Data about the Armed Forces community, and why it matters

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Introductions and opening question (3 mins)

Q: When we talk about ‘data’ about the Armed Forces Community, what does that mean to you?

When we talk about ‘data’ about the Armed Forces Community, what does that mean to you?

Review answers 55

What do we mean by ‘data’?
(15 mins)

To be able to make decisions about the design and delivery of policy and services, we need to be able to answer lots of different sorts of questions.

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Overarching lived experiences, voices and views – what Lived Experience tells us about AFC preferences, priorities, barriers, and facilitators of access and benefit from effective support

Profile of our community	Needs and strengths	Demand, and needs gap	Provision and resources available	Provision effectiveness
Demographic and geographical (location) picture of the overall population we are interested in – AFC and groups within	**Prevalence/scale of need** – how many people are affected by different issues, their characteristics, locations **Patterns of need** – how need is associated with other characteristics **Nature of need** – e.g. crisis/early intervention; short/long-term; service-related/not directly caused by Service	**Demand** – who presents and engages with support, what their needs are **Needs gap** – how demand is different from need; likely unmet need, effectiveness of reach into target groups	**Provision overview** – what support is available to address need, who for, where, and how much **Provision detail** – how many activities of different types have been delivered, to whom **Quality** – organisations' own assessment of how well support is delivered, 'good practice' **Resource availability** – funding and capacity available, future potential	What's known about 'what works', for whom, where, when, and how **Feedback** – what people think about services and support **Short term outcomes** – immediate changes in people's lives as a result of activities **Impact** - change that happens in the long-term as a result of the support (or other activities) **Value for money,** efficiency

Trends and anticipated future change – predicted shifts in demographics and scale, nature, location of issues and opportunities to meet them in coming years; external context

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Answering these questions allows us to understand:

- who we are seeking to support, and what with
- whether their needs are being met, what gaps exist
- how we might better enable people to achieve their goals and positive life outcomes…

…But to be able to answer these questions, we need lots of different types of data.

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Type of data	Questions it can help answer
Population-level - everyone in a population or group - representative sample of a population	• Demographic profile • Geographical location • Prevalence of experiences, needs (and strengths) • Patterns of experiences, needs – associations with other characteristics • Change in overall patterns and prevalence over time, if collected consistently • Estimate the impact of some policies (when combined with other data) • How we can allocate resources and support to meet the overall profile of needs
Research findings - exploring specific topics and groups	*Depending on method:* • Lived experience, feedback and views, including preferences, barriers, enablers • Detailed explanation of nature of needs and strengths, how these change over time • Information about how policy, services and support are delivered and experienced – including delivery and experience of the Covenant, VALOUR, Veterans Strategy
Individual data - administrative data (e.g. NHS, DWP) - VALOUR - charity beneficiary data (e.g. casework, grants)	Individual and aggregated information about *demand* and engagement with services – *for those who engage* • Demographic profile • Geographical location • *Presenting* and primary needs • Service received, duration, frequency (including repeat beneficiaries) • Outcomes (if collected – short and long-term) • Feedback
Provision / service delivery information	• How much activity is done, of what kinds, where, when, for how long • How much it costs • Operational metrics, e.g. waiting times, caseloads • How well processes operate - organisations' learning about quality and good practice

We cannot make generalisable claims about whole populations when using data about a specific group or context

0 We cannot answer complex questions by looking at only one type of data – we have to make use of many sources.

	Profile of our community	Needs and strengths	Demand, and needs gap	Provision and resources available	Provision effectiveness	Trends and anticipated future change	Lived experience, voices and views
Population level data	✓	✓				✓	
Research Data		✓		✓	✓	✓	✓
Individual (beneficiary) data			✓		✓	✓	✓
Provision & delivery information				✓	✓	✓	

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There will always be gaps in data, and what we can understand from it, but we can improve the data we hold and the insight we learn from it. We also need to:

Collect data in ways that allow us to rely on its completeness and accuracy in telling us about the questions we're seeking to answer

Analyse it in appropriate ways to draw meaningful conclusions

Use these insights to inform decisions

Over the past couple of years this has been our focus in our research work at RBL, aiming to use existing data, and fill gaps in available data, to inform our Strategy, and support work across the wider sector.

