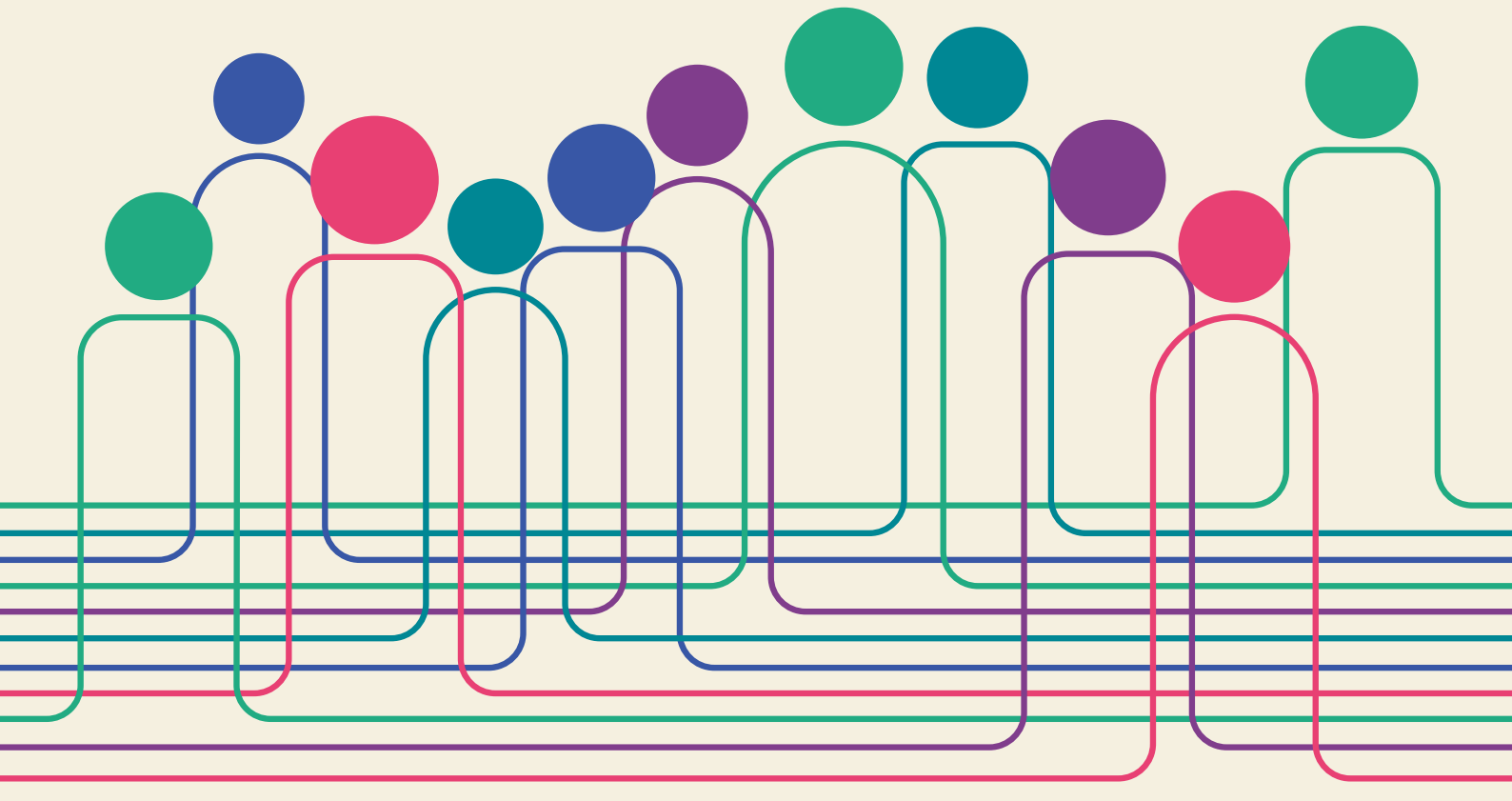
RAND EUROPE

Forecasting the support needs of the veteran community in Great Britain

Analysis of trends in general health, disability and caring responsibilities

Catherine Galley and Linda Slapakova



For more information on this publication, visit www.rand.org/t/RRA4506-3

About RAND Europe
RAND Europe is a not-for-profit research organisation that helps improve policy and decision making through research and analysis. To learn more about RAND Europe, visit www.randeurope.org.

Research Integrity
Our mission to help improve policy and decision making through research and analysis is enabled through our core values of quality and objectivity and our unwavering commitment to the highest level of integrity and ethical behaviour. To help ensure our research and analysis are rigorous, objective, and nonpartisan, we subject our research publications to a robust and exacting quality-assurance process; avoid both the appearance and reality of financial and other conflicts of interest through staff training, project screening, and a policy of mandatory disclosure; and pursue transparency in our research engagements through our commitment to the open publication of our research findings and recommendations, disclosure of the source of funding of published research, and policies to ensure intellectual independence. For more information, visit www.rand.org/about/research-integrity.

ROYAL BRITISH LEGION

Published by the RAND Corporation, Santa Monica, Calif., and Cambridge, UK

RAND® is a registered trademark.

Cover: Adobe Stock

P.10: *Sergeant Alison Baskerville RLC © Crown copyright 2012*
Image used under the terms of the OGL (Open Government License)

Preface

This report presents findings from research estimating the current and projected prevalence of different support needs among the veteran community in England, Wales and Scotland. This research, commissioned by the Royal British Legion (RBL), is part of a wider research programme from RAND Europe that is focused on forecasting the size, demographic characteristics and support needs of the veteran community. We would like to thank the RBL for funding this work and our quality assurance reviewers, Dr Mary Keeling and Dr Andrew Gibson, for their insightful feedback on this report.

RAND Europe is a not-for-profit research institution that helps improve policy and decision making through objective research and analysis. RAND researches multiple policy areas, including military personnel, ex-service personnel and military families.

For further information about this study, please contact:

Catherine Galley, Senior Research Data Scientist

RAND Europe
Eastbrook House, Shaftesbury Road
Cambridge, CB2 8BF
e. cgalley@randeurope.org

Table of contents

Figures

Tables

Abbreviations

AFC	Armed Forces community
APMS	Adult Psychiatric Morbidity Survey
FRS	Family Resources Survey
HSE	Health Survey for England
KCMHR	King's Centre for Military Health Research
MOJ	Ministry of Justice
NHS	National Health Service
ONS	Office for National Statistics
RBL	Royal British Legion
UK	United Kingdom

Foreword

In 2021/22, the national Census in Great Britain asked a question to identify veterans for the first time, following the successful 'Count Them In' campaign by the Royal British Legion (RBL). The data available as a result increased our understanding of the demographics and needs of veterans and their households in a way never previously possible.

In 2024, RBL commissioned RAND Europe to develop the UK Armed Forces sector's first detailed forecasts of the size and demographic profile of the Armed Forces Community (AFC) – including regular and reserve serving personnel, veterans, their families, and the bereaved – out to 2045. These forecasts use data from Census and Ministry of Defence sources to produce new insights about likely change over coming decades, which are essential to understand for planning of future support.

This work informed RBL's 10-year Strategy and provides evidence to ensure that wider policy, services, and support for the AFC remain fit for purpose in the context of an uncertain world, and rapidly changing demographics and needs.

This report considers how the scale and patterns of key needs among veterans and their families are likely to change in coming decades. Focusing on information available from the Census on health, disability, and unpaid care, it demonstrates that alongside changing demographics, we should expect differences in profile of need from those seen in the past.

As the veteran population becomes smaller and proportionately more working age, the overall number of disabled veterans will decrease, though (assuming current trends continue) there will continue to be around 300,000 disabled veterans in 2045, many of whom will benefit from tailored support. The number of disabled younger veterans is likely to rise, and as in wider society, we expect a growing proportion of disabilities to be mental-health related.

Overall numbers of veterans and their families providing unpaid care will also decrease as the population shrinks, but again there will remain high levels of unpaid caring, with hundreds of thousands of veterans, their partners, and children providing unpaid care over coming decades.

As with demographic changes, we expect to see a profile of increasingly diverse needs spread across the community, from help with childcare and employment through to support for independent living and care needs in later life. This requires policy and services to adapt and tailor provision to ensure it remains accessible and effective.

This report also explores the potential to conduct forecasting for a range of other needs, and highlights the significant limitations in available data, which make it impossible to accurately understand likely future patterns on most issues. The gaps identified must be addressed in future research and data collection.

The insights from this report are being used by RBL to informing planning for change in service design and delivery, and wider activities like influencing government policy, and engagement with the community. It is our hope and intention that the findings from this research will also be of use across the Armed Forces sector and in wider planning for public policy and services, ensuring the needs of the whole Armed Forces community are understood and met effectively in coming years.

Ann Griffiths
Head of Policy and Research, Royal British Legion

1. Introduction

There are approximately 1,700 Armed Forces charities across the United Kingdom providing a wide range of support to Armed Forces personnel, veterans and their families.[1] Over the next twenty years, up to 2045, the Armed Forces community (AFC), particularly the veteran community, is expected to change substantially in its size and characteristics due to a combination of demographic trends, social change in UK society and the changing patterns of military service. These changing trends are likely to impact the support needs of veterans and their families. For example, the proportion of veterans experiencing disability and poor health is likely to change as the veteran community becomes younger and more inter-generational.[2] Similarly, as household structures evolve, the nature of unpaid caring responsibilities is expected to shift, with younger families increasingly

1 Howarth & Doherty (2024).

2 For further discussion on the overall trends in the size and demographics of the Armed Forces community, see Galley & Slapakova (forthcoming).

managing dual-caring roles for both children and ageing relatives.

Armed Forces charities must understand these trajectories to be able to effectively plan for future service provision. As such, the Royal British Legion (RBL) commissioned RAND Europe to analyse and forecast how the support needs of the veteran community are likely to evolve out to 2045. This work is the second study in a broader research programme addressing a key challenge for the Armed Forces charity sector: understanding how demographic, health and social changes will shape the profile of veterans and their families over the next two decades, and how service providers can best prepare to meet those emerging needs.

Chapter 2 describes the methodology employed in the study. Forecasts covered in the research focus on general health (**Chapter 3**), disability (**Chapter 4**) and caring responsibilities (**Chapter 5**). These are key indicators of future requirements for welfare support but also represent areas where the best data is available to indicate levels of support need. The report also assesses the feasibility of producing similar long-term forecasts for other areas of concern within the veteran community, such as unemployment, homelessness, involvement with the justice system, low income, social care needs and substance misuse (**Chapter 6**). Together, these analyses provide organisations across the Armed Forces charity sector with a forward-looking picture of the veteran community, helping to ensure that future services remain responsive, inclusive and sustainable as the community continues to change. This report ends with a concluding chapter and an annex with supplementary tables on the forecasts provided throughout chapters 2-4.

2. Methodology

To forecast the likely prevalence of support needs among veterans, partners of veterans and children of veterans to 2045, the research team combined the most recent cross-sectional data (2021 England and Wales Census; 2022 Scotland Census) with long-term national survey trends and advanced statistical modelling. The following support needs[3] were examined:

- General health (self-reported health status)
- Disability (Equality Act definition)
- Caring responsibilities (unpaid care provision)

Forecasts are produced by age group and, where possible, gender for each cohort.

To assess the prevalence of each support need within the veteran community, we first

3 Although we refer to the areas below as support needs throughout the report, it should be acknowledged that not all veterans, partners of veterans and children of veterans experiencing each outcome may need support from either statutory or non-statutory services. The level and nature of support need among those experiencing poor health, disability or caring responsibilities is likely to be varied and dependent on other personal and contextual circumstances.

extracted data from the 2021 England and Wales Census and the 2022 Scotland Census. These data sources provide robust point-in-time estimates for the veteran population. We also extracted comparable civilian data, controlling for age and gender, to enable a comparison of support needs between veteran and civilian communities.

However, point-in-time estimates alone are insufficient for forecasting as they do not capture trends over time, so we also identified suitable civilian, repeated cross sectional data sources to illustrate trends. Specifically, we used data from the Health Survey for England (HSE) and the Family Resources Survey (FRS):

- The HSE is an annual dataset monitoring national health and care trends, covering children and adults living in private households in England.[4] Data from 2002 is published through the UK Data Service, enabling analysis of changes in self-reported general health by age group. As the HSE provides weighted estimates, we multiplied these by the population in England to estimate the total number of individuals in each health category for each gender and age group. Although this dataset is not specific to veterans and is limited to English respondents, it provides long-term analysis of trends in self-reported general health since 2002.
- The FRS is a continuous household survey conducted by the Department for Work and Pensions that collects information on income, housing tenure, caring needs and responsibilities, disability status, pension participation, savings and investment, employment status, household food security, and childcare from a representative sample of private households in the UK.[5] Data from 2002/03 onwards is accessible via StatExplore, allowing for an examination of how levels of disability and caring responsibilities have changed between 2002 and 2024 by age group and gender.[6]

While not veteran-specific, the data from these sources includes trends likely to affect the veteran community, such as the rising prevalence of disability among young people, which is a factor relevant to veterans and their children and partners.

For each support need explored in this report, we first present a bar graph comparing the percentage of individuals with the relevant need (e.g. poor health, disability, providing unpaid care) by age group, across all data sources:

- Veteran-specific and civilian data from the 2021/2022 censuses
- Civilian longitudinal data from the FRS (disability, caring) and HSE (health)

This approach visually benchmarks the veteran community against national trends and highlights age-specific differences.

We then forecast the prevalence of poor health, disability and caring responsibilities to 2045 for each age group and gender. We employ

4 UK Data Service (2025a).

5 Department for Work and Pensions (2025a).

6 For individuals between 16 and 19, the FRS provides two age categories: 16 to 19 (children), which includes individuals aged 16 to 19 living with their parents or a responsible adult, not living with a partner or married/in a civil partnership, and in full-time non-advanced education or unwaged government training; and 16 to 24 year-olds (adults). For this research, we use only the 16 to 24 adults category as the census data for prevalence of disability and unpaid care for children and partners of veterans only has the 16 to 24 category; however, this may miss some nuance if there are different rates of disability and unpaid care between dependent children aged 16 to 19 and adults aged 16 to 19.

a Bayesian hierarchical model[7] to predict the number of individuals in each category (including each health, disability and care category) to 2045, with information sharing across gender. Weakly informative priors are used, permitting trends to be borrowed across genders while maintaining flexibility to capture strong, observed differences. For the years that use historical data, we do not provide credible intervals for our estimates. For all years that rely on forecasted data, we provide credible intervals for all results to highlight the uncertainty surrounding our forecasts. After forecasting the number of individuals in each category, we calculate the percentage in each category for each year, age group and gender, ensuring percentages sum to 100 per cent, which avoids inconsistencies stemming from forecasting percentages directly.

For each year, age group and gender, we estimate the number of people in each support need category by multiplying the expected percentage of people with that need by the expected total number of people in that group. We repeat this process many times (Monte Carlo sampling) to reflect the uncertainty in our estimates and to show a range of possible outcomes.

This yields credible intervals for the number of individuals in each need category. As the census indicates differences in the prevalence of support needs among veterans, partners and children when compared to similarly aged and gendered civilians, we also forecast the number in each need category using the census-based prevalence estimates. Although this approach is unable to capture likely changes over time, it offers a more tailored estimate, particularly in the short term.

Limitations

This research is subject to three key limitations:

- We do not have longitudinal data on veterans, so it is not possible to determine whether the prevalence of support needs is changing differently among this community compared to the wider civilian population.
- The forecasts assume that historical trends will continue, both in terms of veteran population size (including partners and children) and the prevalence of support needs.
- It was not possible to include the gender of children in the forecasts, as the Office for National Statistics (ONS) did not provide data on the prevalence of support needs by both age and gender for children of veterans. There is also a slight difference in the ages of children: the age ranges for the number of children are '18 and under' and '19–24', but the age ranges for the needs forecasts are 'under 16' and '16–24'. As a result, we apply the forecast of the prevalence of each need for children 'under 16' to forecasts of the number of children of veterans aged '18 and under', and the forecast of the prevalence of each need for children/adults aged '16–24' to children of veterans aged 19–24.

These forecasts are underpinned by our research to forecast the size and demographics of the veteran community. The data, methods and limitations of these forecasts are detailed in Galley & Slapakova (2026).

7 Bayesian Hierarchical Regression is a statistical method that allows researchers to analyse complex data by accounting for variation at multiple levels (such as individuals within groups), while also incorporating prior knowledge or assumptions into the analysis. This approach helps produce more accurate and reliable estimates, particularly when working with small or unevenly distributed datasets. For more information, see Sosa & Aristizabal (2021) or McElreath (2019).

3. General health of the veteran community

The 2021 England and Wales Census found that most veterans were in good health,[8] with 64 per cent describing their health as good or very good.[9] As expected, higher percentages of veterans reported bad health in older age groups. **Partners of veterans generally reported slightly lower levels of bad health than veterans,** likely reflecting that partners were, on average, slightly younger than veterans. This may also reflect a selection effect, as widowed partners of veterans are not included in this data (if they outlive the veteran), but widowed veterans are included (if they outlive their partner). The Scotland Census also found that most veterans declared themselves to be in good or very good health (61 per cent). However, data from the Scotland Census does suggest a slightly higher level of poor health among veterans living in Scotland, as shown in Figure 3.1.

