

**Veterans
Report
2025**

Contents

Introduction	3
Background	3
Aims of the project	3
Scope of the project	4
Findings	
1. The Meaning of veteran	5
Who Gets to Be a Veteran?	7
2. Transition to civilian life	8
Housing: From Military Quarters	9
Healthcare: From Military Efficiency to Civilian Delays	9
Employment	10
3. Healthcare Experiences	12
“Are you a Veteran?”	13
Hospital Experiences	15
Dental Access	16
Mental Health	16
4. Support Networks	18
5. Recommendations in detail: What Veterans Want to See Changed	23
6. Positive Comments Identified in the Report	29
Recommendations:	32

Introduction

Healthwatch Telford and Wrekin is the independent champion for people who use health and social care services. We work to ensure that the voices of local people are heard and that those who run services place individuals at the heart of care.

Our purpose is to understand the needs, experiences, and concerns of people who use health and social care services and to speak out on their behalf. We focus on addressing current issues, improving service quality, and helping to shape better services for the future.

We achieve this by carrying out research and evaluations using a range of methods, including service-user reports, community feedback and detailed surveys. Some of this work forms part of our statutory duties.

Background to the Project

Healthwatch Telford and Wrekin launched this project to better understand the experiences of veterans transitioning from military to civilian life, with a particular focus on access to healthcare and support services. Recognising that this transition can present unique challenges, we developed a survey to gather insights directly from veterans about their experiences, barriers, and needs.

To complement the survey findings, we also held a series of focus groups and engaged directly with veterans at local veterans' groups across the borough. These conversations provided valuable, in-depth perspectives on the realities of navigating civilian healthcare systems, accessing support networks, and adjusting to life after service.

By combining survey data with lived experiences shared through focus groups and community engagement, this project aims to highlight key issues, identify gaps in provision, and inform recommendations to improve services for veterans in Telford and Wrekin.

We conducted three focus groups involving 16 veterans. Additionally, we visited veterans' groups, where we spoke with a further 34 veterans.

Aims of the Project

The aims of this project were to:

- Understand the experiences of veterans transitioning from military to civilian life, particularly in relation to accessing healthcare and support services.
- Identify any barriers veterans face when trying to access GP services, mental health support and other local services.

- Gather feedback on the quality, accessibility and awareness of available support for veterans in Telford and Wrekin.
- Explore whether veterans feel their needs are understood and appropriately supported by health and care providers.
- Capture suggestions from veterans on how services could be improved to better meet their needs.
- Use the findings to inform recommendations and support local services in improving outcomes for the veteran community.

Scope of the Project

This project focused on gathering the views and experiences of veterans living in Telford and Wrekin in relation to their transition from military to civilian life, with a particular emphasis on accessing healthcare and support services.

The scope of the project included veterans of all ages and service backgrounds who are currently residing in the local area. Engagement was carried out through a combination of an open survey, focus groups, and informal discussions at local veterans' groups to ensure a broad range of perspectives were captured.

The project explored key themes such as access to GP services, mental health support, awareness of available services and experiences of using local health and care provision. It also considered the wider support available to veterans, including community and voluntary sector services.

This project did not include active service personnel or families of veterans unless they were contributing to the experiences of a veteran. The findings are based on the views shared by participants during the engagement period and are intended to provide a snapshot of local experiences rather than a comprehensive assessment of all services.

Findings

1. The Meaning of veteran

The conversations began with a simple word – **veteran** – but the meaning behind it was anything but simple. While the UK Government defines a veteran as anyone with at least one day of paid service, the lived experiences shared in these groups showed how deeply inadequate and disconnected that definition feels to those who have served.

To some participants, of the focus groups veteran was an identity they embraced. They had served in multiple conflicts, worn their medals with pride and felt a lifelong bond with the armed forces community.

“I am a veteran. I’ve been there, there, and there.”

For others, the word felt uncomfortable or misleading. They felt that calling themselves a veteran might imply a level of service or sacrifice they hadn’t experienced – especially in comparison to older generations who served in major wars.