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Table discussion (15 mins)

If you had a magic wand, what data would you want to have, that is not available?

Consider:
- questions you would like to be able to answer but cannot at present
- different kinds of data that might help

Think about Veterans' Strategy goals or the AF Covenant - 'support' or 'celebrate' the AF community, help AF community contribute to society, effective delivery of the AF Covenant

If you had a magic wand, what data would you want to have, that is not available?

Key data needs & gaps as emerging from the discussion:

•Fragmented data landscape
→ Lack of consistent, joined-up data across government and organisations

•Limited visibility of need and outcomes
→ Difficulty identifying unmet need and capturing positive outcomes (e.g. housing, substance misuse, gambling

•Insufficient granularity
→ Need better segmentation (e.g. geography, veterans vs families, sub-groups), more granular information about different groups within veterans and families

•Access and linkage challenges
→ Administrative data exists but is not easily accessible or connected

•Unclear identification of veterans
→ No consistent way to define or identify veteran status

•Shift towards person-centred understanding
→ Need data that reflects individual journeys, transitions, and real experiences

•How health promotion and education impacts on referrals into specialist care services (whether health education prevents the referral remains unknown)

•Lived experience of remote or detached veterans.

•More data on service leavers discharged due to drug and alcohol

•Data on veteran death

•Service awareness of Covenant

•Extended service support post service

How have RBL used different types of data, and what do we have planned? (15 mins)

Questions	Types of data used	What's next
Profile of our community	Population-level data – whole population • **Analysis of Census and MoD data**	Keeping up to date, visualising
Need and strengths	Population-level data – whole population • **Analysis of Census and MoD data** Population data – representative samples • **Analysis of KCMHR cohort study**: IPVA, help-seeking, gambling, physical health, finances and employment, cognitive decline Research data • **AFC survey *(Yougov)*** • **Hearing impairment**	Population data – representative samples • **Analysis of large-scale national datasets** • **Influencing collection of AFC data in surveys** • **Financial wellbeing survey** • **AFC tracker** Research • **Financial wellbeing discussions** • **Thematic projects**
Demand, and needs gap	Aggregated individual data • **Demographics and presenting need in beneficiary data**	Aggregated individual data • Review of evidence of need against presenting demand geographically, demographically, and themes Research • **AFC profiles**

