healthwatch Salford

"The chaos of the Civilian World"

SC4AF

Social Care for Armed Forces

A report on the Armed Forces Community and their access to health and social care services.

June 2026

The title on the cover, was taken from a member of the Armed Forces Community, refers to the way members told us they feel when they are discharged from a world where all health and care services are provided for them; then, once they are discharged, they need to navigate a world that is unfamiliar to them.

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Executive Summary

This project spoke to 32 members of the Armed Forces Community to learn about their experiences of accessing health and social care services in Salford.

We identified 12 themes throughout the transcripts, including some areas of good practice which we have highlighted. Four of the themes were specific to members of the Armed Forces Community, and these have formed the basis of our recommendations:

- Veteran status not identified
- Failure to signpost to relevant services
- Medical records not shared or transferred
- Salford Armed Forces Covenant awareness gap

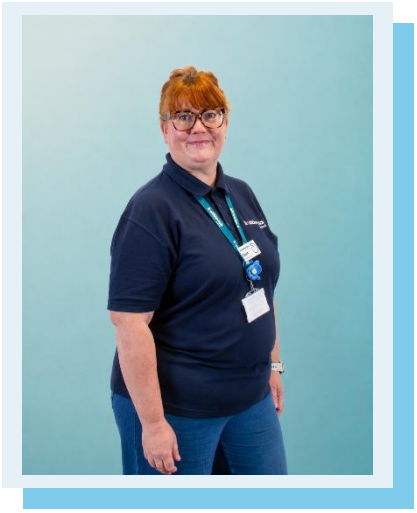
Our nine recommendations include an action for Salford Adult Social Care to make veteran status a protected characteristic in order to make sure this information is requested and recorded. This will enable members of the Armed Forces Community to access the most appropriate support. We also recommend that Salford Adult Social Care appoint an Armed Forces Champion to roll out veteran aware training and ensure that all staff are equipped with the specific skills to best support members of the Armed Forces Community. Other recommendations include actions for the wider health system, including GP practices in Salford and the Northern Care Alliance covering Salford Royal Hospital.

The project will be followed up in a year's time to monitor progress on all of the recommendations, so that members of the Armed Forces Community can receive better access to the health and social care services which they are entitled to ensure fairness, equality and equity of services.

About us

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need.

Foreword from Chief Executive, Sam Cook



Our Armed Forces Community in Salford deserves access to support that is truly holistic and person-centred. Given the physical and mental sacrifices, they have made, it is the very least we, as a system, can provide.

As with all our reports, we commit to following through on our recommendations with integrity, but this also goes wider. We have a strategic presence at many meetings in Salford, and our findings and recommendations will be shared at this level too – commitment at a strategic level is crucial.

I would add that this also includes examples of best practice too – we do see parts of the system that are trying to support our Armed Forces Community, but too often, it seems to be reliant on individuals wanting to take the lead, rather than it being embedded into ways of working.

During the project, our priority has always been the Armed Forces Community in Salford; however, as a Healthwatch organisation, we have links at a national level, and we will collaborate and share our findings.

I want to express my sincere gratitude to everyone who has been involved in this project.
The Armed Forces Covenant refers to itself as a 'national promise by the UK government, businesses, and society'. Let's ensure that we fulfil that promise and not let our Armed Forces Community in Salford down.

Response from Commissioning in Salford Adult Social Care

"The work of Healthwatch Salford is incredibly important in helping Salford City Council to understand the views and opinions of Salford people about Adult Social Care services and support. The council values the insights drawn in this report from the veterans who have kindly taken part in the project."
"The experiences that you have shared will help the council and our partners to better plan and deliver services that are meaningful and supportive to you. The council will work with Healthwatch Salford, the veterans who have contributed to this report and the wider veterans' community in our city to ensure that the necessary steps are taken to respond to the recommendations contained in this report and to make improvements."

Introduction to the project

There are 6,028 veterans in Salford, according to the 2021 census data (This was the first census to ask the question about the Armed Forces), and more than a quarter of veterans in Salford are over 80.

Members of the Armed Forces Community experience a variety of challenges in accessing health and care services that other parts of the community don't face and may need further support. Indeed, many veterans leave the Armed Forces without an understanding of how they should access the various health and social care services "on the outside", and often without their medical notes, which could potentially have serious implications for their ongoing health.

Introduction continued...

Therefore, the Government published the Armed Forces Covenant in May 2011, which was enshrined in law later that year. All councils have voluntarily signed the Armed Forces Covenant. The Armed Forces Covenant states that:
"The AFC should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live in; that veterans should receive priority treatment where it relates to a condition that results from their service in the Armed Forces, subject to clinical need."

The Armed Forces Act 2021 which came into effect in November 2022 further enshrines the Armed Forces Covenant into law and gives councils a duty of due regard to help prevent service personnel, veterans and their families being disadvantaged when accessing public services, specifically education, housing and healthcare.

Salford City Council signed the Armed Forces Covenant in October 2013 and has achieved the Gold award for the Defence Employer Recognition Scheme, which is the highest possible recognition, awarded to credit the fact that it employs a dedicated officer to assist veterans and their families with housing and other issues.
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The duty of due regard is currently going through Parliament as a draft paper in order to extend its scope, and once approved will encompass many other policy areas, including Social Care.

The legislation and associated statutory guidance is expected to receive Royal Assent at some point during 2026, with an implementation date of early 2027. This will therefore have major implications for all local councils, including Salford City Council, in the way it continues to offer support to the Armed Forces community.

In England, the NHS has adopted the Armed Forces Covenant into the NHS consultation and has developed specific services for veterans' needs, including Op Courage for mental health needs and Op Restore for physical health needs.

In Primary Care, the Royal College of GPs and NHS England manage a veteran accreditation scheme for GP practices and NHS Trusts to ensure that GP practices provide better care for veterans.

Another new development recently has been the establishment of the proposed VALOUR Recognised Network across the North West, led by the Armed Forces HQ based at Molyneux House in Wigan. This is a 3-year nationally aligned programme which establishes a co-ordinated, quality-assured network of physical and digital access points across GM, operating a "no wrong door" policy, and is fully aligned with the Greater Manchester Combined Authority Live Well Strategy.

Our project aimed to look at veterans' access to Adult Social Care services (ASC). Adult Social Care provides essential, personalised support to adults (18+) with physical disabilities, learning disabilities, mental health challenges, or age-related needs. It promotes independence, dignity, and wellbeing through services like home care, residential homes, and community activities. This may include personal care, practical support such as help with cleaning, shopping and home adaptations, reablement to help people gain independence after a hospital stay, specialised support for specific needs such as dementia or mental health needs, and support for unpaid carers.

Adult Social Care differs from NHS medical care, focusing on improving daily life rather than just curing illnesses. It is governed in England by the Care Act.

The Northern Care Alliance (NCA) currently provides most Adult Social Care services in Salford. It has jointly been agreed that these services will return to Salford City Council in October 2026. The council are working closely with the NCA to make sure the transfer is safe and smooth, with no disruption to the care people receive. Provider services (previously called Aspire), mental health social care (previously delivered by Greater Manchester Mental Health Trust) and Adult Social Care financial controls have already returned to the Council.

The Care Quality Commission (CQC) has recently published the results of its assessment of Adult Social Care in Salford.

