



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 2015 Annual Population Survey (APS) produced by the Office for National Statistics (ONS).

Summary figures and comparisons to the estimated non-veteran population residing in GB are presented on: people characteristics; regional location; health including smoking status; 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 presents, for the first time, a breakdown of estimated veterans by county and reported health problems by smoking status of the veteran and non-veteran populations.

The APS 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 2.56 million UK Armed Forces veterans residing in households across Great Britain (GB) in 2015.
- Across UK Armed Forces veterans and non-veterans residing in GB there were no differences in the health conditions reported, with the most prevalent long-term health conditions being musculoskeletal and cardiovascular and respiratory problems.
- UK Armed Forces veterans residing in GB aged 16-34 and 50-64 were more likely to have ever smoked. Working age (16-64) veterans who had ever smoked were significantly more likely to report suffering from respiratory and mental illness health conditions compared to non-smokers. They were also more likely to report that their general health was bad and that their health concerns limited their day to day activities.
- There were no notable differences in employment status of working age UK Armed Forces veterans residing in GB when compared to non-veterans with 75.9% of veterans employed compared to 78.8% of the standardised non-veteran population.
- 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 (63.5% compared to 45.3% respectively). This may be due to veterans using the opportunities available to gain qualifications when they were in Service, or veterans being more likely to undertake vocational training on leaving the Services.

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**Background quality report:** <https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain>

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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/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain>

## Introduction

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1. 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. Over time this report will enable these policies to be monitored and to identify areas where more understanding may be required.
2. This report provides statistical information on UK Armed Forces veterans by analysing all responses to the Annual Population Survey (APS) carried out by the Office for National Statistics (ONS) in 2015. 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 2015 (N = 309,890) the results presented in this report provide the most reliable estimates of the UK veteran population.
3. Please note that due to a change in the ONS weight used to inflate the sample size to the population size, the published figure for the 2014 veteran population estimate in this report is lower (by less than 0.05 percent) than previously published (see Methodology).
4. 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).
5. The Royal British Legion (RBL) Household Survey<sup>1</sup>, 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 veterans's.
6. 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.

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<sup>1</sup> <https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf>

## Introduction (cont.)

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7. 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.

## Results: Population Characteristics

8. This section presents a summary of the overall estimated numbers of UK Armed Forces veterans residing in households across GB in 2015, by key characteristics (Table 1). Further comparisons were made between the estimated age and gender profiles of UK Armed Forces veterans and the non-veteran population (Figure 1). All underlying summary data for this section can be found in Section 1 of Annex A.

9. In 2015, there were an estimated 2.56 million UK Armed Forces veterans residing in households across Great Britain<sup>2</sup> (GB), 65,000 fewer veterans than were estimated by the Annual Population Survey 2014<sup>3</sup> (2.62 million).

**Table 1: UK Armed Forces veterans residing in Great Britain by people characteristics, estimated number (thousands) and percentage<sup>2</sup> and percentage change from 2014**  
2015

Veterans		N (Thousands)	%	Percentage of all respondents living in Great Britain aged 16+
<b>Total</b>		<b>2,560</b>	<b>5.2</b>	
		N (Thousands)	%	Veterans
<b>Gender</b>				
	Male	2,291	89.5	
	Female	270	10.5	
<b>Ethnicity</b>				
	White	2,526	98.8	
	Other Ethnic Groups	31	1.2	
<b>Age</b>				
	Aged <20	3	0.1	
	Aged 20-24	21	0.8	
	Aged 25-29	47	1.8	
	Aged 30-34	59	2.3	
	Aged 35-39	54	2.1	
	Aged 40-44	90	3.5	
	Aged 45-49	130	5.1	
	Aged 50-54	174	6.8	
	Aged 55-59	179	7.0	
	Aged 60-64	152	6.0	
	Aged 65-69	173	6.8	
	Aged 70-74	157	6.1	
	Aged 75-79	489	19.1	
	Aged 80-84	456	17.8	
	Aged 85-89	251	9.8	
	Aged 90+	125	4.9	
<b>Marital Status</b>				
	Single, never married	260	10.1	
	Married, civil partner	1,573	61.5	
	Married, Civil partner (separated)	58	2.3	
	Divorced/ Former Civil Partner, legally dissolved	251	9.8	
	Widowed/ Surviving Civil Partner, partner died	418	16.3	

Source: 2015 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 3,000 veterans and 50,000 non-veterans did not declare their ethnicity

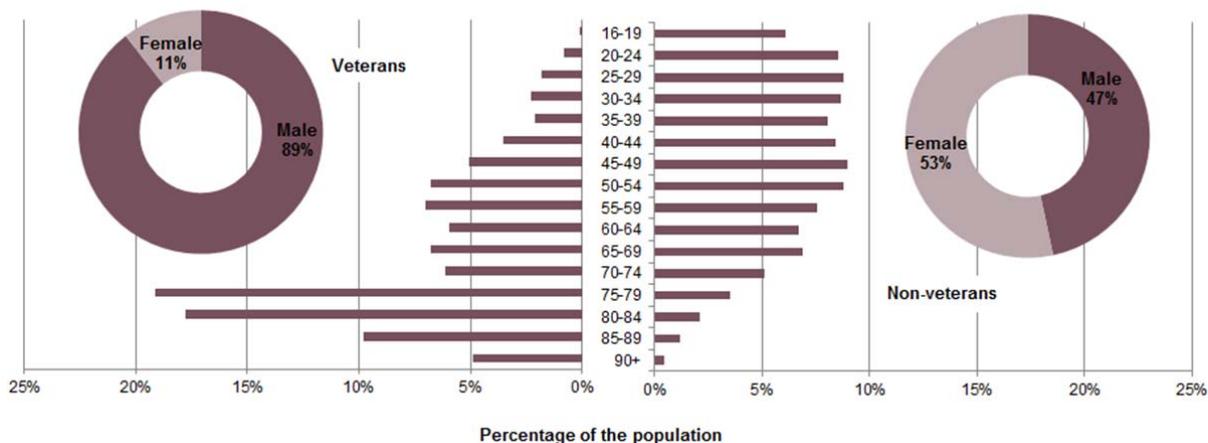
<sup>2</sup> England, Wales and Scotland

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/523968/20160519\\_APS\\_Official\\_Statistic\\_final2\\_O.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523968/20160519_APS_Official_Statistic_final2_O.pdf)

## Results: Population Characteristics (cont.)

- The effect of National Service<sup>4</sup>, which ended in 1960, can be seen in the age distribution of the veteran population (Table 1) where over half of veterans were estimated to be aged 75 or older. The last individuals expected to complete the minimum service would have turned 76 in 2015; hence the marked increase in the percentage of veterans aged 75-79 when compared to those aged 70-74.
- The veteran population was estimated to be 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<sup>5</sup>. The veteran population was also estimated to be predominantly White (98.8%). This finding is also expected, given that the majority of individuals that join the UK Armed Forces are White<sup>5</sup>
- The reported age, gender and ethnicity structure of the veteran population were consistent with both the Annual Population Survey 2014 and 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 2015**



Source: 2015 Annual Population Survey (APS)

- 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 7.3% 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 results 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.
- Although a significant shift in the age distribution of veterans wouldn't be expected in the short-term, whilst recruitment into the Armed forces remains stable we may expect to see the age profile of veterans become more comparable to the non-veteran population over time as we lose those from our sample who served during National Service and continue to recruit those of working age at a stable rate.

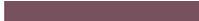
<sup>4</sup> [http://www.britisharmedforces.org/ns/nat\\_history.htm](http://www.britisharmedforces.org/ns/nat_history.htm)

<sup>5</sup> <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2015>

## Results: Location

15. The UK Armed Forces veteran population residing in GB was compared to the unstandardised non-veteran population by country, region and county. This is to enable Government departments and the third party sector to identify where veterans were more likely to reside to aid the allocation of resource in support of veterans. All underlying summary data for this section can be found in Section 2 of Annex A.

**Table 2: UK Armed Forces veterans residing in Great Britain by Region and County<sup>1</sup>, estimated number (thousands), percentage<sup>2</sup> and percentage of location population 2015**

	N (Thousands)	%	Percentage of Veterans	Percentage of location population
<b>Great Britain</b>	<b>2,560</b>			
<b>England</b>	<b>2,170</b>	<b>0.9</b>		<b>5.0%</b>
<b>North East</b>	<b>124</b>	<b>4.8</b>		<b>5.7%</b>
County Durham <sup>3</sup>	46	1.8		6.3%
North Yorkshire	13	2.2		5.7%
Northumberland	17	0.7		6.6%
Tyne & Wear	47	1.8		5.1%
<b>North West</b>	<b>285</b>	<b>11.1</b>		<b>5.0%</b>
Cheshire	44	1.7		5.2%
Cumbria	30	1.1		7.2%
Greater Manchester	83	3.2		3.8%
Lancashire	66	2.5		5.8%
Merseyside	61	2.3		5.3%
<b>Yorkshire and The Humber</b>	<b>239</b>	<b>9.3</b>		<b>5.5%</b>
East Riding of Yorkshire	32	1.3		6.6%
Lincolnshire <sup>3</sup>	20	0.8		7.3%
North Yorkshire	45	1.7		6.9%
South Yorkshire	55	2.1		5.0%
West Yorkshire	87	3.4		4.9%
<b>East Midlands</b>	<b>187</b>	<b>7.3</b>		<b>5.0%</b>
Derbyshire	38	1.5		4.6%
Leicestershire	28	1.1		3.5%
Lincolnshire	45	1.8		7.6%
Northamptonshire	29	1.1		5.3%
Nottinghamshire	42	1.6		4.6%
Rutland	4	0.2		14.0%
<b>West Midlands</b>	<b>207</b>	<b>8.1</b>		<b>4.5%</b>
Herefordshire	13	0.5		8.0%
Shropshire	26	1.0		6.5%
Staffordshire	47	1.8		5.2%
Warwickshire	22	0.9		5.1%
West Midlands	76	3.0		3.4%
Worcestershire	23	0.9		4.9%
<b>East of England</b>	<b>248</b>	<b>9.7</b>		<b>5.2%</b>
Bedfordshire	21	0.8		4.0%
Cambridgeshire	34	1.3		5.1%
Essex	68	2.6		4.7%
Hertfordshire	39	1.5		4.3%
Norfolk	49	1.9		6.8%
Suffolk	38	1.5		6.5%
<b>London</b>	<b>134</b>	<b>5.3 **m</b>		<b>2.0%</b>
Greater London	134	5.3 **m		2.0%
<b>South East</b>	<b>400</b>	<b>16.3</b>		<b>5.9%</b>
Berkshire	28	1.1		3.9%
Buckinghamshire	31	1.2		4.9%
East Sussex <sup>3</sup>	38	1.5		5.5%
Hampshire	111	4.3		7.6%
Isle of Wight	9	0.4		7.8%
Kent <sup>3</sup>	80	3.1		5.7%
Oxfordshire	22	0.9		4.2%
Surrey	55	2.1		6.1%
West Sussex	45	1.7		6.8%

## Results: Location (cont.)

Table 2 (cont.)

<b>South West</b>	<b>328</b>	<b>12.8</b>		<b>7.4%</b>
<i>Bristol</i>	14	0.6		4.0%
<i>Cornwall and Isles of Scilly</i>	39	1.5		8.6%
<i>Devon</i>	83	3.3		8.7%
<i>Dorset</i>	51	2.0		8.0%
<i>Gloucestershire</i>	47	1.8		6.5%
<i>Somerset</i>	49	1.9		6.4%
<i>Wiltshire</i>	45	1.8		8.1%
<b>Scotland</b>	<b>241</b>	<b>9.4</b>		<b>5.4%</b>
<b>Wales</b>	<b>149</b>	<b>5.8</b>		<b>5.8%</b>

Source: 2015 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. Regions within England only

2. The percentage of veterans is of the estimated total unstandardised population and presented to 1dp

3. Regions where estimates may be less reliable as they have been calculated as being above the 20% threshold used by the ONS (see paragraph 167)

16. Over a quarter of veterans were estimated to be in the South East and South West of England (29.1%) (Table 2). If we assume Armed Forces personnel stay within the same region when they leave the Armed Forces then this result was expected considering over one half of the UK Armed Forces personnel are registered to medical practices in the South<sup>6</sup>. This finding was also consistent with the Official Statistic which provides the location of veterans in receipt of Armed Forces compensation/pension<sup>7</sup> and comparable with findings from the Annual Population Survey, 2014<sup>8</sup>.

17. In 2015, the three counties within England with the highest estimated proportion of Veterans were Greater London (5.3%), Hampshire (4.3%) and West Yorkshire (3.4%) (Table 2).

18. Whilst the percentage of veterans residing in Greater London (5.3%) was the highest when compared with veterans across other regions, veterans only made up 2% of the population in Greater London (Table 2), and the percentage of veterans in this region was significantly lower than the 13.9% of non-veterans who were also estimated to reside in Greater London. All other regions and counties were estimated to be populated by a comparable proportion of veterans and non-veterans. These findings were not significantly different from the Annual Population Survey, 2014.

19. In 2015, it was estimated that veterans accounted for between 3%-9% of the population within each county with the exception of Rutland and Greater London where they accounted for 14.0% and 2.0% respectively (Table 2).

20. It was estimated that 35.5% of veterans residing in GB were of working age (aged 16-64), with 64.5% of retirement age (aged 65+) (Table 1). However, the estimated proportion of veterans of working age and retirement age varied across regions (Table 2). The North East saw the highest estimated proportion of working age (42.8%), whilst only 26.1% of veterans residing in London were estimated to be of working age. Due to small sample sizes this information cannot be presented at county level.