“I’ve never really used the word veteran. I say ex-RAF or ex-forces – and even then, not often.”

Many participants noted that the wider public often holds an outdated image of what a veteran looks like. They described how, for many people, “**veteran**” still conjures images of elderly World War II servicemen in wheelchairs at Remembrance Sunday events.

“People still expect veterans to be 100 years old and have fought in Normandy.”

But modern veterans cover every age group:

- some left the forces in their late teens or 20s
- many are in their 30s and 40s
- some have been deployed in conflicts that receive little public recognition
- others served in dangerous, stressful environments without ever firing a weapon.

One example stood out: someone who served in Kosovo and Sierra Leone, left the forces in his early 30s. He had seen conflict, faced danger and contributed to international operations. Yet, when he returned home, few people would have

recognised him as a veteran – simply because he didn't fit the public stereotype, and they would not class themselves as a veteran.

Several participants said they *felt* like veterans among their peers – but the wider world didn't see them that way.

“When it's just the two of us together, you know we're veterans. We've got a different outlook on life.”

Another example came from a participant who volunteers at an Independent Living Centre. The civilians working there only came to understand the term “**veteran**” because two volunteers happened to be ex-forces. Their presence created awareness – not any public definition.

Several veterans expressed frustration that many British military operations since the Second World War remain “**forgotten conflicts**” in the public consciousness.

These included:

- The Falklands
- Bosnia
- Kosovo
- Iraq
- Afghanistan
- Northern Ireland
- Cold War service in Germany
- Operations in Singapore, Borneo, and Southeast Asia.

“There's barely been a year since 1945 when our troops weren't in conflict. But only WWII ever gets mentioned.”

One participant described living in Germany during the 1970s when the IRA carried out attacks on British forces there. Family members checked under their cars for bombs every day. The sense of danger was real, constant and terrifying – yet rarely acknowledged as part of the veteran story.

Another participant, whose father served in Borneo, remembered bombs being placed in letterboxes in Singapore.

Families were also part of these conflicts.

While the word “**veteran**” is well understood across the world, UK veterans felt the term lacks nuance in the public mind. It does not reflect the:

- diversity of modern service
- range of conflicts since WW2

- roles beyond combat
- difference between short service and lifelong careers
- experiences of families who lived in dangerous environments.

One participant captured the scale of change:

“Veteran is known worldwide. But in the UK, most people still picture Chelsea Pensioners.”

Who Gets to Be a Veteran?

This was one of the most passionate parts of the conversation.

Participants were shocked – even angry – to learn that someone could be classed as a veteran after just one or two days of service.

“Two days? They haven’t even worn the uniform yet.”

Many felt this devalues the experiences of those who served for years. At the same time, some acknowledged that support should still be available for those medically discharged early – especially with injuries or trauma sustained during training.

A range of alternative qualifying periods of service to be the definition of “**veteran**” were proposed:

- after completion of Phase 1 basic training
- after Phase 2 trade training
- only after operational deployment
- only after a minimum term of service.

But one comment captured the deeper truth:

“It’s like a clock. Every part matters. Without the logistics, transport, stores, mechanics – the whole thing stops.”

This perspective recognised that military service is not defined solely by combat. The armed forces are a team built on interdependent roles, many of which are invisible to the public.

2. Transition to civilian life

This is what many of our participants described as the most disorienting and emotionally difficult stage of their lives: the transition from military to civilian life.

Across all focus groups, the same theme echoed again and again:

Leaving the forces is not a transition – it is a sudden drop.

Veterans described handing in their ID card then ‘overnight’ your routines, comradeship, accommodation, healthcare access, hierarchy, employment structure and identity simply disappeared.

One veteran captured it powerfully:

“You hand in your ID card, the bubble bursts, and you’re alone.”

Although the MOD provides signposting to services, veterans said it was overwhelming, confusing and delivered without structure or personal support.

“It’s like spaghetti junction – signs everywhere but no direction.”

Information was provided in leaflets, slideshows or lists of links, with little explanation or practical help. Veterans said that after years of operating within clear structures and orders, being expected to suddenly navigate everything independently was deeply challenging.