Census data indicated that veterans and partners had similar levels of bad health to civilians of the same age, as shown in Figure 3.1, indicating **that, on average, veterans and partners have comparable levels of self-reported general health as age-matched civilians.**[10] Estimates of the prevalence of poor health among the English population vary across data sources, although not substantially, with all sources in this report using the same question to measure self-reported health.[11]

8 The census asked respondents: 'How is your health in general?', with response options 'very good', 'good', 'fair', 'bad' or 'very bad'. For this analysis, 'bad' and 'very bad' health have been aggregated in the graphs to make them easier to read.

9 Office for National Statistics (2023a).

10 Office for National Statistics (2023a).

11 The HSE asks the same question as the census: 'How is your health in general?', with response options 'very good', 'good', 'fair', 'bad' or 'very bad'.

Figure 3.1: Proportion of individuals reporting being in poor health (2021), by data source and gender

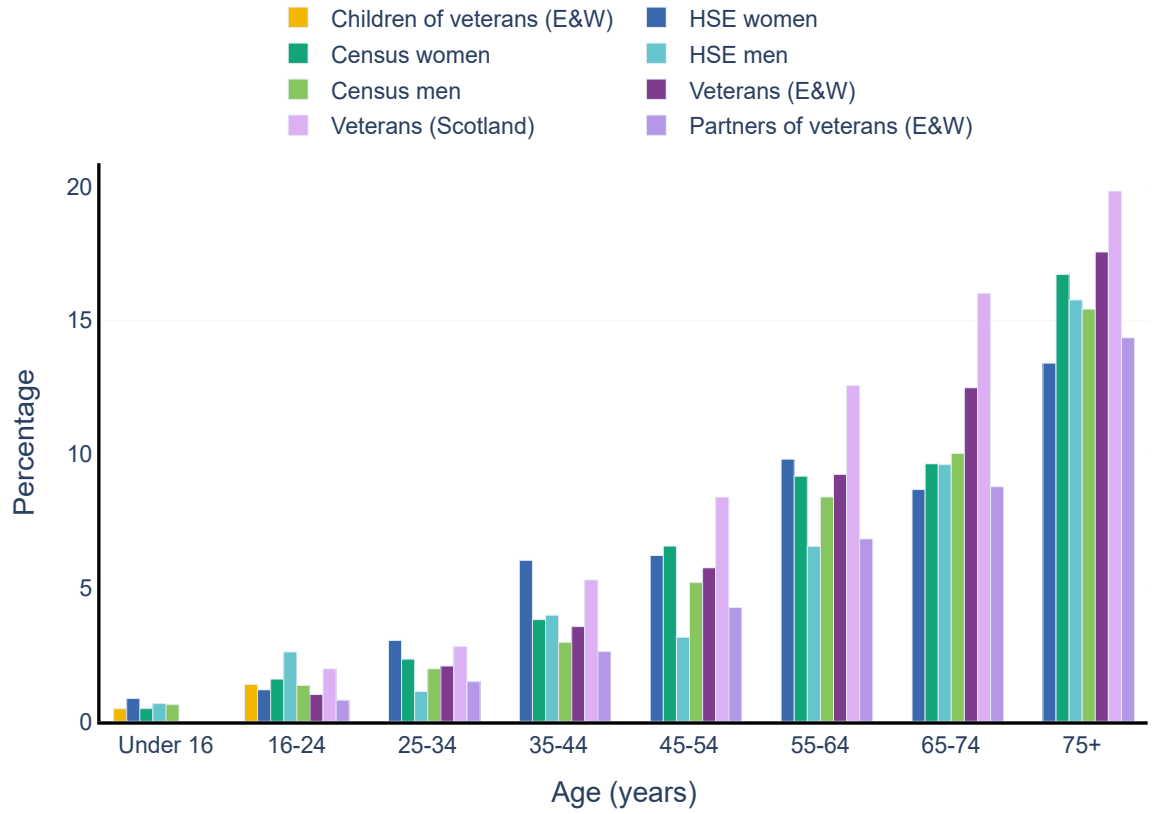


Figure 3.2 shows how the percentage of people (including veterans, partners of veterans and children of veterans, as well as other civilians) reporting bad health in England has changed since 2002 and forecasts these percentages out to 2045 for each age group. Despite some year-on-year variation, **the percentage of people reporting bad health has remained relatively constant**, as shown by the dotted line. Two groups show a pattern over time, with a small decrease in the percentage of individuals aged 65–74 in bad health and a small increase in the percentage of individuals aged 35–44 in bad health. Interestingly, the increase in disability rates among young people seen in Figure 4.2 was not reflected in changes in the prevalence of bad health among young people. This may reflect that disabilities among young people primarily include long-term conditions (such as neurodivergence) that individuals may not consider as 'poor health'.

Figure 3.3 shows the estimated number of veterans in each group with poor health out to 2045. As expected, **the number of veterans over 75 years in poor health is projected to decline substantially,** following an overall decline in the number of veterans aged over 75 years. **For all other age groups, there is not likely to be a substantial change in the number of veterans in poor health out to 2045.** The number of partners of veterans in poor health is also expected to decline, following the same pattern as veterans. Table A.1 details the forecasted number of veterans and partners of veterans in poor health for each five-year interval from 2025 to 2045.

Figure 3.2: Percentage of English population reporting bad health (HSE)

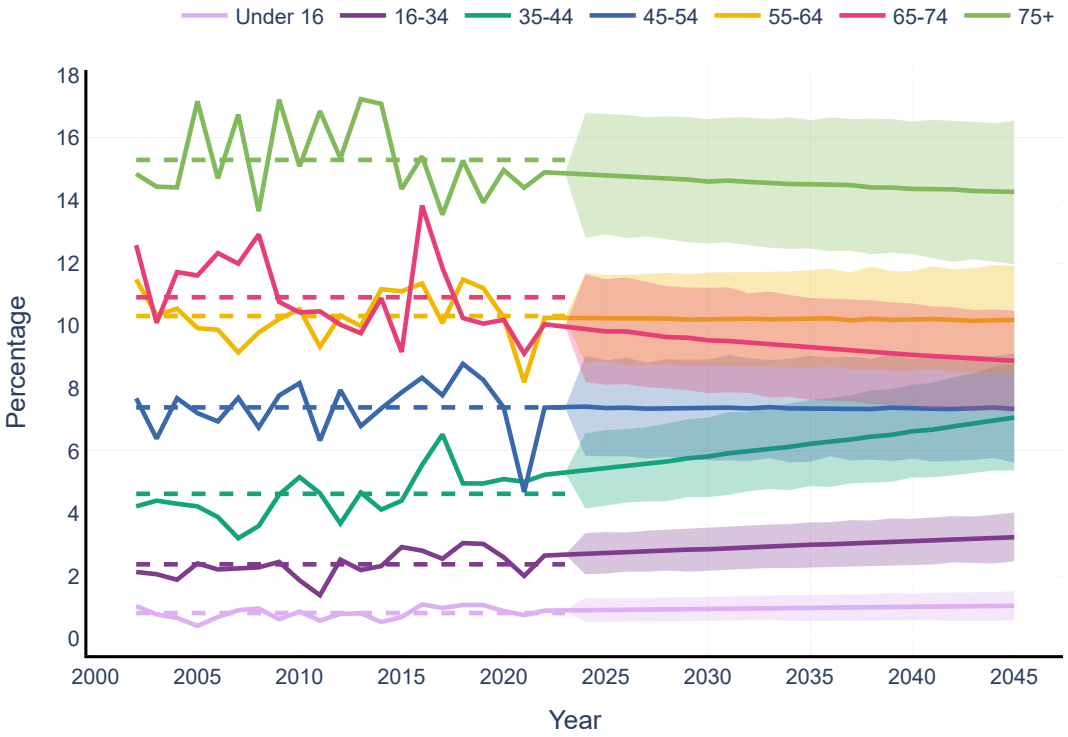


Figure 3.3: Forecast of the number of veterans in bad health

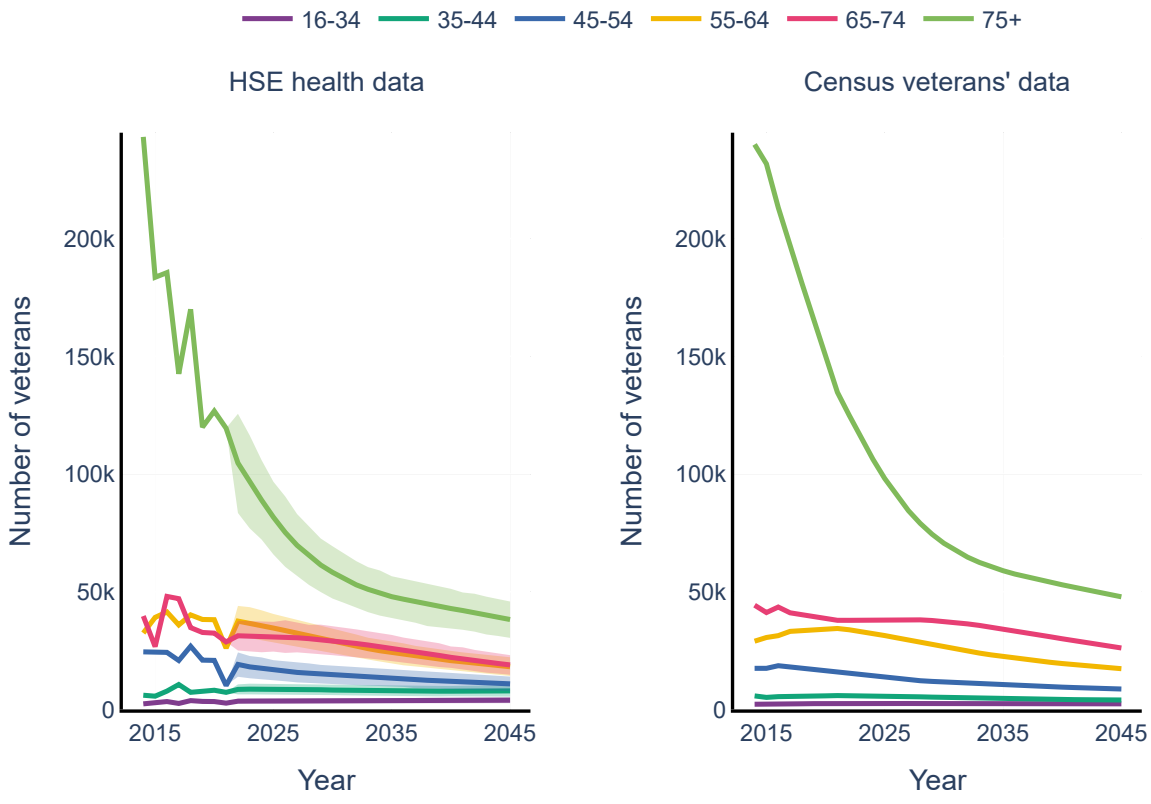
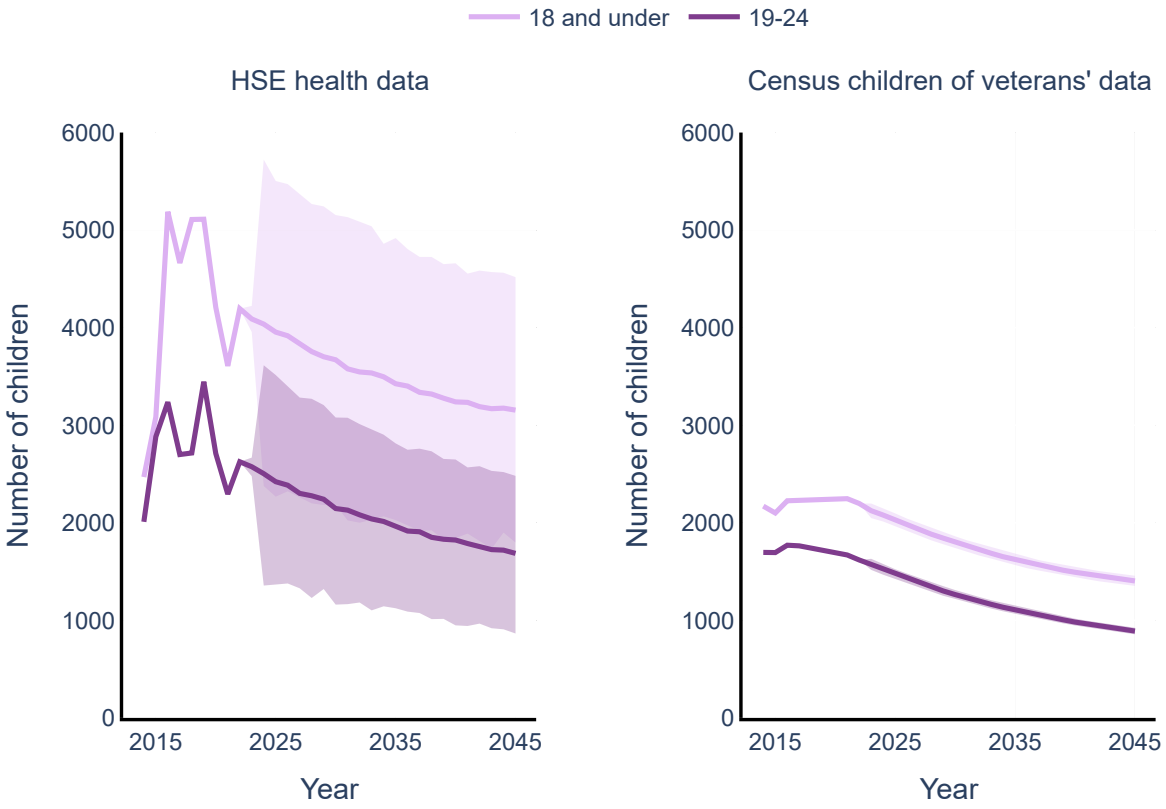


Figure 3.4 shows how the number of children of veterans in poor health is likely to change out to 2045: **there is likely to be a small decrease in the number of children in poor health as the number of children in the veteran community decreases** (also displayed in Table A.1). This is despite a very small increase in the percentage of children who are likely to experience poor health (from approximately 0.9 per cent in 2025 to 1.5 per cent in 2045 for children under 16). However, the percentage of children of veterans in poor health was slightly lower in the census (0.47 per cent for children and stepchildren of veterans aged under 16) compared to the HSE (0.76 per cent of children aged under 16), which means that the estimated number of children in poor health may be slightly lower than forecast.

Figure 3.4: Forecast of the number of children in bad health



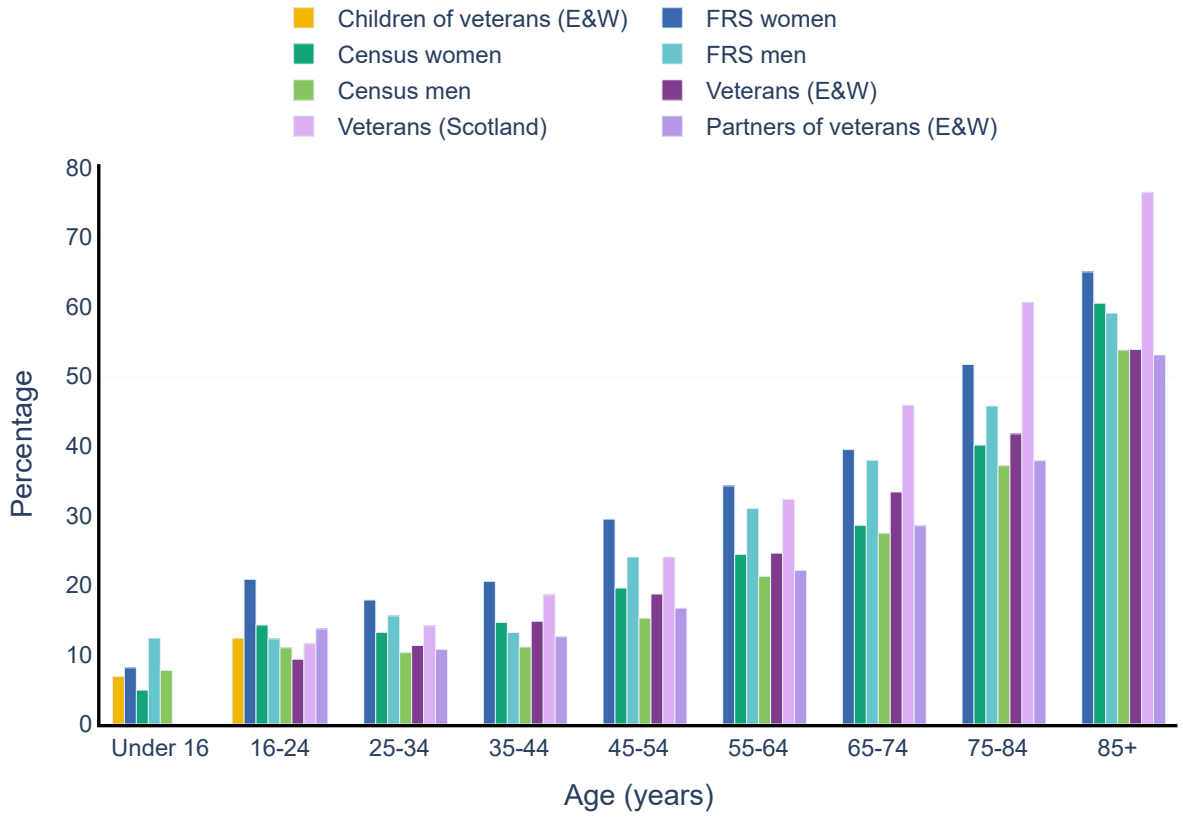
4. Levels of disability within the veteran community

The 2021 England and Wales Census found that 32 per cent of veterans were disabled,[12] and the 2022 Scotland Census found that 44 per cent of veterans were disabled, suggesting a substantially higher rate of disability among veterans in Scotland. However, this difference may be partially explained by discrepancies between the census questionnaires in relation to disability. Specifically, one of the options from the England and Wales Census ('Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited') is not included in the Scottish census. Among disabled veterans living in Great Britain just over half said that their day-to-day activities were limited 'a lot', while just under half said that their activities were limited 'a little'. An additional 9 per cent of veterans living in England and Wales reported having a long-term physical or mental health condition that did not limit their day-to-day activities.