<sup>6</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/406516/20140223\\_NHS\\_Commissioning\\_Official\\_stat-U.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406516/20140223_NHS_Commissioning_Official_stat-U.pdf)

<sup>7</sup><https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients>

<sup>8</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/523968/20160519\\_APS\\_Official\\_Statistic\\_final2\\_O.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/523968/20160519_APS_Official_Statistic_final2_O.pdf)

## Results: Health

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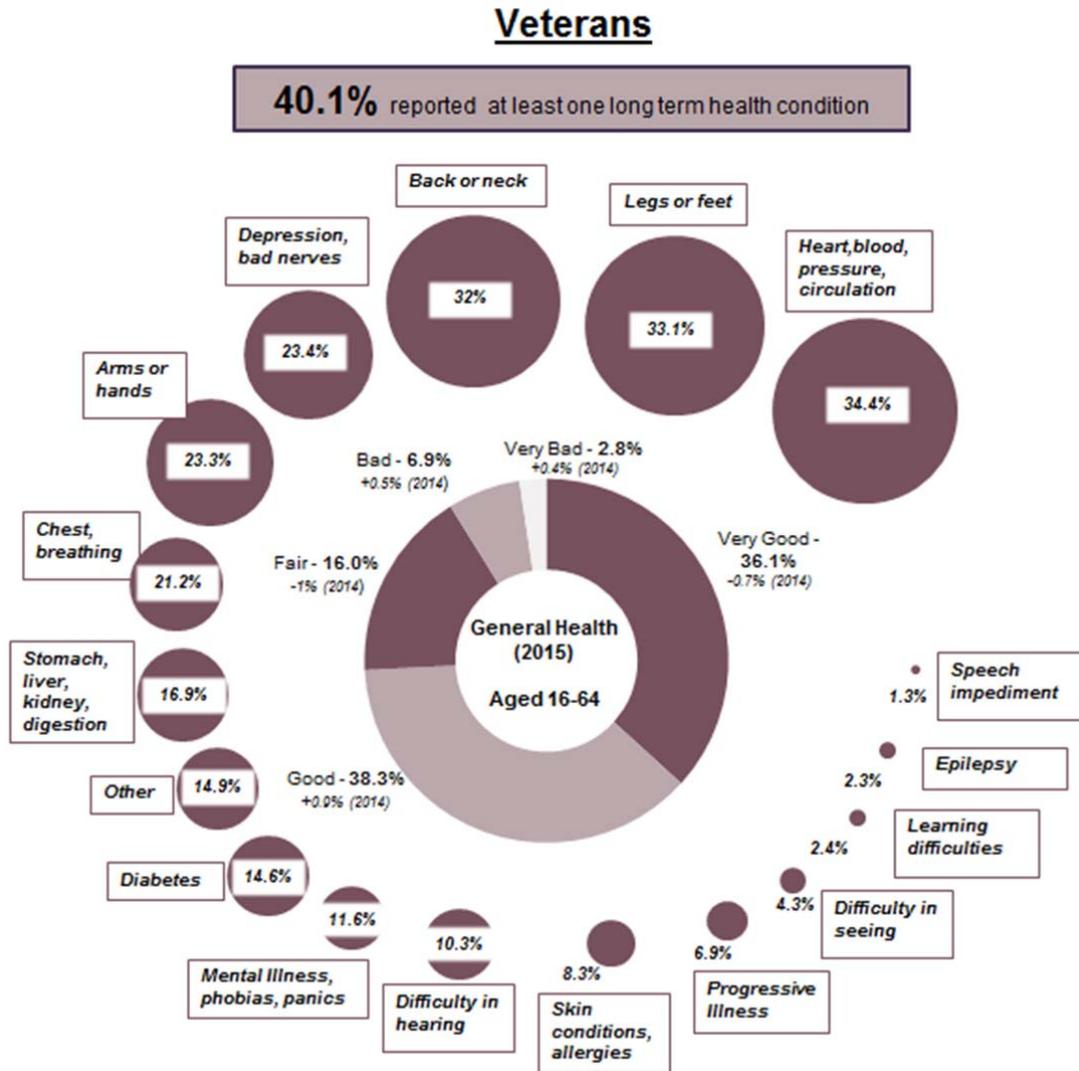
21. This section looks at self-reported long-term health conditions suffered by UK Armed Forces veterans residing in households across GB and identifies if there were any significant differences when compared to non-veterans. As health is known to decline with age, this results section presents separate findings for the veteran and non-veteran populations for those of working age (aged 16-64) and those of retirement age (aged 65+). All underlying summary data for this section can be found in Section 3 of Annex A
22. This report also presents, for the first time, comparisons of long-term health problems reported by all veterans and non-veterans by smoking status. Separate analysis has been conducted on those that have ever smoked, and those that were current smokers in 2015.
23. Further analysis was carried out across age groups, gender and regional location. It should be noted that it is unknown if health conditions reported by veterans developed whilst in Service or after leaving the Armed Forces.
24. 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. This indicates that an individual's perception of their general health may differ and what is perceived as good health by one individual may be perceived as only fair by another.

### ***Health of working age veterans and non-veterans***

25. The working age veteran population did not view their general health any differently to the non-veteran population; 74.3% believed they had very good or good general health compared to 77.7% respectively (Figure 2). This remained consistent with veterans and non-veterans who reported their health to be very good or good in 2014 (74.2% and 77.5% respectively).
26. There was no statistical difference between the working age veterans and non-veterans who reported a long-term health condition (40.1% and 35.4% respectively) nor was there any difference for each long term health condition. (Figure 2).
27. The top three reported conditions across working age veterans and non-veterans were consistent with that reported in with the RBL 2014 Household survey and those reported in the Annual population survey, 2014:
  - heart, blood pressure or circulatory related conditions (34.4% and 33.9% respectively)
  - leg or feet related conditions (33.1% and 26.7% respectively)
  - back or neck related conditions (32.0% and 24.6% respectively)
28. 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: the estimated percentage of 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 estimates. However, we can be confident that there is a notable difference if a significant difference has been found (see Methodology).

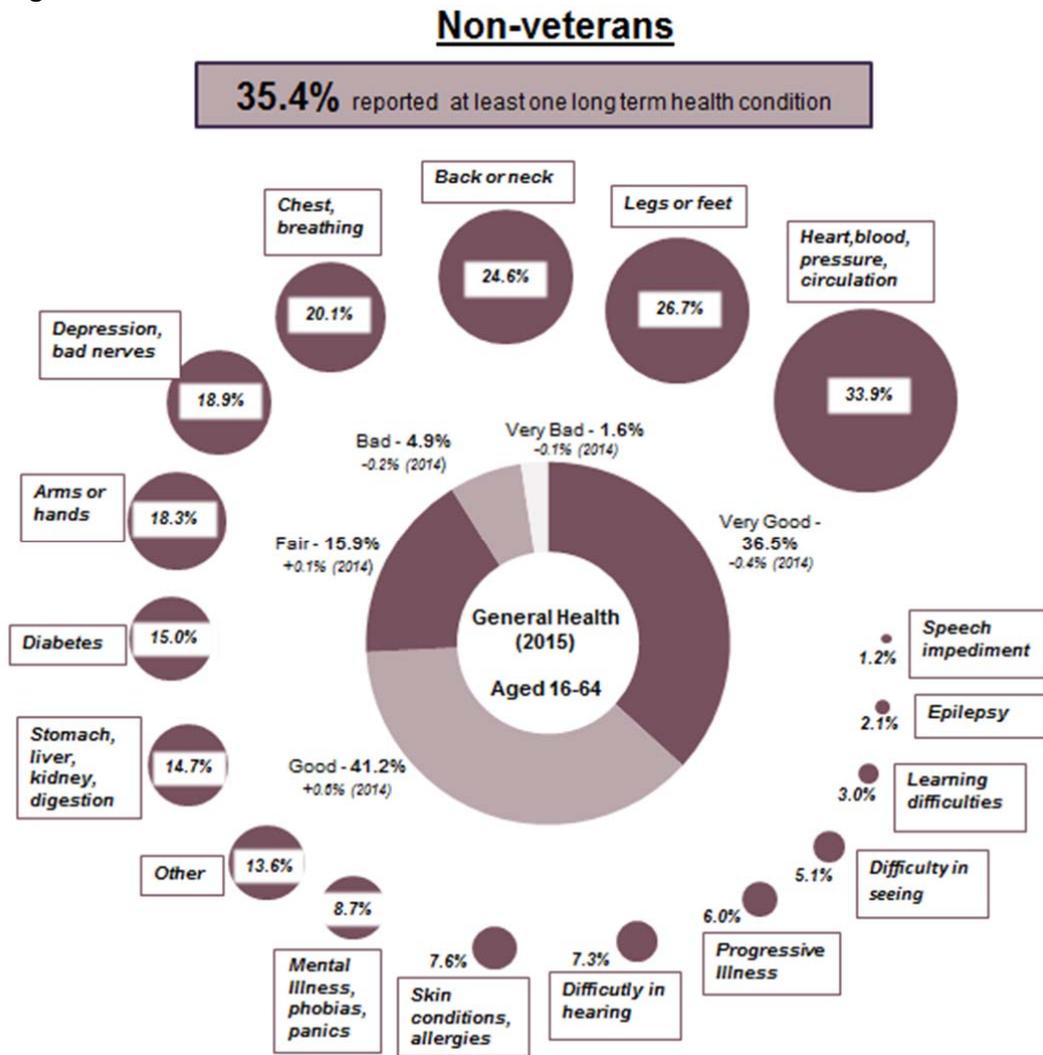
Results: Health (cont.)

Figure 2: General health status and long term health conditions<sup>1</sup> reported by UK Armed Forces veterans and non-veterans<sup>2</sup> aged 16-64 residing in Great Britain, estimated percentage<sup>3</sup>  
2015



Results: Health (cont.)

Figure 2 Continued:



Source: 2015 Annual Population Survey (APS)

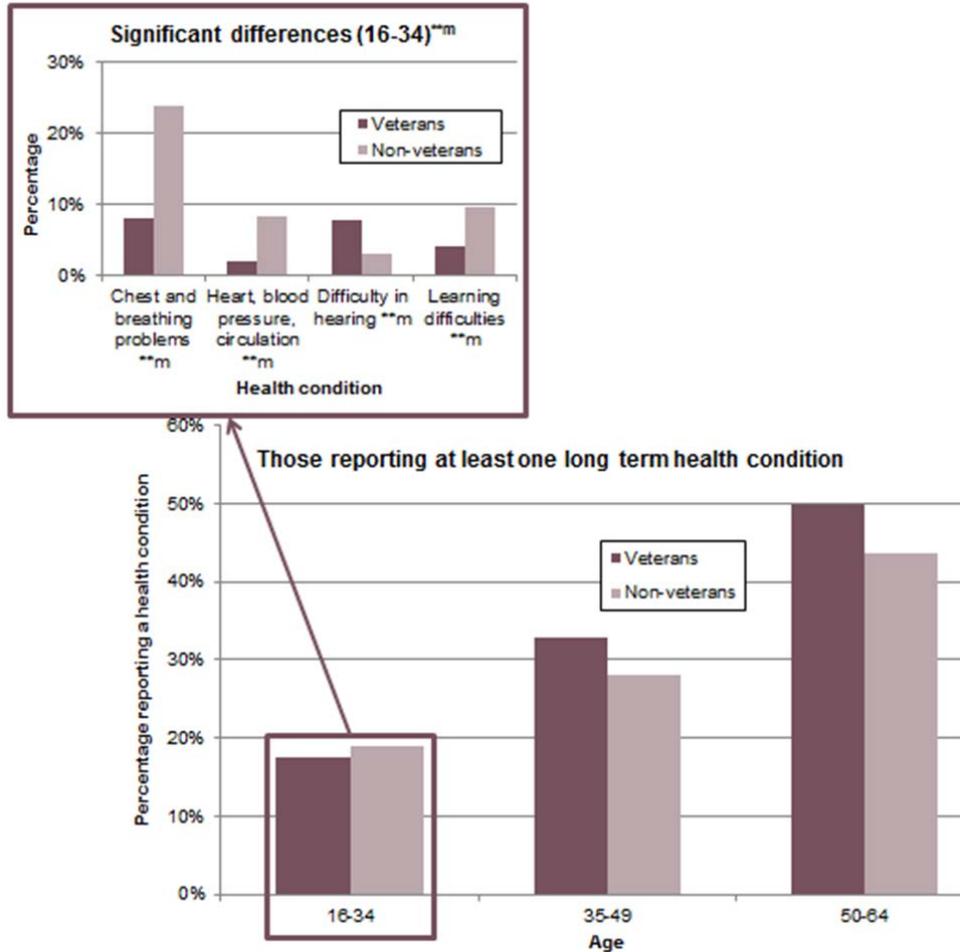
1. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
2. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.
3.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

## Results: Health (cont.)

### Long-term health problems by age

**Figure 3: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain (aged 16-64), those reporting at least one long-term health condition<sup>2</sup>, by age group, estimated percentage<sup>3</sup>**

2015



Source: 2015 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. 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.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3. Percentages presented to the nearest 1dp

29. The percentage of those reporting at least one long term health condition increased as age increased (Figure 3), which is expected as health declines with age. There were no significant differences between working age veterans and non-veterans reporting at least one long-term health condition within each age group.

## Results: Health (cont.)

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30. Of those reporting at least one long term health condition, veterans aged 16-34 were significantly less likely to report suffering from the following than non-veterans of the same age:
- Chest and breathing problems (8.1% and 24% respectively)
  - Heart, blood pressure or circulation problems (1.8% and 8.3% respectively)
  - Learning difficulties (4.1% and 9.5% respectively)

This may be partially due to individuals being precluded from joining the Armed Forces if they suffer from pre-existing health conditions such as asthma, cardiovascular disorders or blood disorders<sup>9</sup> and therefore may be less likely to be a veteran. Those with learning difficulties may still join the UK Armed Forces but will need to pass relevant assessments, including literacy and numeracy, as part of the recruitment and selection arrangements.

31. Veterans aged 16-34 were however significantly more likely to report suffering with difficulty in hearing than non-veterans of the same age (7.9% and 3.0% respectively). The RBL's 'Lost Voices' report<sup>10</sup> estimated that reported hearing loss amongst veterans aged under 75 were three and a half times more likely to report hearing problems than non-veterans of the same age. It is not possible to directly compare findings for this specific age group since estimates published by the RBL are based on very small numbers.
32. There were no further significant differences in reported health problems when comparing veterans and non-veterans across the age groups.