The CQC is the independent regulator of health and adult social care in England and has been given responsibility to assess how all local authorities in England meet their duties under the Care Act (2014).

Inspectors visited the city in November last year. Following the inspection, Salford City Council has received a rating of inadequate for its adult social care services.

Salford City Council takes the findings of this inspection extremely seriously and fully acknowledges the issues identified by inspectors. The Council is committed to working openly and constructively with the CQC and with partner organisations from across the city and the region to improve outcomes for residents and carers.

You can learn more about this by visiting Salford City Council's website: Care Quality Commission results published for Adult Social Care in Salford•Salford City Council

Our project seeks to capture some of the experiences of members of the Salford Armed Forces community (henceforth referred to as AFC) in accessing Adult Social Care services in Salford.

Methodology

Early on in the project, we received feedback that many members of the AFC do not consider themselves veterans, either due to pride or some deeply held definition of what they feel a veteran is (eg someone who served on operational tours and was awarded medals, etc). Indeed, less than 31% of women who served identified as veterans (Source – Statement of Need – Female Veterans).

We therefore decided to use the terminology Armed Forces Community (AFC), and this was also because we wanted to talk to not only those who had served, but also their families.

Methodology continued

A working group was established which included members of the Armed Forces Community, staff from Salford City Council, and staff and volunteers from Healthwatch Salford. We held two working group meetings to discuss the project, come up with a name and logo, and design a promotional flyer. The group agreed what the gaps in information were, and the questions to ask. They carried out local research to compile a list of support groups, as this information was not readily available. They identified how best to engage the Armed Forces Community in the project and locate the best setting where they would be most comfortable to share their experiences using a mix of focus groups and one-to-one interviews.

During the engagement phase, we spoke to five focus groups and eight one-to-one interviewees reaching approximately 32 individuals at settings across Salford either face to face, via Microsoft Teams, or by phone. The face-to-face meetings took place in pubs, social clubs, sports venues and Gateway Centres. We recruited participants by making contact with the focus groups and sharing the promotional flyer across social media and via Salford City Council, Salford CVS and Salford Leisure Centres. The interviews lasted up to one and a half hours.

All data was gathered through transcripts of recorded interviews and focus groups; notes were also taken, and one person submitted a written response. We tried to be as flexible as possible in order to meet people's different communication preferences.

Some of the issues we faced during the engagement phase were:

- The fact that the Armed Forces Community travel from out of area for support groups, and so did not necessarily use Salford health and care services (any external information we received will be passed to neighbouring Healthwatch);
- The fact that many people are not clear what Adult Social Care is, who they are and what they do, which meant that we therefore decided to extend the project to cover healthcare generally;
- And many people attend a range of different support groups, so their contributions were added at different times.

Transcripts were analysed thematically, focusing on experiences relevant to Salford health and social care services. All identifying information has been removed or generalised. The analysis focussed on examples of good practice, areas that could be improved and general themes.

A final working group meeting was then held to discuss the themes, agree recommendations and agree which organisation would take responsibility for each recommendation. They also agreed where and how the subsequent report would be shared in order to ensure that it would have the most impact.

Who we spoke to and our initial findings

Salford is fortunate to have a large range of clubs and groups that support the local Armed Forces Community. Through these groups and the one-to-one interviews, we spoke to members of the Armed Forces Community of different genders who ranged in age from 32 to 95, and we also spoke to family members including daughters, spouses and partners, parents and peers/friends.

Many different sections of the Armed Forces Community were covered including: British Army (Royal Regiment of Fusiliers including 2nd Battalion, Royal Artillery, Royal Engineers, Women's Royal Army Corps (WRAC), General British Army service including logistics/transport roles, Territorial Army / Army Reserve; Royal Navy (general service, Radar Operator role, WRNS - Women's Royal Naval Service – "Wrens"); Royal Air Force.

Who we spoke to, and initial findings continued:

The participants were dealing with a range of health issues – some started when the person was still serving, and they were medically discharged, and for others their health has deteriorated over recent years or as they've got older. These included:

- Chronic and Serious Medical Conditions: cancer (including terminal stage 4 prostate cancer and lung nodules under monitoring); diabetes (including insulin-dependent cases); cardiovascular disease (heart conditions, triple heart bypass, atrial fibrillation, hypertension); respiratory conditions (lung disease, asthma, recurrent pneumonia including COVID pneumonia); Stroke; chronic wounds and leg ulcers; history of cellulitis requiring hospitalisation; blood clots / thrombotic conditions; stem cell transplant.

- Musculoskeletal and Pain Conditions: arthritis (including severe "bone-on-bone" knee arthritis and spinal arthritis); osteoporosis; chronic pain; spinal damage and fractured back; hip problems and hip replacements; hip dysplasia; fractures (including broken hip, leg injuries, ribs); ankle fusion and joint injuries; systemic sclerosis.

- Mobility and Physical Disability: reduced mobility and frailty; mobility impairment requiring aids (wheelchair, scooters, electric chairs); double amputation requiring prosthetic limbs; difficulty walking and high falls risk; housebound status in severe cases; need for environmental adaptations (ramps, stairlifts, handrails).

- Other Physical Health Needs: bariatric surgery and follow-up care; retinal degeneration and severe sight loss/blindness; hearing impairment (including lack of hearing aids); PEG feeding (tube feeding); age-related physical vulnerability (e.g. fragile skin)

- Neurological and Cognitive Conditions: traumatic brain injury (TBI) (birth-related and acquired); cognitive impairment, early-onset dementia; brain injuries (including among veterans); delirium (hospital-related, temporary cognitive disturbance); epilepsy requiring complex management.

- Mental Health and Neurodevelopmental Conditions: Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD); paranoid schizophrenia; depression; anxiety, stress, and hypervigilance.

Through the many conversations that we had, the strength of the Armed Forces Community came shining through – how they watch out for each other, try to employ other Armed Forces personnel when they have the opportunity to do so, and raise money for, and do charity work for, Armed Forces causes. We also heard stories of people, some of them young, who are struggling with their own health but make it their focus to make time to help look after other members of the AFC who are struggling.

WhatsApp groups are being used for voluntary group leaders to "check in" with their members every day to make sure they're ok and are immediately followed up if members don't respond. Members of the AFC repeatedly told us how much they value the groups and clubs that are run for them, and how they rely on, and look forward to, these social interactions.

> *"I like having things to look forward to each day so that's where it helped me like that. As I said, even that walk on a Friday, this helped me through my week. Yeah. Something in the calendar to look forward to. We just have banter - Civilians don't understand it."*

This support is even more vital for some members of the AFC who told us that they have broken relationships with their own families – both parents, siblings and children, and they describe the AFC as their true family.

For some participants, on discharge from the service, the loss of a uniformed role and the structure and pride that came with it had a lasting impact on their sense of identity and purpose in civilian life. One participant described actively seeking a new career as a paramedic in part because of the sense of recognition and pride it would bring — both to themself and to their children — echoing the feeling they had valued so much during their time in service.

We also heard about the tendency for families to have different members who serve in the Armed Forces across generations, which was spoken about with pride. We heard about the Cadets that are based at Albion Academy and the mutual benefits that come with the students mixing with the veterans.

