

LONELINESS AND SOCIAL ISOLATION IN THE ARMED FORCES COMMUNITY



LIVE ON



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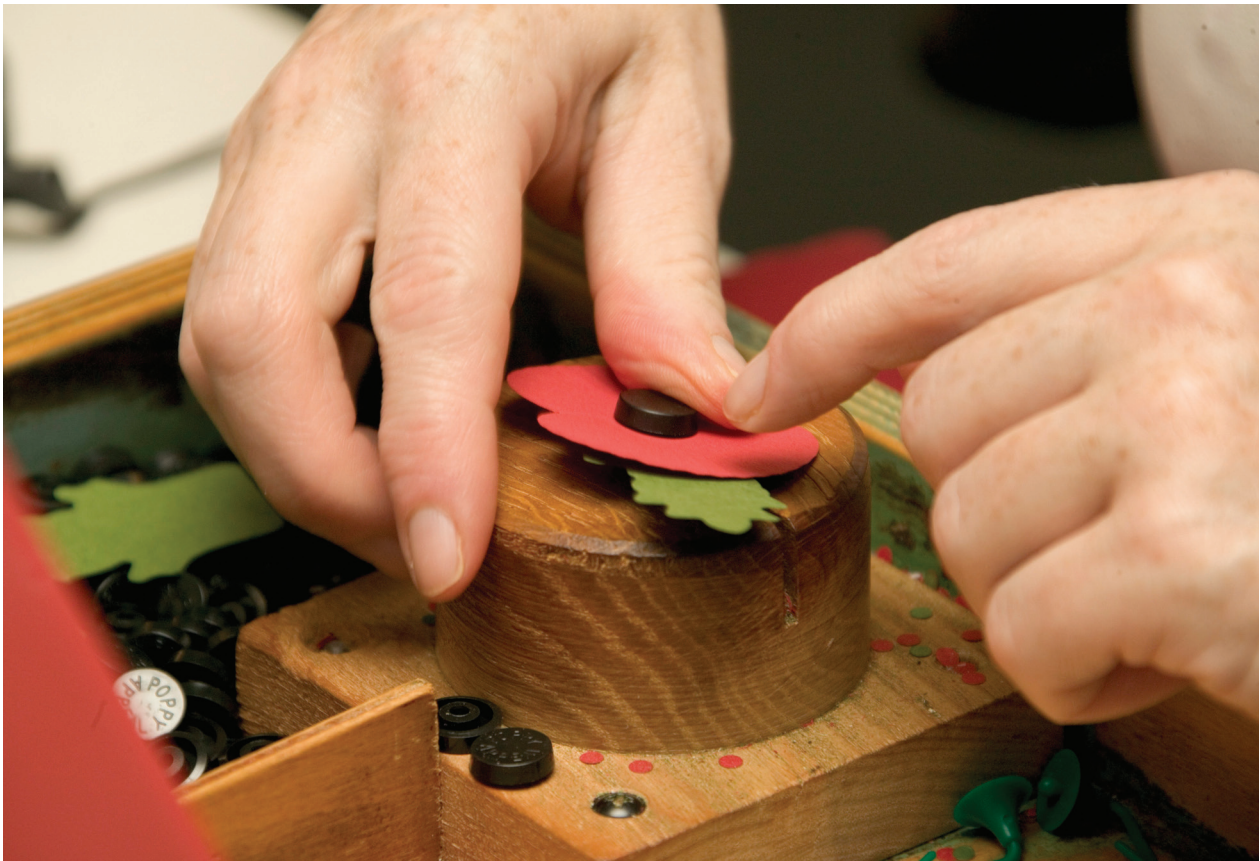
ABOUT THE ROYAL BRITISH LEGION

The Royal British Legion was created as a unifying force for the military charity sector at the end of the First World War, and still remains one of the UK's largest membership organisations. We are the largest welfare provider in the Armed Forces charity sector, providing financial, social and emotional support, information, advice, advocacy and comradeship to hundreds of thousands of Service personnel, veterans and their dependants every year.