Veterans said the biggest shock was cultural.

Veterans repeatedly described civilian environments as fragmented, individualistic and unrecognisable compared to military life.

“Civilians are a different world – different humour, different attitude.”

“In the forces, if someone disappears for two days, people check on them. Outside, nobody notices.”

Many said they felt lonely, misunderstood, or unable to express themselves freely.

Even those who adapted well remembered the early days of civilian life feeling disorientated finding:

- no shared humour
- no common reference points
- no “team first” mindset
- no one checking in
- no predictable routines.

Some felt they had to “shrink” their personalities or hide their service because civilians didn’t know how to respond.

Housing: From Military Quarters

Leaving the services often meant losing their military accommodation instantly. Veterans described:

- panic about where to go
- unfamiliarity with council applications
- rental deposits and credit checks
- complete lack of guidance.

One veteran recalled seeing families leave married quarters with no furniture or cookware because everything had been provided by the military. They had to rebuild a home from scratch with no system for support.

Another said:

“When you leave quarters, nobody tells you how to get a house. You’re just expected to know.”

For those whose children were settled in local schools, decisions became even more complex. Many stayed in Telford, Lawley or surrounding areas simply because they didn’t want to uproot children again.

Some participants said that council housing was not available to them, they had to be evicted from quarters, then became homeless before being given temporary accommodation.

Healthcare: From Military Efficiency to Civilian Delays

Healthcare transition was one of the biggest shocks:

“In the med centre, I could be seen the same day. In civvy street, it’s a fight to even to get registered.”

Veterans reported:

- long GP waiting times
- year-plus waits for dentists
- medical records missing or stuck in MOD systems
- no one asking if they are veterans
- being bounced between services
- feeling like NHS staff didn't understand military conditions.

This sudden drop in healthcare access left many feeling abandoned and anxious.

One veteran described being unable to access an NHS dentist for 18 months, despite living in an area full of serving personnel and veterans.

Another discovered their entire military medical history had not transferred – resulting in crucial health information being lost.

Veterans said they did not know of some of the services available to veterans, these are not coordinated and passed on to veterans.

“We do not want special treatment, but some of veterans issues are from our time in service “

Employment

Veterans expressed frustration at how civilian employers misunderstand military roles...

- Leadership roles weren't recognised.
- Technical skills weren't translated.
- Civilian CV advice felt irrelevant.
- Interview panels had preconceptions.
- Some employers assumed veterans would be rigid, aggressive or inflexible.

“In the military, everyone knows what you can do. Out here, nobody has a clue.”

Even experienced personnel with 20+ years of service found the transition bewildering.

Participants worried deeply about those who leave the forces early – especially those aged 18-26 who had never been in the civilian job market.

These younger veterans often:

- lacked life skills

- couch-surfed
- job-hopped
- struggled with mental health
- didn't know how to navigate services
- avoided seeking help.

One veteran said:

“We take them in at 16 and shape them. Then they're out, and they don't know how to live in civvy street.”

Some saw younger veterans re-enlist simply because they couldn't cope:

“After a year or so they say, ‘You know what, it wasn't that bad. I'll go back’.”

Many veterans were told they would receive follow-up for two years after leaving.

Not a single participant in our focus groups had ever been contacted.

“They said they'd check on me. I never heard from anyone.”

This broken promise reinforced feelings of abandonment.

3. Healthcare Experiences

We were told that the transition into civilian life felt like falling off a cliff, then navigating healthcare afterward felt like landing hard on the rocks below.

Across every focus group, the NHS healthcare experience dominated discussions. It was described in detail, with frustration, confusion, humour and sometimes genuine distress. Veterans repeatedly said that although they don't expect special treatment, they do expect systems to understand who they are, recognise what they've been through and not make life harder than it needs to be.

Instead, they described a system where:

- no one asks if you're a veteran
- no one seems to know what to do when you say you are
- medical records get lost
- communication between services is poor
- waiting times are long
- "veteran friendly" is often just a poster on the wall.