> *"Last year, we had a coach, and we all went off to RAF Cosford and the Cadets were pushing around the veterans in their wheelchairs. And the veterans love it as well, because some of them don't have anybody to share these stories with, these memories, you know, and the kids just suck it up. They're like, you know, yes, living history, isn't it? You can see people that have been there and done it."*

Many members of the Armed Forces Community may have been relocated after they have been discharged, which can add to their sense of isolation and vulnerability, and their reliance on Armed Forces groups.

A number of people we spoke to are essentially housebound and isolated. Some cannot get to the groups and clubs because of mobility, transport or mental health barriers. For these individuals – who were reached through one-to-one interviews – their isolation was a significant theme in itself.

Indeed, some of the people we spoke to were extremely vulnerable and could not recall the exact details of their interactions with Adult Social Care and other health professionals, or even the details and names of their own health conditions. Some had financial pressures and were not trusting of staff from external organisations, which made it difficult to encourage them to agree to talk to us. Others were disorganised and failed to attend agreed meetings.

Some people expressed anxiety and short tempers, and there was a noticeable nervousness if the interview room was small.

> *"I need to know where the exit points are."*

There was some concern expressed about the lack of relevant support for younger people, and the issues of excessive alcohol consumption generally amongst the community.

> *"There are organisations that are out there that there's too many that look at the older generation. Yeah, the younger ones, when they leave, need the help straight away before they get to our age, but they need the help before they get to drink."*

One support group had recently closed down under allegations of fraud, and this had caused concern and anger amongst some members of the AFC.

Finally, as already stated, several participants were quite vulnerable and required urgent signposting support to other organisations for further support, advocacy, and help with complaints – and this was more than would normally be expected compared to other HWS projects.

Findings: Individual sources

The following sections summarise the key health and social care findings from each interview and focus group.

Interview 1 (Focus Group E participant also)

This interview was with the adult child of a member of the AFC, whose father has recently moved care homes and has a variety of health conditions.

What worked well

- Equipment Services responded quickly following hospital discharge, providing a commode, bath tray, toilet frame and shower adaptations.
- Community physiotherapists were arranged through Salford Adult Social Care.
- An exercise class was arranged and funded by Salford City Council, with taxi transport to a local leisure centre. This had an enormous positive impact on his wellbeing and mental health.
- Nurses visited twice daily to administer essential medication.
- When contact was made with Adult Social Care, staff were described as helpful and accessible.

"The service that we got from the council has been invaluable."

"I can't complain with the service that he's had from Adult Social Care."

What did not work well

- Social care assessments were condition-specific rather than holistic. Falls assessors came but did not connect falls to other health issues. The family felt he had never received a joined-up assessment.
- No single named coordinator or caseworker. Nine different consultants and multiple health professionals were involved with no one holding the whole picture.

> *"I think it'd be really beneficial if we had a caseworker, somebody that... you can just be completely candid with and you can tell them the full picture and they can then come back to you and go, right, you need this, and this is available to you. Because I didn't even know that and it's ridiculous. I think my dad should have had a blue badge actually probably 10 years before he did. We just muddled through with appointments and stuff, and you know, trying to get him there as best we could."*

- The family's legal representative (Lasting Power of Attorney holder - LPA) was not always told about visits from health professionals, and the father could sometimes "sugarcoat" his needs and not be completely honest.

- Hospital discharge was proposed on more than one occasion without adequate social care in place. Hospital staff repeatedly assumed the veteran would receive care through his specialist housing, when in fact he received none.

> *"I think if we had just been allocated someone… the hospital kind of gets to a point where they're like, you're not our problem now, you're going home soon. And you just feel a bit left."*

- The family's legal representative (Lasting Power of Attorney holder - LPA) was not always told about visits from health professionals, and the father could sometimes "sugarcoat" his needs and not be completely honest.
- Adult Social Care never signposted the family to relevant voluntary organisations, which were eventually found through their own searching.
- The family carer was never identified as a carer or referred to Gaddum (Salford's carers' support organisation).
- Veteran status was never asked about or recorded.
- The interviewee has significant complaints about both of the care homes where her father has lived. In the current care home, he has been given pot noodles for his tea, he has had no hot water in his bathroom for over a month, and his toilet doesn't flush properly.
- The interviewee has been asking for over 6 weeks for the care home GP to refer the father back to the exercise class run by Salford City Council that he was previously part of. The scheme is happy to take him back, it would improve his mental and physical wellbeing and get him out of the care home as they provide transport, but nothing has been done.
- In the care home the father has no one really to interact with as the other residents are of a higher medical need than he is, and this is impacting on his mental health.
- The participant described a ward at Salford Royal as appearing in a poor state of repair – plaster peeling from walls and towels stuffed into window frames to prevent draughts. Despite this, he described the care itself as good.

Interview 1 continued

- A significant ongoing problem was the inability of North Manchester General Hospital and Salford Royal Hospital to share records. This meant that scans, MRIs and other investigations carried out at one hospital were not visible to the other, resulting in repeated tests and wasted resource.

"Between North Manchester and Salford, they can't communicate, so he has had lots of scans, MRIs and treatments at Manchester and then when he's at Salford they repeat it –as they said it would take a couple of months to get the records from Manchester. Massive waste of money and time."

"I just think we fell through the safety net at times because he's been in two different hospitals, he's got two different sets of notes, and there's a lot going on."

Interview 2

This interview was with the parents of a veteran who served abroad and was discharged approximately 25 years ago. He now lives with severe mental ill health and receives two hours of care a day, funded through direct payments. His mother is his primary carer, and his father and brother are also veterans.

What worked well

- Salford City Council was described as very helpful in arranging a flat close to the family so they could keep an eye on their son.
- A care package of two hours a day is in place, funded through direct payments.

What did not work well

- There is no suitable alternative carer – their son refuses to accept anyone else into his flat.
- He is largely housebound and calls his mum, who is his carer, 50/60 times a day.
- A gym pass was offered but the family felt it would be wasted as he would not use it, but they are concerned he has put on weight.
- The mother found the most recent reassessment with the social worker very stressful, worrying that hours might be reduced. She has recently spent a lot of time completing the PIP assessment - the son doesn't trust forms and refuses to cooperate.
- Caring for their son has put significant strain on the couple's relationship. They handle the situation differently, and the mother tends to bottle thing up and keep things to herself.
- The family had not heard of the Salford Armed Forces Community Covenant.
- The mum has not had a carer's assessment nor been signposted to any carers' support groups, and she doesn't want them.

> *"It's pointless – it won't change anything and it won't help him."*

Interview 3

This interview was with a member of the Armed Forces Community who served from the early 1970s and is now in his early seventies. He is a wheelchair user with multiple health conditions.

What worked well

- When he first came to Salford, he was supported with home adaptations including a wet room and accessible layout.
- The council's dedicated Armed Forces housing officer has been actively working to get him an Adult Social Care assessment.

What did not work well

- He has been waiting a long time for an Adult Social Care assessment and described the process as extremely difficult to navigate.
- He reported being unable to get through to Adult Social Care by phone, with very long hold times and unanswered calls.

> *'Everywhere I go seems to be a waiting game. It is so frustrating. It's just keep knocking on doors. I don't mean physically; I just mean, you know, trying these different people and just trying to get somewhere.'*

- He cannot access the Armed Forces clubs due to mobility and transport difficulties – his scooter is not suitable for uneven pavements, and it would aggravate his other health conditions, and he struggles to get his wheelchair off the property.
- Following a bereavement, he became seriously depressed and ran into difficulties with rent and council tax arrears – a result of promises made by a council representative at the time of the bereavement, that benefits would be sorted, which were not followed up for two years.
- He had not heard of the Salford Armed Forces Community Covenant.