The Legion offers services to assist Service personnel (including Reservists), veterans and their dependants with claiming disability benefits, managing their finances, accessing military compensation, adapting their homes, and support with accessing employment through mentoring, referrals and our online training and employment resource, CivvyStreet. We offer support for carers and breaks for families, children and those needing support. The Legion also runs six Care Homes, provides dementia care and

offers immediate needs grants and other forms of help for those in crisis. In conjunction with the MoD and other Service charities, we pledged £50m over ten years to the development and operation of Personnel Recovery Centres and the Battle Back Centre (Lilleshall), as part of the Defence Recovery Capability programme, and we fund pioneering research into the devastating impact of blast injuries.

The Legion works with politicians across the political spectrum to improve the lives of the Armed Forces community (AFC). We have been campaigning to further the cause of serving personnel, ex-Service men and women and their families since 1921. Having been the only national organisation to campaign for the Armed Forces Covenant to be enshrined in legislation, the Legion plays a leading role in holding all levels of government to account on their Armed Forces Covenant commitments.



FOREWORD



The Royal British Legion is part of a national network that supports our Armed Forces community. We are proud to provide them with lifelong support. This year, we honour the memory of those who fell in the First World War one hundred years ago by saying Thank You to all who served, sacrificed and changed our world.

This report sets out to examine loneliness and social isolation amongst members of the Armed Forces community – consisting of Serving men and women, veterans, and their families. To our knowledge, this is the first piece of research carried out on this topic with this group in society. While the majority of the Armed Forces community lead fulfilling and connected lives, some members may struggle to make or maintain social connections due to the unique pressures of Forces life.

We know from existing evidence that loneliness and social isolation are damaging to physical and mental health, and can even increase the risk of mortality. Loneliness and social isolation can also be experienced at any stage of life and are not issues limited to one demographic or section of society. While membership of the Armed Forces community bestows many benefits such as discipline, leadership, and teamwork skills, findings from this research suggest that some elements of Forces lifestyle can increase vulnerability to loneliness and social isolation. These include a mobile lifestyle, periods of separation from loved ones, and key

transitions such as deployment and final discharge from Service.

We believe that the findings from this research provide a significant contribution to the evidence on loneliness and social isolation. This report reveals the triggers of loneliness and social isolation unique to the Armed Forces community, as well as barriers to seeking support. It also outlines a number of recommendations on how to increase knowledge of the issues, and ways to improve education, prevention and support. We hope that the Government, and others, will recognise the importance of prevention and intervention for loneliness and social isolation in the Armed Forces community, and take forward our recommendations in full.

We understand the benefits of social connections and we are committed to ensuring that every member of the Armed Forces community is able to find the support they require. Every person's situation is different and there is no one-size-fits-all solution to loneliness and social isolation. This research will help us to direct and tailor support to those in need, and to work with others to do the same. We all have a part to play in realising a happier, more connected society.

A handwritten signature in black ink, appearing to read 'C. Byrne'.

Charles Byrne
Director General, The Royal British Legion

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EXECUTIVE SUMMARY

Background

The issues of loneliness and social isolation are increasingly recognised as public health hazards, which are approaching crisis levels. Research has shown that loneliness and social isolation are linked to higher blood pressure, poorer sleep, depression and increased risk of mortality (Holt-Lunstad et al., 2010).

Although the terms loneliness and social isolation are sometimes used interchangeably, the two concepts are generally considered to be separate, although closely related. Loneliness refers to a subjective, unwelcome feeling, arising when there is a mismatch between the quantity and quality of social relationships that a person has, and those that they want. Social isolation is a more objective measure of the number of contacts or social interactions an individual has across groups, communities and services.