One participant summarised it bluntly:

"The poster's on the wall. That's all it is. There's no action behind it."

Veterans described the contrast between military and NHS healthcare as shocking.

In service:

- appointments were same day
- medical staff understood military injuries
- physical and mental health issues were seen quickly
- records followed you
- deployment risks meant proactive care.

One veteran said:

"On a ship or base, I was seen the same day. Out here, it took me 18 months to get a dentist."

Once in civilian care, they faced:

- long GP waits
- telephone triage barriers
- inconsistent staff
- repeated retelling of their story
- losing test results
- lost audiology files
- slow referrals
- lack of understanding of military conditions.

Veterans described feeling like the NHS expected them to “**just tough it out**”, a mindset ingrained from years of service – but dangerous in a civilian system where waiting too long can have serious consequences.

“Are you a Veteran?”

This was one of the strongest, repeated criticisms.

Veterans said they are almost never asked this question when registering with a GP or attending the hospital.

One said:

“My husband’s seen cardiologists for months. No one ever asked if he was a veteran.”

Another had multiple hospital appointments:

“I’ve never once been asked. Not at the GP, not at PRH, nowhere.”

This is especially concerning because NHS England’s Veteran-Friendly Accreditation *requires* practices to identify veterans, yet participants said they saw no sign of this happening.

Without this basic question:

- medical staff don’t know the person may have service-related injuries
- PTSD, hearing loss, or joint damage may be misattributed or overlooked
- hospitals can’t connect patients to veteran pathways
- clinicians can’t interpret medical histories properly.

One veteran said:

“The result is Veterans become invisible inside the system.”

Many veterans described serious issues transferring MOD medical files into NHS systems.

Examples included:

- being told to fetch records personally from RAF Cosford
- being charged admin fees
- records being “lost in transit”
- incomplete files arriving at GP surgeries
- audiology departments refusing to release hearing test results
- MOD legal departments causing delay over routine forms.

One veteran described a months-long ordeal for a hearing-loss claim:

“Even when the Veterans Minister got involved, nothing moved. It took months to get a standard audiogram.”

Another discovered their NHS record began at age 22:

“No one ever sent my records over. It’s like my entire military medical history vanished.”

This caused enormous frustration and raised concerns about:

- ongoing care
- diagnoses
- historical vaccinations
- exposure to harmful environments
- hearing loss
- injuries sustained during service.

One participant worried that early Gulf War vaccinations or exposures were undocumented in his NHS record, despite long-term health implications.

Hearing loss and tinnitus were some of the most common issues discussed.

Veterans noted:

- use of ineffective foam earplugs
- exposure to weapons fire, engines, machinery
- poor early-career hearing protection
- tinnitus that worsened with age.

Many highlighted how MOD processes for hearing-loss claims are slow, bureaucratic, and confusing.

“It’s taken two years so far, and I still don’t know if I’ll get a payment or a pension.”

One veteran explained that audiology departments don't seem familiar with MOD forms, even though thousands of veterans require them every year.

Hospital Experiences

Veterans consistently praised individual clinicians but criticised the lack of system awareness.

Examples included:

- A&E staff unaware of veteran reps
- hospitals claiming to be “veteran aware” without any evidence
- no consistent signposting to alternative treatment pathways
- staff unaware of veteran mental health risks
- difficulty accessing specialist services.

One said:

“They’ve got a veteran-friendly badge by the entrance, but nobody there knows what it means.”

Another explained:

“At QE Birmingham the care was excellent, but no one acknowledged I was a veteran.”

This highlighted a structural issue. Recognition depends on individual staff, not consistent policy.

Multiple veterans noted that GP surgeries and hospitals display “Veteran Friendly Practice” posters – but few clinical staff understand what that means.

A participant described Princess Royal Hospital:

“They’ve got a tick on the wall saying they’re veteran aware. But nobody there knows what to do with a veteran.”

Another veteran working in the NHS said:

“Staff don’t get trained in what veterans need. So they just don’t ask.”

This lack of awareness in clinical roles in multiple hospital trusts leaves veterans feeling that the “veteran friendly” label is often symbolic, not meaningful.