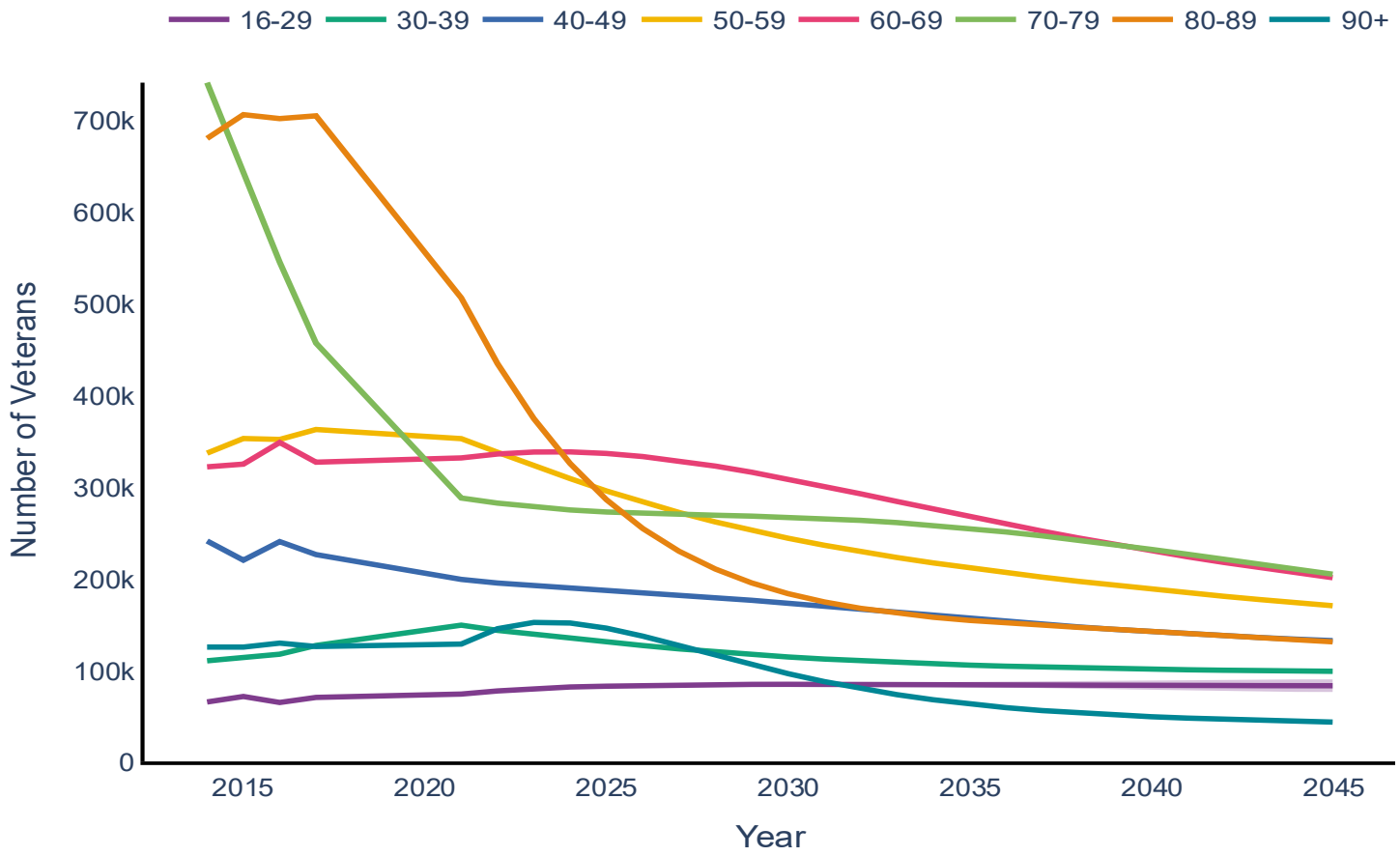
Questions	Types of data used	What's next
Provision and resources available	Provision / delivery information • **Provision & policy landscape mapping**	Keeping up to date
Provision effectiveness	Provision / delivery information • **Evaluation evidence** • **BSA: Covenant** awareness and support (*Natcen & KCMHR)*	In-depth work on understanding our impact, using individual data, provision data, and broader insight from research
Trends and anticipated future changes	Population-level data • **Population projections *(RAND)*** Research – • **STEEPLED analysis** of external factors	Population-level data: reviewing how well actual change matched predictions.
Lived experience, voices and views	Research • **Lived Experience Panel pilot** • **AFC survey (*Yougov*)**	Research: • **AFC tracker** Developing a broader approach to LE engagement

AFC is getting smaller, younger, and more diverse

There are around 4m people in the AFC in 2026 (including 1.8m veterans).

In 10 years' time this could be 3m (including 1.1m veterans).

The AFC is now over half working age, and the proportion aged under 65 will grow, as will the proportion of women and ethnic minorities.