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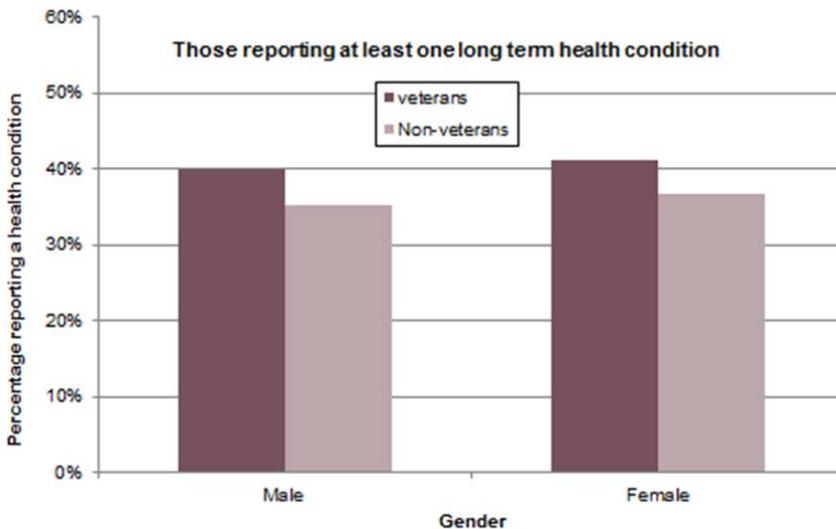
<sup>9</sup>Armed Forces Eligibility criteria. Naval Service: <http://www.royalnavy.mod.uk/careers/get-ready-to-join/apply/~media/3cd18a33f80c4133967cfc4351756df6.ashx>; Army: [www.army.mod.uk/join/how-to-join.aspx](http://www.army.mod.uk/join/how-to-join.aspx); RAF: <https://www.raf.mod.uk/recruitment/media/1652/medical-conditions-that-preclude-entry.pdf>

<sup>10</sup> <https://www.britishlegion.org.uk/media/2282/lostvoiceshearinglossreport.pdf>

## Results: Health (cont.)

### Long-term health problems by gender

**Figure 4: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 16-64, those reporting at least one long-term health condition<sup>2</sup>, by gender, estimated percentage<sup>3</sup> 2015**



Source: 2015 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  $d > 0.19$ )

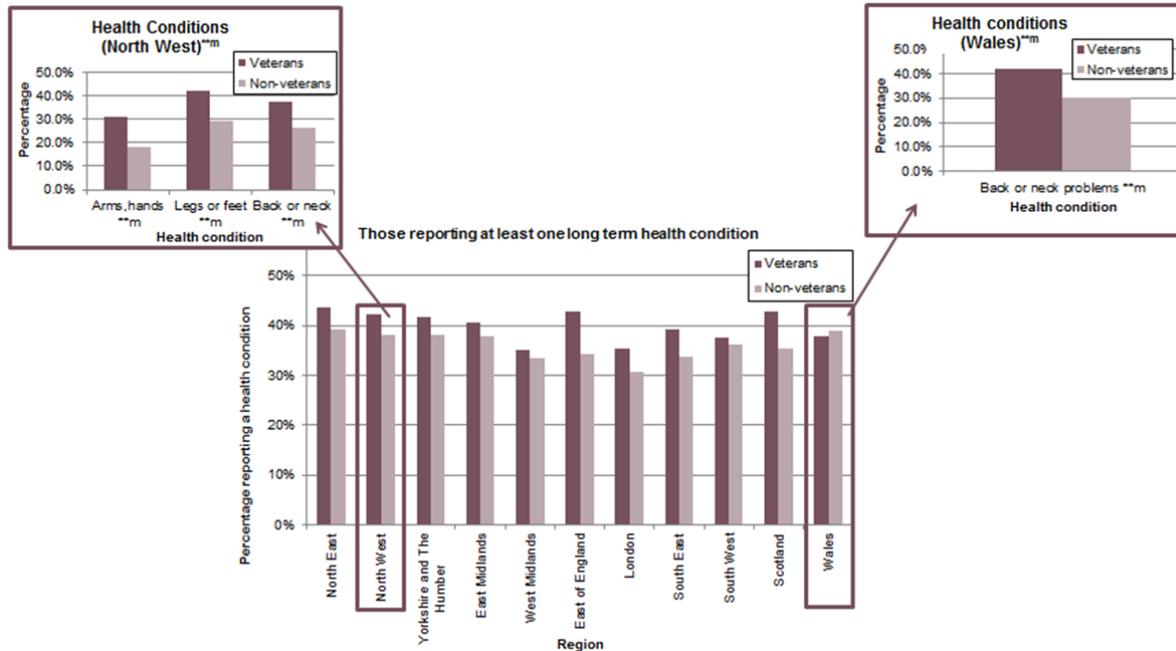
1. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3.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

33. There was no significant difference between veterans and non-veterans reporting at least one long-term health condition by gender (Figure 4).
34. The top three reported conditions by females were similar to those reported by all veterans of working age (see paragraph 27), though females were more likely to report suffering from 'depression or bad nerves' than 'heart, blood pressure, circulation' problems.
35. For male veterans the top three reported health conditions were the same as those reported for all veterans of working age (see paragraph 27) which is expected as males accounted for 89.5% of the veteran population.
36. When comparing male veterans to female veterans 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 female veterans (36.6% and 24.4% respectively). This finding was not seen in the non-veteran population.
  - Male veterans were also significantly more likely to report 'difficulty in hearing' than females (11.3% and 4.5% respectively). There were no differences seen in the non-veteran population.

## Results: Health (cont.)

### Long-term health problems by regional location

**Figure 5: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 16-64, those reporting at least one long-term health condition<sup>2</sup>, by region, estimated percentage<sup>3</sup>. 2015**



Source: 2015 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. 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.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3. Percentages presented to the nearest 1dp

37. There were no statistically significant differences between working age veterans and non-veterans of the same age within each region reporting at least one long-term health condition. Of all working age veterans, those living in West Midlands were least likely to report at least one long term health condition (35.1%). In contrast, working age veterans residing in the North East were most likely to report at least one long term health condition (43.6%) (Figure 5).

38. Veterans in the North West were significantly more likely than non-veterans in the same region to report problems with;

- Arms or hands (30.9% and 18.2% respectively)
- Legs or feet (41.8% and 29.2% respectively)
- Back or neck (37.2% and 26.3% respectively)

Veterans living in Wales were significantly more likely than non-veterans residing in Wales to report problems associated with the back or neck (42.1% and 30.0% respectively) (Figure 5).

## Results: Health (cont.)

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39. The top three reported conditions by veterans in each of the regions were the same as those reported for all working age veterans (see paragraph 27), with the exception of veterans in London who were more likely to report depression and bad nerves than problems with back or neck. However veterans in London were not significantly more likely to report problems with depression and bad nerves than the non-veteran population residing in London.

### ***Health of retirement age veterans and non-veterans***

40. Just over half of the retirement age UK Armed Forces veterans residing in GB felt in very good or good general health (53.9%) which was not significantly different to non-veterans (59%) (Figure 6).

41. There was no statistical difference between the retirement age veterans and non-veterans in relation to the percentage who reported a long-term health condition (50.5% and 47.9% respectively) nor was there any difference for each long term health condition (Figure 6).

42. The top three reported conditions across retirement age veterans and non-veterans were consistent with that reported in with the RBL 2014 Household survey and those reported in the Annual population survey, 2014:

- heart, blood pressure or circulatory related conditions (53.9% and 54.5% respectively)
- leg or feet related conditions (40% and 34.2% respectively)
- arms or hand related conditions (25.1% and 22.5% respectively)

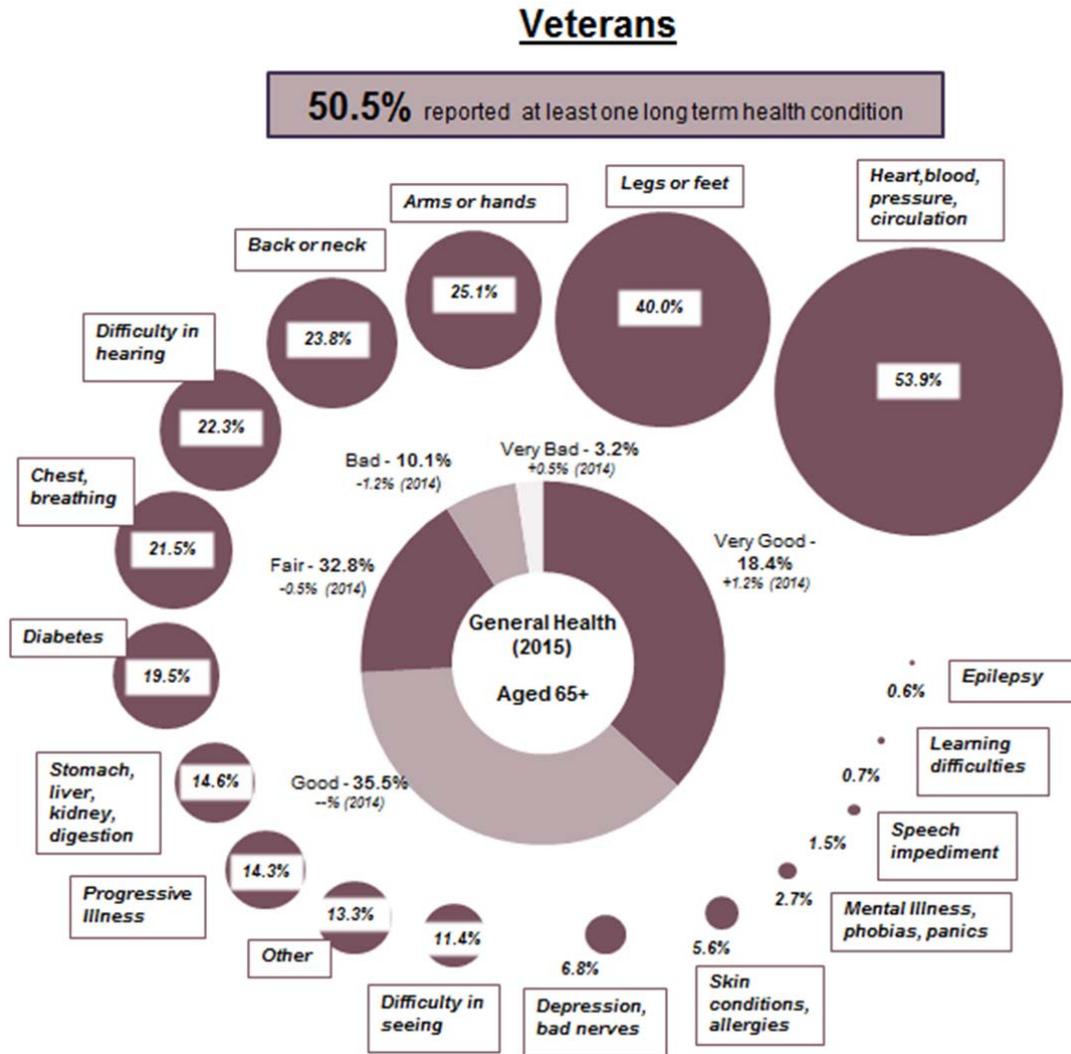
This was consistent with what was seen in the APS 2014.

43. In 2014, 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. However, differences between these populations were not found to be significant in 2015. This could be due to a reduced sample size in 2015, thus increasing the margin of error and resulting in a non-significant result (see methodology section).

44. 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: the estimated percentage of 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 estimates. However, we can be confident that there is a notable difference if a significant difference has been found (see Methodology)

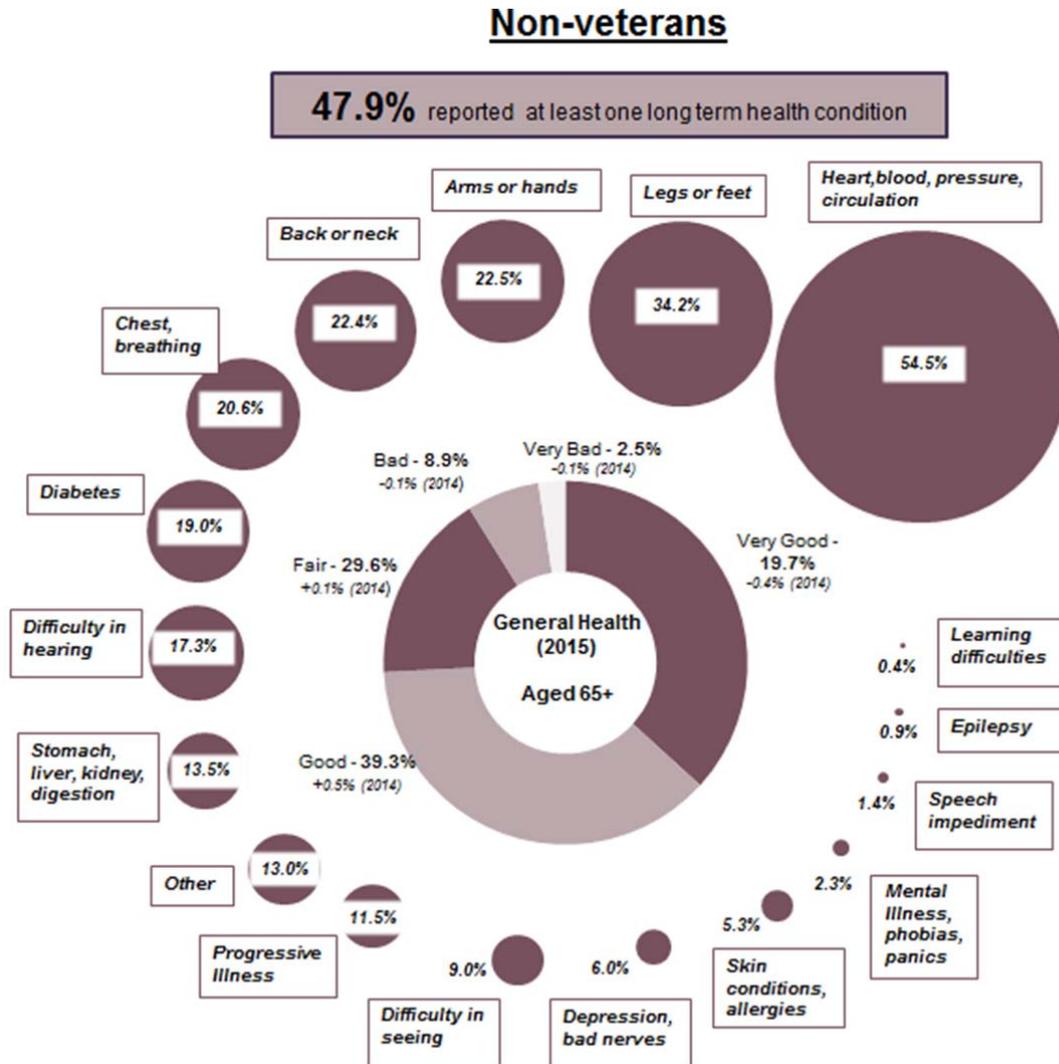
Results: Health (cont.)