Interview 4

This interview was with the adult child of a member of the Armed Forces Community who lives in a care home in Salford. The interviewee is also a veteran. Their parent, now in her mid-nineties, has full mental capacity but is physically frail. She is partly self-funded, with Salford City Council contributing a portion of the care home fees.

What worked well

- Salford City Council's contribution to funding was in place and a social worker conducted annual reviews.
- The social worker's most recent visit resulted in them telling the family that they would not fund the placement if the home was not meeting the required standard of care – which led to an immediate improvement in the activities provided at the home.

What did not work well

- The interviewee described the move to a care home happened because her mum had lost confidence in her mobility whilst in hospital. The Bevan Unit at Salford Royal Hospital (rehabilitation) did not provide any actual rehabilitation – the veteran was placed in a wheelchair and left in bed for six weeks without any assessment of whether she could walk.

> *"'My mum chose to go into the care home when she realised that she couldn't look after herself at home. I think, to be fair, she was just nervous as she'd had a long time in hospital. It was the age-old thing where she'd been reconditioned to not encourage her to walk. So, she wouldn't walk anywhere when she first came out. So, they put her in a wheelchair. So, she thought that was her day. That's it. She's in a wheelchair."*

- It felt to the participant that the social worker was working against the family rather than with them, suggesting the veteran had dementia when she did not, and communicating via other family members rather than the primary carer.

> *"'I think I was under the illusion that they (the Social Worker) were going to be really helpful and I didn't find them that way. I felt that they were working opposites of me, not with me. I felt that they were trying to imply that mum was more poorly than she was. And they unfortunately planted the seed with other family members to convince them that mum had got dementia when she hadn't – she'd got delirium."*

- The interviewee does not see the value of the annual care assessments from the SW team.

> *"Social work-wise, I'd say I was under the illusion that they would be a help, but I found them a hindrance. And whenever they pop up just to do my mum's yearly check, each time it's somebody different, each time I'm thinking, well, why are you actually here? It's not made clear to me prior to them coming or wanting to see my mum what they're going to be looking at and what they can offer in the way of support, which has been pretty much zilch. They just come in and they want to tick all the boxes and off they pop."*

- No social worker or ASC professional ever asked about the veteran's military background or used this to inform her care.
- Serious concerns were raised about the care home: poor food quality, lack of activities, high staff turnover, management issues, and the family being made to feel unwelcome when they raised concerns.
- The family had heard of the Salford Armed Forces Community Covenant but only through work connections.

Interview 5

This interview was with a member of the Armed Forces Community who has spent many years as a volunteer supporting other veterans in Salford, including through a breakfast club, prison outreach, and COVID-era home visits. They currently volunteer at Broughton House, a Care Home in Salford which is dedicated to veterans.

Health and social care observations

- He described a member of the AFC who had been caring for his wife, who had multiple complex conditions, for nearly twenty years, with no support and no stairlift. The family eventually received help through SSAFA (the Armed Forces Charity), who referred them to Salford City Council, which funded a full bathroom refurbishment. However, he described this as happening by accident rather than design.
- A World War Two veteran was placed in three different care homes, and his hearing aids were repeatedly lost. Social services visited his house to clear it out but did not keep the interviewee informed because he was not a family member.
- He described the confidentiality barrier as a significant problem – when veterans are admitted to hospital or placed in care without family nearby, volunteers and community members who know them well cannot find out what is happening or offer appropriate support.
- He raised serious concerns about housebound veterans who receive no support and cannot access any community groups. He was aware of at least two such individuals from his own contact.
- He called for a single, coordinated point of contact for veterans in Salford, managed by the council.

> *“"We do need – or this council does need – a point of contact for veterans. There should be a veterans’ office with someone in charge, dealing with people like me and coordinating everyone."*

Interview 6

This interview was with a member of the Armed Forces Community who works for a relevant charity in Salford. She is an injured veteran who receives a war pension and also assists other veterans and their families to access services. Her mother also lives in the home and has various health issues and mobility difficulties.

What worked well

- She described the Safeguarding Team at Salford Adult Social Care as timely, well-communicating and genuinely helpful when she referred a case through work.
- She described how a military charity had a massive positive impact on the health and care needs of another participant in the project.

What did not work well

- Her family waited almost ten months for a home adaptation assessment, with no communication during that time. When contact finally came, it was with one day's notice.
- The assessment did not address the actual needs identified. Items sent were unsuitable – a plastic step that did not fit, a perching stool inappropriate for someone with back fractures. They were refused a ramp.
- By the time the assessment came, the family had already installed a downstairs bathroom themselves, having given up on waiting.
- Veteran status was volunteered by the family but was never asked about.
- She described in detail the support offered to another participant who was in a desperate situation but said that the Council had let him down.

"

> *You shouldn't have to get a third party in to advocate for you."*

She also noted good practice: a GP surgery in a neighbouring area (not Salford) that was actively working to become veteran-friendly, running open coffee mornings with free health checks for veterans whether or not they were registered patients. She identified this as a model worth replicating across Salford.

Interview 7

This interview was with a member of the Armed Forces Community who served abroad. He has significant physical and mental health issues.

What worked well

- When he moved into his current flat, he was provided with a wet room as part of a housing programme, which he has found invaluable now that his mobility has deteriorated.
- A nurse at his GP surgery recently asked about his military background after noticing a tattoo, and this was recorded on his file – the only time in his life he had been asked.
- His GP, took his concerns seriously, chased up the surgical team on his behalf when he reported two years of no contact after surgery, and referred him for mental health support through a local organisation.
- The veterans' community WhatsApp group, run by a peer mentor, plays a significant role in his daily wellbeing. Members check in with each other every morning, and the mentor arranged his PTSD referral and accompanies him to appointments.

What did not work well

- After surgery at Salford Royal in 2024, he received no aftercare contact of any kind for two years, until his GP intervened on his behalf.

> *"If I hadn't gone to the doctors and kicked off, I would probably still not have heard anything."*

- He has received no follow-up on a physical health issue despite being told that surgery is needed. An MRI was required but there were issues with availability, and this was never arranged.
- His veteran status had never been recorded until the recent GP appointment – despite years of contact with Salford Royal and other services.

> "The only time since I've come out of the army I've been asked [about being a veteran] is when I went to the doctor's last month."

Interview 8

This interview was with a member of the Armed Forces Community who served from 2010 to 2017 and was medically discharged with PTSD following two consecutive operational tours. She is a single parent of two children, one of whom has highly complex medical needs. She has spent several years battling for appropriate health and social care provision for her child, and recently qualified as a health professional.

What worked well

- The council's dedicated Armed Forces housing officer was described in glowing terms and played a crucial role in stabilising her housing situation, attending child-in-need meetings, and connecting her with relevant support.
- The local authority funds transport to school for her child, including a carer who accompanies her, which is valued highly.
- A care package was eventually put in place that the interviewee describes as working well for her child during the day.