12 Office for National Statistics (2023a).

Figure 4.1 shows that, unsurprisingly, **the proportion of veterans with a disability was highest in the oldest age groups:** 61 per cent of veterans over 90 years old were disabled, compared with 10 per cent of those aged under 29.[13] **Overall, a slightly lower percentage of partners reported being disabled than veterans** (26 per cent). This likely reflects partners being, on average, slightly younger than veterans. It may also reflect a selection effect, as widowed partners of veterans are not included in this data (if they outlive the veteran), but widowed veterans are included (if they outlive their partner). The data also suggests similar levels of disability between children and stepchildren of veterans and civilian children of the same age, although there may be a slightly higher rate of disability among children of veterans.

Figure 4.1: Proportion of individuals reporting being disabled (2021), by data source and gender

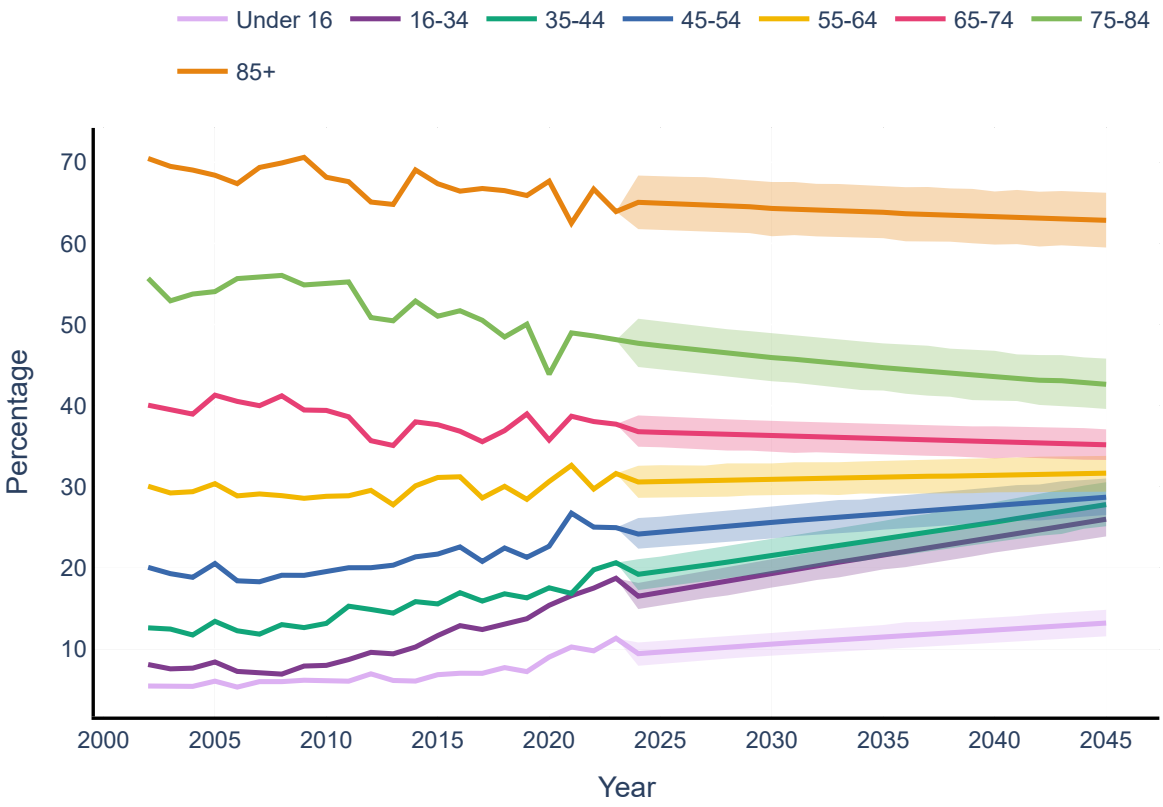


13 Office for National Statistics (2023a).

The relatively high rate of disability among veterans partly reflects the age profile of the veteran population, although the ONS found that levels of disability among veterans were higher than among civilians in the 2021 England and Wales census, even when age, gender and region were taken into account. **However, overall, the data suggests that veterans and their partners have a similar level of disability to other civilians of the same age**, as shown in Figure 4.1. Interpreting differences between the veteran and wider civilian populations is challenging due to variations in data sources. While available data sources (the FRS and the England and Wales Census) capture self-reported disability, data from the FRS suggests a higher proportion of individuals have a disability compared to census data. This is potentially because the FRS data is collected using face-to-face interviews and computer-assisted interviews, which may allow more nuanced data than the census to be captured.

Figure 4.2 shows the percentage of individuals in each age group with a disability for each year from 2002, using FRS data. As shown, there has been some year-on-year variation in the historical data, which may reflect sampling variation or the impact of external events (e.g. the COVID-19 pandemic) or policy changes. The data shows a visible dip in disability rates in 2020, particularly among the older age groups. While this may reflect genuine changes to disability rates from the pandemic (e.g. disabled individuals being more vulnerable to COVID-19), it likely reflects adaptations to the survey methodology (moving to telephone interviews and reducing the sample size) to comply with COVID-19 measures.

Figure 4.2: Percentage of individuals reporting a disability, by age (FRS)

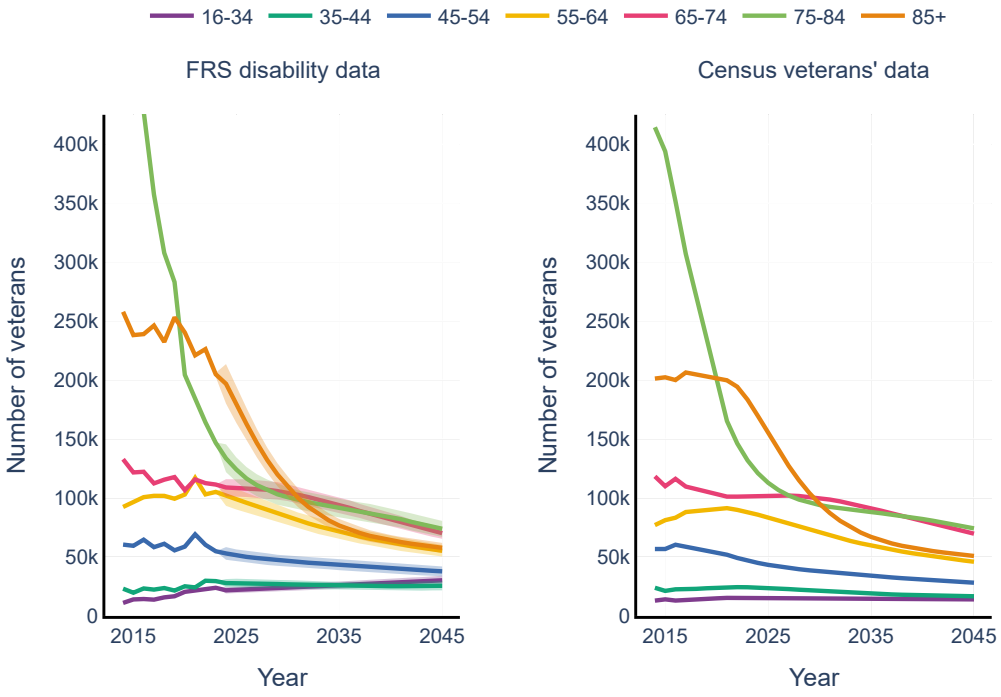


Overall, **the data shows that increasing proportions of young people (under 34 years) in the general population report having a disability,** with the percentage of those reporting a disability rising from 8 per cent in 2002 to 18 per cent in 2023. If this trend continues, it is likely that 25 per cent of people aged 16–34 will have a disability by 2045. This trend has primarily resulted from the increasing prevalence of mental health conditions, which make up a large share of disability claims for those aged under 35 years.[14] **Conversely, the percentage of individuals who report having a disability in older age groups has been relatively stable or decreasing.**

Figure 4.3 (and Table A.2) shows the forecast of the number of veterans with a disability by age group. Combined with the projected decrease in the number of older veterans, the decreasing proportion of older veterans reporting a disability suggests that **the number of older veterans with a disability is likely to decrease substantially out to 2045.** As the number of veterans declines, the number of veterans with a disability is likely to fall from between 500,000 and 600,000 in 2025 to between 300,000 and 350,000 by 2045. This is most notable in the decrease in the number of veterans with a disability aged 75–84.

Conversely, the number of young veterans with a disability is likely to increase, following both a small rise in young veterans and the projected increase in the proportion of young people with a disability. This is also likely to result in a different profile of disability among veterans, with an increasing number of veterans requiring support for mental health related disabilities rather than age-related disabilities such as cognitive decline, sensory impairments and mobility challenges. Changes in types of disabilities within the veteran community may also reflect an increase in disability levels among serving personnel, as certain disabilities (such as neurodivergence) are not incompatible with service, but most serving personnel cannot have any physical disabilities. This changing profile of disabilities may interact with increasing societal openness about disability, encouraging veterans to be more open about their disability and request support when they need it.

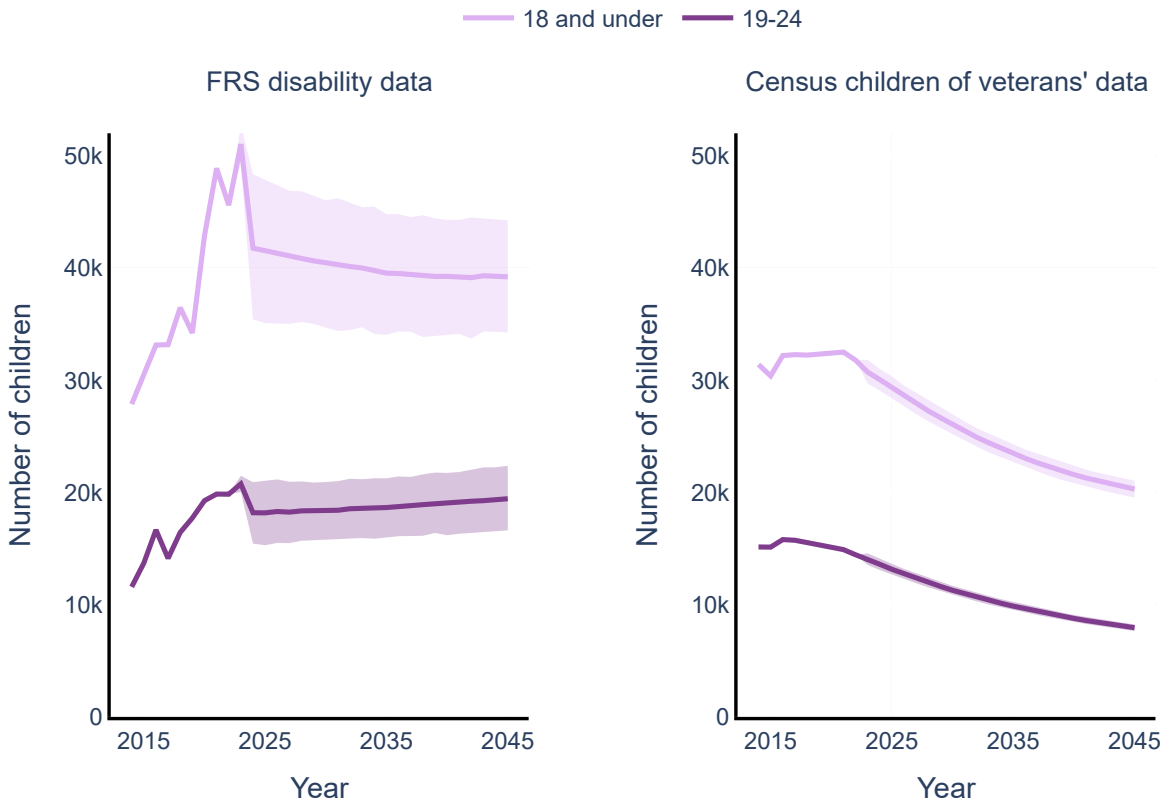
Figure 4.3: Forecast of the number of veterans with a disability



14 Banks et al. (2024).

The number of partners of veterans with a disability is also likely to decrease, particularly among partners of veterans aged 75–84 (see Table A.2 for estimates). In contrast, the trends in relation to the number of disabled children are uncertain due to conflicting messages in the data. Figure 4.4 (and Table A.2) shows the forecast of the number of disabled children using both the census data and the FRS data. While the forecast using census data suggests that the number of disabled children will decrease as the number of children decreases, FRS data suggests that the decreasing number of children will be offset by increases in the rate of disability in children and young people.

Figure 4.4: Forecast of the number of disabled children of veterans



5. Levels of unpaid caring responsibilities within the veteran community

The England and Wales Census found that 11.6 per cent of veterans and 18.9 per cent of partners had unpaid caring responsibilities in 2021.[15] The proportion of veterans who provide unpaid care is higher than that of non-veterans, even when adjusting for age and gender (10.6 per cent), and the difference is greatest between veterans and non-veterans aged 85–89 (12.8 per cent vs. 10.2 per cent adjusted). In Scotland, the rate is even higher, with the Scotland Census finding that 14 per cent of veterans living in Scotland have a caring responsibility.[16] Data from the two censuses did not specify who respondents were caring for (e.g. a parent, partner, child or friend). Figure 5.1 shows that reported levels of unpaid caring differ depending on the data source.

The data suggests that there are substantially higher rates of caring responsibilities among partners of veterans compared with civilians of the same age, as well as a higher rate of caring among children of veterans, with 1.4 per cent of those under 16 and 5 per cent of those aged 16–24 having caring responsibilities. Unlike poor health and disability, the prevalence of caring

15 This question in the census was 'Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?'

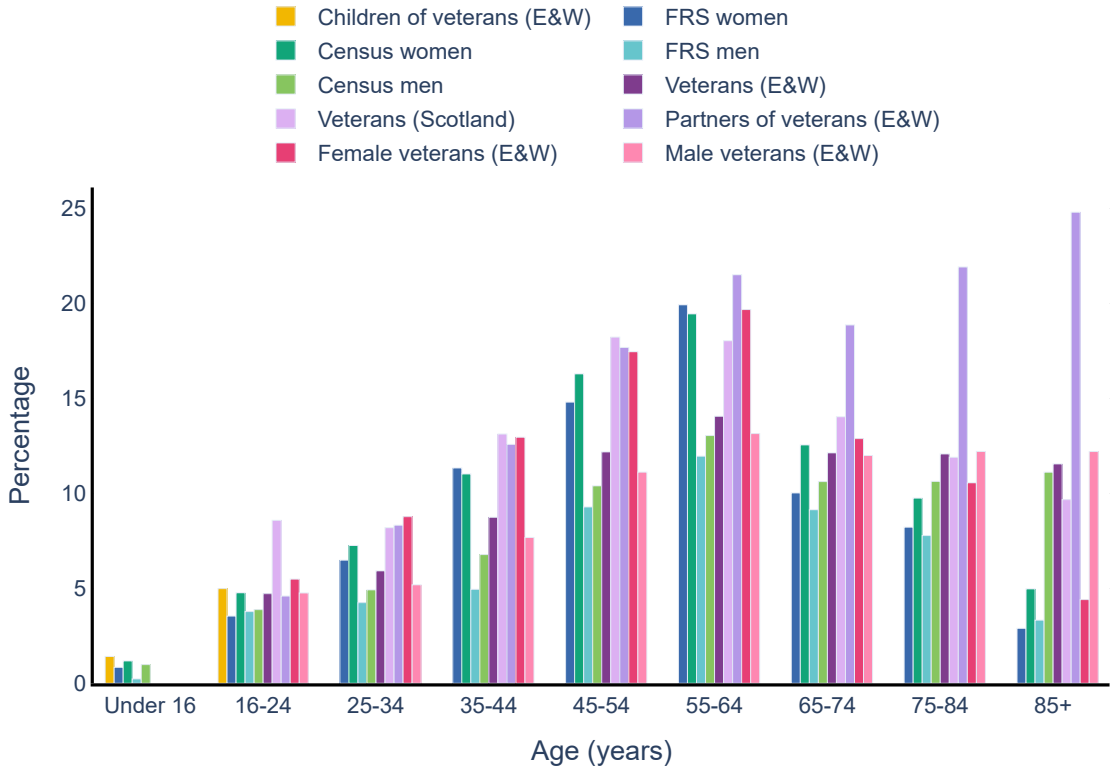
16 This question was phrased slightly differently in the Scottish Census, which may contribute to the increased rate reported: 'Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical/mental ill-health disability; or problems related to old age?'

responsibilities does not increase linearly with age but is highest in middle age for both the veteran and the civilian population (Figure 5.1).