Figure 6: UK Armed Forces veterans and non-veterans residing in Great Britain aged 65+, by general health, estimated percentage 2015



Results: Health (cont.)

Figure 6 continued:



Source: 2015 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.

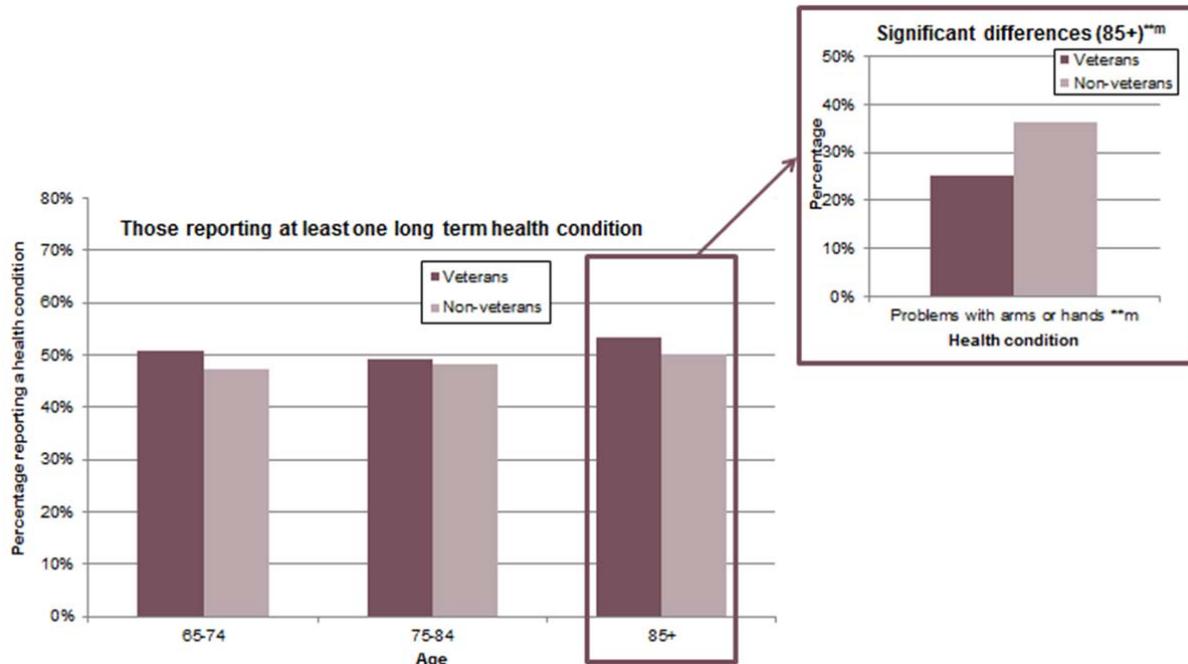
45. Just over half of the retirement age UK Armed Forces veterans residing in GB felt in very good or good general health (53.9%<sup>11</sup>) which was not significantly different to non-veterans (59%) (Figure 6).

<sup>11</sup> Calculated using the figures in the accompanying Excel tables

## Results: Health (cont.)

### Long-term health problems by age

**Figure 7: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 65+, those reporting at least one long-term health condition<sup>2</sup>, by age group, estimated percentage<sup>3</sup> 2015**



Source: 2015 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  $d = >0.19$ )

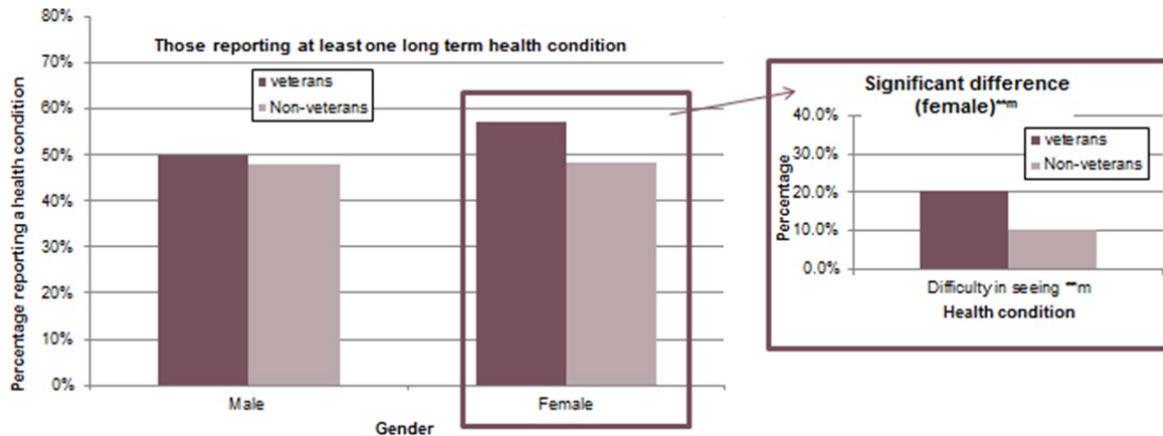
1. The Non-veteran population has been standardised by age and gender to illustrate the same age and gender distribution seen in the Veteran population. See methodology.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition

46. In 2015, the estimated percentage of retirement age veterans and non-veterans reporting at least one long term health condition was comparable across all age groups (Figure 7). However, retirement age veterans aged 85 and over were estimated to be significantly less likely to report problems with 'arms or hands' than non-veterans. This finding was not found to be significant in 2014.

## Results: Health (cont.)

### Long-term health problems by gender

**Figure 8: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 65+, those reporting at least one long-term health condition<sup>2</sup>, by gender, estimated percentage<sup>3</sup> 2015**



Source: 2015 Annual Population Survey (APS)

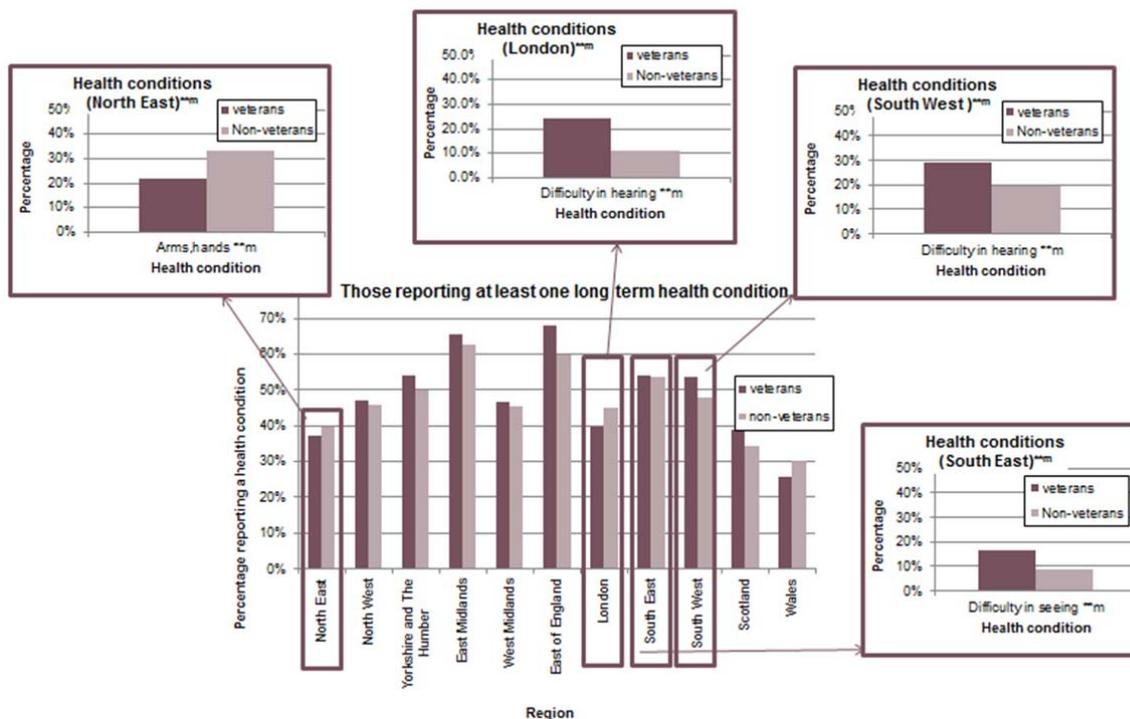
\*\*m denotes the estimate is significantly different to the non-veteran population estimate (z test of proportions, 99% confidence level) with a small to large effect size (Cohen's  $d = >0.19$ )

1. 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.
  2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
  3. Percentages presented to the nearest 1dp
47. The percentage of male retirement age veterans reporting at least one long-term health condition was comparable with male non-veterans of the same age. (Figure 8). This finding was also true for retirement age females.
48. Of those reporting at least one long term health condition, female veterans aged 65+ were significantly more likely to report having 'difficulty in seeing' (20.6%) than the female non-veteran population of the same age (10.5%). This was also found to be significant in 2014 with 19% of female veterans reporting 'difficulty in seeing' compared to 10.7% of female non-veterans. No differences were seen for males across the two populations in terms of the health conditions reported.
49. When comparing males to females within the retirement age veteran population:
- Male veterans were significantly less likely to report: arms or hands (23.5% and 39.7% respectively); legs or feet (39.0%, 49.4%); back or neck (22.4% and 36.4% respectively) or; sight (10.4% and 20.6% 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 (20.3% and 12.4% respectively). This was not seen in the non-veteran population.

## Results: Health (cont.)

### Long-term health problems by regional location

**Figure 9: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 65+, those reporting at least one long-term health condition<sup>2</sup>, by region, estimated percentage<sup>3</sup> 2015**



Source: 2015 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. 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.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3. Percentages presented to the nearest 1dp

50. In 2015, the estimated percentage of retirement age veterans and non-veterans reporting at least one long term health condition was comparable (Figure 9) across all regions, with no significant differences between them.

51. However, there were significant differences between the proportion of retirement age veterans reporting certain health problems compared to non-veterans (Figure 9):

- In the North East, veterans were significantly less likely to report problems with 'arms and hands' than non-veterans (22.2% and 33.4% respectively).
- In the South East, veterans were significantly more likely to report 'difficulty in seeing' than non-veterans (16.3% and 8.5% respectively).
- In the South West, veterans were significantly more likely to report 'difficulty in hearing' than non-veterans (29.0% and 19.5% respectively).
- In London, veterans were significantly more likely to report 'difficulty in hearing' than non-veterans (24.6% and 11.3% respectively)

## Results: Health (cont.)

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### ***Effect of health conditions on day to day living***

52. No information was collected on the seriousness of the reported health conditions. However, there was no statistical 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. However, these estimates should be interpreted with caution as the sample sizes became small, reducing the confidence in results.
- Impact on amount of work carried out (48.4% and 42.6% respectively)
  - Impact on the kind of work carried out (54.0% and 48.0% respectively)
  - Impact on ability to carry out day-to-day activities (66.7% and 63.2% respectively)
53. There was also no significant difference between retirement age veterans and non-veterans on the percentage who felt their health conditions impacted on day-to-day activities (59.3% and 60.9% respectively).
54. In summary, there were no significant differences in the reported long-term health of all UK Armed Forces veterans and non-veterans, though some significant differences were found at regional location level and between some age groups and gender groups<sup>12</sup>.

### ***Reported health conditions by smoking status***

55. During WWI a 'smokes for the troops' campaign was launched encouraging UK citizens to help fund the supply of cigarettes to the armed forces. During WWII cigarettes were included in rations for those serving with tobacco companies sending millions of free cigarettes to troops and more recently it has been suggested that *'life in the military can encourage non-smokers to smoke and ex-smokers to restart; for some individuals joining the Armed Forces is the catalyst for them becoming a smoker'*<sup>13</sup>.
56. Over time, the negative impact of smoking on health has become better documented, and it has been suggested that *"Smoking is known to be an important determinant of ill health in the British Armed Forces"*<sup>14</sup>. Therefore the following sections explore the past and current smoking status of veterans and non-veterans of both working age and retirement age and the possible impact it may have on self-reported health.