What did not work well

- She was medically discharged with PTSD in 2017 and has had effectively no support for this. She attended one appointment at a talking therapies service in Salford, was told there was little that could help her, and received no follow-up. Her military medical records were not transferred.
- Her first social services assessment – sought before the birth of her second child when she simply needed someone to care for her medically complex child while she gave birth – was conducted by a social worker who made offensive comments about her living arrangements.
- She was repeatedly denied help until she reached crisis point, at which point she had to obtain a solicitor to secure a Continuing Health Care (CHC) package for her child.

> *""Help should be offered first and foremost. It shouldn't be a shutting the barn door type – it should be before the horse bolts, not afterwards."*

- She described issues with carers letting them down at short notice.

"“The night staff are funded through CHC, which are run by the community nurses, and they change quite regularly, and they cancelled quite frequently at late notice.”

- She was never asked about her veteran status by any social care professional. She believes her current social worker does not know she is ex-service.
- She was told during a child-in-need meeting – after she had disclosed a very personal crisis – that the action point for her was that her child's wheelchair needed a rain cover costing £250, which she would need to fund herself.

"I sat in these meetings in absolute crisis and said, I can't do this anymore.”

- She has been told her care package will be withdrawn now she has qualified as a health professional, as the package was linked to her student status. She cannot work in her chosen health profession without care support for her child.
- She described how the drive to qualify as a health professional was not only practical but deeply connected to identity — the need for a uniformed role she could be proud of, that her children could be proud of, in the way she had once been proud of her army service. The prospect of qualifying but being unable to work because of the absence of care support was not just a financial concern; it threatened that sense of purpose and recognition.

"Being in the Army, your family's always proud of you. You have that feeling of accomplishment and achievement that somebody's proud of you for doing a job. And that's what I've chased as a civilian — I want a job that my children will go, well, my mum is a (name of health profession)."

- She described medical records between Salford services, Manchester services, and Liverpool services as completely inaccessible to each other, causing pointless duplication and coordination failures.
- She had never heard of the Salford Armed Forces Community Covenant.

“I've committed my life from being 16 to the army. I went, did two operational tours and spent a lot of time away from friends and family and made a massive sacrifice for my country, and it's just forgotten. Like it never happened."

Findings:
Focus groups

Focus group A

This focus group involved members of the Armed Forces Community with a range of conditions and military backgrounds. Three participants gave particularly detailed accounts of social care experiences.

Participant with significant physical disability – care package from 2022

- Received a care package quickly following hospital discharge. Equipment Services were praised as highly responsive.
- Despite support from Equipment Services, he was unable to leave his house independently for two years, with no access to a bathroom, and no access to a bed. He was carried in and out of his house by fellow veterans from his group whenever he needed to leave. He chased the Council for two years with no resolution The situation was only resolved when a military charity intervened, provided an occupational therapist and social worker, and had the ramp installed within days.
- The OT assessed his home and identified a range of adaptations including a wet room and a stairlift, and he was approved for a Disabled Facilities Grant.
- In all, adaptations took approximately four years to complete, leaving him without full access to his bathroom and unable to exit his home independently.

"Contractor after contractor, estimate after estimate, and I got to the point after about three years where I gave up and said, forget it. Finally, two months ago, I finally got this done."

- He had four different care agencies over four years. He described workers as unreliable, lacking in initiative, and difficult to communicate with, and carers frequently arrived at the wrong time.

"You never know who you're going to get. I have to tell them everything. They won't use their initiative. My sink's there and there's a cup there. Yeah. But because the cup's not in the sink, then they won't wash it - won't do it."

- He talks about an appointment where the health professionals don't seem to realise that he has missing limbs.

"I had an appointment and they were talking about my (missing limbs) like it's an invisible thing. I was actually in the room. I had no (missing limbs) - you were asking stupid questions."

- The interviewee was not happy with the transport service.

"I've been on the phone once and the girl said this thing. She said I need to ask your height. And because I don't know my height, as I'm in a wheelchair, she wouldn't book the transport and put the phone down on me."

Participant discharged without support following hip surgery

- Discharged from hospital with no paperwork, no advice and no care in place. He got a taxi home..

> *"No paperwork, no advice, nothing. I got a taxi at home, and I was in a mess."*

- He contacted social services himself, who came promptly and arranged equipment delivery the following day – this was praised.

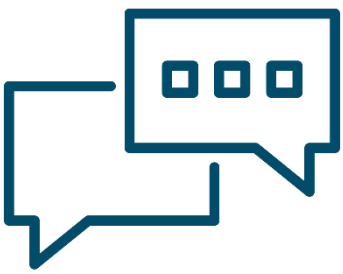
> *"The next day, I see this truck pulled outside. A bathroom tray, a wheelchair, a commode."*

- He was not told how to return equipment when it was no longer needed.
- He was not asked about his veteran status at any point.

Participant who had a mental health breakdown

- He has had issues with PIP assessments and had to go through an appeals process.
- He has struggled to get support from his employers who don't understand his health conditions.

> *"'I have not received timely or adequate support from Adult Social Care despite clear need. I was not asked about my military background. This is a failure to identify relevant needs linked to service. Delays and lack of coordinated support have placed me at a substantial disadvantage in my wellbeing and employment."*



General focus group discussion

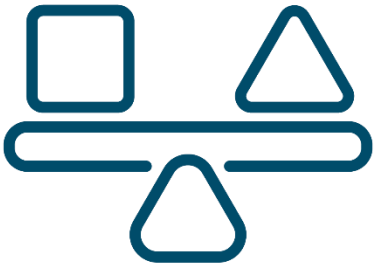
- Multiple participants noted that veteran status is not routinely asked about by health or social care services.
- One participant described the Armed Forces Covenant as 'a toothless dragon' in terms of practical impact on daily life.
- Participants described CBT therapy ending with only a crisis number as support – and raised concerns about what happens in between crises when someone is vulnerable.

> *"Again, where's that support afterwards? Because it's the point where I'm struggling. Yeah. I've got a former crisis number. What's happening in the meantime, without the crisis number, they're going to come down and put me in a mental institute, you know what I mean, because I'm having a breakdown."*

- One participant had tried to access Mounjaro and been given conflicting advice.

> *"I just tried to get on that Mounjaro. Oh, yeah. So, I go see the nurse, and I've got diabetes. The nurse who has sat me down for a long time and said yeah, you qualify for it. But she had to send me to the Gateway. And they rejected me."*

- Veterans' military medical records frequently do not transfer to civilian GPs on discharge.



Focus Group B

This focus group included veterans and family members with a range of military backgrounds. Key health and social care themes raised are summarised below.

- Cancer screening: One participant had a positive experience of bowel cancer screening – rapid MRI, biopsy and follow-up. He described this as a very positive example of the system working well.

- One participant had had a serious road accident which left him with significant damage to his legs, pelvis, arms, back and a significant brain injury. He had lengthy rehab services through the Armed Forces which he argued to get extended an extra year and was medically discharged. When he was getting mental health support, he describes it as being in the Salford Royal "loony bin". *"I think I've died twice. I'm there for a reason."*

- Isolation and housebound veterans: A number of people in this group knew veterans who were housebound and unable to access community groups. The need for outreach and a 'buddy' or telephone support system was discussed.

- Drop-in access: The group discussed the need for a drop-in point (described as a 'surgery' model) where veterans can get advice on housing, rent, benefits, dentistry and other issues, without having to engage with a formal group setting.