There is also a gender disparity in caring responsibilities, particularly among individuals aged 35–64 years across both the FRS and census data, with more women providing unpaid care than men.[17] The data suggests that these gender differences are also found among veterans, with a higher proportion of female veterans reporting caring responsibilities for veterans aged under 75. However, there is a noticeable drop in the percentage of older female veterans reporting caring responsibilities, potentially reflecting the low number of female veterans aged over 75.

Figure 5.2 breaks down the data from the England and Wales and Scotland censuses to show the percentage of those reporting having caring responsibilities by the number of hours the respondent spends in their unpaid caring role. This graph again shows that there is a higher proportion of partners of veterans with unpaid caring responsibilities. This is particularly evident for partners of veterans aged over 75, where twice as many respondents report caring for over 50 hours a week compared to all other respondents. Figure 5.3 compares the prevalence of unpaid caring responsibilities among partners of veterans (who by definition, are living in a relationship), with male and female respondents living with a partner. This graph shows that, even when controlling for age, gender and living arrangements, a higher percentage of partners of veterans appear to have unpaid caring responsibilities.

Figure 5.1: Proportion of respondents reporting unpaid caring responsibilites (2021), by data source and gender



17 Across England and Wales, 10.4 per cent of the female population and 7.6 per cent of the male population provided unpaid care according to the census. While the census does not comment on the reasons for this disparity, it likely reflects gendered roles in British society. Eley & John (2023).

Figure 5.2: Percentage of census respondents reporting unpaid caring responsibilities, by age and hours per week of unpaid caring tasks

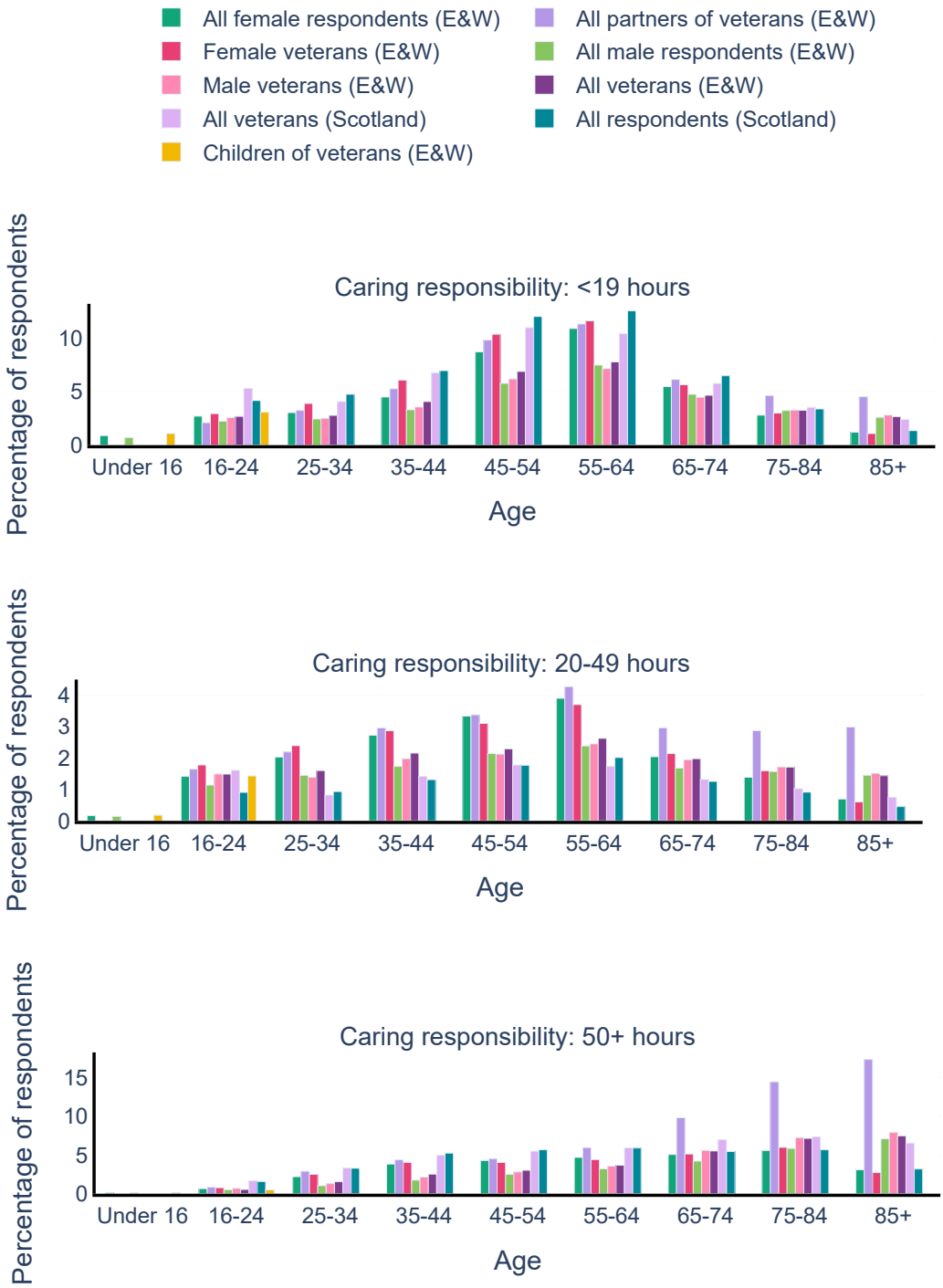
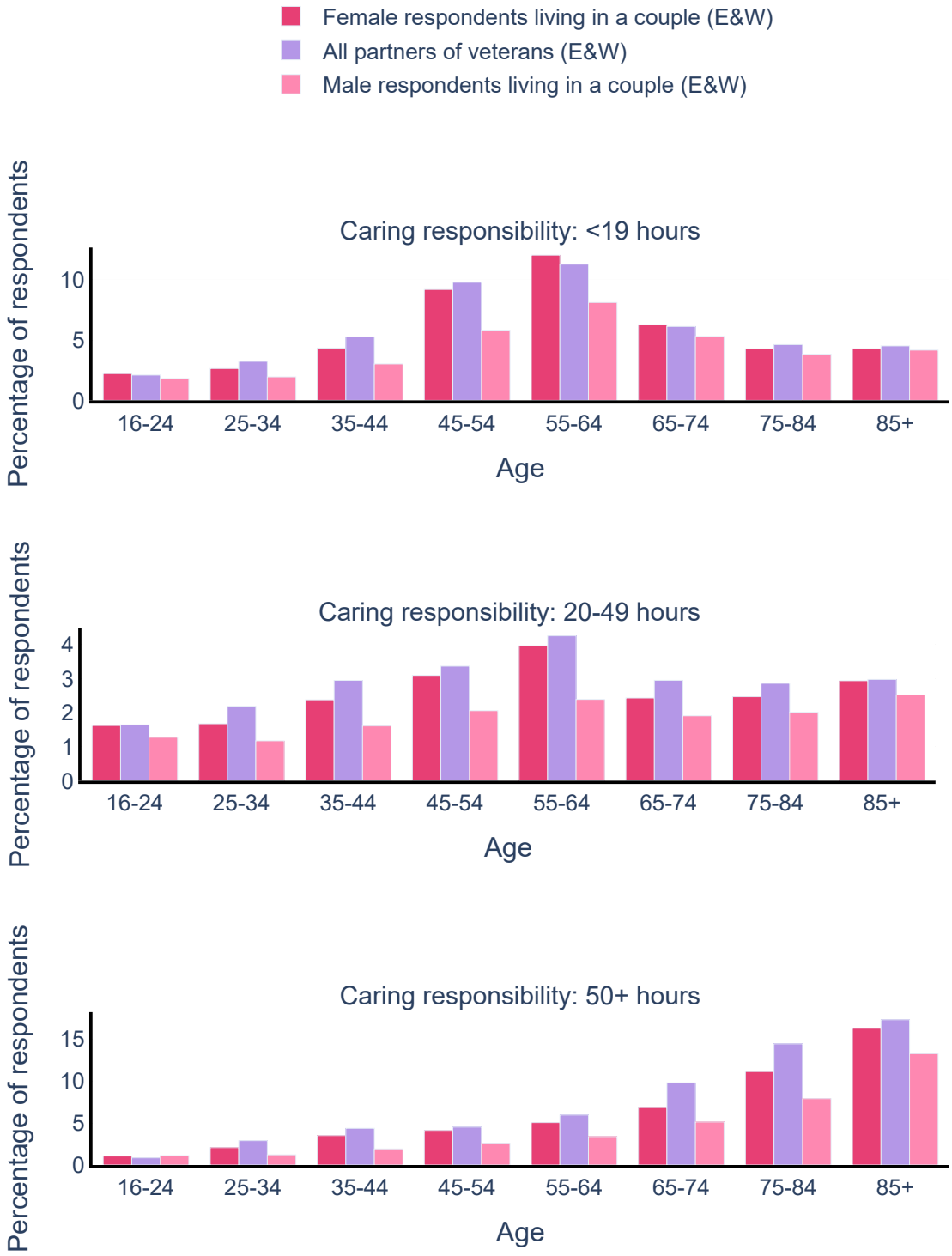


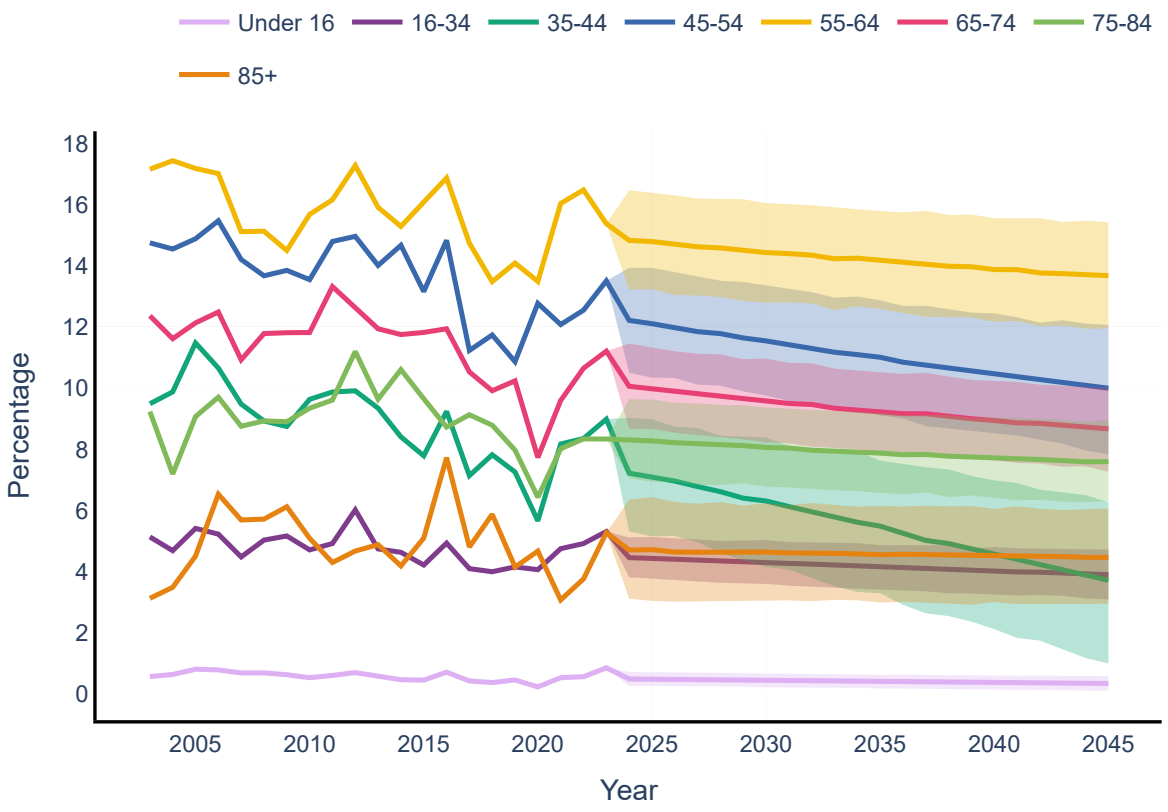
Figure 5.3: Percentage of census respondents living in a couple reporting unpaid caring responsibilities, by age and hours per week of unpaid caring tasks



As with disability levels, there is year-on-year variation of reported caring responsibilities in FRS data, likely due to changes in respondents' health, access to external support and sampling fluctuation (Figure 5.4). In several age groups, there was a notable decrease in 2020 and a notable increase in the following years. This likely reflects increased mortality rates during the early stages of the COVID-19 pandemic and people being unable to travel or socialise to provide care, followed by increased support needs once restrictions were lifted.

On average, the percentage of individuals with caring responsibilities is slightly declining in most age groups (Figure 5.4). The forecast predicts a significant decrease in caring responsibilities among individuals aged 35–44. This forecast is notable given expectations within the sector that caring responsibilities for middle-aged individuals could increase as they increasingly balance caring for parents with raising children. The Joseph Rowntree Foundation has forecast that if the number of carers increases with population growth, it would go up by 10.6 per cent by 2035.[18] It is not clear why the FRS data shows a different pattern from the Joseph Rowntree Foundation data, but this disparity may mean that RAND Europe's forecasts underestimate the number of carers out to 2045, particularly among middle-aged veterans and partners.

Figure 5.4: Percentage of individuals with an unpaid caring responsibility (FRS)



18 Joseph Rowntree Foundation (2025).

Figure 5.5 (and Table A.3) shows the estimated number of veterans with caring responsibilities out to 2045. **The number of veterans with caring responsibilities is likely to decline in all age groups,** with the most notable decrease expected among veterans aged 55–64. The number of veterans aged 75–84 with caring responsibilities has also declined significantly since 2015 and is likely to continue to decline slightly.

Data shows that the number of partners with caring responsibilities is also likely to decrease as the number of partners of veterans decreases (Figure 5.6 and Table A.3). While the census estimate is a point estimate and thus does not account for changes in the percentage of partners with caring responsibilities over time, it suggests a much higher number of partners of veterans are likely to have caring responsibilities out to 2045 than calculations made using data on civilian caring responsibilities.

The number of children with caring responsibilities within the veteran community is also likely to decrease (Figure 5.7 and Table A.3) due to the declining number of children of veterans overall. As with partners, the census estimates suggest a higher rate of caring responsibility among children of veterans compared with civilian data from the FRS, suggesting that there will be over 7,500 children aged under 25 with a caring responsibility in the veteran community out to 2045.