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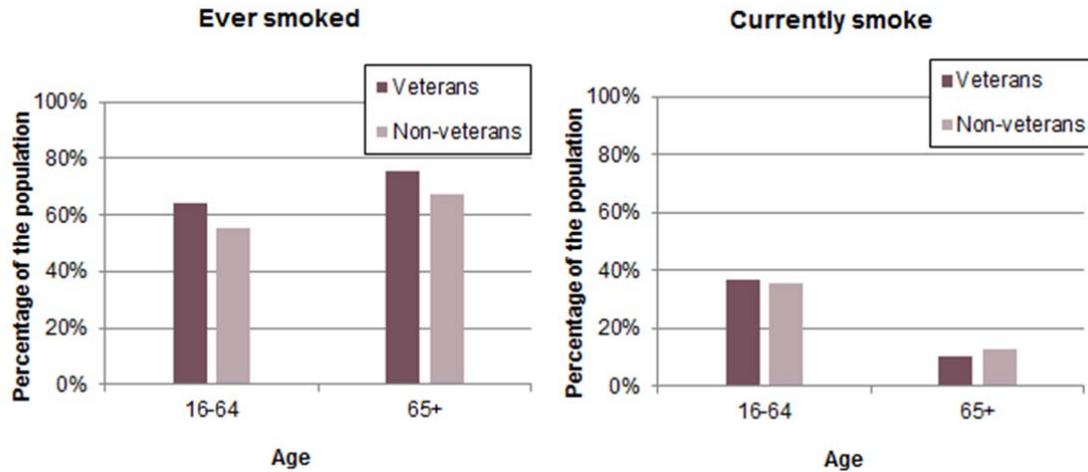
<sup>12</sup> Due to small sample sizes, these figures should be treated with caution.

<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/530240/Defence\\_Annual\\_Health\\_and\\_Wellbeing\\_report-2015\\_WEB\\_lowres.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/530240/Defence_Annual_Health_and_Wellbeing_report-2015_WEB_lowres.pdf) Page 12.

<sup>14</sup> <https://www.raf.mod.uk/community/documents/armed-forces-smoking-cessation-report-2009/>

## Results: Health (cont.)

**Figure 10: UK Armed Force veterans and non-veterans<sup>1</sup> residing in Great Britain who reported ever and/or currently smoking cigarettes, cigars or pipes, by age, percentage<sup>2</sup> 2015**



Source: 2015 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. 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.
2. Percentages are based on the estimated unrounded populations (N) and are presented to the nearest whole percentage

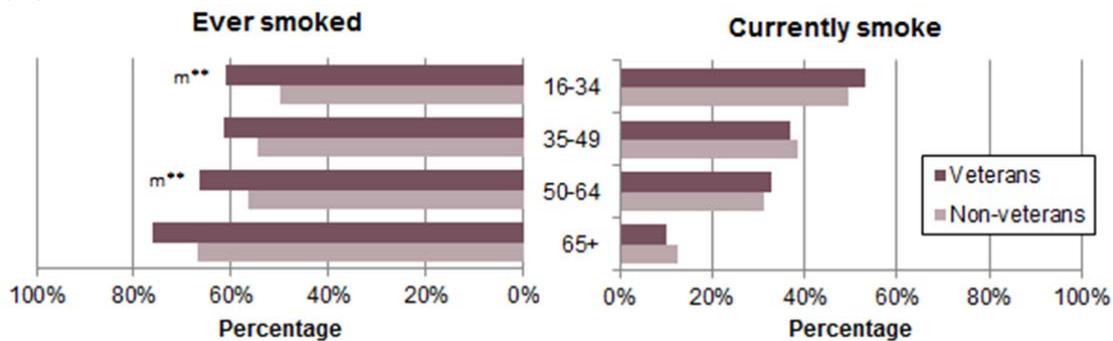
57. In 2015, there were no significant differences between veterans and non-veterans, across both working age and retirement age, in terms of percentage estimated to have ever smoked or currently smoked (Figure 10).
58. Fewer veterans aged 16-64 have ever smoked when compared with veterans aged 65+, though a higher proportion of veterans aged 16-64 currently smoke. It appears that veterans aged 65+ may have a better smoking cessation rate. This is supported by NHS research which suggests that the success rate of giving up smoking increases with age<sup>15</sup>. This was also seen across non-veterans.

<sup>15</sup> <http://digital.nhs.uk/catalogue/PUB14610>

## Results: Health (cont.)

### Smoking Status by age

**Figure 11: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain who have ever smoked and/or currently smoke by age, estimated percentages<sup>2</sup>**  
2015



Source: 2015 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. 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.
2. Percentages are based on the estimated unrounded populations (N) and are presented to the nearest whole percentage

59. Veterans of age groups 16-34 and 50-64, were estimated to be significantly more likely to have ever smoked than non-veterans within the same age groups (Figure 11).

60. The estimated proportion of veterans and non-veterans reported to having ever smoked increased with age, whilst the estimated proportion of veterans and non-veterans reported to be current smokers decreased with age (Figure 11). These estimates are in line with other studies, for example the ONS 2014 Opinions and Lifestyle survey<sup>16</sup> which estimated people in GB aged 16-34 were more likely to be smokers compared to those aged 60 and over. The survey also found that as people aged they were more likely to have quit smoking.

61. During the 1940s and 1950s smoking was considered the 'norm' and around 70% of men and 40% of women smoked<sup>17</sup>. It wasn't until a 1962 report by the Royal College of Physicians that the serious health effects of smoking were publicised in GB<sup>18</sup>. Over the past 50 years the impact of smoking on health has become more publicised through images of health effects on packets of tobacco, adverts and awareness campaigns such as 'Smokefree'<sup>18</sup>. There have also been campaigns such as 'stoptober'<sup>19</sup> in place to help current smokers to quit smoking, with older people having a higher success rate of giving up smoking<sup>16,17</sup>. This could explain why despite veterans and non-veterans in older age groups being more likely to have ever smoked than those in younger age groups, as age increases the estimated proportion of current smokers' decreases.

62. As the current smoking status of veterans was comparable to the non-veteran population across all ages (Figure 11), the remainder of the section concentrates on comparisons between veterans who have ever smoked and veterans that have never smoked. Further detail on reported health conditions by veteran and non-veterans current smokers can be found in Section 4 of Annex A.

<sup>16</sup><http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsinreatbritain/2014>

<sup>17</sup><https://www.rcplondon.ac.uk/projects/outputs/fifty-years-smoking-and-health>

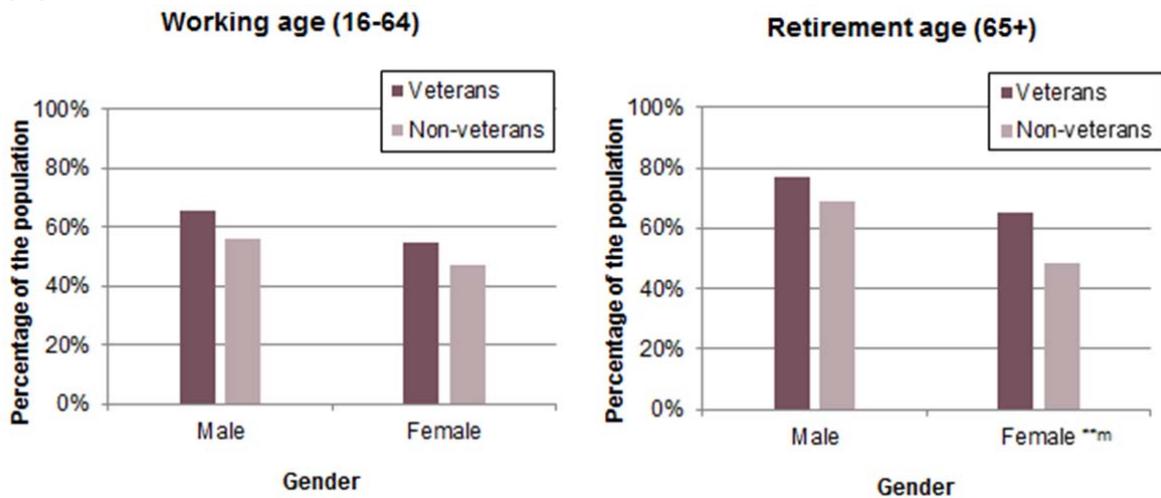
<sup>18</sup><https://www.nhs.uk/smokefree>

<sup>19</sup><https://www.nhs.uk/oneyou/stoptober/home#4LsSOlcJLLSYCPQ2.97>

## Results: Health (cont.)

### Smoking status by gender

**Figure 12: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain who have ever smoked by gender, estimated percentages<sup>2</sup>**  
2015



Source: 2015 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. 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.
2. Percentages presented to the nearest 1dp

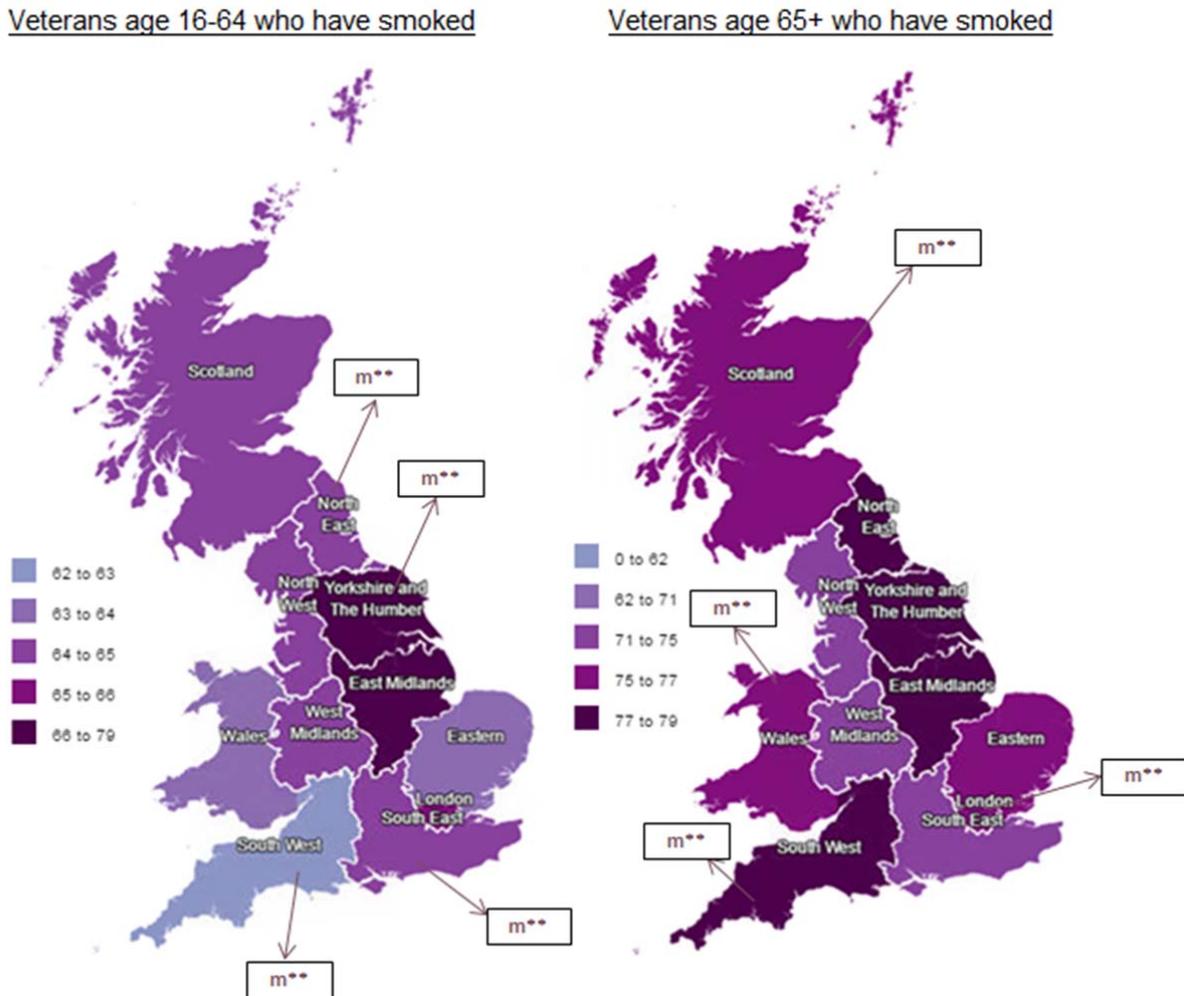
63. In 2015 female veterans of retirement age were significantly more likely to have ever smoked than female non-veterans of the same age (65.4% and 48.4% respectively) (Figure 12). However this was not seen amongst male veterans of the same age. This was also seen in 2014.

64. When comparing males and females within the veteran population: Male veterans of both working age and retirement age were significantly more likely to have ever smoked (65.7%, 76.8% respectively) than female veterans (54.7% and 65.4% respectively). In the non-veteran population the difference between males and females was only observed in the retirement age population. This was consistent with what was seen in the APS 2014.

## Results: Health (cont.)

### Smoking status by regional location

**Figure 13: Map of UK Armed Forces veterans residing in Great Britain by Smoking Status and Region, estimated percentage<sup>1</sup> 2015**



Source: 2015 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. Percentages presented to the nearest 1dp
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.

65. Working age veterans were more likely to have ever smoked, when compared to non-veterans in the North East (64.2% and 54.2%), Yorkshire and the Humber (66.2% and 55.1%), East Midlands (67.8% and 55.4%) and West Midlands (63.5% and 50.5%). In comparison, retirement age veterans were more likely to have ever smoked when compared to non-veterans in London (75.4% and 61.5%), South West (78.7% and 68.1%), Scotland (76.4% and 65.8%) and Wales (76.4% and 67.4%).