- Dementia: A member of the group described a fellow veteran who had developed early-onset dementia and had been placed in a specialist unit. The group noted the importance of continuity and regular visits from known peers in this situation.

- The veterans' community WhatsApp groups and peer support apps (such as one run by a particular regiment) were highlighted as valuable tools for daily welfare checking.

> *"And I pressed that sad face on Monday on the App. Yeah, in 5 minutes, one of me mates' phones."*

- A different participant described a daily check-in service — requiring him to press a button each morning. He described how a friend of his had not pressed the button for an entire week, and neither his friend nor his emergency contacts had been called, despite the friend paying for the service.

> *" A lot of things bring anxiety and stress, and other things. And the major problem was having someone to talk to you to help me get through these situations, for this generation."*

- There was strong feeling that too many groups operate in competition rather than coordination.

- One male participant had fallen at home and been admitted to Salford Royal, where he was found to have viral pneumonia. He was in hospital for four days. On discharge he was given equipment through another borough.

Focus Group C

- This focus group was mixed, including veterans and family members, some of whom had connections to multiple generations of Armed Forces service.
- A member of the Armed Forces Community described a broken leg sustained whilst abroad and being brought to Salford Royal – where no one asked about his veteran status.
- One participant received a prompt NHS dentistry appointment after identifying himself as a veteran at registration. This was a positive experience.
- Participants discussed the issues with the transfer of military medical records to civilian GP practices – a persistent problem, partly related to disclosure agreements, meaning that service-related injuries and conditions are not visible in civilian records.
- The group discussed the Salford Armed Forces Community Covenant – one member knew about it as he had been an ambassador and had benefited from gym memberships through it in the past. Others were not aware of it or felt its practical impact was limited.

Focus Group D

This focus group was held in a community setting and included older members of the Armed Forces Community and their family members. The discussion focused on adult social care, what support is available, falls, reablement and home adaptations.

- A participant who lives alone described having limited transport where she lives and had bought herself a mobility scooter to get out. She had recently had a bad fall outside her home, leaving her bruised, but had not sought help from Adult Social Care and said she did not know what she was eligible for. She had also had further falls, including one down three stairs.
- A recurring theme in the group was that participants did not know what support they were entitled to. As one put it:

> *"Their aim is, if you don't know, you can't claim."*

- A female veteran who served in the Women's Royal Army Corps for two and a half years was not aware that being a veteran could entitle her to specific support from her GP or hospital and was sceptical when told. She had never disclosed her veteran status and had never been asked. She also said she felt uncomfortable using a veterans' card, despite being encouraged to feel proud of her service.

> *"I'd be surprised with that. I tell you."* (Responding to the suggestion that veterans should receive specific support from their GP.)

- One participant described how she had been seriously ill just before Christmas and had spent approximately six weeks in Salford Royal Hospital. On returning home, the family received a reablement package from Adult Social Care to support the transition, but this support stopped after six weeks. The participant was not happy with how early the morning carers came to assist with medication. At the end of the reablement period, a council assessment was carried out, and the participant was found able to manage her own medication.

- The same participant said that the difficulty of getting upstairs had been raised with the social worker during the assessment. The participant had two handrails but described getting up the stairs as absolutely terrible and said she needed a stairlift. Her sister, who lives with her, and also has poor health, had previously had to bring a bed downstairs because she could not manage the stairs.

Participants were signposted during the session to Adult Social Care and Equipment Services at the council for help with equipment and adaptations, and Care On Call for help with care alarms.

Focus Group E

Attending this focus group were four participants who had already contributed to the project, including the person who was also the subject of Interview 1.

- The same focus group provided the only reference to Complex PTSD (CPTSD) in the whole project. A veteran with CPTSD had been told by his GP that he was depressed. A friend accompanied him to the appointment to advocate on his behalf and specifically asked for a referral to Op Courage, the specialist NHS mental health service for veterans. The GP was not aware of Op Courage. A referral was eventually made, and the veteran described the service as really helpful, saying he was getting better.

- The veteran's wife was also supported through Op Courage. When she was worried about him one weekend, she was able to telephone his counsellor, who advised her simply to be kind. She found this reassuring.

This account highlights two important points: first, that CPTSD is a condition present within the Salford Armed Forces Community requiring specialist rather than standard mental health pathways; and second, that the veteran only reached the right service because a friend attended his GP appointment and knew what to ask for, rather than because the GP identified and offered it.

Overall themes

Themes in detail

Themes in detail

Theme 1: Veteran status not identified

This was the single most consistent finding across the entire project. With very few exceptions, none of the participants – whether veterans themselves or family members of veterans – had been asked by a health or social care professional whether they had served in the Armed Forces. In most cases they had not volunteered this information either, often because it did not occur to them, they felt it was irrelevant, or they simply did not think services would treat them any differently.

One participant, a veteran in her thirties, described her service as feeling like a '**forgotten past**' – invisible to every professional she had dealt with despite having two operational tours and a discharge due to PTSD:

> *"I've committed my life from being 16 to the army. I went, did two operational tours and spent a lot of time away from friends and family, and made a massive sacrifice for my country, and it's just forgotten. Like it never happened."*

In Interview 7, the participant described the only time in his life he had been asked about his military service – by a nurse who had noticed a tattoo. This moment had been significant enough for him to remember clearly. His veteran status was subsequently added to his GP record. The fact that a tattoo prompted a question that systems and processes had never managed to ask highlights just how far from routine this identification is in practice.

The consequences of this are not merely symbolic. Without identification, service-related conditions are not recognised, veteran-specific referral pathways are not activated, and the protections intended by the Armed Forces Covenant cannot be applied. In Interview 8, the participant was confident that her current social worker had no idea she had served, despite this being directly relevant to her mental health needs and her eligibility for certain forms of support.

> *"I don't even actually think my social worker knows I was ex-service."*

Theme 2: Lack of holistic assessment

Across both health and social care, participants described assessments that addressed only one presenting issue at a time, with no one joining the dots between multiple conditions or circumstances. In Interview 1, the participant's father had nine different consultants and at least six distinct health conditions, yet social care assessments remained condition-specific. Falls assessors would attend following a fall but would not connect the falls to his other health issues. Nobody looked at the whole picture.

> *"Every time he's had a fall, the falls team have been out. But they've had a look at things from a fall's perspective, not from his other health issues or trying to rush to the toilet. It just doesn't seem linked up."*

In Interview 8, this fragmentation was experienced across services that were theoretically meant to coordinate:

"There's a big gap between what's through Salford services, through Manchester services, and through services from Liverpool. It's very disjointed, and a lot of the time very pointless. I attend these meetings and it's like, well, yeah, we've just discussed things, but what changes?"

Theme 3: Poor discharge planning from hospital

Several participants described being sent home from hospital without adequate support in place. In Interview 1, hospital staff repeatedly assumed that the veteran would have full care support available through his specialist housing facility – when in fact he had none. This incorrect assumption was made across multiple hospital encounters and was never challenged by any professional.

"Numerous times when he's been ready for discharge... they'll go, well, you're going back to the specialist housing where you've got all the support. I'm like, no, he isn't."

In Focus Group A, one participant was discharged following hip surgery with no paperwork, no advice and no care arranged. He got a taxi home and had to contact social services himself.