Figure 5.5: Forecast of the number of veterans with an unpaid caring responsibility

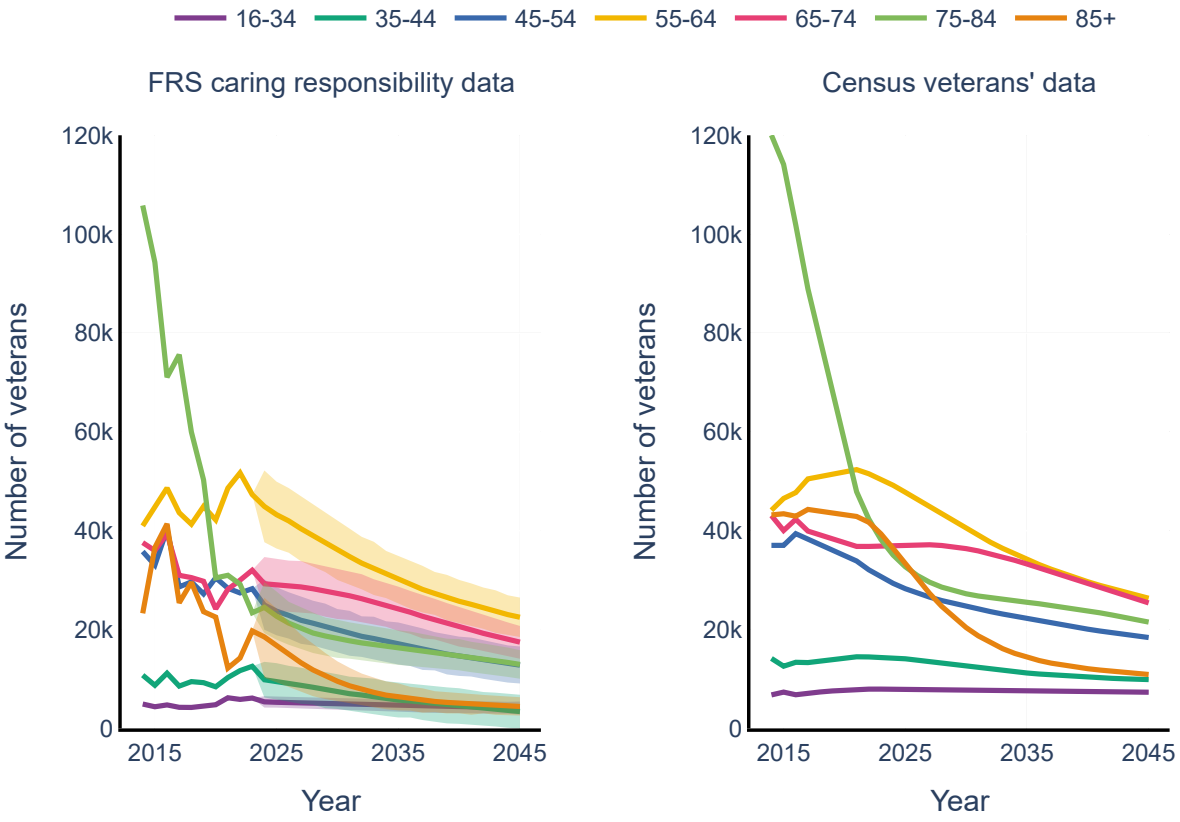


Figure 5.6: Forecast of the number of partners of veterans with an unpaid caring responsibility

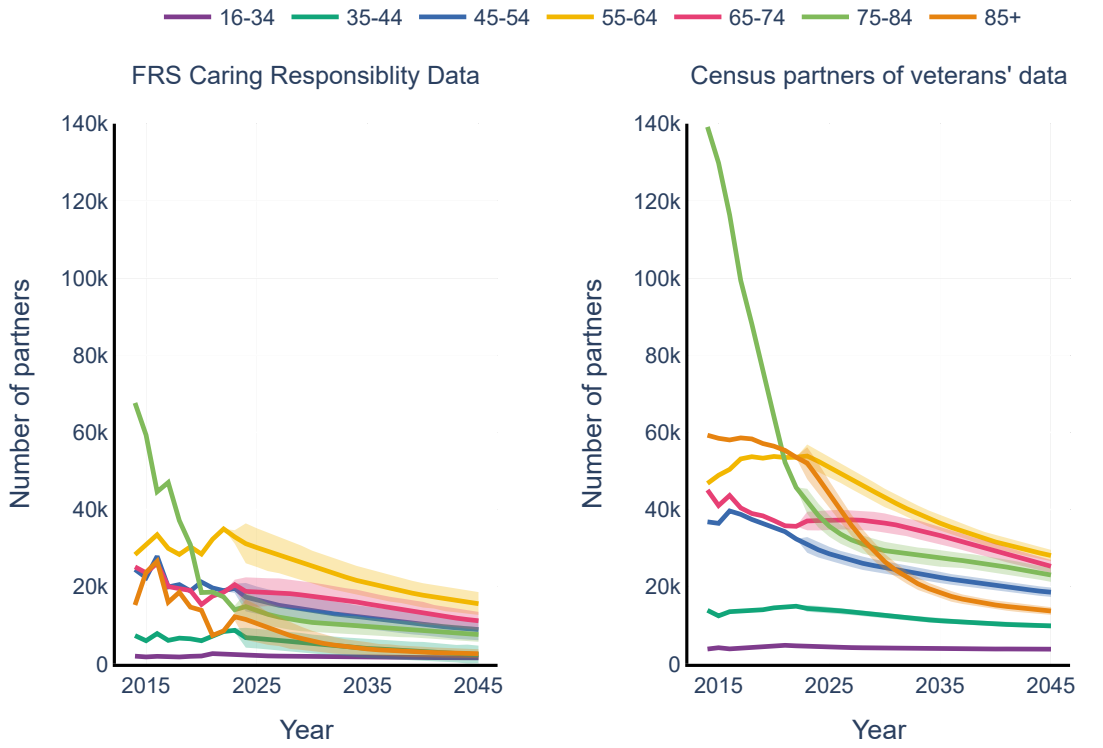
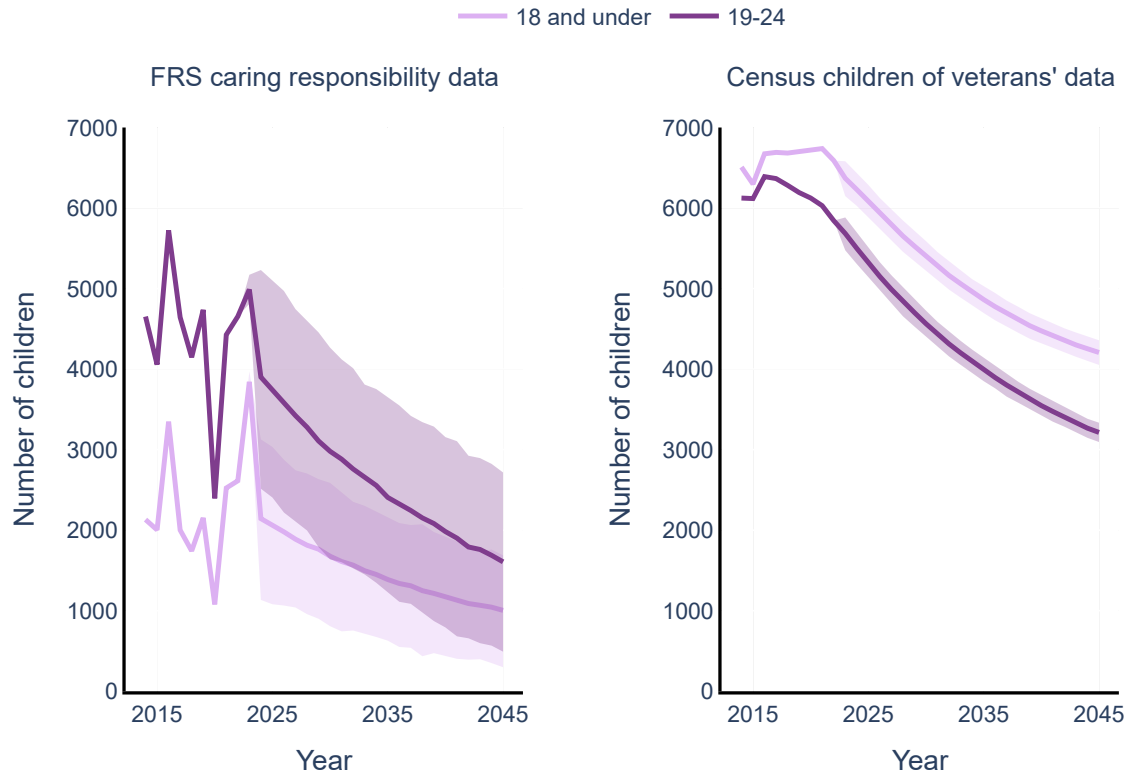
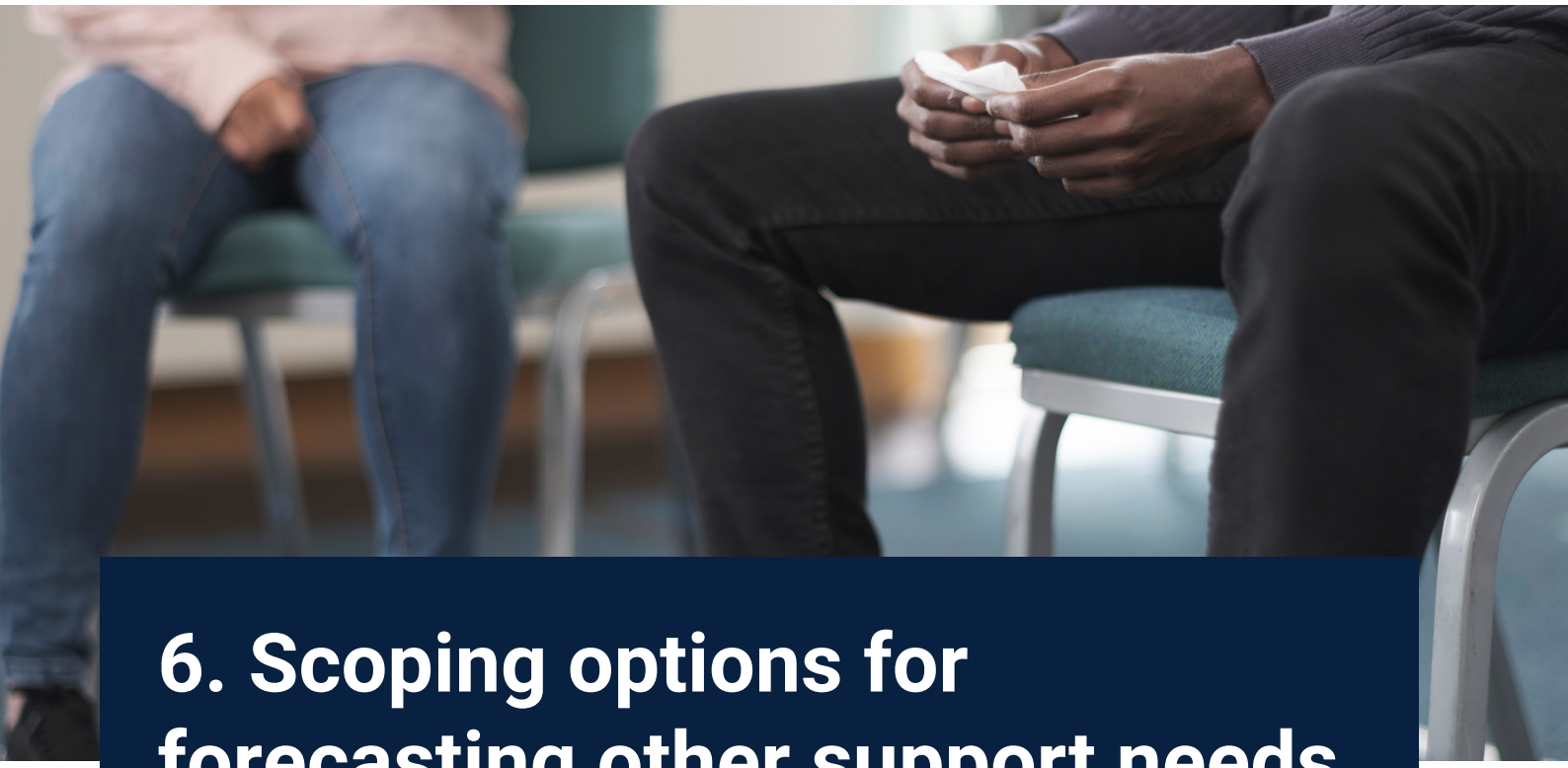


Figure 5.7: Forecast of the number of children of veterans with an unpaid caring responsibility





6. Scoping options for forecasting other support needs within the veteran community

6.1. Unemployment

Several sources provide information on the unemployment rate and employment profiles of veterans, including the Career Transition Partnership, the 2021 England and Wales Census, the FRS, and the Annual Population Survey. However, each source has significant limitations for long-term forecasting, as summarised in Table 6.1. The data on the rate of employment for partners is even more limited and is only available in the 2021 England and Wales Census.

Estimating long-term trends in employment among specific groups is also very challenging. Forecasts by the International Monetary Fund and the Office for Budget Responsibility, for example, extend only to 2030.[19] Producing longer-term forecasts is difficult due to high uncertainty around economic shocks, technological change, structural factors such as demographics and education, and fiscal factors including tax and welfare policies, all of which impact labour market conditions. Given these constraints, forecasts for veteran unemployment to 2045 will be highly uncertain.

19 Office for Budget Responsibility (2025), TheGlobalEconomy.com. (2025).

Table 6.1: Data sources on veteran unemployment

Data source	Information on veteran employment/ unemployment	Forecasting potential
Career Transition Partnership[20]	Provides employment rate and profile of veterans six months after leaving service, disaggregated by service, rank, gender, ethnicity, length of service, or age group. Covers only service leavers who use billable services and self-report outcomes (approximately 60 per cent). Does not capture long-term employment outcomes or represent all leavers.	Low: Limited coverage, short follow-up and potential bias. Not suitable for long-term forecasting.
England and Wales Census 2021,[21] Scotland Census 2022[22]	Offers a comprehensive snapshot of employment among veterans, with demographic and regional breakdowns.	Low: Single point-in-time estimate; not suitable for trend or long-term forecasting.
Family Resources Survey (FRS)[23]	Continuous household survey with information on employment status and demographic variables. Only introduced data on veteran status in 2023/2024.	Medium: Promising for future trend analysis, but insufficient historical data for forecasting.
Annual Population Survey[24]	Large, representative survey with information and employment and demographic variables. Only collected data on veteran status between 2014 and 2017.	Low: Historical only; no current or future data on veterans. Useful for short-term trend validation.

6.2. Homelessness

There are three primary sources of information on homelessness among veterans and their families: statutory homelessness statistics, the England and Wales Census, and the Veteran's Survey. Each source captures different aspects of homelessness and has distinct limitations that affect their comparability and the reliability of estimates of the number of veterans and families experiencing homelessness.

Statutory homelessness statistics record households that are owed a homelessness prevention duty by local authorities, including those with support needs arising from service in the Armed Forces.[25] The data provides an estimate of the number of households containing at least one veteran owed a

20 Ministry of Defence (2025a).

21 Office for National Statistics (2024).

22 Scotland Census (2025).

23 UK Data Service (2025b).

24 Ministry of Defence (2016).

25 Ministry of Housing, Communities and Local Government (2025).

prevention duty since 2018.[26] Statutory homelessness statistics in England show that in 2023/2024, some 2,270 households (0.7 per cent of households owed a prevention duty) were owed a homelessness prevention duty with a support need due to serving in the Armed Forces. If we assume that a similar percentage of households owed a relief duty had a support need due to serving in the Armed Forces, this suggests approximately 0.16 per cent of veteran households in England were experiencing homelessness between April 2023 and March 2024. Statutory homelessness statistics for Scotland show that 2 per cent of households (759 households in 2024–25, 648 households in 2022–22 when the census was taken) contained an individual previously in the Armed Forces, suggesting that approximately 0.37 per cent of the veteran households in Scotland were assessed as homeless.[27] In Wales, only 12 households reported a need due to leaving the Armed Forces in 2024–2025, suggesting a very low rate of homelessness among veterans.[28] However, these figures may undercount the true prevalence of homelessness among veterans for several reasons:

- Veterans may choose not to disclose their service history when presenting as homeless.
- Statutory statistics only capture those who meet specific eligibility criteria and may exclude individuals experiencing forms of 'hidden homelessness' (e.g. sofa surfing, living in insecure accommodation) or those not seeking support from local authorities.
- The data is reported at the household level, which may not align with individual-level estimates from other sources.

The England and Wales Census also included data on the living arrangements of veterans, finding that 1.88 per cent of respondents living in a hostel or temporary shelter for the homeless on census day were veterans.[29] This suggests that 256 (0.014 per cent) of veterans were living in a hostel or temporary shelter for the homeless. However, while this figure does align (to an extent) with other data on homelessness among veterans, it only captures a subgroup of veterans, and, as with the statutory homelessness statistics, doesn't capture forms of 'hidden homelessness'.

The Veterans' Survey provided self-reported data on experiences of homelessness, with 0.25 per cent of respondents reporting being homeless, rough sleeping or living in a refuge for domestic abuse, and 2.3 per cent reporting living long-term with family or friends (an indicator of potential hidden homelessness).[30] However, the interpretation of these findings requires caution due to known limitations of the Veterans' Survey, including:

- The survey sample is not fully representative of the veteran population, with an overrepresentation of disabled veterans and those affected by the cost-of-living crisis at the time of fieldwork and underrepresentation of reservist veterans.
- The survey captures individual experiences, which may not be directly comparable to household-level statutory data.

---

26 Homelessness prevention duty refers to the legal obligations of public authorities and local councils in England to prevent and relieve homelessness, primarily established by the Homelessness Reduction Act 2017.

27 Scottish Government (2025).

28 For all three countries, this data relies on individuals experiencing homelessness declaring that they are a veteran, which may lead to undercounting in official statistics.

29 Knipe & Hill (2023).

30 Office for National Statistics (2025a).

- Definitions of homelessness in the survey are broader than those used in statutory statistics, encompassing a wider range of precarious living situations.

Forecasting homelessness among veterans to 2045 presents significant challenges due to data limitations and the unique risk factors affecting this population (e.g. transition from service, mental health, substance misuse, relationship breakdown). While civilian homelessness forecasts provide useful context, they may not fully account for the specific circumstances of veterans. For example, veterans have a higher prevalence of mental health conditions (specifically post-traumatic stress disorder) than civilians, and there is an established relationship between homelessness and mental ill health.

Crisis has projected that, if current trends continue, the number of people experiencing 'core homelessness' in England would rise from 242,000 in 2022 to 303,000 by 2041.[31] However, the charity notes that a comprehensive programme of policies – such as raising local housing allowance, increasing housing supply and allocating more social housing – could reduce homelessness by 47 per cent compared to the baseline projection in 2041, bringing core homelessness to 32 per cent below the 2022 level. Veteran-specific policies and support systems, such as the Armed Forces Covenant and the No Homeless Veterans campaign, could also impact the forecast of veterans relative to civilians out to 2045.

