28% of working age and 15% of retirement age veterans) were significantly less likely than veterans who have never smoked (43% of working age and 24% of retirement age veterans) to rate their general health as 'very good'. 'No differences' were found between veterans and non-veterans who do or do not currently smoke. The same trends were found among the non-veteran population.

# Were veterans who smoke, or have ever smoked, more likely to have long-term health problems than non-veterans?

There were 'no differences' between veterans and non-veterans who currently smoke or have ever smoked who reported having health problems lasting or expecting to last more than a year.

However, working age veterans who have ever smoked (46%) were significantly more likely than working age veterans who have never smoked (33%) to report having health problems lasting or expecting to last more than a year.

(Tables A4.31-A4.34, and Tables 4.51-4.54 Annexes A and B) Source: Annual Population Survey

#### Smoking, activity and work

Working age veterans who currently smoke or have ever smoked were significantly more likely than veterans of the same age who have never smoked to report that health problems limit their activity 'a lot' and affects the amount of work they do. The same significant differences were found among non-veterans of working age.

(Tables A4.43 - A4.50, Annexes A and B)

Source: Annual Population Survey

# <u>Did veterans who smoke, or have ever smoked, suffer more than non-veterans from specific health conditions?</u>

There were 'no differences' between veterans and non-veterans who currently smoke or have ever smoked reporting specific health conditions. Any potential association between smoking and ill-health was found among veterans and non-veterans. For example:



Retirement age veterans who have ever smoked were significantly more likely to report chest and breathing problems (25%) than veterans of the same age who have never smoked (12%). The same findings were also found for non-veterans of retirement age who have ever (23%) and never smoked (14%).



Veterans of working age who currently smoke were significantly more likely than veterans of working age who do not currently smoke to report having mental illness<sup>7</sup> and depression<sup>8</sup>. The same findings were also found for non-veterans of working age. It is unknown whether smoking is the cause or effect of mental health problems.

(Tables A4.19 – A4.22, A4.39 - A4.41, Annexes A and B)

Source: Annual Population Survey

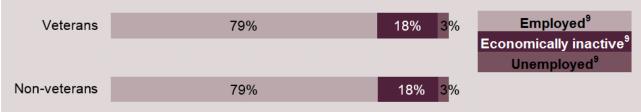
- 7. Mental illness refers to mental illness, phobias and panics.
- 8. Depression refers to depression and bad nerves.

# Section 4: 2017 Veteran Estimates by Employment Status

This section presents a summary of employment status of working-age UK Armed Forces veterans residing in GB in 2017, and for those employed, their occupation and industry, to identify any significant differences when compared to non-veterans. Underlying summary data for this section can be found in Section 5 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

### Did veterans have a different employment status to non-veterans?

Overall, there were 'no differences' in employment status between working-age veterans and nonveterans. Over three-quarters of veterans (79%) and non-veterans (79%) were employed.



Employment status percentages have been calculated using ONS definitions resulting in the percentages not summing to 100%. See methodology for further details.

There continued to be 'no differences' between working-age veterans and non-veterans employment status by gender, age group, ethnicity and region.

Whilst there were 'no differences' between working-age veterans and non-veterans, there were gender differences within the populations:



Female veterans and non-veterans were significantly more likely to be economically inactive, and less likely to be employed, than males. This finding was expected since females within the general UK population are more likely to be economically inactive due to family commitments than males<sup>10</sup>.

(Tables A5.1 - A5.5, A5.17 Annexes A and B)

Source: Annual Population Survey

### Did employed veterans work in different occupations and industries to employed nonveterans?



There were 'no differences' in the occupations and industries employed veterans and nonveterans worked in. However, employed female veterans were significantly more likely to GOV.UK work in the 'Public admin and defence industry' than employed female non-veterans (16% compared with 8% respectively).

This industry includes a wide range of sectors, including civilian roles within the MOD, the Prison Service, National Health Service, and Police and Fire Services. Therefore veterans are likely to have the required skill set to transition into the emergency and security services, and jobs in government.