In Interview 7, the participant received no aftercare contact following surgery for two years. It was only when his GP asked him why he had heard nothing after his operation:

"

You've had a major operation.

They've took part of your organs away. And you've not heard a thing?"

Theme 4: No named coordinator or caseworker

This theme was articulated most clearly in Interview 1, where the participant returned to it repeatedly throughout the conversation. With multiple professionals, multiple agencies, multiple hospital trusts, and a service user who could not always accurately relay information, the absence of one person who held the whole picture had a direct practical impact:

"I think it'd be really beneficial if we had a caseworker – somebody you can just be completely candid with and they can come back to you and say, right, you need (name of charity) for this health issue and this is available to you, this is available to you. Because I didn't even know that, and it's ridiculous."

In Interview 5, a volunteer who had been supporting veterans in Salford for nearly a decade described a similar gap:

> *"We do need – or this council does need – a point of contact for veterans. There should be a veterans' office with someone in charge, dealing with people like me and coordinating everyone. Because there are loads of people around here doing stuff for veterans, but it's all uncoordinated."*

Theme 5: Failure to signpost to relevant services

Participants were consistently not told about organisations and services that could help them. In Interview 1, the veteran had health issues for many years before being connected with relevant charities – and even then, this happened because the family found them through their own searching, not through a social care referral. In Interview 8, the participant had never been told about veteran-specific mental health support pathways or Gaddum (carers' support) despite years of contact with social care. In Interview 5, the volunteer described families stumbling across appropriate support 'purely by accident' rather than through any planned process.

Focus Group E added a further dimension to this theme: a veteran with CPTSD only reached Op Courage, a specialist NHS mental health service for veterans, because a friend attended his GP appointment and specifically asked for the referral. The GP was not aware of the service. This is a clear example of a signposting failure at the point of Primary Care, and underlines why awareness of veteran-specific pathways needs to be built into routine GP practice across Salford.

Theme 6: Carers not identified or supported

In Interview 1, the family carer had been providing intensive support for several years without ever being identified by social care as a carer. She was not referred to Gaddum and did not become aware of carers' support until this project. She described the gradual process of becoming a carer without ever choosing to:

> *"You start doing a bit of washing and then the cleaning and then all the appointments and then before you know it you're speaking for somebody."*

In Interview 2, the veteran's mother, his primary carer, made clear that she did not want a carers' assessment and felt it would not help. While this was her choice, the fact that she was never offered one means she may not be aware of the full range of support available to her.

In Interview 8, the participant was caring for a medically complex child with effectively no personal support for her own PTSD, caring responsibilities for both her child and her other daughter, and no recognition of her own needs as an ex-service person.

Theme 7: Help only offered at crisis point

Across multiple interviews, participants described having to reach breaking point before services responded. In Interview 3, the veteran described waiting for an Adult Social Care assessment for a significant period while his situation deteriorated. In Interview 6, the veteran known to the interviewee was left without a bathroom and unable to leave his home for two years before action was taken. In Interview 8, the most distressing example: the participant described sitting in a child-in-need meeting and disclosing that she felt like ending her life, with no meaningful response to this from the professionals present:

> *"I sat in child-in-need meetings in absolute crisis and said, I can't do this anymore… I've sat there and verbalised that to many healthcare professionals… and I remember the action point of the meeting being: well, make sure you get the hood for the wheelchair."*

She reflected on what she had come to understand from both sides of the fence:

> *"Help should be offered first and foremost. It shouldn't be a shutting the barn door type – it should be before the horse bolts, not afterwards."*

Theme 8: Medical records not shared or transferred

A persistent practical problem described across multiple sources was the failure of records to move between services. Military records routinely do not transfer to civilian GPs on discharge. Within civilian services, records between different NHS trusts are also not shared. In Interview 1, the veteran was under two different hospital trusts (North Manchester and Salford Royal) who could not access each other's records, leading to duplicate investigations. In Focus Group E, the same issue was described.

In Focus Group C, participants discussed the reasons why military records often do not transfer – partly related to disclosure agreements around operational information – but expressed the view that service-related injuries and health conditions should still be accessible to civilian healthcare providers.

Theme 9: Armed Forces Covenant awareness gap

The Salford Armed Forces Community Covenant was unknown to most participants. In those focus groups where it was discussed, only individuals who had a specific reason to know about it – such as having been an ambassador – were aware of it. Several participants had heard of the general concept of the Covenant but did not know Salford had its own, or what it meant in practice.

In Focus Group A, one participant gave the most pointed summary:
"It's a toothless dragon. I know what it is. It's a toothless dragon. It's not worth a paper."

This view was not universal. In Interview 6, Salford was described as one of the best areas in Greater Manchester in terms of its practical commitment to the Covenant. In Interview 5, the council's support for veterans during COVID was remembered positively. The issue is less about the Covenant not existing and more about it not being visible or felt by the majority of the people it is meant to help.

Theme 10: Delayed and incomplete home adaptations

The Disabled Facilities Grant process was described as extremely slow and, in at least one case, ultimately insufficient to meet the full need. A participant in Focus Group A waited approximately four years for a wet room and stairlift – work that had been assessed and approved in 2022. During this time, he could not fully access his bathroom and could not leave his home independently. The grant ran out before all necessary works, including a front-door ramp, were completed.

> *"Contractor after contractor, estimate after estimate, and I got to the point after about three years where I gave up and said forget it. Finally, two months ago, I finally got this done. So that's taken four years."*

Theme 11: Poor quality and inconsistency of home care

Participants receiving home care packages described significant problems with the quality and consistency of care workers. In Focus Group A, one participant had been through four different care agencies over four years. He described workers who did not communicate effectively, who would not take initiative, who arrived at unpredictable times, and who caused him considerable frustration and anxiety. In Interview 8, the participant described unreliable night-time care workers who cancelled at short notice, leaving her without sleep on nights before work shifts.

> *"You never know who you're going to get. I have to tell them everything. They won't use their initiative. I mean, it's like – the cup's not in the sink so they won't wash it."*

While both participants acknowledged that workforce pressures on care agencies are a national problem, the consequences are felt locally and personally. For veterans – some of whom have trust issues, mental health conditions, or complex physical needs – unpredictable care arrangements can have a particular impact on daily functioning.

Theme 12: What works well

It is important to recognise the genuine examples of good practice that emerged from this project.

- Equipment Services at Salford Council were praised across multiple sources for speed of response, helpfulness and practical impact. When someone needs equipment after a hospital discharge, this team appears to deliver.
- The Salford Community Leisure exercise class arranged through Salford Adult Social Care (transport included, delivered at a local leisure centre) was described in Interview 1 as having had a profound positive impact on a veteran's wellbeing, sense of independence and quality of life.

> *"When I told him that he potentially had a place [on the class again], that's a boost. A huge boost. And because they'll pick him up in a taxi, it's like he's almost escaping from the care home. It's like he's got a bit of freedom."*

- The Care Agency Alcedo was complimented for having fantastic and caring staff.
- The council's dedicated Armed Forces housing officer was mentioned with genuine warmth by multiple participants across different parts of the project. She was described as someone who goes well beyond her formal remit to connect veterans and their families with the right support, attend meetings, advocate on their behalf, and treat people with real humanity.