6.3. Involvement in the justice system

Several sources provide information on veterans' involvement in the justice system; however, most provide only point estimates and do not capture changes over time. Table 6.2 summarises the available data. There are no sources that provide information on family members of veterans involved in the justice system. Data on court martial results detailing the involvement of serving personnel is available, although there may be substantial differences between individuals interacting with the justice system while serving in the Armed Forces and after leaving the Armed Forces, so this data may not be useful for forecasting veteran's involvement with the justice system.[32]

31 Crisis defines core homelessness as individuals who are rough sleeping, living in unconventional accommodation (e.g. cars), living in hostels, refuges and shelters, living in unsuitable temporary accommodation, or sofa surfing. Crisis (2023).

32 Ministry of Defence (2025b).

Table 6.2: Data sources on veterans' involvement with the justice system

Data source	Information on veterans' involvement in the justice system	Forecasting potential
MacManus et al. (2019)[33] Kwan et al.(2025)[34]	Both studies link questionnaire data from the King's Centre for Military Health Research (KCMHR) Cohort Study with national criminal record data. MacManus et al. (2019) found that 18.8 per cent of male respondents and 4.8 per cent of female respondents had committed one or more offences during their lifetime. Approximately 6 per cent committed an offence before joining the military and 6 per cent after leaving. Using data from the first three phases of the same cohort, Kwan et al. (2025) found that 16.2 per cent of the sample had a criminal record.	Low: These are both single-point-in-time estimates, which are not suitable for trend or long-term forecasting.
England and Wales Census (2021)	Census data showed that 4.86 per cent of individuals residing in prisons, detention centres, and approved bail or probation premises were veterans. This represents approximately 0.17 per cent of the veteran population.	Low: Single point-in-time estimate; not suitable for trend or long-term forecasting.
Ministry of Justice (MOJ) (2024)	The MOJ estimated that 3.6 per cent of prisoners in England and Wales were ex-service personnel, equivalent to approximately 0.15 per cent of all veterans living in England and Wales. The MOJ has periodically published this data estimating the percentage of veterans in the justice system, which has increased from 3.0 per cent in 2021 to 3.6 per cent in 2024. However, as this data uses self-reported veteran status gathered when an individual enters custody, it likely includes under recording of veteran status.	Low: While there are multiple years of this data, the percentage of the prison population included in the data is not consistent, and it is not clear if changes over time are genuine or reflect different numbers of veterans self-identifying as veterans when asked.
Veterans' Survey (2022)	Among respondents who completed the survey without assistance, 10.4 per cent reported being convicted of a criminal offence (excluding speeding) and 2.6 per cent reported serving a prison sentence. However, these results are published as 'official statistics in development', and users are cautioned not to use them to estimate prevalence.	Very low: Single point-in-time estimate; not suitable for trend or long-term forecasting. They are noted as 'official statistics in development' that users are cautioned against using to estimate prevalence.

These sources show considerable variation in estimates of veterans' involvement with different aspects of the justice system. This variation is likely due to differences in methodology (administrative data vs. self-report) and in definitions of the justice system. For example, census data includes other detention centres and approved bail

33 MacManus et al.(2016).

34 Kwan et al.(2025).

or probation premises, whereas MOJ data covers only prisons.

Forecasting future trends in how veterans may be involved with the justice system is challenging, even aside from the limited data on veterans' current involvement, due to ongoing changes in factors such as alternative sentencing options, changes in average sentence length and changing crime profiles. There is also very little publicly available comparative data on civilian involvement in the justice system, and limited information on the number of civilians with a criminal record.

Kwan et al. found that 28 per cent of similarly aged civilian males had a criminal record, suggesting a lower proportion among veterans. More recent MOJ research found that 22 per cent of civilians have criminal records.[35] The MOJ has also published quarterly statistics on the annual number of individuals involved in the justice system.[36] However, this contains annual data rather than lifetime involvement, making it challenging to compare with available data on veteran involvement in the justice system.

While data and forecasts on prisoner numbers are more robust, these are only published for five-year periods. The MOJ's most recent publication (2024) projected that the prison population would increase from 86,038 in November 2024 to between 95,700 and 105,200 by March 2029.[37] Extending these projections to 2045 is feasible but would require consideration of demographic shifts, crime trends, socioeconomic factors and technological change. Future projections would also need to account for sentencing reform, prison estate capacity and legislative changes such as parole eligibility. For veterans, forecasts would need to consider their overrepresentation in violent offences, which often carry longer sentences and may be more sensitive to changes in sentencing policy.

6.4. Low income

The definition of 'low income' is subjective and often relative, depending on factors such as location, household composition and family needs. For this research, we use the commonly adopted UK definition of low income as earning below 60 per cent of the national median income. In 2025, this threshold was £22,020 per year.[38]

There is limited data on the income levels of veterans and their families. The main source is the Veterans' Survey, which found that 6 per cent of respondents reported earning less than £10,400 annually, and 20 per cent earned between £10,400 and £20,799.[39] The 2022 low-income threshold was £19,380, suggesting that just under 25 per cent of respondents would be classified as low income. Additionally, almost a third of respondents agreed to some extent that they had experienced money worries in the past month.

However, the ONS has cautioned that the Veterans' Survey is not representative of the wider veteran population as it overrepresents veterans with disabilities and relies on a self-selecting sample, which may introduce further bias. The survey was also promoted heavily by organisations that provide support to veterans. Given the known relationship

35 Ministry of Justice and Home Office (2024).

36 Ministry of Justice (2025).

37 Ministry of Justice (2024).

38 Office for National Statistics (2025b).

39 Office for National Statistics (2025a).

between disability and income, this data is likely to overestimate the proportion of veterans experiencing low income.

The age profile of veterans is closely linked to income, with more than half of UK veterans over retirement age and therefore likely to rely on pension income rather than employment income. Data from the FRS shows that in 2021/2022, the median weekly income for pensioners was £424 (£22,048 annually), including occupational pensions and benefits.[40] As such, any interpretation of veterans' income levels should account for the high level of pensioners in this community.

Since 2023/2024, the FRS has included a question identifying whether respondents have served in the Armed Forces. This will enable more detailed analysis of the income and asset profiles of veterans, but it will not be possible to use this data for forecasting until several years of longitudinal data have been collected.

Forecasting low income among veterans is inherently challenging. The definition of low income is tied to the national median salary, which is itself difficult to project over a 20-year horizon due to macroeconomic uncertainty, labour market shifts and policy changes. Additionally, income alone may not fully capture financial vulnerability, with factors such as housing costs, debt and regional variation in the cost of living also playing a role.

Looking ahead to 2045, several demographic and policy trends will influence the prevalence of low income among veterans. The number of retirement-age veterans is expected to decline, which may reduce the overall number of veterans with low income, assuming pension income remains stable. Many veterans currently in early retirement or later working age will have completed substantial military careers and are likely to receive relatively secure Armed Forces pensions. Government policies around state and occupational pensions will also play a significant role in shaping income levels, although Armed Forces pensions are largely guaranteed.

Conversely, the number of younger veterans is expected to grow. These individuals may not have served long enough to accrue substantial pensions and will be more reliant on successful transitions to civilian employment. Their income – both during working age and in retirement – will depend heavily on access to good jobs, training and support services. Programmes that facilitate employment and financial planning will be critical in mitigating future low-income risks.

Finally, while income is a key predictor of the need for financial assistance, changes in the cost of living – which can be affected by unexpected economic shocks – will also affect how far income stretches. Rising costs of housing, energy and food, as well as growing pressure on public health and social care services, may increase the number of veterans requiring support, even if their income is not technically classified as low.

6.5. Social care

There is limited publicly available information on the number of veterans receiving support from the social care system. Data from the 2021 England and Wales Census indicated that 1.43 per cent of veterans, approximately 26,500 individuals, were living in care homes.[41] This is lower than the age- and gender-adjusted proportion of civilians living in care homes (2.65 per cent). However, veterans aged 70 to

40 Department for Work and Pensions (2025b).

41 Knipe & Hill (2023).

79 years were more likely to live in care homes than civilians of the same age and gender.

Given that over one million veterans are aged 65 years or older, it is likely that a substantial number of veterans receive support from the publicly funded social care system (including those living in care homes) and from privately funded services, including personal care and practical support delivered outside care home settings. The high proportion of veterans living on pension incomes suggests that many older veterans may be eligible for at least partially publicly funded social care. However, eligibility does not guarantee access, and unmet need remains a concern.

Data from the National Health Service (NHS) England, analysed by the King's Fund, showed that in 2023/24, 859,000 people in England (559,000 older adults and 300,000 working-age adults) received publicly funded long-term social care, primarily in residential or nursing homes or in their own homes.[42] An additional 252,000 episodes of short-term care were recorded. Assuming veterans comprise approximately 3.8 per cent of the adult population and make up a similar proportion of NHS data, this would suggest around 33,000 veterans living in England received publicly funded long-term social care and approximately 9,500 received short-term care. However, this estimate does not account for the older age profile of veterans, which likely means that their representation among care recipients is higher than the general population average.

In addition to formal care, a substantial number of veterans are likely to receive support from unpaid carers. The FRS records whether an individual receives care and how frequently, which could be used to estimate the number of veterans receiving care from 2023/2024 onwards, although several years of data would ideally be needed to generate forecasts. However, there is a known disparity between care needs and support received, which could bias findings from administrative or survey data. The Nuffield Trust has estimated that fewer than half of older people with care needs receive formal support, including from unpaid carers.[43] There is also limited data on privately funded care, which further constrains the ability to quantify total social care use among veterans.

Looking ahead to 2045, the number of veterans requiring social care is likely to decline, driven by a reduction in the overall veteran population and, specifically, in the number of older veterans. However, the general ageing of the UK population will increase demand for social care services overall, potentially exacerbating existing pressures on the system and limiting access to quality public social care for veterans. This could pose challenges for veterans seeking care, even as they represent a smaller share of the older population. Conversely, if policy reforms expand access to social care for older adults, veterans may benefit from broader improvements in service provision.

6.6. Family separation and breakdown

There is limited data available on the rates of family separation and relationship breakdown within the veteran community. Data from the 2021 England and Wales Census indicated that 15 per cent of veterans were separated or divorced, compared with 12 per cent of the age- and gender-adjusted civilian

42 The King's Fund (2025).

43 Nuffield Trust (2023).

population.[44] This suggests that veterans may be more likely than civilians to experience relationship breakdown.

However, this data does not capture rates of re-marriage nor long-term cohabitation, which limits its use for estimating the total number of relationships that break down over time. Additionally, other sources report different figures: the Annual Population Survey recorded that 12 per cent of veteran respondents were separated or divorced, while the King's Centre for Military Health Research (KCMHR) Cohort Study found that 13.9 per cent of ex-serving respondents were single or had ended a relationship, suggesting a rate of relationship breakdown similar to that of the civilian population.[45]

Forecasts of the number of veterans experiencing family separation and breakdown will be influenced by both the size and demographic composition of the veteran community, as well as broader societal trends. If the average age of the veteran community decreases as forecast, this may lead to an increase in relationship breakdowns as younger veterans have slightly higher rates of divorce and separation than retirement age veterans.[46]

Additionally, marriage rates have been declining across both the AFC and the general UK population. According to the ONS, the number of marriages in England and Wales fell by 50 per cent between 1972 and 2019, and the proportion of married adults has continued to decline.[47] At the same time, divorce rates have shown signs of stabilising or decreasing, particularly among younger cohorts. The ONS reports that the divorce rate peaked in the early 1990s and has since declined, with 2020 seeing the lowest number of divorces since 1971. These trends suggest that while fewer people are marrying, those who do may be less likely to divorce than in previous decades.

However, the rise in cohabitation presents challenges for estimating relationship breakdown. Cohabiting couples who separate are not captured in legal divorce statistics, and veterans' legal status does not change following the end of such relationships. This makes it more difficult to quantify family separation, particularly in cases where previously cohabiting (but not married or in a civil partnership) relationships involve shared children or caregiving responsibilities. These former partners may still be considered part of the AFC and may be entitled to certain forms of support.

6.7. Substance misuse

6.7.1. Drug misuse

There is very limited and outdated information on the prevalence of drug misuse among UK veterans. The most recent general population survey with veteran-specific data is the 2007 Adult Psychiatric Morbidity Survey (APMS), which found that 5.2 per cent of male veteran respondents were dependent on drugs, while no female veterans reported drug dependency.[48] However, this data is nearly two decades old and may not reflect current patterns of drug use among veterans. The 2023/2024 APMS findings were released in June and November 2025, and if there is a

44 Office for National Statistics (2023b).

45 This data is not directly comparable to the census data due to differences in questions asked and populations included. Sharp et al. (2024).

46 Office for National Statistics (2023b).

47 Russell-Cooke (2025).

48 Woodhead et al. (2007).

sufficient number of veterans in the study may provide opportunities for further analysis of substance misuse differences between veterans and civilians.

More recent insights come from Combat Stress's Veterans' Substance Misuse Service, which reported that 18.8 per cent of service users had drug dependency issues.[49] However, this figure is drawn from a mental health treatment-seeking population and therefore cannot be generalised to the wider veteran community.

The ADVANCE cohort study has collected and published data on drug misuse among veterans, finding that 21.7 per cent of veterans in their study reported using illegal drugs in the last year, compared with 8.9 per cent of civilians in the Crime Survey for England and Wales.[50] While this indicates that veterans may experience higher drug use than civilians, this research is limited to veterans who had deployed to Afghanistan and so may not be generalisable to the broader veteran population, particularly future veterans who may not experience combat. Phase 4 of the KCMHR cohort study has also collected data on drug misuse among veterans, but these findings have not yet been published. If accessible, this data could offer more contemporary insights into drug misuse patterns, although it would still be limited to a specific cohort who served during the Iraq and Afghanistan conflicts. Furthermore, it would be a single point-in-time estimate as this data was not collected in previous phases of the cohort study, which has limited utility for forecasting.

Given the scarcity of representative and up-to-date data, it is not currently feasible to estimate or forecast the prevalence of drug misuse among veterans with any degree of confidence.

6.7.2. Alcohol misuse

The primary source of data on alcohol misuse among UK veterans is the KCMHR cohort study. This longitudinal dataset shows a decline in alcohol misuse over time: 15 per cent of respondents reported alcohol misuse in Phase 1 (2004–2006) compared to 8 per cent in Phase 4 (2022–2023), although alcohol misuse among veterans remains higher than civilian estimates.[51,52] Veterans reported slightly lower rates of alcohol misuse than serving personnel (7.6 per cent vs. 8.7 per cent), and younger veterans (aged 25–39) reported higher rates (13.0 per cent) than older age groups (6.1 per cent for those aged 55–59 and 4.3 per cent for those over 60).

This trend suggests that alcohol misuse may change as the veteran population changes. However, both military-specific and societal factors could change this assumption. First, future veterans may have different experiences, exposures and behaviours than those who served during the Iraq and Afghanistan era, which could impact their levels of alcohol consumption and misuse. Second, societal trends in the UK show a decline in hazardous and binge drinking over the past 15 years, particularly among young people. It is unclear whether these broader societal patterns will be reflected in the veteran population due to service-related factors and the higher baseline rate of alcohol misuse among veterans compared with civilians.

49 Ashwick & Murphy (2018).

50 Dyball et al. (2025).

51 By comparison, 3.1 per cent of respondents in the 2014 APMPS (i.e. civilians) reported drinking at levels that indicate alcohol misuse (i.e. harmful/mildly dependent drinking or dependent drinking).

52 Sharp et al. (2024).

Although the KCMHR data could theoretically support forecasting efforts for alcohol misuse, its limitations in representativeness and scope mean that any projections would carry significant uncertainty. Overall, given the scarcity of representative and up-to-date data, it is not currently feasible to estimate or forecast the prevalence of alcohol misuse among veterans with any degree of confidence.

7. Conclusion

7.1. General health in the veteran community

Existing data indicates that about two-thirds of veterans self-describe as being in good health, although levels of bad health differ across data sources. Higher prevalence of bad health is generally reported by veterans in older age groups. Partners of veterans generally report slightly lower levels of bad health than veterans, likely reflecting that partners are, on average, slightly younger than veterans.

The percentage of veterans, partners of veterans and children of veterans reporting bad health has remained relatively constant since 2002. However, trends in general population health indicate the rising prevalence of bad health among younger age groups and improving levels of health in older age groups. These trends, if continued, may affect requirements for health-related support for the AFC.

Looking to the future, the number of veterans and partners of veterans in poor health is likely to remain relatively constant in most age groups, except for older veterans aged 75+ years. In this age group, the number of veterans and partners of veterans in poor health is likely to decline significantly due to the

overall reduction in the size of the older veteran population. Similarly, there is likely to be a small decrease in the number of children in poor health as the number of children in the veteran community decreases, despite a slight increase in the proportion of children in poor health.

7.2. Disability in the veteran community

Estimates for the proportion of veterans with a disability range from 32–44 per cent, with some differences across data sources. Depending on data source, levels of disability among veterans and partners of veterans may appear higher than the civilian population, but they are overall similar when accounting for age differences. Levels of disability are highest in the oldest age groups of veterans. Similar to poor health, partners of veterans generally report lower levels of disability than veterans, which may reflect the slightly younger age profile of veterans' partners.