Forecast for Veterans by age

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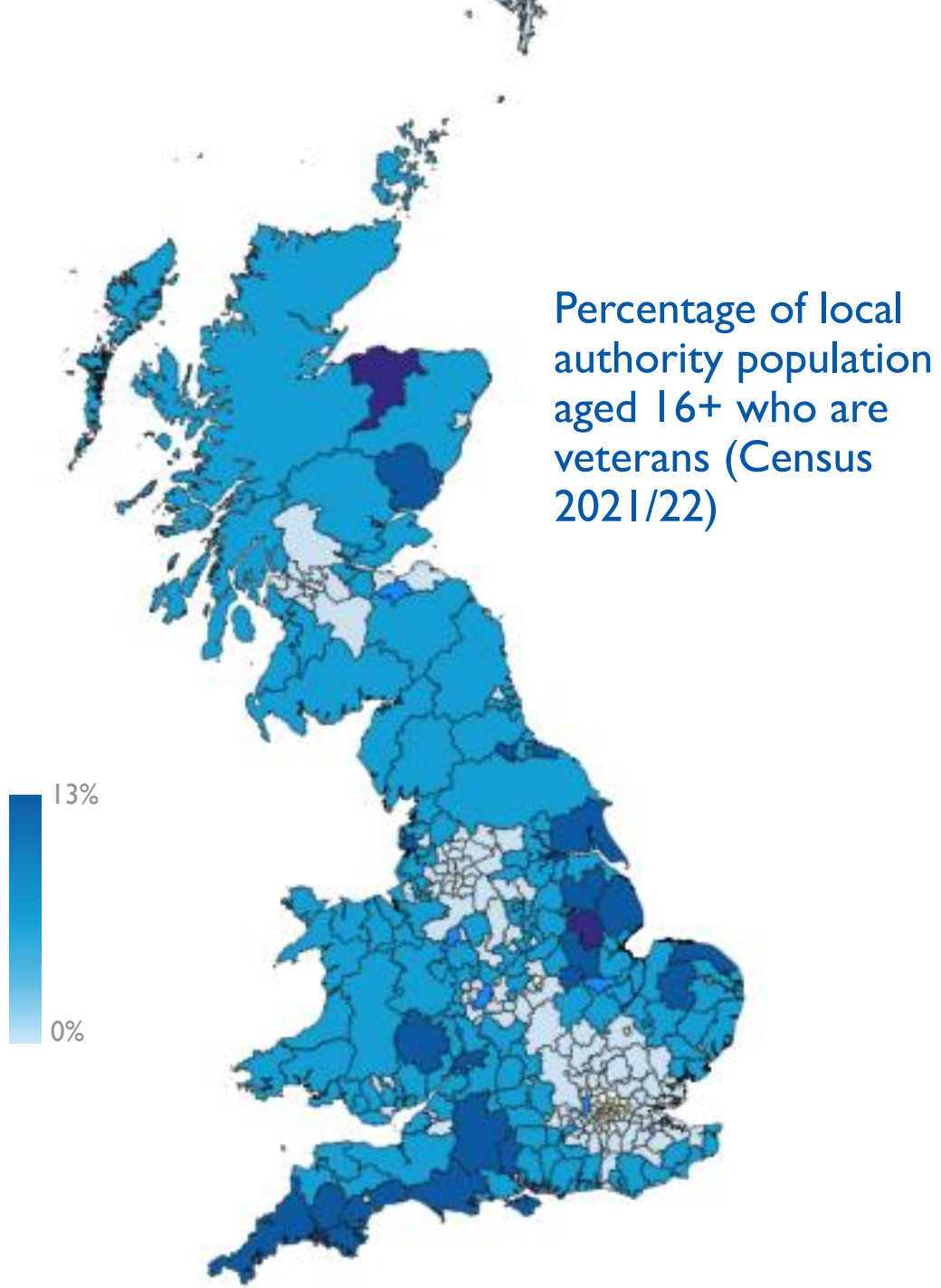
Communities (and countries) matter

In Census 2021/22, 3.8% of the population aged 16+ in Great Britain were veterans, but in some locations, this proportion was over 12%.

The geographical spread of veterans does not match that of the wider population, with relatively low proportions in some urban centres.



Percentage of local authority population aged 16+ who are veterans (Census 2021/22)

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There will continue to be large-scale need and support gaps

Some needs are over-represented in the AFC. Other needs are large-scale.