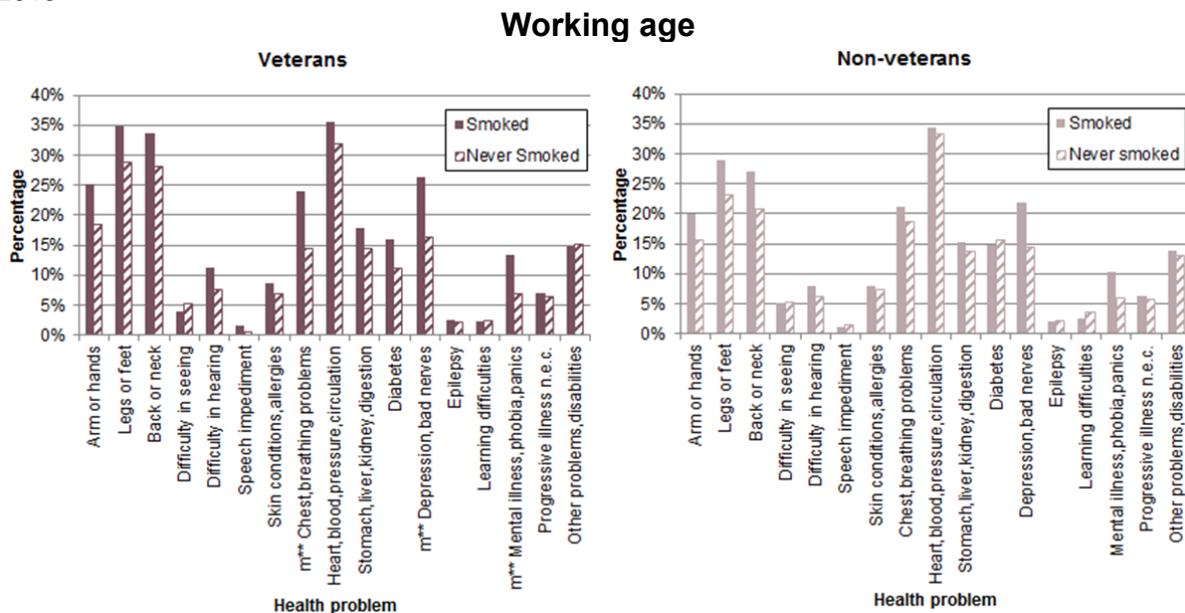
## Results: Health (cont.)

66. In summary, across veterans and non-veterans the likelihood of ever having smoked increased with age whilst the likelihood of currently smoked decreased with age which is line with NHS research which suggests that the success rate of giving up smoking increases with age. Certain aged veterans were more likely to have ever smoked compared to non-veterans: 16-34 and 50-64.

### Reported long-term health conditions by smoking status

67. The MOD has highlighted the effects of smoking on fitness, wealth and health urging Armed Forces personnel to give up smoking<sup>20</sup>. In 2015 certain demographic groups of veterans were estimated to be significantly more likely to have ever smoked than the non-veteran population. Therefore comparisons have been made between health problems reported by veterans who have smoked and veterans who have never smoked to highlight any differences in the type of health conditions and any reported impact of health conditions on day to day living. Comparisons with the non-veteran population with the same smoking status have also been analysed to highlight any differences between the two populations.

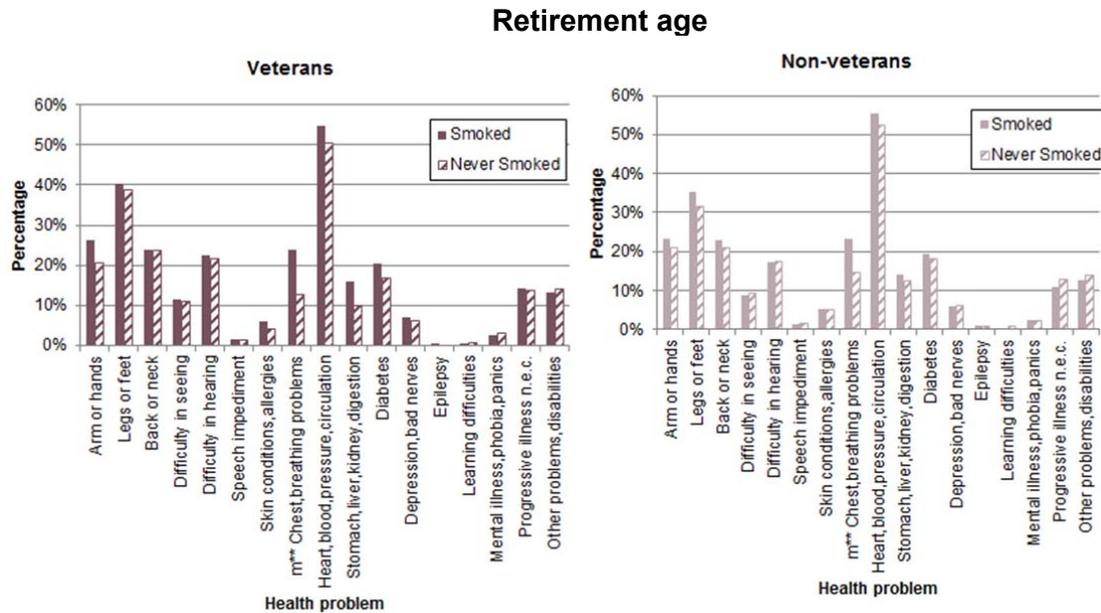
**Figure 14: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain by Smoking Status and reported health conditions<sup>2</sup>, estimated percentage<sup>3</sup> 2015**



<sup>20</sup> <http://www.army.mod.uk/welfare-support/24401.aspx>

## Results: Health (cont.)

Figure 14 continued:



Source: 2015 Annual Population Survey (APS)

\*\*m denotes the estimate of those who had smoked was significantly different to the estimate of those who had never smoked (z test of proportions; 99% confidence level) with a medium to large effect size (Cohen's  $d > 0.49$ )

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.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3. Percentages presented to the nearest 1dp

68. In line with previous findings (Figure 2 and Figure 6), the long-term health conditions estimated to be most commonly reported by all veteran and non-veteran populations (regardless of whether they have ever smoked) were conditions affecting 'heart, blood pressure, circulation', 'legs or feet', 'arms or hands' and 'back or neck'. There were no significant differences between the estimated proportion of veterans and non-veterans reporting these conditions, when taking smoking status or age into account.

69. However, veterans who had smoked (both working age and retirement age) were estimated to be significantly more likely to report suffering from 'chest, breathing problems' (24.1% and 23.9% respectively) than veterans that have never smoked (14.5% and 12.8% respectively) (Figure 14). This finding was also significant among non-veterans of retirement age (23.3% of those who had smoked and 14.6% of those who had never smoked) however was not significant amongst non-veterans of working age.

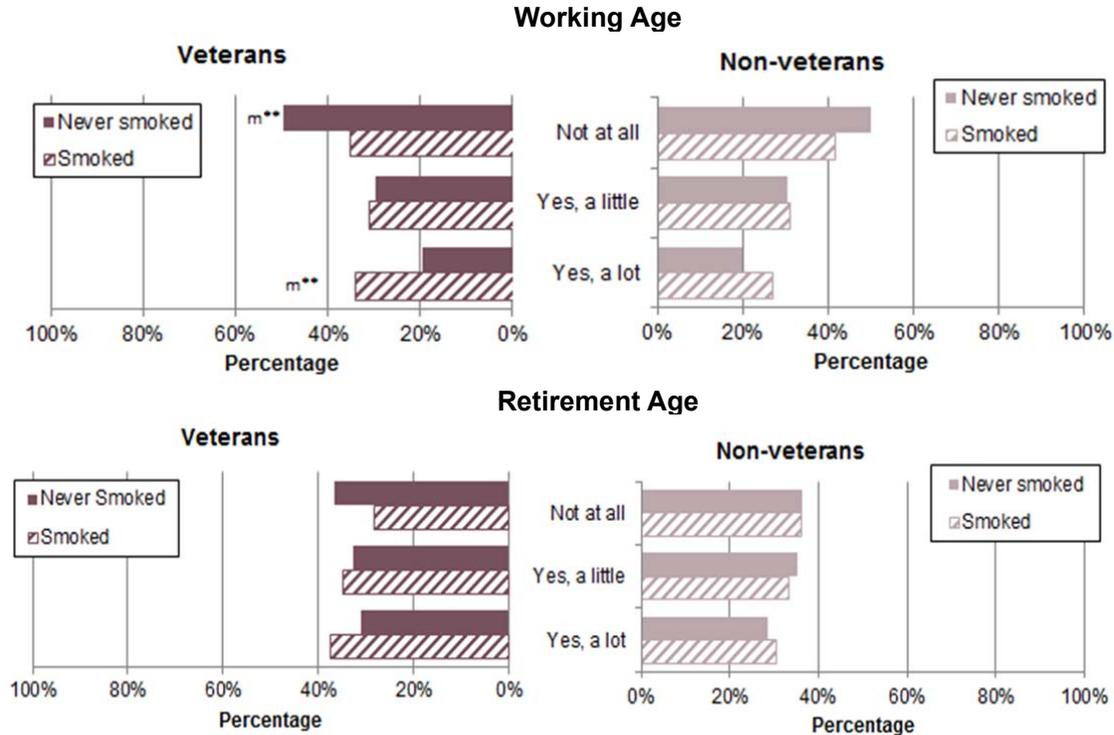
70. It was estimated that working age veterans who had ever smoked were also significantly more likely to report suffering from 'depression, bad nerves' (26.3% and 16.4% respectively) and 'mental illness, phobia, panics' (13.4% and 6.9% respectively) (Figure 14). This significant finding was not found amongst retirement age veterans and the non-veteran populations.

71. It is not surprising that those who have ever smoked were significantly more likely to have chest and breathing problems as smoking is known to affect the lungs. However, these findings also indicate an association between smoking and mental health. It has been suggested that the association between smoking and mental health becomes stronger relative to the severity

## Results: Health (cont.)

of mental health problems and those with mental health problems are less likely to quit smoking than those without mental health problems<sup>21</sup>. However it is not clear whether smoking is the cause or effect of mental health problems.

**Figure 15: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain, 'Do Health Problems<sup>2</sup> Limit Activity?', by Smoking Status, estimated percentage<sup>3</sup> 2015**



Source: 2015 Annual Population Survey (APS)

\*\*m denotes the estimate is significantly different to the estimate of those who have never smoked (z test of proportions; 99% confidence level) with a medium to large effect size (Cohen's  $d > 0.49$ )

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.
2. Health conditions that had or were expected to last more than a year; respondents could select more than one health condition
3. Percentages presented to the nearest 1dp

72. Working age veterans who had ever smoked were significantly more likely than those who had never smoked to report that health conditions limited activity 'a lot'. (34.1% and 19.7% respectively). This was not seen in the retirement age veterans (Figure 15). This may be because those aged 65+ are at increased risk of disability perceived to have a greater impact on their daily activity than any smoking-related health conditions, for example, in 2014 over 40% of people aged 65+ in England and Wales were estimated to have sought treatment for osteoarthritis<sup>22</sup>, and it is currently estimated that 14% of those aged 65+ in the UK population have sight loss which affects their day to day living<sup>23</sup>. It may also be because retirement age veterans were less likely to currently be smokers and therefore smoking may be less of a factor

<sup>21</sup> [http://ash.org.uk/files/documents/ASH\\_120.pdf](http://ash.org.uk/files/documents/ASH_120.pdf)

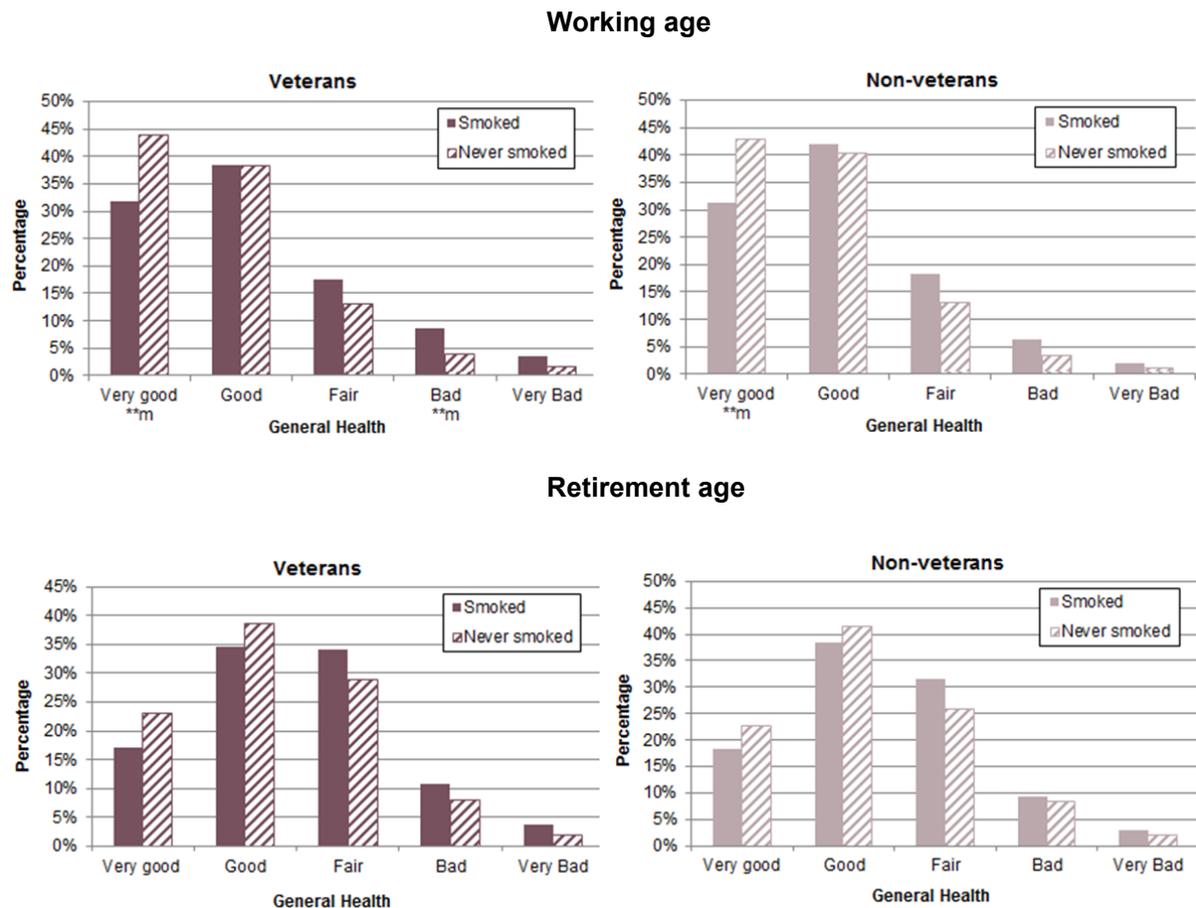
<sup>22</sup> [http://www.cpa.org.uk/cpa-lga-evidence/Arthritis\\_Research\\_UK/ArthritisResearchUKresponse-LGAcallsforevidenceonanageingsociety\[Nov2014\].pdf](http://www.cpa.org.uk/cpa-lga-evidence/Arthritis_Research_UK/ArthritisResearchUKresponse-LGAcallsforevidenceonanageingsociety[Nov2014].pdf)

<sup>23</sup> [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later\\_Life\\_UK\\_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true)

## Results: Health (cont.)

on current activity levels. Once a person has stopped smoking, the body starts to recover and it is suggested that after 15 to 20 years of not smoking, health can become more comparable to that of a person who has never smoked<sup>24,25</sup>. There were no significant differences seen across either working age or retirement age non-veterans.