(Tables A5.7, A5.12, A5.15, Annexes A and B)

Source: Annual Population Survey

Working age veterans (4%) were significantly less likely than working age non-veterans (21%) to visit a job centre when looking for work.

(Table A5.6, Annexes A and B) Source: Annual Population Survey



- Employment status percentages have been calculated using ONS definitions resulting in the percentages not summing to 100%. See methodology for further details.
- 10. ONS Labour Market Statistics: http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes

# Section 4: 2016 Veteran Estimates by Employment Status (Cont.)



Significant differences were found between the occupations and industries of employed veterans and non-veterans within some regions. Regional comparisons are provided in Tables A5.8 and A5.13 in Annexes A and B.

There were some significant differences between employed veteran and employed non-veteran occupations and industries when considering age. **Veterans aged 16-34** were significantly:



- More likely to work as 'Process, Plant and Machine Operatives' (18%) than non-veterans (8%).
- Less likely to work in 'Professional occupations' (11%) than non-veterans (20%).
- Less likely to work in 'Professional, scientific and technical activities (2%) than non-veterans (8%).

(Tables A5.9, A5.14, Annexes A and B) Source: Annual Population Survey

There were a number of significant differences between the percentages of employed males and females **within** the veteran and non-veteran populations with regards to their employed occupations and industries. These findings reflect wider UK gender differences within the workplace<sup>11</sup> and are not related to an individual's veteran/non-veteran status:



Male veterans were significantly more likely than female veterans to work in:

- 'Skilled trades' occupations (18% and 1% respectively).
- 'Process, plant and machine operative' occupations (17% and 1% respectively).
- 'Manufacturing' (16% and 4% respectively) and 'construction' industries (12% and 2% respectively).
- 'Transport and storage' industry (12% and 2% respectively).



Female veterans were significantly more likely than male veterans to work in:

- 'Health and social work' industry (29% and 7% respectively).
- 'Professional occupations' (25% and 14% respectively).
- 'Administrative and secretarial' occupations (19% and 4% respectively).
- 'Caring, leisure and other service' occupations (13% and 3% respectively).

(Tables A5.18, A5.19, Annexes A and B) Source: Annual Population Survey

http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes

# **Section 5: 2017 Veteran Estimates by Educational Attainment**

This section presents a summary of the highest qualification for working-age UK Armed Forces veterans residing in GB and how they gained their qualifications, to identify any significant differences when compared to non-veterans. Underlying summary data for this section can be found in Section 6 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

# Was there a difference between the percentage of veterans and non-veterans with a qualification?



An estimated **92% of veterans had a qualification**<sup>12</sup>, which was no different to the non-veteran population (89%).



Regional differences were found between veterans and non-veterans in respect of the highest level of qualification achieved. Regional comparisons are provided in Table A6.3 in Annexes A and B.

(Tables A6.2, A6.3, Annexes A and B) Source: Annual Population Survey

# <u>Did veterans and non-veterans show differences in their level and method of gaining qualifications?</u>

Whilst there was 'no difference' between the percentage of veterans and non-veterans with a qualification, the methods in which qualifications were obtained differed between the two populations:



**Veterans** were significantly **less likely to have a degree** (or equivalent) as their highest level of qualification (21%) than non-veterans (30%). The was consistent across the age groups 16 to 49.



**Veterans aged 16-34** (31%) were significantly **more likely** than non-veterans (17%) of the same age **to have GCSEs** (grades A\* to C or equivalent) **as their highest qualification.** 



Veterans, when compared to non-veterans, were:

Significantly more likely to have obtained their highest educational qualification between 13 and 16 years of age (45% and 33% respectively).

Significantly less likely to have obtained their highest educational qualification between 19 and 21 years of age (12% and 20% respectively).



Veterans were significantly more likely to have achieved their qualification through work (60%) when compared to non-veterans (43%).