Prevalence rates of loneliness and social isolation in the AFC¹ are currently unknown. In order to investigate these issues further, The Royal British Legion established a research project to explore loneliness and social isolation within the AFC.

Method

A mixed-methods approach was undertaken for this research. Following a desk-based rapid review of the relevant literature, qualitative and quantitative strands of research were carried out, consisting of:

1. Twelve teledepth interviews with members of the AFC.
2. Three focus groups with veterans and friends and family of serving and veteran personnel.
3. Semi-structured interviews carried out with 11 professionals in the fields of loneliness and social isolation.
4. An online survey disseminated to members of the AFC, completed by 4,897 respondents.

Risk factors for loneliness and social isolation

Risk factors for loneliness and social isolation can be complex and multifaceted, depending on a person's life experiences, and how life events may have contributed to their situation. General risk factors for loneliness and social isolation include:

- life transitions (eg parenthood, retirement);
- age (particularly middle and older age);
- gender;
- relationship breakdown or bereavement;
- poor physical and/or mental health, injury or disability.

Experiences of loneliness and social isolation in the AFC

One in four survey respondents indicated that they feel lonely and socially isolated always or often. Half of survey respondents reported that exiting the Armed Forces caused them to feel lonely and/or socially isolated in the past. Likewise, half of respondents reported that moving to a new area caused them to feel lonely and/or isolated in the past.

Bereavement was the most common cause of loneliness amongst survey respondents. Moving to a new area was the most common cause of social isolation, while exiting the Armed Forces was the most common cause of both loneliness and social isolation.

¹ The Armed Forces community consists of: serving personnel, Reservists, Veterans, and their respective family members/dependants.



50%

of survey respondents said exiting the Armed Forces caused them to feel lonely and/or socially isolated in the past



50%

of survey respondents said moving to a new area caused them to feel lonely and/or socially isolated in the past



BEREAVEMENT

was the greatest cause of loneliness amongst survey respondents

ALMOST 70%

of survey respondents agreed that it would be helpful to learn tips for conversation about loneliness and social isolation

ALMOST 70%

of survey respondents agreed that loneliness and social isolation are issues in the Armed Forces community

1 IN 4

survey respondents indicated that they feel lonely and socially isolated 'always' or 'often'

Triggers of loneliness and social isolation in the AFC

A number of potential triggers for loneliness and social isolation in the AFC were identified in this research:

1. Increased volume of life transitions

Given the mobile nature of the Forces lifestyle, members of the community are likely to experience more transitions than the civilian population. This may translate to increased vulnerability to loneliness and social isolation for members of the Armed Forces community.

2. Armed Forces culture

Findings indicated that some elements of Armed Forces culture can contribute to loneliness and social isolation. In particular, a culture of self-reliance and a perceived lack of civilian understanding of Forces lifestyle.

3. Relationship issues

Many elements of Forces lifestyle can put relationships under strain. Specific issues include long periods of separation from a partner and difficulties with family re-integration upon their return. Spouses or partners with children may particularly struggle during periods of separation, where they may be de facto single parents.

4. Accommodation

Members of the AFC may experience a number of issues related to military accommodation. Issues include struggling to integrate with tight-knit communities 'on patch', feeling removed from welfare or support when living in private accommodation, and experiencing alienation from the civilian community.

5. Exiting the Forces

Final exit from the Forces can be a difficult time for members of the AFC. Many are concerned about integration into civilian society, as well as the loss of military friendships. Personnel who are unexpectedly discharged from the Forces may be particularly vulnerable due to sudden loss of identity, stability and support.

6. Health, ageing and injury

Changes to health status can be a key trigger for loneliness and isolation due to the associated consequences such as sudden discharge, changes to family roles, and potential loss of friendships or social networks. Older veterans may be at increased risk of loneliness and social isolation due to worsening health, retirement and increasing instability of social ties. Carers are also vulnerable as they adapt to their new roles – particularly if the transition is sudden.