**Figure 16: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain, General Health by Smoking Status, estimated percentage<sup>2</sup> 2015**



Source: 2015 Annual Population Survey (APS)

\*\*m denotes the estimate is significantly different to the estimate of those who have never smoked (z test of proportions; 99% confidence level) with a medium to large effect size (Cohen's  $d = >0.49$ )

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.
2. Percentages presented to the nearest 1dp

73. The general health of all working age veterans was previously considered comparable to the general health of all working age non-veterans, as presented on pages 9 to 18 within this report. However, when smoking status was taken into account some significant differences emerged (Figure 16):

- Working age veterans who had ever smoked were significantly less likely than veterans who had never smoked to report their general health as 'very good' (31.9%

<sup>24</sup> <https://www.nhs.uk/smokefree/why-quit/what-happens-when-you-quit>

<sup>25</sup> [http://whyquit.com/whyquit/A\\_Benefits\\_Time\\_Table.html](http://whyquit.com/whyquit/A_Benefits_Time_Table.html)

## Results: Health (cont.)

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and 43.6% respectively) and significantly more likely to report their general health as 'bad' (8.7% and 3.7% respectively).

- Working age non-veterans who had ever smoked were also significantly less likely to report being in 'very good' health when compared to non-veterans who had never smoked (31.4% and 42.7% respectively).

74. Unlike those of working age, retirement age veterans and non-veterans who had ever smoked were just as likely as those who had never smoked to report that their health condition limited their activity 'a lot', 'a little' or 'not at all' (Figure 16). Again this may be because those of retirement age perceive any smoking-related health conditions to be less debilitating than other chronic ill-health problems that can come with age. It may also be because retirement age veterans were less likely to currently be smokers and therefore smoking may be less of a factor on current view of general health.

75. In summary, working age veterans who had ever smoked were significantly more likely to report suffering from 'chest and breathing', from 'depression, bad nerves' and 'mental illness, phobia, panics' health conditions compared to non-smokers. They were also more likely to report that their general health as 'bad' and that their health concerns limited their day to day activities. In comparison, retirement age veterans who had ever smoked were only significantly more likely to report suffering from 'chest and breathing'.

### ***Reported health conditions by marital status***

76. The RBL Household survey (2014) suggested relationship break-up among the 'ex-service community' is likely to be a 'trigger' of psychological difficulties, particularly feeling depressed<sup>26</sup>. This was seen in the APS with veterans divorced or separated were significantly more likely than veterans who were single, married or widowed to report at least one problem with 'depression or bad nerves' (21.8% and 10.3% respectively), or other mental health conditions (10.4% and 4.7% respectively). This same trend, although not significant, was seen among the non-veteran population. It should be noted that it is not clear whether depression and mental health issues are the effect of divorce or separation or if mental health issues may place a strain on relationships which may contribute to divorce or separation

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<sup>26</sup> <https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf>. Page 36.

## Employment (Veterans aged 16-64)

77. This section looks at the employment of working age 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, regional location, and ethnicity. Finally this section looks at the occupations and industries that veterans have been employed within. All underlying summary data for this section can be found in Section 5 of Annex A

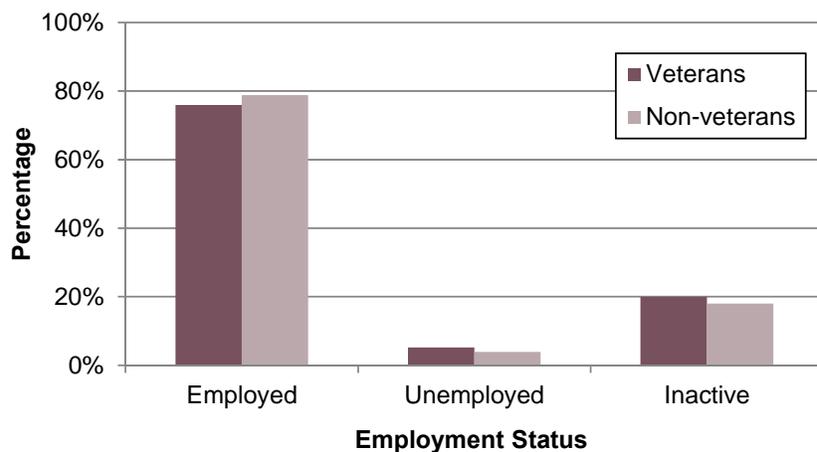
### Employment Status

78. Employment status percentages have been calculated using 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 17: UK Armed Forces veterans and non-veterans residing in Great Britain, aged 16-64 by employment status, estimated percentage<sup>1,2</sup>**

2015



Source: 2015 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.

79. The majority of working age UK Armed Forces veterans residing in GB were estimated to be in employment (75.9%), with no significant differences in the percentages employed, unemployed or economically inactive when compared to non-veterans (Figure 17). This was seen in APS 2014.

80. There were no significant differences when comparing employment status of veterans to non-veterans by age, gender, regional location and ethnicity. However 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:

- 77.6% of male veterans compared to 65.5% of female veterans in employment
- 18.2% of male veterans compared to 30.4% of female veterans economically inactive.

## Employment (Veterans aged 16-64) (cont.)

### Occupation

**Figure 18: UK Armed Forces veterans residing in Great Britain, aged 16-64, by occupation<sup>1</sup>, estimated numbers and percentages<sup>2,3</sup> 2015**

	Veterans %	Occupation	Non- veterans <sup>4</sup> %
	14.0	Managers and Senior Officials	15.9
	17.6	Professional occupations	22.7
	20.6	Associate Professional and Technical	15.8
	5.7	Administrative and Secretarial	6.8
	16.3	Skilled Trades Occupations	18.0
	4.9	Personal Service Occupations	5.0
	3.6	Sales and Customer Service Occupations	4.7
	17.3	Process, Plant and Machine Operatives	11.2
	11.1	Elementary Occupations	10.1

Source: 2015 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.

81. It was estimated that veterans were most likely to be in associate professional and technical roles. This same finding was also seen in 2014. In comparison non-veterans were estimated to most likely be in professional occupations; however there were no significant differences between the veteran population and the non-veteran population in terms of the occupations they were employed in (Figure 18).

82. Further analysis has been carried out by age and gender in terms of the occupations of veterans. Please note: occupations for females should be interpreted with caution as the sample sizes became small, reducing the confidence in the estimates. However, we can be confident that there is a notable difference if a significant difference has been found (see Methodology)

### Occupation by gender

83. There were no significant differences when comparing the occupations for males and females across the veteran and non-veteran populations. However, 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' (30.3%) than male veterans (6.7%).
- Male veterans were significantly more likely to be employed in 'Skilled trade occupations' and 'Process, plant and machine operatives' (33.6%) than female veterans (5.7%).

These differences were consistent with the non-veteran population. In addition within the non-veteran population, males were significantly more likely to be in 'Manager, Director and Senior

## Employment (Veterans aged 16-64) (cont.)

Official' occupations than female non-veterans (15.2% and 8.7% respectively). This was also significant in 2014. However, within the veteran population, the proportion of females in these occupations was comparable to the proportion of males in these roles (13.0% and 9.9% respectively) in both 2014 and 2015

### Occupation by age

84. In 2015, 'Associate Professional and Technical Occupations' were estimated to be the top occupations veterans aged 16 to 34 and 35 to 49 were employed in (19.2% and 23.0% respectively). However, veterans aged 50 to 64 were more likely to be employed in 'Process, Plant and Machine Operatives' than any other occupation (17%).

85. In 2015 veterans aged 16-34 were estimated to be significantly more likely to be employed in 'Process, Plant and Machine Operatives' occupations than non-veterans of the same age (14.8% and 7.8% respectively). This was also seen in 2014. There were no other significant differences between the occupations that veterans and non-veterans were employed in within any age group.

### Industry

**Figure 19: UK Armed Forces veterans residing in Great Britain, aged 16-64, by industry<sup>1</sup>, estimated numbers and percentages<sup>2,3</sup>**  
2015

Veterans	Industry	Non-veterans <sup>4</sup>
%		%
1.0	Agriculture, forestry and fishing	1.4
1.0	Mining and quarrying	0.7
13.5	Manufacturing	13.6
1.2	Electricity, gas, air supply	0.8
1.5	Water supply, sewerage, waste	1.1
9.5	Construction	10.9
8.7	Wholesale, retail, repair of vehicles	11.6
12.1	Transport and storage	7.5
2.1	Accommodation and food services	3.3
3.9	Information and communication	5.0
2.1	Financial and insurance activities	4.0
0.7	Real estate activities	1.2
5.5	Prof, scientific, technical activ.	7.8
6.8	Admin and support services	4.6
10.9	Public admin and defence	6.0
5.5	Education	7.4
9.3	Health and social work	8.1
2.6	Arts, entertainment and recreation	2.3
1.9	Other service activities	2.3
0.0	Households as employers	0.2
0.2	Extraterritorial organisations	0.2

Source: 2015 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.

## Employment (Veterans aged 16-64) (cont.)

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86. There were no significant differences between the veteran population and the non-veteran population in terms of the industries they were employed in (Figure 19). It was estimated that veterans and non-veterans were most likely to be in manufacturing roles.
87. Further analysis has been carried out by age and gender in terms of the industries veterans were employed in. Please note: industries for females should be interpreted with caution as the sample sizes became small, reducing the confidence in the estimates. However, we can be confident that there is a notable difference if a significant difference has been found (see Methodology)

### *Industry by age*

88. The industries working age veterans were estimated to be most likely to be employed in varied across age groups:
- Veterans aged 16 to 34 were most likely to be employed in 'Construction' (13.2%)
  - Veterans aged 35 to 49 were most likely to be employed in 'Manufacturing' (13.9%)
  - Veterans aged 50 to 64 were most likely to be employed in 'Transport and Storage' (14.4%)
89. Veterans aged 16 to 34 were significantly more likely than non-veterans of the same age to be employed in;
- Transport and Storage (10.8% and 4.3% respectively) and
  - Admin and support services (10.6% and 5% respectively)
- and significantly less likely to be employed in the;
- Education industry (2.0% and 6.7% respectively).
90. Veterans aged 35 to 49 were significantly more likely to be employed in 'public admin and defence' industries than non-veterans of the same age (13.0% and 6.5% respectively).

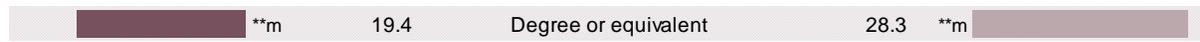
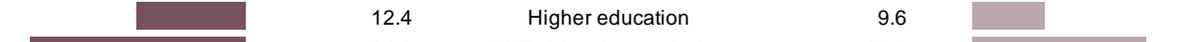
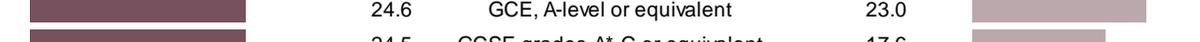
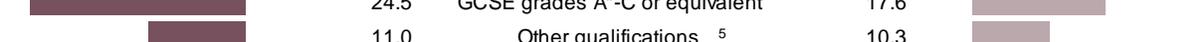
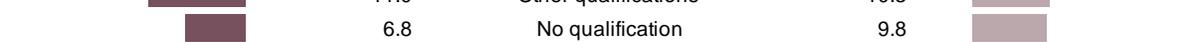
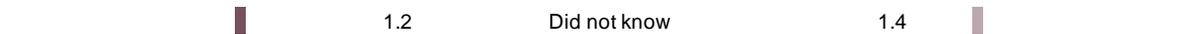
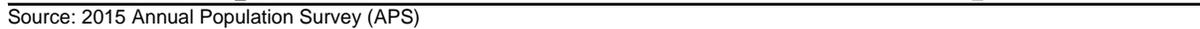
### *Industry by gender*

91. Both male veterans and male non veterans were estimated to be more likely to work in 'Manufacturing' industries than any other industry (14.7% for both). Female veterans and female non-veterans were more likely to work in 'health and social care' industries than any other industry (24.7% and 23.9% respectively). These were consistent with the industry's most likely to be reported by males and females in in 2014.
92. 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 (38.3%) were working in the 'manufacturing', 'construction' and 'transport' industry compared to female veterans (11.4%).
  - A significantly higher percentage of female veterans (37.7%) were working in 'health and social work' and 'education' industry compared to male veterans (11.7%).
- These differences were replicated in the non-veteran population.
93. There were no significant 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.

## Education (Veterans aged 16-64)

94. 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 age and regional location. All underlying summary data for this section 6 in Annex A

**Figure 20: UK Armed Forces veterans and non-veterans<sup>1</sup> residing in Great Britain aged 16-64 by Highest Qualification<sup>2</sup>, estimated numbers and percentages<sup>3,4</sup> 2015**

	Veterans	Highest Qualification	Non-veterans
	%		%
	**m 19.4	Degree or equivalent	28.3 **m
	12.4	Higher education	9.6
	24.6	GCE, A-level or equivalent	23.0
	24.5	GCSE grades A*-C or equivalent	17.6
	11.0	Other qualifications <sup>5</sup>	10.3
	6.8	No qualification	9.8
	1.2	Did not know	1.4

Source: 2015 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. 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.
2. Qualification could be gained in the UK or abroad
3. Percentages are presented to the nearest 1dp.
4. Percentage excludes non responses
5. \*Other qualifications may include GCSE below grade C

95. It is estimated that 91.9% 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 88.7% (Figure 20).

96. In terms of the highest qualification achieved when comparing working age veterans to non-veterans the working age non-veteran population were significantly more likely to have continued onto a degree or equivalent (28.3%) compared to the veteran population (19.4%).