In terms of trends over time, the overall number of veterans and partners of veterans reporting a disability is likely to decrease due to the shrinking size of the veteran population. There are also indications of increasing levels of disability among young people, and a stagnant or decreasing proportion of people in older age groups reporting a disability. If these trends continue out to 2045, support providers may see increasing demand for disability-related services from younger beneficiaries. Trends with regard to the expected number of children with a disability are uncertain.

7.3. Unpaid caring responsibilities in the veteran community

Based on existing data, approximately 11–14 per cent of veterans and 19 per cent of partners of veterans have unpaid caring responsibilities, which is higher than in the general population, even when accounting for age and gender differences. This is particularly true among partners of veterans, among whom rates of caring responsibilities are significantly higher than civilians of the same age. Children of veterans also show higher levels of caring responsibilities than civilian children.

Looking out to the future, the number of people in the veteran community with caring responsibilities is likely to decline in all age groups, reflecting the overall shrinking of the community. The forecasts also indicate that the percentage of individuals with caring responsibilities is very slightly declining in most age groups. This contrasts with general expectations that the prevalence of caring responsibilities will increase in UK society, driven by population ageing and pressures on social and health care services. This discrepancy in assessments should be investigated further to provide better assessments for the sector.

Overall, the research indicates that greater attention is needed within the sector on support for unpaid carers within the veteran community. There is limited evidence available on the support needs of people with unpaid caring responsibilities within this community, which should be addressed in future research.

7.4. Estimating other areas of support need

Our scoping of further research that could help estimate levels of support need among the veteran community indicated that options for such research are limited due to substantial data limitations. Apart from general health, disability and unpaid caring responsibilities, very few areas of support need have robust assessments of prevalence. Where indications of prevalence exist, data has limited applications for robust forecasting. The limitations of existing data sources

highlight the need to improve understanding of the prevalence of different issues among the AFC through studies and surveys that are representative and longitudinal/repeated cross-sectional.[53] This would provide the sector with a clearer picture of how many people are affected by different needs and how these change over time. Investing in this research and data collection should clearly be a priority for the sector, including relevant government departments. Limitations in existing data also indicate that support providers may be better served by alternative futures and foresight methods when assessing future service requirements. These methods could include scenario analysis (i.e. exploring the impact of various future scenarios on different areas of support need) or horizon scanning.

53 This can and should include adding variables relating to veteran status and veteran households into existing research and data collection happening at the national level.

References

Ashwick, Rachel & Dominic Murphy. 2018. 'Reviewing the Efficacy of Case Management for Veterans with Substance Misuse Problems.' Combat Stress. As of 5 January 2026: https://combatstress.org.uk/file/8782/download?token=4EaWpKJ

Banks, James, Heidi Karjalainen & Tom Walters. 2024. 'Inequalities in Disability.' *Oxford Open Economics* 3(1). As of 5 January 2026: https://doi.org/10.1093/ooec/odad091

Crisis. 2023. 'Homelessness Monitor 2023.' Crisis. As of 5 January 2026: https://www.crisis.org.uk/media/utehvxat/homelessness-monitor-england_report-2023_v11.pdf

Department for Work and Pensions. 2025a. 'Family Resources Survey.' GOV.UK. 27 March 2025. As of 5 January 2026: https://www.gov.uk/government/collections/family-resources-survey--2

———. 2025b. 'Pensioners' Incomes: Financial Years Ending 1995 to 2024.' GOV.UK. 27 March 2025. As of 5 January 2026: https://www.gov.uk/government/statistics/pensioners-incomes-financial-years-ending-1995-to-2024/pensioners-incomes-financial-years-ending-1995-to-2024

Dyball, Daniel, Susie Schofield, Alexander N. Bennett, Christopher J. Boos, Anthony M.J. Bull & Nicola T. Fear. 2025. 'Illegal Drug Use Amongst Male UK Military Personnel who Sustained Physical Combat Injuries: The ADVANCE cohort study.' *Addictive Behaviours* 164. As of 5 January 2026: https://doi.org/10.1016/j.addbeh.2025.108269

Eley, Sarah & Sophie John. 2023. 'Unpaid Care by Age, Sex and Deprivation, England and Wales.' Office for National Statistics. As of 5 January 2026: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#unpaid-care-by-age-sex-and-geography-2021

Galley, Catherine & Linda Slapakova. Forthcoming. 'Forecasting the Size and Demographics of the UK Armed Forces Community.' Santa Monica, Calif: RAND Corporation.

Howarth, Chester & Rhiannon Doherty. 2024. 'Sector Insight: Armed Forces Charities.' As of 5 January 2026: https://www.dsc.org.uk/wp-content/uploads/2024/04/Sector-Insight-Armed-Forces-Charities-2024-PDF.pdf

Joseph Rowntree Foundation. 2025. 'The Future of Care Needs: A Whole Systems Approach.' Joseph Rowntree Foundation. As of 5 January 2026: https://www.jrf.org.uk/care/the-future-of-care-needs-a-whole-systems-approach

Knipe, Emily & Trudy Hill. 2023. 'Living Arrangements of UK Armed Forces Veterans, England and Wales: Census 2021.' Office for National Statistics. 16 June 2023. As of 5 January 2026: https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/livingarrangementsofukarmedforcesveteransenglandandwales/census2021

Kwan, Jamie, Deirdre MacManus & Nicola T. Fear. 2025. 'Lifetime Offending Behaviour Among UK Military Personnel.' Forces in Mind Trust. As of 5 January 2026: https://s31949.pcdn.co/wp-content/uploads/Lifetime-Offending-Report-FINAL.pdf

MacManus, Deirdre, Hannah Dickson & Nicola T. Fear. 2019. 'Risk and Protective Factors for Offending Among UK Armed Forces Personnel After they Leave Service: A Data Linkage Study.' PubMed, 31779726. As of 5 January 2026: https://pubmed.ncbi.nlm.nih.gov/31779726/

McElreath, Richard. 2019. 'Statistical Rethinking.' As of 5 January 2026: https://oceanrep.geomar.de/id/eprint/55819/1/Statistical%20Rethinking%202nd%20Edition.pdf

McManus, Sally, Paul Bebbington, Rachel Jenkins & Traolach Brugha (eds). 2016. 'Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014.' NHS Digital. As of 5 January 2026: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

Ministry of Defence. 2016. 'Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain.' As of 5 January 2026: https://www.gov.uk/government/collections/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain

———. 2025a. 'Career Transition Partnership Ex-Service Personnel Employment Outcomes Statistics: Index.' As of 5 January 2026: https://www.gov.uk/government/collections/career-transition-partnership-ex-service-personnel-employment-outcomes-statistics-index

———. 2025b. 'Court Martial Results from the Military Court Service.' As of 5 January 2026: https://www.gov.uk/government/publications/court-martial-results-from-the-military-court-centres

Ministry of Housing, Communities and Local Government. 2025. 'Statutory Homelessness in England: January to March 2025.' As of 5 January 2026: https://www.gov.uk/government/statistics/statutory-homelessness-in-england-january-to-march-2025/statutory-homelessness-in-england-january-to-march-2025

Ministry of Justice. 2024. 'Prison Population Projections: 2024 to 2029.' As of 5 January 2026: https://www.gov.uk/government/statistics/prison-population-projections-2024-to-2029/prison-population-projections-2024-to-2029

———. 2025. 'Criminal Justice Statistics Quarterly: September 2024.' As of 5 January 2026: https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-september-2024/criminal-justice-statistics-quarterly-september-2024-html

Ministry of Justice & Home Office. 2024. 'Estimate of the Number of Individuals of Working Age (16–64 and 16+) with a Nominal Record on the Police National Computer.' As of 5 January 2026: https://assets.publishing.service.gov.uk/media/671a27f0da8fb5e23e65a435/Estimate_of_the_number_of_working_age_people_with_a_nominal_record_on_the_Police_National_Computer_pdf.pdf

Nuffield Trust. 2023. 'The Decline of Publicly Funded Social Care for Older Adults.' Nuffield Trust. As of 5 January 2026: https://www.nuffieldtrust.org.uk/resource/the-decline-of-publicly-funded-social-care-for-older-adults

Office for Budget Responsibility. 2025. 'Labour Market Forecast.' Office for Budget Responsibility. As of 5 January 2026: https://obr.uk/forecasts-in-depth/the-economy-forecast/labour-market/#unemployment

Office for National Statistics. 2023a. 'UK Armed Forces Veterans, Health and Unpaid Care, England and Wales.' As of 5 January 2026: https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/ukarmedforcesveteranshealthandunpaidcareenglandandwales/census2021

———. 2023b. 'Characteristics of UK Armed Forces Veterans, England and Wales.' As of 5 January 2026: https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/characteristicsofukarmedforcesveteransenglandandwalescensus2021/census2021

———. 2024. 'The Labour Market Status of UK Armed Forces Veterans, England and Wales.' Office for National Statistics. As of 5 January 2026: https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/thelabourmarketstatusofukarmedforcesveteransenglandandwales/census2021

———. 2025a. 'Finance and Housing, UK Armed Forces Veterans: Veterans' Survey 2022, UK.' As of 5 January 2026: https://www.gov.uk/government/publications/finance-and-housing-analysis-of-uk-armed-forces-veterans/finance-and-housing-uk-armed-forces-veterans-veterans-survey-2022-uk

———. 2025b. 'Average Household Income, UK.' Office for National Statistics. As of 5 January 2026: https://www.ons.gov.uk/releases/averagehouseholdincomeukfinancialyearending2024

Russell-Cooke. 2025. 'UK Marriages Forecasted to Decline 28% by 2050: Expert Insights.' Russell-Cooke. As of 5 January 2026: https://www.russell-cooke.co.uk/news-and-insights/news/uk-marriages-predicted-to-decline-to-historic-lows-by-2050

Scotland's Census. 2025. 'Flexible Table Builder.' As of 5 January 2026: https://www.scotlandscensus.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml

Scottish Government. 2025. 'Homelessness in Scotland 2024–2025.' Main tables. As of 5 January 2026: https://www.gov.scot/publications/homelessness-in-scotland-2024-25/documents/

Sharp, Marie-Louise, Sofia Franchini, Margaret Jones, Ray Leal, Simon Wessely, Sharon A.M. Stevelink & Nicola T. Fear. 2024. 'Health and Wellbeing Study of Serving and Ex-Serving UK Armed Forces Personnel: Phase 4.' Office for Veterans' Affairs. As of 5 January 2026: https://kcmhr.org/pdf/Phase_4_Health_and_Wellbeing_Cohort_Study_Report.pdf

Sosa, Juan & Jeimy Aristizabal. 2021. 'A Gentle Introduction to Bayesian Hierarchical Linear Models.' Cornell University. As of 5 January 2026: https://arxiv.org/abs/2110.10565

TheGlobalEconomy.com. 2025. 'United Kingdom Unemployment Rate Forecast – Data, Chart.' TheGlobalEconomy.com. As of 5 January 2026: https://www.theglobaleconomy.com/United-Kingdom/unemployment_outlook/

The King's Fund. 2025. 'Adult Social Care: Key Facts and Figures.' The King's Fund. As of 5 January 2026: https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care

UK Data Service. 2025a. 'Health Survey for England.' As of 5 January 2026: https://beta.ukdataservice.ac.uk/datacatalogue/series/series?id=2000021#!/abstract

———. 2025b. 'Family Resources Survey.' As of 5 January 2026: https://beta.ukdataservice.ac.uk/datacatalogue/series/series?id=200017

Woodhead, C., R.J. Rona, A. Iverson, D. MacManus, M. Hotopf, K. Dean, S. McManus, H. Metlzer, T. Brugha, R. Jenkins, S. Wessely & N.T. Fear. 2007. 'Mental Health and Health Service Use Among Post-National Service Veterans: Results from the 2007 Adult Psychiatric Morbidity Survey of England.' *Psychological Medicine* 41(2): 363-72. As of 5 January 2026: https://pubmed.ncbi.nlm.nih.gov/20406527/

Annex A. **Supplementary tables**

This annex presents the forecasts for each support need and age group out to 2045 in five-year increments. The tables below present the mean (average) estimate and the 95 per cent credible interval in brackets below. The 95 per cent credible interval provides the range within which, if historical trends continue (within the bounds applied from the historical data), there is a 95 per cent chance the value will fall within. As uncertainty increases over the time horizon, there is substantial uncertainty on the 2045 forecasts provided.

Table A.1: Forecast of number of veterans and their partners and children in Great Britain in bad health, by age – 2025 to 2045

Age group (years)	2025	2030	2035	2040	2045
Veterans (estimate using HSE prevalence)					
16–34	3,500 (2,400–4,600)	3,600 (2,500–4,700)	3,700 (2,600–4,900)	3,800 (2,600–5,000)	3,900 (2,600–5,200)
35–44	8,700 (6,400–10,900)	8,200 (5,900–10,500)	7,900 (5,700–10,000)	7,700 (5,500–10,000)	7,900 (5,400–10,200)
45–54	16,800 (12,400–21,100)	14,700 (10,900–18,500)	13,100 (9,400–16,800)	11,900 (8,700–15,200)	10,900 (7,700–13,900)
55–64	34,500 (28,700–40,600)	28,800 (23,500–34,200)	24,200 (19,600–28,900)	20,700 (16,500–25,000)	18,100 (14,000–22,200)
65–74	30,900 (24,500–37,500)	29,200 (23,000–35,300)	26,000 (20,200–31,800)	22,100 (17,500–26,600)	18,900 (14,400–23,200)
75+	81,600 (66,200–97,100)	58,200 (47,000–69,400)	47,900 (38,800–57,000)	42,900 (34,500–51,200)	38,200 (30,100–45,900)
Total	**176,000 (157,900–195,100)**	**142,700 (128,400–157,700)**	**122,800 (110,400–135,300)**	**109,100 (98,300–120,300)**	**97,900 (87,100–108,600)**
Veterans (estimate using census prevalence)					
16–34	2,500 (2,500–2,600)	2,500 (2,400–2,500)	2,400 (2,400–2,500)	2,400 (2,300–2,500)	2,400 (2,200–2,500)
35–44	5,700 (5,700–5,700)	5,100 (5,100–5,100)	4,500 (4,500–4,600)	4,200 (4,100–4,300)	4,000 (3,900–4,100)

Age group (years)	2025	2030	2035	2040	2045
45–54	13,300 (13,300–13,300)	11,600 (11,600–11,700)	10,500 (10,400–10,500)	9,500 (9,400–9,500)	8,700 (8,600–8,700)
55–64	31,400 (31,400–31,400)	26,500 (26,500–26,500)	22,400 (22,400–22,500)	19,500 (19,400–19,500)	17,300 (17,200–17,400)
65–74	38,200 (38,200–38,200)	37,400 (37,400–37,400)	34,200 (34,200–34,200)	30,000 (30,000–30,000)	26,100 (26,100–26,100)
75+	98,100 (97,600–98,500)	70,600 (70,200–70,900)	58,900 (58,700–59,200)	52,900 (52,800–53,100)	47,800 (47,700–48,000)
Total	**189,200 (188,700–189,700)**	**153,700 (153,300–154,000)**	**133,000 (132,700–133,200)**	**118,500 (118,200–118,700)**	**106,200 (106,000–106,500)**
Partners of veterans (estimate using HSE prevalence)					
16–34	1,400 (1,000–1,800)	1,400 (900–1,800)	1,400 (900–1,800)	1,400 (900–1,900)	1,400 (1,000–1,900)
35–44	6,000 (4,400–7,600)	5,700 (4,100–7,200)	5,400 (3,900–6,900)	5,400 (3,800–6,900)	5,400 (3,800–7,100)
45–54	11,600 (8,400–14,900)	10,200 (7,500–13,000)	9,100 (6,500–11,700)	8,300 (6,000–10,600)	7,600 (5,300–9,700)
55–64	24,200 (19,800–28,500)	20,100 (16,200–23,800)	16,800 (13,500–20,200)	14,400 (11,300–17,600)	12,600 (9,700–15,400)
65–74	19,900 (15,400–24,400)	18,900 (14,600–23,200)	16,800 (12,800–20,600)	14,200 (11,000–17,400)	12,100 (9,200–15,000)
75+	49,600 (39,700–59,800)	34,800 (27,500–42,000)	28,400 (22,700–34,100)	25,300 (20,200–30,600)	22,400 (17,400–27,400)
Total	**112,700 (100,500–124,900)**	**90,900 (81,200–100,600)**	**77,900 (69,600–85,700)**	**69,000 (61,600–76,700)**	**61,500 (54,400–68,400)**
Partners of veterans (estimate using census prevalence)					
16–34	800 (700–800)	700 (700–800)	700 (600–800)	700 (600–700)	700 (600–700)
35–44	2,900 (2,700–3,100)	2,600 (2,400–2,700)	2,300 (2,200–2,500)	2,100 (2,000–2,300)	2,000 (1,900–2,200)
45–54	6,900 (6,400–7,300)	6,000 (5,600–6,400)	5,400 (5,000–5,700)	4,900 (4,600–5,200)	4,500 (4,200–4,800)