These findings are to be expected since a large proportion of UK Armed Forces personnel join directly after leaving compulsory education. In 2017/18, 42% of intake to the UK regular Armed Forces was among those aged 16-19<sup>13</sup>.

In addition to role-specific training throughout the Service person's career, the MOD also offers a wide range of training opportunities. Examples of these opportunities available include:

- Apprenticeships: The MOD has achieved over 150,000 apprenticeships with around 20,000 apprentices on a programme in the Armed Forces at any one time, ranging from engineering and construction to hospitality and animal care<sup>14</sup>.
- Resettlement Training Grants: Eligible Service leavers can receive a financial contribution to vocational training costs to support their resettlement into civilian life<sup>15</sup>.

(Tables A6.2, A6.4, A6.5, A6.9, Annexes A and B)

Source: Annual Population Survey

- 12. Includes qualifications achieved at school, college and since leaving education, including any work-based training.
- 13. https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2018
- 14. https://www.gov.uk/guidance/apprenticeship-opportunities-in-the-ministry-of-defence
- 15. https://www.ctp.org.uk/allowances-grants

# Section 6: 2017 Veteran Estimates by Accommodation Status

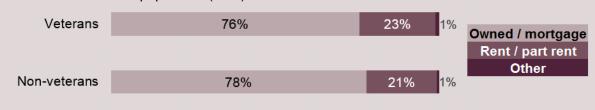
This section presents a summary of the percentage of veterans who own or rent their accommodation (tenure) and identifies if there were any significant differences when compared to the non-veteran population. Underlying summary data for this section can be found in Section 7 of Annexes A and B. This section only reports on the notable significant differences (as annotated with '\*\*m' in Annexes A and B). See methodology section for further guidance.

#### Was there a difference in accommodation tenure between veterans and non-veterans?



There was 'no difference' between the percentages of veterans and non-veterans who have bought their own home and the percentages who rent, even when comparisons were made by age and region.

The majority of UK Armed Forces veterans residing in GB were estimated to either have owned their own property or had a mortgage (76%). This was consistent with the non-veteran population (78%).



(Tables A7.1-A7. 3, Annexes A and B) Source: Annual Population Survey

For those who have not bought their own home and live in social housing, the Ministry of Housing, Communities and Local Government (MHCLG) has introduced a package of measures to ensure the Armed Forces community have the same access to social housing and are not disadvantaged by the requirement for mobility whilst in Service<sup>16</sup>. In 2016/17 a greater proportion of the UK Armed Forces veterans were estimated to spend less than six months waiting for social housing compared to the non-veteran population<sup>17</sup> (68% and 52% of those aged under 65 respectively, and 67% and 60% of those aged 65+ respectively).

In further support of the Armed Forces Covenant, the MHCLG are currently running a consultation (due to close on 8<sup>th</sup> March 2019) to seek views on <sup>18</sup>:

- Prioritising former UK Armed Forces personnel suffering from PTSD or other mental illness for social housing,
- Exempting people who have divorced or separated from their partners in the UK Armed Forces from the rules requiring them to be a local resident before being given a property.

<sup>16.</sup> https://www.armedforcescovenant.gov.uk/wp-content/uploads/2016/02/Veterans-Key-Facts.pdf

<sup>17.</sup> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/757801/6.5006 MOD\_Covenant\_Annual\_Report\_2018\_FINAL\_WEB.PDF

<sup>18.</sup>https://www.gov.uk/government/consultations/improving-access-to-social-housing-for-members-of-the-armed-forces

# **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**

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. More information on the coverage of the APS (formerly known as the Integrated Household Survey (IHS)) and the survey itself can be found at;

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/met hodologies/annualpopulationsurveyapsqmi

#### **Data Coverage**

The data in this report was based on the APS responses from households across the UK, which surveyed approximately 290,000 household residents. 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 12,000 respondents were identified as veterans and 209,000 as non-veteran populations (samples rounded to the nearest 1,000). Some respondents were re-classified due to inconsistencies within responses. See the background quality report for further information.