Coping methods

Evidence for the effectiveness of the internet and social media as a coping tool was mixed. While online platforms are an important source of support and socialising for many, findings also indicated that the internet can contribute to loneliness and isolation in some people.

A culture of heavy drinking and using alcohol to cope with emotions appears to pervade in the AFC. This drinking culture appears to be a large barrier to help-seeking.

Some members of the AFC appear to withdraw socially and emotionally as a way to cope with feelings of loneliness and social isolation. Individuals may also experience feelings of guilt and a lack of control over their situation – this can contribute to withdrawal and may prevent help-seeking for the issues.



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Barriers to help-seeking

Stigma appears to be a large barrier to seeking help for loneliness and social isolation. A majority of survey respondents indicated that they wouldn't feel able to have a conversation about loneliness and isolation because they would feel awkward or embarrassed. Some of this stigma appears to stem from aspects of the military culture of self-reliance.

Other barriers to help-seeking include some distrust of in-Service welfare, and a lack of language and skills for identifying and speaking about loneliness and social isolation. Some members of the AFC also appear to be unaware of their entitlement to support. Others hold a belief that they are not as entitled to support as others.

Support needs

There is limited evidence around 'what works' for interventions for loneliness and social isolation, both for the general public and the AFC. Further research is required into the prevalence of loneliness and social isolation in this community, what works best with the population and the experiences of loneliness and social isolation for minority groups in the AFC.

There appears to be appetite amongst members of the AFC for skills to identify and talk about loneliness and social isolation. When asked about types of support, survey respondents indicated a preference for emotional support as well as activities based around a shared interest. However, research participants highlighted the importance of tailoring support to an individual's needs and tastes.

Recommendations

The findings outlined in this report highlight gaps in the evidence base around loneliness and social isolation, as well as key areas for support for the AFC. Based on these gaps, we outline a series of recommendations:

- *We recommend the incorporation of questions or measures for loneliness and social isolation into the Tri-Service annual surveys: AFCAS (Armed Forces), RESCAS (Reserves) and FAMCAS (Families) surveys.*
- *We recommend the funding of a robust research programme examining the prevalence and causes of loneliness and social isolation across the AFC, as well as what initiatives might work best with this population.*
- *We recommend that the MoD monitor impact on loneliness and social isolation in the pilot of the Future Accommodation Model (FAM).*
- *We recommend that local and devolved governments adopt common definitions of loneliness and social isolation, and also ensure that their work on these issues reflects the specific needs of the AFC.*
- *We recommend that all local authorities include loneliness and social isolation in their Joint Strategic Needs Assessment (JSNA), or equivalent, and that they consider how additional initiatives could be targeted at members of the AFC in their area.*
- *We recommend the introduction of a module on social resilience for all serving personnel as part of resettlement provision, with a focus on loneliness and social isolation and preparation for transition out of the Forces.*
- *We recommend the incorporation of specific questions about loneliness and social isolation into the HARDFACTS Assessment and Monitoring Tools.*
- *We recommend that the MoD fund relationship support for couples experiencing issues related to Service.*

1. INTRODUCTION

The Royal British Legion is at the heart of a national network that supports our Armed Forces community through thick and thin. In 2014, the Legion published the largest survey to date of the UK ex-Service community, looking at its size, profile and needs. Findings from this Household Survey highlighted that 370,000 older veterans reported being lonely. Furthermore, 1 in 6 members of the ex-Service community reported experiencing some relationship or isolation difficulty -- equivalent to around 770,000 people.

Within this, it was highlighted that isolation affects a range of demographics within the ex-Service community, including working-age and older veterans, and those who have experienced relationship breakdown (TRBL, 2014).

Despite these findings, research on social isolation and loneliness amongst the UK AFC remains scant. This report explores loneliness and social isolation within the AFC. This project sought to explore:

- how members of the AFC experience loneliness and social isolation;
- the specific triggers of loneliness and social isolation for this community;
- the barriers faced when seeking support.