As the population changes, so too will the pattern and range of needs they face.

Examples include:

Disability: veterans are slightly more likely to be disabled than non-veterans.

There are hundreds of thousands of disabled family members living with veterans.

Serving families with children with SEND face challenges accessing timely, consistent support.

By 2035 there will still be 400k disabled veterans, and an increasing proportion of young veterans are expected to be disabled, with mental health need increasing, as in the wider population.

Unpaid care: veterans, their partners, and children, are more likely to provide unpaid care, than the wider population of similar age and sex.

Numbers will decrease in the next decade as the population gets smaller but there will still be over 100k veterans and hundred of thousands of family members providing unpaid care by 2035.

As the population gets younger the profile of caring will be spread across caring for children, relatives with health conditions or disabilities, and relatives in older age.

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There will continue to be large-scale need and support gaps

Some needs are over-represented in the AFC. Other needs are large-scale.

As the population changes, so too will the pattern and range of needs they face.

Examples include:

Help-seeking: there remain barriers to help-seeking for many in the AFC, particularly on some issues they may feel they want to solve alone, or where there remains stigma about asking for help.

There is strong evidence that mental health conditions and alcohol misuse are more prevalent among many parts of the AFC, than the wider population.

Our latest research shows that help-seeking for these issues among veterans remains much lower than help-seeking for physical health concerns.

Family Life and Relationships: impact on family life is the top reason for leaving the Armed Forces.

Relationship difficulties, lack of friendships and social connection, are high in the list of issues reported by the serving community and veterans in our AFC survey.

There is evidence that Intimate Partner Violence & Abuse is more prevalent among veterans than the wider population.

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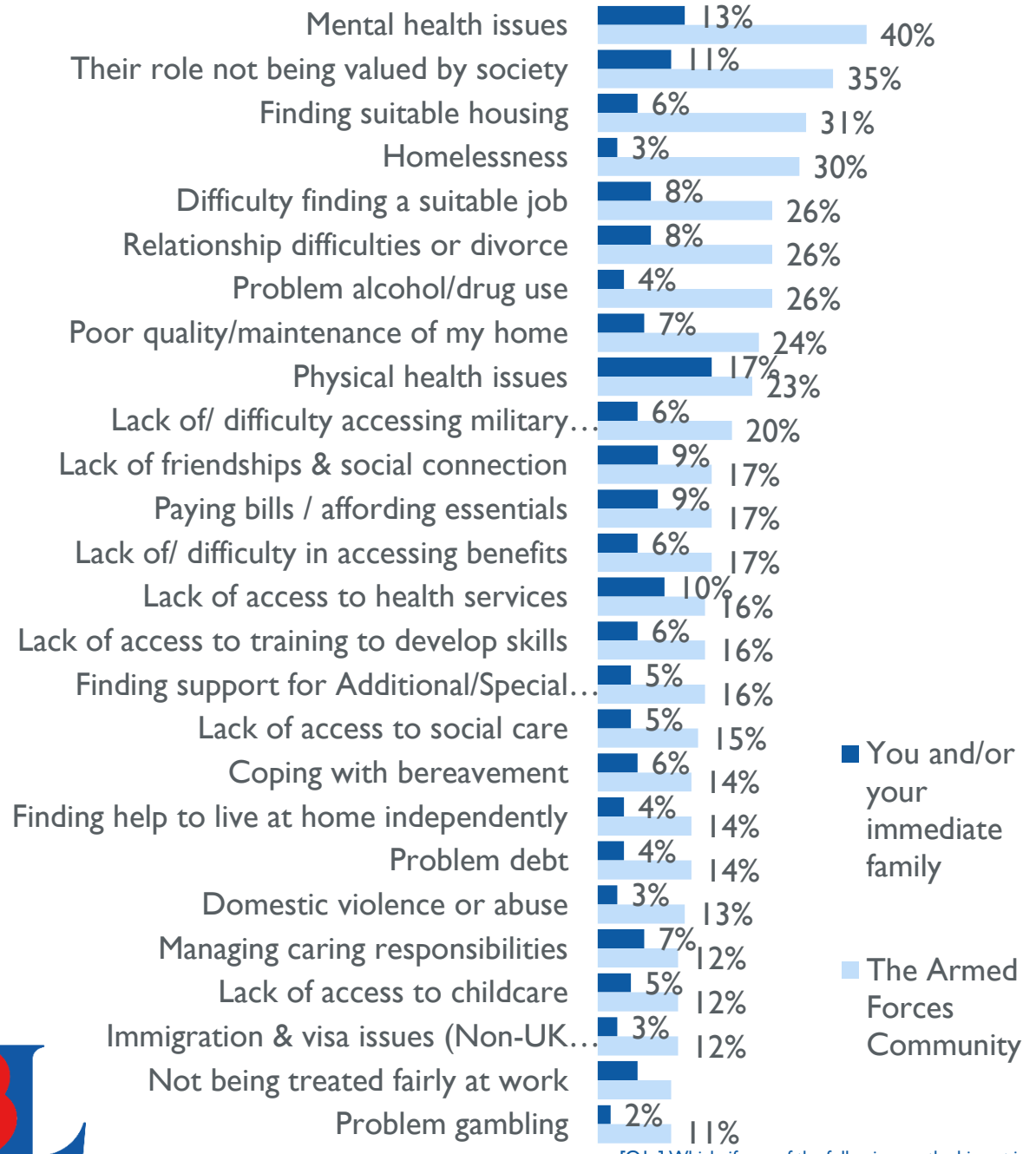
Need and perception of need don't match