#### Methodology

### ONS Weighting of APS data

Prior to the survey data being received by Defence Statistics, the ONS applied 2017 weights (variable PWTA17) to the dataset in order to inflate the sample size to the UK population size. Further information on the weighting and other adjustments used by the ONS can be found at:

 $\underline{https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/met}\\ \underline{hodologies/annualpopulationsurveyapsqmi}$ 

Further appropriate weights were also applied to account for the approximate 7,000 individuals who responded to the 2017 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, the probability of non-responders being a veteran differed by age and gender. See the background quality report for more information about weighting.

#### Standardising the non-veteran data to enable comparisons

The veteran population was predominantly male and older than the non-veteran population. 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 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-veteran, but inflated the male and older individual's responses and reduced the female and younger individuals' responses. The Background Quality Report provides further detail on the process, and weightings used, to standardise the non-veteran population.

Statistical methods used to make comparisons between veterans and non-veterans

**Percentage:** 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.

# **Data, Definitions and Methods (Cont.)**

The two-proportion **z** test was used to identify if there was a significant difference between the estimated percentages of veterans' and non-veterans' responses to each question. The significance test was carried out at the 99% significant 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. The significance test provided confidence to state that an observed difference between the percentages was a real difference, and did not occur due to chance. The standard significant test formulas assume the data was from a simple random sample. Therefore the formula was 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.

Upper and lower **confidence intervals** were also calculated from the z test. Where they do not overlap zero, the estimates from the two populations were significantly different.

However, the large sample size can produce statistically significant results even though the differences between the observations were only trivial. Therefore the **measure of effect** was calculated to quantify the difference between two groups, even where statistically significant differences were found. Only significant differences with an effect size of 0.2 (indicating a small to large effect size) were reported as significantly different within this Statistical Bulletin. Any comparisons between two groups which were not significantly different, or were significantly different but with an effect size of less than 0.2 were reported as having 'no difference'.

<u>Significant difference</u>: The difference between two groups was determined to be notably significant, with an effect size of 0.2 / -0.2 or greater, as marked with '\*\*m' in the supplementary tables in Annexes A and B.

<u>'No difference':</u> The difference between two groups was determined to not be significantly different, or a significant difference was determined but with an effect size of less than 0.2, marked with '\*\*' in the supplementary tables in Annexes A and B.

**Margin of error:** Each estimated percentage carries a margin of error; which has been presented in the supplementary tables in Annexes A and B Margins of error provided a measure of the level of uncertainty in the estimate; or a measure of how reliable the estimate was. The higher the margin of error, the less likely the percentage represents the true value for the population. Large error margins are usually the result of having a small number of respondents within a particular group. The calculations for the margin of error were also adjusted to account for the **design factor**.

**Design factor:** The weighting and standardisation applied can either improve the precision of a survey estimate or make them worse. In this case the weighting and standardisation decreased the precision. By using the formula for a simple random sample we were increasing the risk of stating there was a significance difference when there wasn't one. The design factor is applied to the margin of error and significance test calculations to account for this. The background quality report provides more detail on the design factor calculations.