> *"She should be put in for an MBE…whether it's been housing, whether it's been support through housing, whether it's been support through agencies and she's even attended child-in-need meetings and it was nice to have somebody that even though she's a housing officer, she just really advocated for me, which I've just never had. I've never had that support of somebody saying, we're on your side. Like I've just always been me versus everybody else."*

- The Armed Forces Community itself was described repeatedly as a lifeline – from WhatsApp groups that check in daily, to peers who take friends for breakfast every morning, to volunteers who drive people to appointments and visit them in hospital. The community does a great deal of the caring work that formal services do not reach.

Recommendations

All of the themes have impacted some of the people that we spoke to and deserve follow-up by relevant organisations. However, we found that the four themes which have specific consequences for the Armed Forces Community were: Veteran status not identified; failure to signpost to relevant services; medical records not shared or transferred; and Salford Armed Forces Covenant awareness gap.

Some of these recommendations were referenced in the Healthwatch England blog published in 2024, but the issues are obviously still prevalent today*. These four themes will form the basis of our recommendations on how best to support the Armed Forces community to have better access to health and social care services.

Recommendations

Theme	Analysis	Recommendations
1. Veteran status not identified	None of the participants had their military background asked about or recorded by social care or most health services as a standard part of the process. Several volunteered the information themselves; most simply were not asked.	1) As the legal duty of the Armed Forces Act is extended to cover Adult Social Care, Salford Adult Social Care services to follow the lead of other councils, including Wolverhampton City Council, and make "veteran status" a protected characteristic.** This information to be asked in all assessments, recorded correctly and ways of sharing across the system to be explored. 2) There are currently 43% of GP Practices in Salford who have gained Veteran Friendly GP Accreditation awarded by the Royal College of General Practitioners. This should increase to 100% by June 2028. 3)An open morning to be organised at one GP practice specifically for the AFC, to ensure fairness, equality and equity of services., replicating good practice in other areas.
2. Failure to signpost to relevant services	Participants were not told about relevant services – whether for sight loss, veteran-specific support, carers' organisations, or other community resources.	4)Information which has been compiled by HWS and Salford CVS on all relevant Armed Forces support groups in Salford to be shared with VALOUR, who will coordinate on an ongoing basis and share to all relevant stakeholders in Salford. Salford will have a dedicated front door for VALOUR underpinned by Live Well live by September 26. 5) Northern Care Alliance to increase the number of Armed Forces Champions from one to six covering the six clinical care groups across all NCA sites by the end of 2026.

3. Medical records not shared or transferred	Military medical records often do not transfer to civilian GPs on discharge. Within civilian services, records between different hospital trusts are also not shared, causing unnecessary duplication.	6)Ministry of Defence to improve the discharge process in order that personnel have their full medical records and are aware of how to access support in "the chaos of the civilian world." 7)GM NHS to encourage uptake of the GM Care Records Service across the region so that more health professionals are accessing this resource – this will be followed up by Healthwatch in GM. NHS England to implement the Shared Patient Record nationwide, which is already scheduled to be implemented in GM shortly, enabling radiology scans to be viewed across GM Trusts.***
4. Salford Armed Forces Covenant awareness gap	Most participants were unaware of the Salford Armed Forces Community Covenant, and none reported being asked about veteran status in line with Covenant obligations.	8)Appointment of an AFC Champion in Salford Adult Social Care Services at the Council by June 2027 who will introduce onboard and refresher veteran aware training. The champion will network with other AF leads in Salford and across GM to share good practice, eg GMMH, and Salford Royal. This role to eventually be duplicated across all Council departments by June 2028, in line with some other GM Councils, eg Wigan, and in line with the AFCHQ AF Ally Pledge. 9)Urgent update of the Salford City Council Armed Forces Covenant webpage, and to include information/signposting.

* Hidden struggles: veterans' experiences of NHS care | Healthwatch

**Council makes military service a 'protected characteristic' | City Of Wolverhampton Council

*** Exciting News: Confirmed go live date for radiology images to be available in the Greater Manchester Care Record :: Greater Manchester Diagnostics Network

Conclusion and next steps

Members of the Salford Armed Forces Community talk with pride about the significant sacrifices they have made in the service of their country. However, many of them are now living with the consequences – physical injuries, mental health conditions, isolation, the complex needs that come with ageing, and they are often vulnerable. They deserve a health and social care system that sees them, recognises their service, asks the right questions, and connects them with the right support.

Conclusion and next steps

What this project found is that, too often, the system does not do this: veteran status goes unrecorded; medical records aren't shared; the Salford Armed Forces Covenant is regarded as ineffectual; they are not signposted to services and organisations that could help them; and they are left to navigate an extraordinarily complex health and care system without anyone to guide them.

The project did also find genuine examples of excellent practice – services that respond well, professionals who go the extra mile, and a council that has more commitment to the Armed Forces Community than many. However, the themes we have highlighted are caused by a lack of training, communication, identification, and follow-through.

The incredible strength of the Armed Forces Community is that it does not wait for services to fill the gaps. It fills them itself, through breakfast clubs, daily WhatsApp welfare checks, Cadets mixing with veterans, lifts to appointments, and years of loyal friendship. They are resilient and they look after each other. This is remarkable and should be nurtured and coordinated. But it should not be a substitute for services that should be there.

The recommendations in this report are not complex, and neither are they expensive. They are, in the main, about asking a question, joining things up, and making sure the promises already made are kept. Salford has the foundations to be genuinely excellent in how it serves its Armed Forces community. The evidence gathered in this project highlights how best to now build on those foundations.

"I've committed my life from being 16 to the army. I went, did two operational tours and spent a lot of time away from friends and family and made a massive sacrifice for my country, and it's just forgotten. Like it never happened."

Let's work together to make sure that our Armed Forces Community in Salford know that their sacrifice is not forgotten, and how highly they are valued.

Credits:

Thanks to the working group:

Healthwatch Salford staff team: led by Ali Macleod; Sam Cook; Elyse Peacock-Fowell; Tandrima Mazumdar.

Healthwatch volunteers and trustees: Jenni Smith, Chair of Healthwatch Salford; and Colette Meyer, volunteer.

And other members: John Ward, Volunteer drug and alcohol mentor for the Armed Forces Community; Rebbeca Holden, Supported Tenancies Officer at Salford City Council; Jo Farrell, Head of the City Mayor's office, Salford City Council; Emma Popoola, Founder Connection 1st; Debbie Cordingley, Health Improvement Service, Salford.

We especially want to thank the volunteers who run the support groups and helped us to set up the focus groups – the groups haven't been named so that our interviewees remain unidentifiable, but you know who you are. But the main thanks goes to the incredible members of the Armed Forces community who it was an honour to speak to – thank you for your openness and your generosity of spirit - you are all heroes.

Key:

HWS – Healthwatch Salford

ASC – Adult Social Care

AFC – Armed Forces community

LPA – Lasting Power of Attorney

SAAFA – Armed Forces charity

PIP – Personal Independence Payment

SW – Social worker

CHC – Continuing Health Care plan

CBT – Cognitive Brain Therapy

GM – Greater Manchester

PTSD – Post Traumatic Stress Disorder

CPTSD - Complex Post Traumatic Stress Disorder

NCA – Northern Care Alliance

This report includes the use of Artificial Intelligence (AI) for thematic analysis.

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healthwatch Salford

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