We asked 3000 people in the AFC which issues they were facing, and which they felt the AFC as a whole were facing.

Physical health issues are highest when answering about personal circumstance (17%), while **mental health** is perceived as the biggest issue among the AFC (40%)

Not being valued by society is a significant issue concerning family and communities both personally (11%) and among the AFC (35%)

Homelessness is perceived to be a big issue for the AFC (30%), but it is one of the issues least likely to impact people personally (3%)



[Q1g] Which, if any, of the following are the biggest issues currently facing... (Please tick all that apply in each column).
Base: All AFC (n=3545)

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What OVA/MoD have planned for different types of data (15 mins)

Key data sources and initiatives from OVA/MOD:

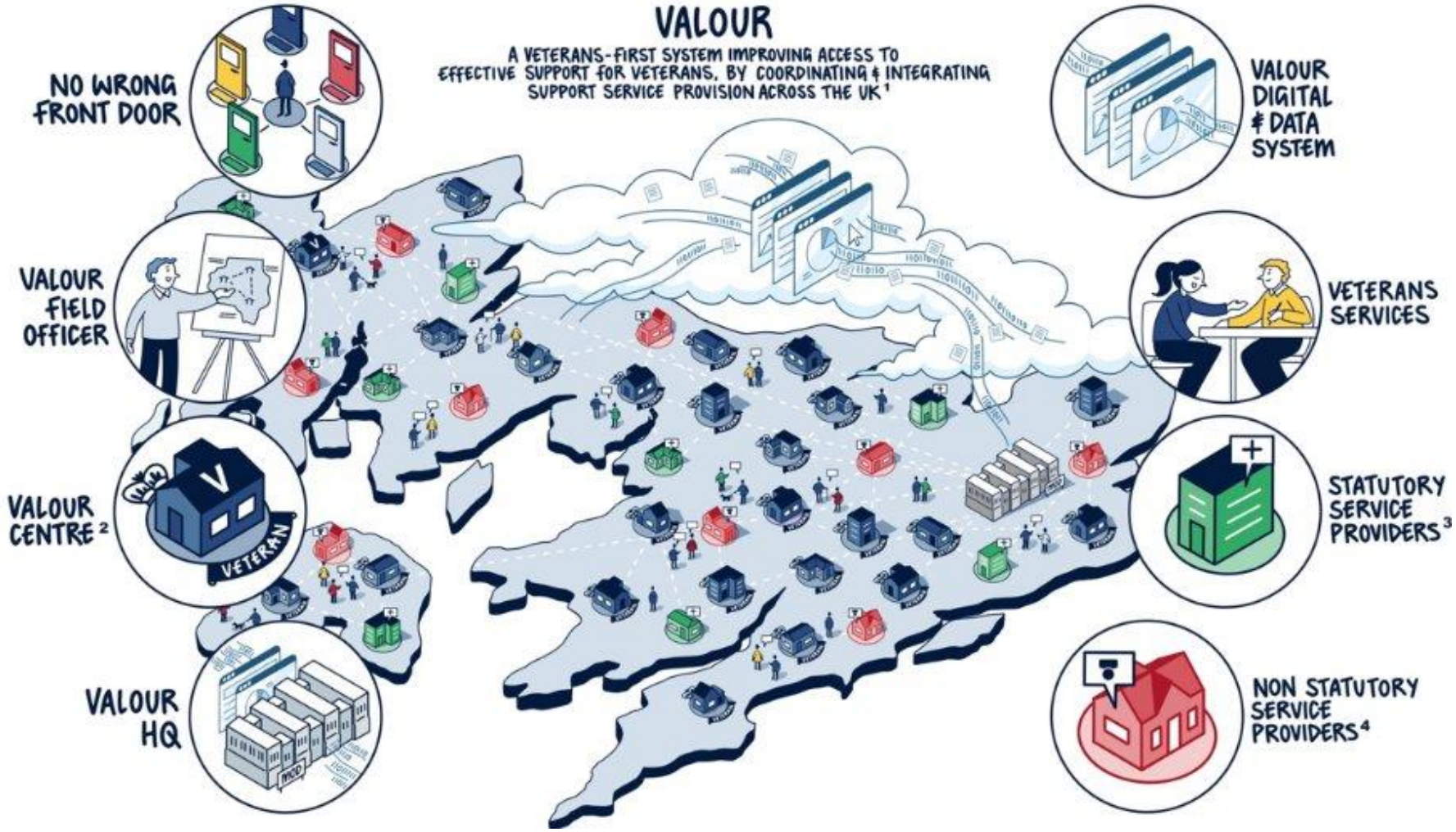
Population level data	Research data	Individual data	Service provision and delivery
• Service leaver Database • MOD Administrative datasets	• Veterans' Survey 2022 • Veterans' Survey 2027 • Perception study • AFCAS • Bully and harassment survey • Grants	• VALOUR • Veteran services (DBS)	• VALOUR • Covenant

Framework to ensure and improve sector-wide data quality

Common Data Collection Framework

What is VALOUR?

"A **veteran-centred** system improving access to effective support for veterans by coordinating and integrating support service provision across the UK"



Components of VALOUR

VALOUR HQ providing strategic coordination, coherence and oversight.

VALOUR Recognised centres providing a UK network of physical hubs.

VALOUR Field Officers improving regional connections across sectors

Veteran Services providing of end-to-end caseworker support for veterans with significant need.

Digital & Data providing user-centred services and insights.

Service Providers including a range of public services and an estimated 1800 armed forces charities.

Why VALOUR?

- Obtain a **Common Operating Picture** on veteran service provision across the UK
- **Understand journeys of individuals seeking support** to inform and improve exiting and future service provision
- **Identify veterans and their families that are falling through the cracks or need a quicker support**
- Improve the efficiency of service provision by **tapping into available resources across different organisations or regions**

What data is required for VALOUR?