Dental Access

Participants described long delays for NHS dentistry:

- 12 to 18 months to register
- constant phoning in case of new spaces becoming available
- many forced to use private dentistry
- no recognition of high local military/veteran population.

One said:

“There should be a block of places held for veterans in areas with bases. It just makes sense.”

Another explained they only managed to register because they happened to call on the right day.

Mental Health

While some veterans avoided talking publicly about mental health, the stories shared revealed:

- many veterans minimise symptoms
- NHS staff often miss signs of military-related trauma
- veterans find it difficult to open up to civilians
- continuity of care is poor
- frequent staff changes break trust
- telephone triage is unsuitable for complex trauma.

One participant explained:

“You can’t tell a stranger in ten minutes what’s wrong. Veterans need time and understanding.”

The lack of relational continuity – seeing a different GP every time – was said to be particularly harmful.

Many veterans admitted they avoid mental healthcare because of:

- frustration with systems
- fear of being misunderstood
- embarrassment

- “just crack on” mentality
- difficulty asking for help
- feeling like they’re wasting NHS time
- distrust based on past experiences.

One veteran summed it up in a sobering quote:

“In the military, you tough it out. Out here, toughing it out can kill you.”

4. Support Networks

If healthcare was the system veterans struggled *within*, then support networks were the structures they struggled to *find*. This was one of the richest, most heartfelt sections of all the conversations we were privileged to be a part of.

While many formal services exist for veterans, the lived experience in Telford & Wrekin revealed a landscape that is fragmented, inconsistent and often invisible unless you already know where to look. Participants described how the most meaningful support comes not from organisations, but from each other.

Every group emphasised that the strongest, most reliable source of support is veteran-to-veteran contact.

Participants said that:

- veterans understand each other's humour
- veterans understand trauma without needing long explanations
- veterans know what silence means
- veterans can spot distress quickly
- conversations happen more naturally
- trust forms instantly.

One veteran offered a story that deeply moved the entire room.

'During COVID lockdown, a former soldier he knew had not left his house for nearly four years. He refused all official help. But when a fellow veteran visited – someone who “spoke the same language” – the man agreed to talk. After a few visits, he stepped outside with him. Weeks later, he went for a walk around the block. Months later, he began meeting people again. Eventually, he rebuilt relationships and became engaged.'

“A professional wouldn't have got through the door. A veteran did.”

This was repeated across the groups peer support is essential.

Telford & Wrekin has many veteran-related activities:

- breakfast clubs
- brunch groups
- drop-ins
- community support groups
- Armed Forces Covenant events
- volunteer-run spaces
- charity initiatives
- brunches at Lawley, Dawley, Wellington, Shrewsbury
- veteran cafés attached to British Legion halls.

But veterans said they are:

- uncoordinated
- advertised inconsistently
- not linked together
- often run by volunteers with no shared approach
- dependent on the personality of whoever is present.

One veteran described going to a brunch at a railway venue:

“We walked in. Not one person said hello. We sat alone. Nobody acknowledged us.”

Another described a completely different experience elsewhere:

“At Lawley, we walked in and were greeted straight away. It felt like we belonged.”

This inconsistency made it hard for veterans to know which groups were “for them” and which would leave them feeling awkward or invisible.

Many said attending a new group can be intimidating – especially for veterans dealing with anxiety, PTSD, or low confidence.

The idea with the *strongest* consensus was the creation of a single, central, well-publicised Veterans' Hub.

Veterans were clear about what this hub should be:

It must be:

- staffed, not just volunteer-run
- consistent, with reliable opening hours
- widely advertised, across GPs, councils, social care, and community spaces

- multi-agency, hosting SAFA, RBL, Telford & Wrekin services, Citizens Advice, etc.
- a place where all questions can be answered, not just some

It must NOT be:

- a poster on a wall
- an occasional coffee morning
- a room in a building nobody knows about
- a group staffed by changing volunteers
- a single-issue service (e.g., only mental health, only benefits, only breakfast).

Veterans emphasised that the hub must be more than signposting – it must be a trusted point of contact.