# **Glossary**

Significant

**Annual Population** The Annual Population Survey ((APS), (formerly the Integrated Household Survey (IHS)), is a survey of households in Great Britain carried out guarterly by Survey the Office for National Statistics (ONS). Armed Forces The Armed Forces Covenant defines the principles for ensuring that Armed Forces personnel are not disadvantaged in their access to public and Covenant commercial services as a result of their service. Economically People who are not in work and are not actively looking for work, such as those inactive in retirement, those studying and those caring for relatives. Effect Size Effect size illustrates the magnitude of the difference between two populations. Great Britain (GB) Great Britain comprises of England, Scotland and Wales. Long-term health Self-reported health conditions that had, or were expected to last, more than one condition vear. Margin of Error Provides a measure of the level of uncertainty in the estimate. Ministry of Defence The Ministry of Defence (MOD) is the United Kingdom government department (MOD) 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. Ministry of Housing, The Ministry of Housing, Communities and Local Government (MHCLG) is the Communities and UK Government department for housing, communities and local Local Government government. The Ministry is responsible for building regulations, community (MHCLG) cohesion, fire services and community resilience, housing, race equality and urban regeneration. Non-Response Refers either to a person who, although sampled, did not take part in the survey at all, or those who did not reply to a particular question. Non-veteran The non-veteran population includes all respondents aged 16 and over who selfreported as having never served, or as currently serving, in the UK Armed population Forces. Retirement age The retirement age population includes respondents aged 65 and over at the population time of the survey. Royal British The Royal British Legion (RBL) is a British charity providing financial, social and Legion (RBL) emotional support to members and veterans of the British Armed Forces, their families and dependants. Standardising/ For the purposes of this analysis, the proportion of non-veteran population standardised respondents were weighted by gender and age groups to represent the age and gender distribution of the veteran population. Statistically 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 Comprises of England, Scotland, Wales and Northern Ireland. (UK) Working age The working age population includes respondents aged 16 to 64 at the time of population the survey. Veteran population The veteran population includes all respondents aged 16 and over who selfreported as having served, but not currently serving, in the UK Armed Forces. 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 (ONS) 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).

#### Disclosure control

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

#### Revisions

There are no planned revisions of this bulletin. Amendments to figures may be identified in future analysis. If any errors are identified, corrections will be made, and the bulletin re-released.

#### Other relevant publications

Defence Statistics have published the 'Census 2011: Working age UK Armed Forces Veterans residing in England and Wales' statistical bulletin, which provides estimates on the size and socio-demographic characteristics of the working age UK Armed Forces veteran population (between 16 and 64 years of age), using responses provided in the 2011 Census, administered across England and Wales by the Office for National Statistics (ONS). Summary figures on veterans are presented on: people characteristics (gender, age and ethnicity); location (country, region, county, local authority and NHS authority areas); health; disability; employment status; highest education qualification obtained and housing. This bulletin can be accessed via the following link:

https://www.gov.uk/government/statistics/census-2011-working-age-uk-armed-forces-veterans-residing-in-england-and-wales

#### **Contact Us**

Defence Statistics welcomes feedback on its statistical products. If you have any comments or questions about this publication or about the statistics in general, you can contact us as follows:

Defence Statistics (Health) Telephone: 030 6798 4424

Email: <u>DefStrat-Stat-Health-PQ-FOI@mod.gov.uk</u>

If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:

https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act

# **Further Information (Cont.)**

#### Other contact points within Defence Statistics are:

Defence Expenditure Analysis	030 6793 4531	DefStrat-Econ-ESES-PQFOI@mod.gov.uk
Price Indices	030 6793 2100	DefStrat-Econ-ESES-PI-Hd@mod.gov.uk
Naval Service Manpower	023 9254 7426	DefStrat-Stat-Navy@mod.gov.uk
Army Manpower	01264 886175	DefStrat-Stat-Army-Enquiries@mod.gov.uk
RAF Manpower	01494 496822	DefStrat-Stat-Air@mod.gov.uk
Tri-Service Manpower	020 7807 8896	DefStrat-Stat-Tri-Enquiries@mod.gov.uk
Civilian Manpower	020 7218 1359	DefStrat-Stat-CivEnquiries@mod.gov.uk
Health Information	030 6798 4424	DefStrat-Stat-Health-PQ-FOI@mod.gov.uk

Please note that these email addresses may change later in the year.

# If you prefer to correspond by mail, our postal address is:

Defence Statistics (Health) Ministry of Defence, Abbey Wood (North) #6028, Oak, 0, West Bristol BS34 8JH

For general MOD enquiries, please call: 020 7218 9000

For Press Office, please call: 020 721 83253