- **Personal Identifiable Information (PII)**:
  - Tier 1: Service Number
  - Tier 2: NI Number
  - Tier 3: surname, DoB and postcode

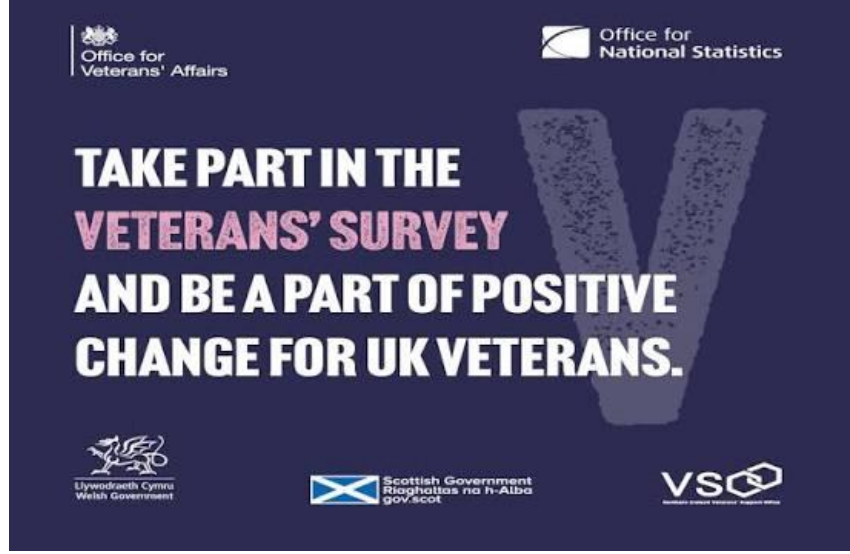
- **Demographic data** (such as age, gender, service history… etc)

- **Needs and assessment** (primary needs, presenting needs, HARDFACTS or other scorings… etc)

- **Service provision and outcomes** (upstream and downstream referrals, needs met/unmet and satisfaction of clients… etc)

- **Dates recorded for meaningful actions** (initial contact, registration, assessment, service provision… etc)

Veterans' Survey 2027



- Planned launch time: Summer 2027

- Methodology:
  - Online with limited paper copies available
  - Self-selective
  - Promoted via regimental/military networks, third sector, research academia, private sector (**if you would like to help promote the survey during its launch/open period please feel free to reach out to OVA**)

- Sample size: aiming for 30,000 or more

- Key topics: evaluation of new Veteran Strategy, VALOUR and pulse checking on the veteran community (question set in development)

Veterans' Survey 2027

- What data is likely to be produced via the survey:
    - Demographics of veterans and their families (including Nation level breakdown if sample size allows)
    - Metrics for evaluating the Veteran Strategy and VALOUR
    - Veterans' and their families' views and perceptions on their roles and values in the society

Table discussions (30 mins)

What have your organisations have done to improve the data you collect and use? (10 mins)

Consider:

- The breadth and depth of types of data you collect
- Quality of the data – e.g. completeness, accuracy
- Data protection considerations
- Analysis and use of insights from data to inform decisions

How does your organisation effectively reach out to AF community to raise the awareness of the support available? (10 mins)

How does your organisation effectively encourage AF community to take part in research and/or share their data (with appropriate data protection safeguards)? (10 mins)

Feedback and final table discussions (20 mins)

What do you think the public sector should do more to help with the data your organisation needs? (10 min)

What do you think charities should do more to help with the data your organisation needs? (10 mins)

Consider:

- Gaps identified
- Opportunities to fill gaps and gather new/better data
- Resources and capacity needed
- Who needs to take action, when

What do you think the public sector and charities should do more to help with the data your organisation needs? (20 min)

Notes as taken on the day:

Public sector:

- Lack of clear metrics and agreed ways of measuring outcomes
- Difficulty demonstrating impact
- Difficulty in determining outcomes.
- Need for a clearer shared purpose and direction ("why")
- Understand beneficiaries are individuals not data subjects.
- Connected datasets across organisations
- More information sharing and transparency
- Informing their decision making
- More capacity on data
- Allow "inside the wire"
- Better comms and talk to each other

Charity sector:

- "Who leads and how?"
- Ask the questions
- Working together through systems in different places
- Awareness of the funding available
- Specific on veterans' needs per location
- Hidden needs