“One door in. That’s what we need.”

Some participants said the Reserve Centre might be ideal. Others wanted somewhere in Telford Town Centre or Wellington.

But all agreed that it must be:

- easy to get to
- staffed by someone who understands veterans
- consistent from week to week.

Some participants suggested a mobile outreach van as not all veterans can travel some

- have disabilities
- have no car
- struggle with anxiety
- are isolated
- live rurally
- care for dependents.

Veterans repeatedly suggested a mobile support unit that could visit:

- Dawley
- Donnington
- Lawley
- Wellington
- Oakengates
- Madeley.

The idea was a branded minibus or van providing:

- GP and dentist registration support
- benefits advice
- mental health signposting
- voluntary sector support
- social space
- access to hearing, mobility, or welfare checks.

One veteran compared it to the “cancer awareness bus” that used to visit local supermarkets:

“If they can do that, they can do the same for veterans.”

Veterans repeatedly said support works only when the *same people* appear each time.

They described:

- attending drop-ins where staff changed every week
- leaving because they didn’t want to retell their story
- lack of follow-up
- absence of continuity in GP surgeries
- rotating staff at hospitals
- constant re-explaining of their background.

A powerful comment summed up the issue:

“It’s like in the forces – you stick with people you know. If you don’t know them, you don’t talk.”

Veterans said if one or two familiar staff members consistently represented the Council, Healthwatch, or Armed Forces Covenant at groups, trust would deepen dramatically.

Perhaps the most fascinating insight was how veterans “**find each other**” in ordinary life.

Participants described:

- recognising the way someone stands
- spotting a veteran by their haircut or mannerisms
- identifying humour or sarcasm
- intuitively knowing who has served
- forming friendships in minutes.

One said:

“You can tell a squaddie a mile off.”

Another described meeting a fellow veteran on a cruise:

“Within an hour we knew each other’s stories, families, everything. That’s veterans.”

These micro-communities often offer more emotional safety than formal structures.

Veterans acknowledged that:

- SAFA
- Royal British Legion
- Citizens Advice
- Armed Forces Covenant
- NHS
- Council Services
- Breakfast Clubs
- Veteran cafés

all *exist*.

The problem is coordination:

- no single directory
- no unified website
- no shared calendar
- no single Facebook page
- no shared communication between groups
- inconsistent training
- inconsistent messaging
- no shared identity among local support.

One veteran said:

“It’s all very well having 20 groups – but none of them talk to each other.”

5. Recommendations in detail: What Veterans Want to See Changed

Across all focus groups, veterans were clear, consistent and pragmatic about what needs to change. These recommendations are deeply rooted in lived experience. They are not abstract ideals or policy soundbites – they emerge directly from the frustrations, barriers and insights shared by the veterans themselves.

Veterans repeatedly said they are not asking for special treatment – only for a system that understands who they are, what they have experienced and how their needs differ slightly from the general population due to the nature of military service.

They want a system that *works* – not one that says it works.

1. Create a True Central Veterans Hub

This was the strongest, most repeated recommendation across all groups.

Veterans want:

- A physical building, clearly signposted
- Staffed by people who understand veterans
- Open consistently (not once a month, not ad-hoc)
- Connected with all major agencies:
 - Healthwatch
 - Telford & Wrekin Council
 - NHS
 - SAFA
 - Royal British Legion
 - Local charities
 - Benefits advisors
 - Employment support.
- A place that helps veterans *solve problems*, not just be signposted elsewhere

Veterans stressed that it must not be:

- a voluntary pop-up
- a coffee morning
- a room buried inside a building people can't find
- a service with changing staff each week.

They want one door in, and someone there who knows what to do.

One said:

“If there was one place to go for everything, half our problems would disappear.”

2. A Mobile Outreach Van

Not all veterans can travel. Many:

- have mobility issues
- lack transport
- have anxiety about new places
- live rurally
- are socially isolated.

Veterans proposed a mobile minibus or outreach van visiting:

- Dawley
- Wellington
- Donnington
- Oakengates
- Madeley
- Lawley.