Age group (years)	2025	2030	2035	2040	2045
55–64	16,200 (15,300–17,100)	13,700 (12,900–14,400)	11,600 (10,900–12,200)	10,000 (9,500–10,600)	8,900 (8,400–9,400)
65–74	17,300 (16,200–18,500)	16,900 (15,900–18,000)	15,500 (14,500–16,500)	13,500 (12,600–14,400)	11,700 (10,900–12,500)
75+	48,700 (45,900–51,400)	34,500 (32,600–36,400)	28,600 (27,000–30,100)	25,500 (24,000–26,900)	23,000 (21,700–24,300)
Total	**92,700 (89,600–95,800)**	**74,400 (72,000–77,000)**	**64,000 (62,000–66,000)**	**56,800 (55,000–58,600)**	**50,800 (49,200–52,400)**
Children of veterans (estimates using HSE prevalence)					
Under 16	4,000 (2,300–5,500)	3,700 (2,200–5,200)	3,400 (2,000–4,900)	3,200 (1,800–4,700)	3,200 (1,800–4,500)
16–24	2,400 (1,400–3,500)	2,100 (1,200–3,100)	2,000 (1,100–2,800)	1,800 (900–2,600)	1,700 (900–2,500)
Total	**6,400 (4,500–8,300)**	**5,800 (4,000–7,600)**	**5,400 (3,700–7,100)**	**5,100 (3,400–6,700)**	**4,800 (3,300–6,400)**
Children (estimate using census prevalence)					
Under 16	2,000 (2,000–2,100)	1,800 (1,700–1,900)	1,600 (1,600–1,700)	1,500 (1,400–1,500)	1,400 (1,400–1,500)
16–24	1,500 (1,400–1,500)	1,300 (1,200–1,300)	1,100 (1,100–1,100)	1,000 (900–1,000)	900 (900–900)
Total	**3,500 (3,400–3,600)**	**3,100 (3,000–3,100)**	**2,700 (2,700–2,800)**	**2,500 (2,400–2,500)**	**2,300 (2,200–2,400)**

Table A.2: Forecast of number of veterans and their partners and children with a disability in Great Britan, by age – 2025 to 2045

Age group (years)	2025	2030	2035	2040	2045
Veterans (using FRS prevalence)					
16–34	22,100 (19,300–24,800)	24,000 (21,100–26,900)	26,100 (23,200–29,200)	28,100 (24,800–31,300)	30,200 (26,300–34,100)
35–44	27,900 (24,300–31,500)	26,800 (23,200–30,400)	25,600 (22,300–29,000)	25,200 (21,700–28,700)	25,600 (21,500–29,500)

Age group (years)	2025	2030	2035	2040	2045
45–54	51,300 (46,300–56,300)	46,700 (42,000–51,400)	43,200 (38,700–47,600)	40,200 (36,000–44,400)	37,800 (33,700–42,000)
55–64	99,000 (90,600–107,700)	84,000 (76,800–91,100)	71,500 (64,900–77,600)	62,100 (56,400–67,800)	55,200 (50,200–60,300)
65–74	108,600 (101,200–115,700)	104,500 (97,600–111,400)	94,000 (87,800–100,700)	81,400 (75,600–87,400)	70,200 (65,200–75,200)
75–84	124,200 (113,500–134,600)	100,700 (92,200–109,000)	91,700 (83,800–99,600)	83,700 (76,200–90,800)	73,900 (67,200–80,500)
85+	179,000 (164,300–194,400)	109,600 (100,900–118,100)	76,700 (71,100–82,100)	64,100 (59,600–68,900)	57,800 (53,700–61,800)
Total	**612,100 (589,300–634,500)**	**496,300 (479,100–513,300)**	**428,700 (413,600–443,400)**	**384,900 (370,800–398,300)**	**350,800 (338,000–363,500)**
Veterans (using census prevalence)					
16–34	15,100 (15,000–15,100)	14,600 (14,400–14,800)	14,300 (14,000–14,600)	14,100 (13,500–14,700)	14,000 (13,200–14,800)
35–44	23,800 (23,700–23,800)	21,200 (21,000–21,300)	18,900 (18,800–19,100)	17,500 (17,300–17,700)	16,700 (16,400–17,000)
45–54	43,300 (43,300–43,400)	37,800 (37,700–37,900)	34,000 (33,900–34,200)	30,800 (30,600–31,000)	28,200 (27,900–28,400)
55–64	83,400 (83,400–83,400)	70,500 (70,400–70,600)	59,700 (59,500–59,800)	51,800 (51,700–51,900)	46,000 (45,800–46,100)
65–74	102,100 (102,100–102,200)	100,000 (99,900–100,000)	91,400 (91,300–91,500)	80,200 (80,100–80,300)	69,800 (69,700–69,900)
75–84	112,900 (112,600–113,300)	94,000 (93,800–94,300)	88,100 (87,900–88,300)	82,200 (82,000–82,400)	74,300 (74,100–74,500)
85+	155,100 (153,700–156,500)	95,100 (94,100–96,100)	67,000 (66,400–67,600)	56,300 (55,800–56,700)	50,800 (50,500–51,200)

Age group (years)	2025	2030	2035	2040	2045
Total	**535,700 (534,300–537,100)**	**433,200 (432,100–434,300)**	**373,400 (372,700–374,200)**	**332,900 (332,000–333,700)**	**299,800 (298,700–300,800)**
Partners of veterans (using FRS prevalence)					
16–34	8,700 (7,400–9,900)	9,100 (7,800–10,400)	9,800 (8,400–11,100)	10,400 (8,900–12,000)	11,200 (9,600–12,800)
35–44	19,200 (16,500–22,100)	18,500 (15,800–21,100)	17,700 (15,200–20,200)	17,400 (14,800–20,100)	17,700 (14,800–20,700)
45–54	35,600 (31,500–39,700)	32,400 (28,500–36,200)	29,900 (26,200–33,800)	28,000 (24,400–31,500)	26,200 (23,000–29,600)
55–64	69,000 (62,200–76,000)	58,500 (52,600–64,700)	49,600 (44,700–54,700)	43,200 (38,500–47,800)	38,400 (34,300–42,400)
65–74	69,900 (63,200–76,700)	67,100 (60,800–73,300)	60,200 (54,400–66,100)	51,900 (46,800–57,100)	44,600 (40,300–48,900)
75–84	74,400 (65,800–83,000)	59,400 (52,700–66,100)	54,100 (47,700–60,500)	49,200 (43,500–54,900)	43,400 (38,200–48,700)
85+	109,800 (97,000–123,200)	66,100 (58,300–73,400)	45,400 (40,300–50,200)	37,500 (33,300–41,700)	33,600 (30,000–37,300)
Total	**386,600 (368,100–405,500)**	**311,100 (297,000–324,800)**	**266,700 (254,400–278,700)**	**237,600 (226,500–248,600)**	**215,100 (205,200–225,000)**
Partners of veterans (using census prevalence)					
16–34	6,000 (5,400–6,500)	5,600 (5,100–6,100)	5,400 (4,900–5,900)	5,300 (4,700–5,800)	5,200 (4,700–5,700)
35–44	14,000 (13,200–14,800)	12,400 (11,700–13,200)	11,100 (10,500–11,800)	10,300 (9,600–10,900)	9,800 (9,200–10,400)
45–54	26,800 (25,000–28,700)	23,400 (21,800–25,000)	21,100 (19,700–22,400)	19,100 (17,800–20,300)	17,500 (16,300–18,600)
55–64	52,400 (49,500–55,300)	44,200 (41,700–46,700)	37,400 (35,300–39,400)	32,400 (30,800–34,100)	28,800 (27,300–30,400)
65–74	56,300 (52,600–60,200)	55,000 (51,300–58,600)	50,200 (47,000–53,300)	43,900 (41,100–46,700)	38,200 (35,700–40,700)

Age group (years)	2025	2030	2035	2040	2045
75–84	61,600 (57,000–66,500)	50,700 (46,900–54,600)	47,300 (43,600–51,000)	44,100 (40,800–47,400)	39,800 (36,800–42,800)
85+	93,600 (86,500–101,000)	56,700 (52,300–61,400)	39,400 (36,300–42,500)	32,600 (30,100–35,100)	29,300 (27,100–31,400)
Total	**310,700 (300,400–321,100)**	**248,000 (240,500–255,500)**	**211,800 (205,400–218,100)**	**187,800 (182,100–193,500)**	**168,500 (163,500–173,500)**
Children of veterans (using FRS prevalence)					
Under 16	41,500 (35,100–47,800)	40,400 (35,000–46,000)	39,500 (33,900–44,900)	39,200 (34,000–44,300)	39,200 (34,000–43,900)
16–24	18,200 (15,300–21,100)	18,400 (15,800–21,100)	18,700 (16,100–21,400)	19,000 (16,200–21,800)	19,400 (16,600–22,400)
Total	**59,700 (52,900–66,700)**	**58,900 (52,700–64,900)**	**58,200 (52,100–64,200)**	**58,300 (52,500–64,200)**	**58,600 (52,900–64,400)**
Children of veterans (using census prevalence)					
Under 16	29,300 (28,300–30,300)	26,000 (25,100–27,000)	23,500 (22,600–24,300)	21,600 (20,800–22,400)	20,300 (19,600–21,000)
16–24	13,100 (12,700–13,600)	11,300 (10,900–11,700)	9,900 (9,500–10,200)	8,800 (8,500–9,100)	7,900 (7,700–8,200)
Total	**42,500 (41,400–43,600)**	**37,300 (36,300–38,300)**	**33,300 (32,400–34,200)**	**30,400 (29,500–31,200)**	**28,200 (27,500–29,000)**

Table A.3: Forecast of number of veterans and their partners and children with an unpaid caring responsibility in Great Britain, by age – 2025 to 2045

Age group (years)	2025	2030	2035	2040	2045
Veterans (using FRS prevalence)					
16–34	5,300 (4,200–6,400)	4,900 (3,700–6,000)	4,500 (3,300–5,800)	4,300 (3,100–5,600)	4,100 (2,800–5,500)
35–44	9,500 (5,800–13,300)	7,400 (4,000–11,000)	5,700 (2,200–9,300)	4,500 (1,000–7,900)	3,400 (100–6,600)
45–54	23,700 (19,100–28,600)	20,000 (15,600–24,300)	17,100 (13,100–21,300)	14,700 (10,600–18,600)	12,800 (9,000–16,500)

Age group (years)	2025	2030	2035	2040	2045
55–64	43,200 (36,800–50,100)	36,000 (30,000–41,800)	30,200 (25,400–34,900)	25,700 (21,500–30,200)	22,500 (18,500–26,400)
65–74	29,100 (23,800–34,400)	27,300 (22,200–32,400)	24,200 (19,800–28,500)	20,500 (16,600–24,500)	17,500 (14,000–20,800)
75–84	22,700 (18,000–27,700)	18,100 (14,100–21,900)	16,400 (12,800–19,800)	14,900 (11,800–18,100)	12,900 (10,000–15,800)
85+	16,700 (9,200–24,600)	9,500 (5,500–13,600)	6,400 (3,700–9,200)	5,100 (3,000–7,200)	4,400 (2,600–6,300)
Total	**150,300 (136,600–164,100)**	**123,100 (111,800–134,300)**	**104,500 (94,900–114,000)**	**89,800 (81,000–98,500)**	**77,700 (69,500–85,900)**
Veterans (using census prevalence)					
16–34	7,900 (7,800–7,900)	7,600 (7,500–7,700)	7,500 (7,300–7,600)	7,400 (7,100–7,700)	7,300 (6,900–7,700)
35–44	14,100 (14,000–14,100)	12,500 (12,500–12,600)	11,200 (11,100–11,300)	10,400 (10,200–10,500)	9,900 (9,700–10,000)
45–54	28,300 (28,200–28,300)	24,700 (24,600–24,800)	22,200 (22,100–22,300)	20,100 (19,900–20,200)	18,400 (18,200–18,600)
55–64	47,800 (47,800–47,800)	40,400 (40,300–40,400)	34,200 (34,100–34,200)	29,700 (29,600–29,800)	26,300 (26,200–26,400)
65–74	37,200 (37,100–37,200)	36,400 (36,300–36,400)	33,300 (33,200–33,300)	29,200 (29,200–29,200)	25,400 (25,300–25,400)
75–84	32,700 (32,600–32,800)	27,200 (27,200–27,300)	25,500 (25,400–25,600)	23,800 (23,700–23,900)	21,500 (21,400–21,600)
85+	33,300 (33,000–33,600)	20,400 (20,200–20,600)	14,400 (14,200–14,500)	12,100 (12,000–12,200)	10,900 (10,800–11,000)
Total	**201,100 (200,800–201,500)**	**169,200 (168,900–169,500)**	**148,200 (147,900–148,500)**	**132,500 (132,200–132,900)**	**119,700 (119,200–120,200)**

Age group (years)	2025	2030	2035	2040	2045
Partners of veterans (using FRS prevalence)					
16–34	2,100 (1,600–2,600)	1,900 (1,400–2,300)	1,700 (1,300–2,200)	1,600 (1,100–2,100)	1,500 (1,000–2,000)
35–44	6,600 (4,000–9,200)	5,100 (2,600–7,600)	4,000 (1,500–6,400)	3,200 (600–5,700)	2,400 (100–4,700)
45–54	16,500 (13,000–20,100)	13,800 (10,700–17,200)	11,900 (8,700–14,900)	10,200 (7,400–12,900)	8,900 (6,200–11,600)
55–64	30,100 (25,200–35,000)	25,100 (20,900–29,300)	20,900 (17,100–24,600)	17,800 (14,600–20,900)	15,600 (12,700–18,500)
65–74	18,700 (15,000–22,500)	17,500 (14,000–21,100)	15,500 (12,300–18,500)	13,100 (10,100–16,000)	11,200 (8,800–13,500)
75–84	13,700 (10,400–16,900)	10,700 (8,300–13,200)	9,700 (7,400–12,000)	8,800 (6,600–10,900)	7,600 (5,700–9,400)
85+	10,400 (5,500–15,200)	5,800 (3,200–8,400)	3,800 (2,000–5,600)	3,000 (1,700–4,300)	2,600 (1,500–3,800)
Total	**98,100 (88,500–107,600)**	**80,000 (72,200–87,700)**	**67,500 (60,700–74,500)**	**57,700 (51,500–64,000)**	**49,700 (44,100–55,500)**
Partners of veterans (using census prevalence)					
16–34	4,300 (4,000–4,700)	4,100 (3,700–4,400)	3,900 (3,500–4,300)	3,800 (3,400–4,200)	3,800 (3,400–4,200)
35–44	14,000 (13,200–14,900)	12,500 (11,700–13,200)	11,200 (10,500–11,800)	10,300 (9,700–10,900)	9,800 (9,200–10,400)
45–54	28,500 (26,700–30,300)	24,900 (23,300–26,500)	22,400 (20,900–23,900)	20,300 (18,900–21,600)	18,600 (17,300–19,800)
55–64	51,000 (48,300–53,700)	43,000 (40,700–45,400)	36,400 (34,500–38,400)	31,600 (29,900–33,300)	28,100 (26,600–29,500)
65–74	37,300 (34,700–39,700)	36,500 (34,000–38,900)	33,200 (31,100–35,500)	29,100 (27,200–31,100)	25,300 (23,600–27,000)
75–84	35,600 (33,000–38,400)	29,300 (27,100–31,600)	27,400 (25,300–29,600)	25,600 (23,600–27,500)	23,000 (21,200–24,800)

Age group (years)	2025	2030	2035	2040	2045
85+	43,900 (40,400–47,400)	26,500 (24,300–28,600)	18,400 (17,000–19,800)	15,200 (14,000–16,500)	13,700 (12,600–14,700)
Total	**214,700 (208,500–220,800)**	**176,700 (171,700–181,700)**	**152,900 (148,700–157,200)**	**135,900 (132,000–139,500)**	**122,200 (118,900–125,400)**
Children of veterans (using FRS prevalence)					
Under 16	2,100 (1,100–3,000)	1,700 (800–2,500)	1,400 (600–2,200)	1,200 (400–1,900)	1,000 (300–1,700)
16–24	3,700 (2,400–5,100)	3,000 (1,700–4,300)	2,400 (1,200–3,600)	2,000 (800–3,100)	1,600 (500–2,700)
Total	**5,800 (4,100–7,500)**	**4,700 (3,100–6,200)**	**3,800 (2,400–5,200)**	**3,200 (1,800–4,500)**	**2,600 (1,300–3,900)**
Children of veterans (using census prevalence)					
Under 16	6,100 (5,900–6,300)	5,400 (5,200–5,600)	4,900 (4,700–5,000)	4,500 (4,300–4,600)	4,200 (4,000–4,400)
16–24	5,300 (5,100–5,500)	4,600 (4,400–4,700)	4,000 (3,800–4,100)	3,500 (3,400–3,700)	3,200 (3,100–3,300)
Total	**11,400 (11,100–11,700)**	**10,000 (9,700–10,200)**	**8,900 (8,600–9,100)**	**8,000 (7,800–8,200)**	**7,400 (7,200–7,600)**