97. In 2014, working age veterans were significantly more likely to have completed their education at GCSE level<sup>27</sup> (26.2%), compared to non-veterans (17.6%) however in 2015 this difference was no longer significant;

- In 2014, 26.2% of working age veterans were estimated to have GCSE's as their highest qualification compared to 24.5% in 2015.
- Veterans who had a degree or higher education qualification increased from 30.0% in 2014 to 31.8% in 2015.

### Education by age

98. Veterans were estimated to be significantly less likely to have a degree or equivalent than non-veterans. This was consistent across the age groups 16 to 34 and 50 to 64:

- 21.8% of veterans aged 16 to 34 compared to 34.4% of non-veterans
- 16.4% of veterans aged 50 to 64 compared to 24.6% of non-veterans

Further, veterans aged 16 to 34 were significantly more likely than non-veterans of the same age to report having GCSE's as their highest qualification (26.9% and 24.5% respectively).

<sup>27</sup> Includes A-C grade GCSE's or equivalent only.

## **Education (Veterans aged 16-64) (cont.)**

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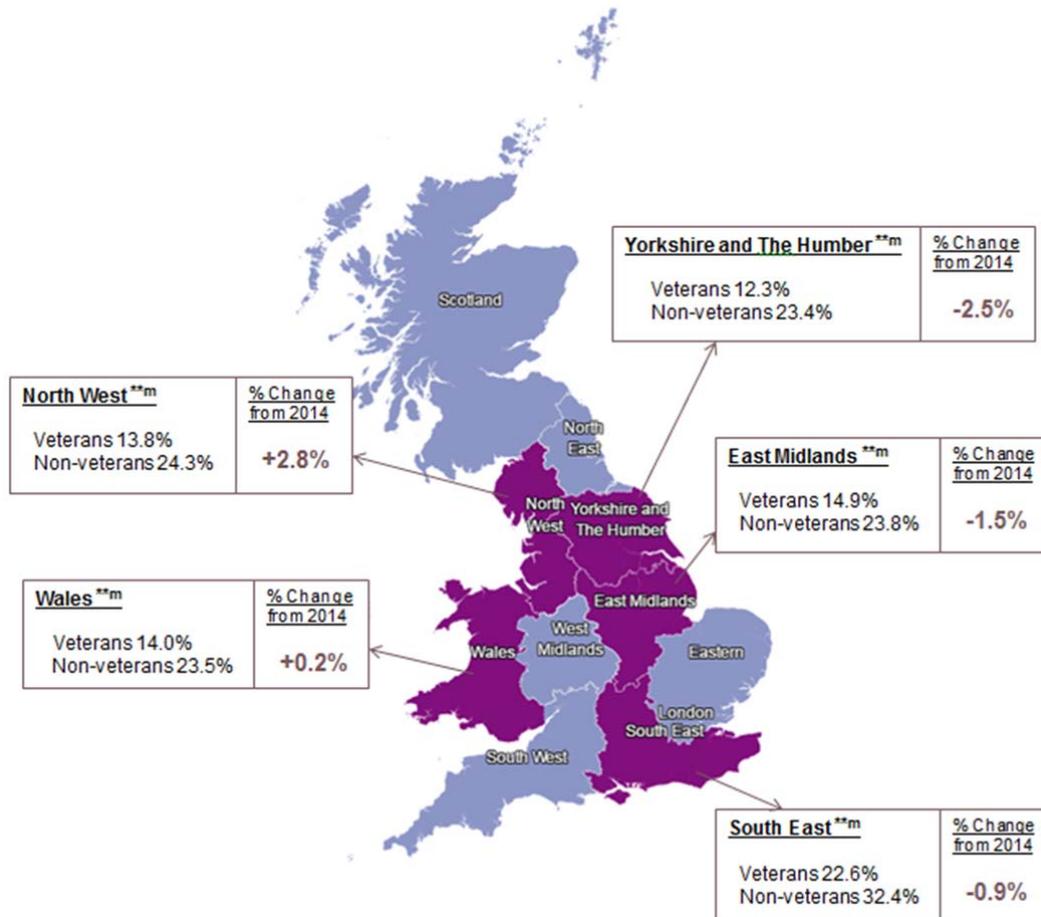
99. In 2015, veterans and non-veterans with a 'Degree or equivalent' increased approximately 1% from 2014. The largest increase for veterans was seen in those aged 16 to 34 (3.8%); this level of increase was not seen in non-veterans. If this trend continues it would be expected that the difference between veterans and non-veterans gaining a 'Degree or equivalent' will become comparable over time.
100. 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 estimates. However, we can be confident that there is a notable difference if a significant difference has been found (see Methodology)

### *Education by regional location*

101. Overall working age veterans were significantly less likely to have completed their education at Degree level or equivalent than the non-veteran population. However, this difference was not seen in the South West, London, West Midlands, North East, East of England and Scotland (Figure 21).
102. In 2015, veterans residing in Yorkshire and The Humber were estimated to be least likely to have a degree or equivalent when compared with all other regions (12.3%). In contrast, veterans residing in London were most likely to have a degree or equivalent than all other regions (48.6%).

## Education (Veterans aged 16-64) (cont.)

**Figure 21: UK Armed Forces veterans residing in Great Britain aged 16-64, Regions where veterans were significantly less likely to report a Degree or equivalent as their highest qualification<sup>1</sup>, by region, estimated percentage<sup>2</sup> 2015**



Source: 2015 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.

### Gaining of qualifications

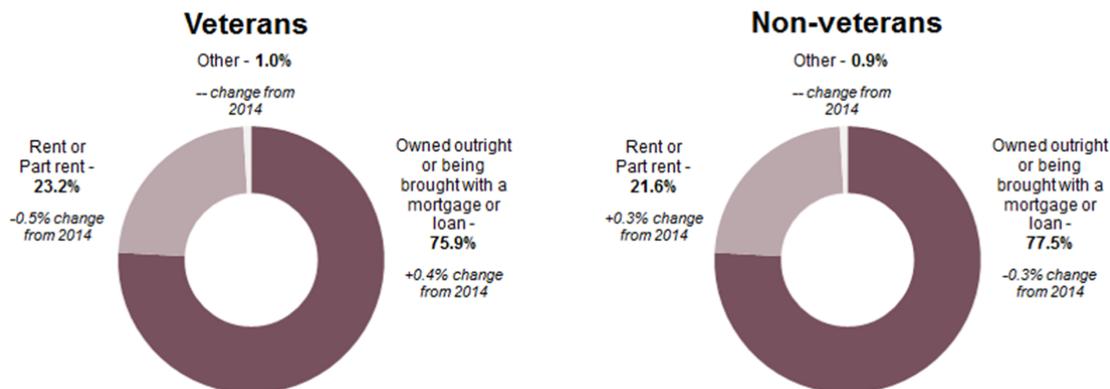
103. The way in which qualifications were gained differed across the two populations: working age UK Armed Forces veterans residing in Great Britain were significantly more likely to have gained their qualifications through work compared to non-veterans (63.5% compared to 45.3% respectively). This may be due to veterans using the opportunities available to gain qualifications when they were in Service, or veterans being more likely to undertake vocational training on leaving the Services.

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

## Accommodation

105. 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. All underlying summary data for this section can be found in Section 7 in Annex A.

**Figure 22: UK Armed Forces veterans and non-veterans residing in Great Britain aged 16+ by accommodation tenure, estimated percentages<sup>1,2</sup> 2014**



Source: 2015 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.

106. The majority of UK Armed Forces veterans residing in GB were estimated to either have owned their own property or had a mortgage (75.9%) which was the same as the non-veterans (77.5%) (Figure 22).

107. When combining 'owned outright' and 'being bought with a mortgage', there were no significant differences in accommodation tenure when comparing age groups between the veteran population and the non-veteran population. Please note: accommodation tenure for the younger veterans (aged 16-34) should be interpreted with caution as the sample sizes became small, reducing the confidence in the estimates

108. There were significant differences in accommodation tenure when comparing veterans with non-veterans across regions:

- Veterans residing in the North West were significantly less likely to own their own property or be in the process of buying a property than non-veterans residing in the region (69.7% and 78.4% respectively).

109. In both 2014 and 2015 veterans residing in the North East were less likely to own their own property or be in the process of buying their own property than in any other region (67.6% and 67.1% respectively).

110. In summary, overall 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 however veterans residing in the North West were significantly less likely to own or buying a property with a mortgage or loan than non-veterans.

## Data, Definitions and Methods

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**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*

111. 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.
112. 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*

113. The data in this report was based on survey responses from 310,000 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 229,000 as non-veteran populations<sup>28</sup>.
114. Some respondents were re-classified due to inconsistencies within responses. See the background quality report for further information

### *Methodology*

#### Weighting

115. A weight (PWTA16, based on 2014 mid-year estimates) 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. Further 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 125.
116. It is important to note that the PWTA16 weight, used to produce these estimates, is different to the weight (PWTA14) that was used to inflate the 2014 sample size to the population size, as published in the previous Statistical Bulletin which presented the 2014 estimates<sup>29</sup>. In order to make comparisons across years, both the 2015 and 2014 population estimates published within this report were calculated using the new weight, in accordance with ONS methodology. The change in the weight has resulted in a minimal reduction of the overall 2014 veteran population estimate (by less than 0.05 percent).

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<sup>28</sup> All sample numbers rounded to the nearest 1,000

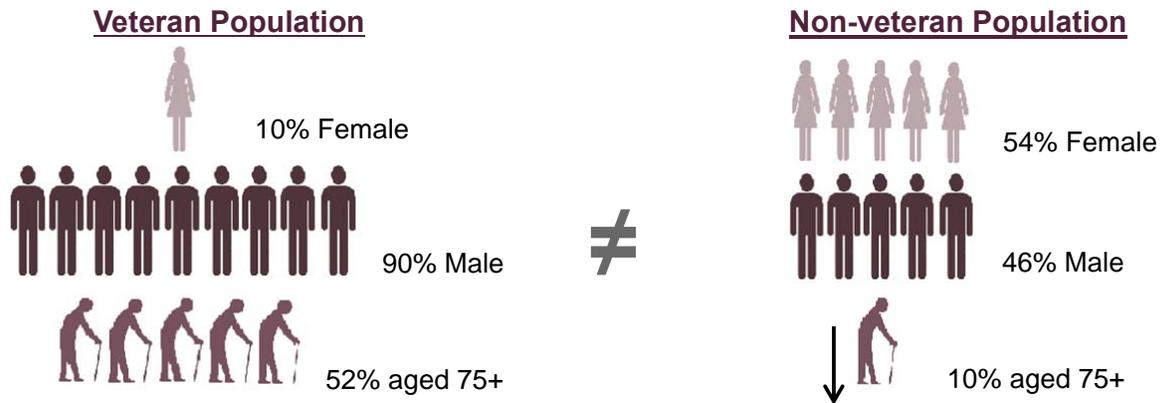
<sup>29</sup> 'Annual population survey: UK armed forces veterans residing in Great Britain 2014' Statistics: <https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2014>

117. Further appropriate weights were also applied to account for the 7,575 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

118. 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 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.

Before standardisation; (People characteristics dissimilar across populations)



Using the following logic, the demographic structure of the non-veteran population was altered:

Examples:

- Every 5 female responses in the non-veteran population was reduced into an average of 1 response

$$\begin{matrix} \text{5 female icons} \\ \times 0.2 = \\ \text{1 female icon} \end{matrix}$$

- Every 1 response from those aged 75+ in the non-veteran population was increased into an average of 5 responses

$$\begin{matrix} \text{1 elderly icon} \\ \times 5 = \\ \text{5 elderly icons} \end{matrix}$$

After standardisation, (People characteristics similar across populations)



## Percentage

119. 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.

## Margin of error

120. 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.

121. The estimate plus and minus the margin the error provides the confidence interval around the estimate. The confidence interval provides a measure of the likely variation of the given statistic.

## Significance test

122. 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. It was also used to identify if there was a significant different between the estimated percentages from the 2014 and 2015 veteran populations. The significance test gave us the confidence to state that an observed difference between the percentages was a real difference, and did not occur due to chance. The confidence intervals, from the test, have been presented in the supplementary tables. If they do not contain zero we have concluded that the estimates from the two populations were significantly different.

123. In addition to carrying out a z test, a significant difference between two estimates can be identified by comparing the confidence intervals around the estimates. However, the wider the confidence intervals around an estimate the least likely you are to find a significant difference. Therefore you may result in the confidence intervals overlapping where there is a true significant difference. Where the confidence intervals around two estimates do not overlap you can be confident that the two estimates are significantly different even if they have a large confidence interval or margin of error (see paragraph 122).

124. 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. In addition the measure of effect was calculated.

125. 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

126. 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.

127. 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.
128. Results were only classed as significant if they were both statistically significant and they had a small to large effect size.

#### Coefficient of Variance

129. Estimates for County Durham, Lincolnshire, East Sussex and Kent may be less reliable and should be used with caution. Larger sample estimates will be relatively less reliable than smaller estimates. The smaller the sample, the bigger the assumption you are making but it is relative to the size of the population you are taking it from. The ONS uses the coefficient of variation (c.v.)<sup>30</sup> to quantify the accuracy of the sample relative to the population size; if the c.v. for an estimate is calculated to be above 20% the estimate is seen as unreliable. For the four counties listed the c.v. was greater than 20%. More information on coefficients of variance can be found in volume 6 of the APS user guide:  
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyuserguidance>

#### Disclosure control

130. Estimates based on fewer than three respondents were suppressed in accordance with the ONS disclosure policy (2008)
131. 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.
132. 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

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<sup>30</sup> The standard error as a proportion of the estimate

## Glossary

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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

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### 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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### Contact Us

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

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