This van could offer:

- GP/dentist registration help
- information on MOD pensions
- benefits and housing advice
- mental health signposting
- social connection
- access to hearing or wellbeing checks
- drop-in chats with trained veteran-aware staff.

The idea drew strong support. Veterans said they would attend a mobile service *more readily* than static hubs because it lowers the emotional and practical barriers.

3. Improve Veteran Identification in Healthcare

Veterans agreed that healthcare fails them most when it doesn't recognise them.

They want:

- Every GP and hospital to ask: "Are you a veteran?"
- A clear system to add the veteran code to medical records
- Staff trained to know what the code means
- Better understanding of:
 - hearing loss patterns
 - PTSD symptoms
 - joint and muscular-skeletal issues
 - vaccine histories
 - exposure to harmful environments.
- Alternative pathways clearly explained (e.g., QE Birmingham specialisms)

Veterans said this identification issue alone would transform their care.

One commented:

"No one knows I'm a veteran unless I tell them. And even when I do, they don't know what to do with that information."

4. Fix the Medical Records Transfer Problem

Veterans described severe issues with medical record transfers. They want:

- faster MOD-to-NHS data transfer
- a clear national process
- no more being told to "collect your records yourself"
- better integration across systems

- automatic transfer upon discharge
- no admin fees
- no lost paperwork.

Several felt strongly that records should leave MOD systems automatically at discharge and be delivered directly to the NHS.

“There shouldn’t be a firewall between MOD and NHS. It creates gaps that put us at risk.”

5. Better Support Before Leaving the Forces

Veterans emphasised that transition support arrives far too late, often in the final weeks before discharge.

They want:

- preparation to start 12 months before leaving, not 8 weeks
- practical guidance on everyday life:
 - renting a house
 - getting a mortgage
 - setting up utilities
 - registering with GPs/dentists
 - council systems
 - benefits
 - schools for children.
- a printed booklet or digital resource – simple, clear, practical
- a named individual responsible for transition support
 - This would prevent younger veterans from falling through the cracks.

6. Improve Communication and Coordination Between Veteran Groups

Veterans were clear that Telford & Wrekin has:

- plenty of groups

- plenty of goodwill
- plenty of activity.

But:

“None of them talk to each other.”

They want:

- a unified directory of groups
- shared calendars
- clear explanation of what each group offers
- a communication channel linking all veteran services
- consistent attendance by Council/Healthwatch/covenant staff
- less duplication and more cooperation.

7. Train Civilian Staff to Understand Veterans

Veterans said that many NHS, council and charity staff:

- don't understand military culture
- don't grasp how veterans communicate
- don't recognise signs of trauma
- don't know the pathways available.

They recommended:

- veteran-awareness training for frontline staff
- training on communication styles
- understanding the “tough it out” mentality
- training on military humour, terminology and behavioural differences
- basic knowledge of MOD processes.

This would greatly improve interactions and outcomes.

8. Formalise Peer Support Pathways

Veterans want structured, supported peer roles:

- peer mentors

- outreach volunteers
- veteran-to-veteran connectors
- trained listeners
- ambassadors inside NHS and council services.

They emphasised that peer support must be treated as a core service, not an optional add-on.

9. Clearer Crisis Pathways for Veterans

Veterans want:

- a clear route if they reach crisis
- local signposting for urgent support
- improved coordination with mental health teams
- support for families affected by crisis.

They stressed that crises often escalate because veterans don't know where to turn.

10. Don't Forget Families

Many families live military lives too.

Veterans said families should also receive:

- support with transition
- help accessing healthcare
- recognition of the emotional toll
- signposting to local services.

One veteran said:

“My wife followed me around the world for 27 years. She was part of the service too.”

6. Positive Comments Identified in the Report

1. Pride in Service & Identity

Even when veterans struggled with aspects of being labelled a “veteran”, many expressed pride in their service.

“I am a veteran. I’ve been there, there and there.”

Veterans described feeling a shared outlook and camaraderie when together:

“When it’s just the two of us, you know we’re veterans – we’ve got a different outlook on life.”

These reflect *positive identity, pride, and belonging*.

2. The Power of Veteran-to-Veteran Support

This was one of the strongest positive themes.

“Veterans talk to veterans – that’s how you find out what’s really wrong.”

“A professional wouldn’t have got through the door. A veteran did.”

Quick trust and bonding:

“Within an hour we knew each other’s stories.”

Veterans described peer support as *life-changing* and deeply effective.

This shows strong community strengths.

3. Positive Experiences in Some Veteran Groups

Although inconsistency was an issue, several groups were praised.

The Lawley brunch was described as warm and welcoming:

“We walked in and were greeted straight away. It felt like we belonged.”

Breakfast clubs like Shrewsbury were praised for connection and atmosphere:

“It’s cracking – really good. Everybody gets stuck in.”

These highlight successful local support models.

4. Good Experiences with Individual NHS Staff

Even when systems were criticised, participants repeatedly praised individual clinicians:

“Audiology were fantastic – they recognised me straight away and helped.”

“QE Birmingham is one of the best centres in the world for what I needed.”

These show pockets of excellent care, even if systems need work.

5. Positive Adaptation After Transition

Some veterans said the transition eventually improved with time:

“I’d already worked with civilians before leaving, so I transitioned slowly and it helped.”

“My group of friends in Telford helped me settle back in.”

This shows that with the right conditions; adaptation can be successful.

6. Strength of Local Veteran Communities

Veterans praised informal, organic networks:

“You can spot a squaddie a mile off.”

“We naturally find each other.”

There is strong, self-built community cohesion.

7. Positive Examples of Help Already Working

Several successful stories emerged:

- A veteran helped a housebound comrade re-engage with life, eventually becoming engaged.
- SAFA support for wheelchair adaptations and home modifications was praised.
- Veterans recognised helpful local staff (e.g., colleagues, council teams, medical staff).

These show existing good practice and strong personal impact.

8. Veterans Expressed Constructive, Not Cynical, Outlooks

Many comments showed optimism and solutions-focused thinking.

Requests for a central hub were framed as practical improvements, not complaints.

Veterans expressed willingness to help others:

“If there was a hub, I’d volunteer to support others.”

This demonstrates a strong desire to contribute, not just receive support

Across all sections, veterans highlighted strengths such as:

- Pride in service
- Strong peer support networks
- Effective informal veterans’ communities
- Positive experiences in some cafés, brunches, and clubs
- High-quality care experiences with certain NHS providers
- Adaptability and resilience
- Commitment to helping each other
- Clear, constructive ideas for improvements.

Recommendations:

1. Create a central well publicised Veterans Hub
2. Commission a mobile veteran's outreach service
3. Improve the identification of veterans in all areas of healthcare
4. MOD and NHS to implement an effective medical records transfer process with guidance for clinical practitioners
5. Implement better support before discharge
6. Improve communication and coordination between veteran groups
7. Develop better training on veteran awareness for all healthcare staff
8. Develop a platform to enable veterans to both be a peer mentor or for veterans to find one
9. Ensure that mental health crisis pathways are clear for veterans
10. Recognise and support veterans' families

Healthwatch Telford and Wrekin extends its deep thanks to each and every person and their families who have served in the United Kingdom's armed forces regardless of sector, rank or length of service for that very service, plus for sharing their insights into life following their discharge so that we could create this report. We will use 'their truths' to seek meaningful change in Telford and Wrekin, which can be copied by other areas.



**Committed
to quality**

Healthwatch Telford and Wrekin

Meeting Point House

Southwater Square

Southwater

TF3 4HS

www.healthwatchtelfordandwrekin.co.uk

t: 01952 739540

e: telford.admin@healthwatchtelfordandwrekin.co.uk



HealthwatchT_W



HealthwatchTW



HealthwatchTelfordandWrekin



HealthwatchT&W



**Engaging
Communities
Solutions**

The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

www.weareecs.co.uk

t: 0800 470 1518

e: contactus@weareecs.co.uk



@EcsEngaging



Engaging Communities Solutions (ECS)