This report presents research findings along with recommendations for future research and policy.



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2. BACKGROUND

2.1 The Armed Forces community

The AFC consists of the following groups:

1. Serving personnel (also known as Regulars)
2. Reservists
3. Veterans
4. Families or dependants of the above

Regular Forces personnel are employed full-time and have usually signed long-term contracts committing them to regular Service. As of 1 October 2017, the total strength of the full-time UK Armed Forces was 155,474. The majority of personnel were within the Army (56.7%), with the remainder in the Royal Navy and the RAF – 21.4% and 21.9% respectively (MoD, 2017).

The Reserve Forces are made up of both regular and volunteer Reservists. Regular Reservists are former full-time members of the Armed Forces. They may still be liable for call out for a number of years after their military Service has ended depending on their age, length of original Service and the skills they have. Volunteer Reservists consist mainly of people who have joined directly from the civilian community with careers outside the military. There are currently around 36,000 volunteer Reservists in the UK and approximately 23,000 of these are ready for mobilisation (MoD, 2017). The Future Reserves 2020 (FR20) programme aims to increase the size of the Reserve Forces, and as such these numbers are likely to rise.

Veterans are defined as anyone that has served at least one day in the Armed Forces (Regular or Reserve). In 2016, there were an estimated 2.5 million UK Armed Forces veterans residing in households across Great Britain (MoD, 2017). Veterans are estimated to be predominantly aged 65 and over, with this profile heavily influenced by those who served in the Second World War and subsequent National Service.

Population estimates carried out in 2014 suggested that there were between 6.1 and 6.2 million members of the ex-Service community living in the UK. Of these, around 2.1 million were estimated to be dependent adults (including spouses and widows), and 1 million estimated to be dependent children (TRBL, 2014). Amongst the serving community, there were an estimated 101,393 dependent adults and 169,570 dependent children.

2.2 Loneliness and social isolation

Social connectedness and the relationships in our lives are key elements of identity, life satisfaction, health and sense of purpose. Where social connections and relationships are strong, these elements are often stable and comforting. However, these elements can become threatened, or even damaged, if our social connections and relationships begin to reduce or erode.

Social isolation refers to a lack or reduced quantity of social interactions across relationships, communities and services. Isolation is not always a negative experience – many individuals choose to self-isolate for specific purposes, such as time for personal recovery or meditation. Others may simply prefer to live more isolated lives. However, where social isolation is an unintended or unwanted state it is considered a negative experience. Where there is a gap between a person's desire for social contact, and the reality of their experience, they may experience perceived social isolation (Hawthorne, 2008).

Although the terms social isolation and loneliness are sometimes used interchangeably, the two concepts are generally considered to be separate, although closely related. People can be socially isolated without feeling lonely or can feel lonely when with others. Social isolation is considered an objective view of the connections a person has, defined in this report as:

“an objective measure of the number of contacts or social interactions an individual has across groups, communities and services.”

Loneliness is a more personal feeling, arising when there's a mismatch between a person's social expectations and reality, defined here as:

“a subjective, unwelcome feeling of lack or loss of social connection, arising when there's a mismatch between the quantity and quality of social relationships that a person has, and those that they want.”

Loneliness is often associated with an individual's actual or perceived sense of social isolation. It can be a transient feeling that comes and goes. It can be situational; for example, only occurring at certain times like Sundays, bank holidays or Christmas. Loneliness can also be chronic, meaning that it is experienced all or most of the time. Maintaining a distinction between loneliness and social isolation is important as it can help to identify the cause or trigger of an individual's problem, as well as aid in assessing the effectiveness of interventions developed to target the issue.

3. RISK FACTORS FOR LONELINESS AND SOCIAL ISOLATION

Risk factors for loneliness and social isolation can be complex and multifaceted. When considering what might cause a person to become isolated or lonely, it is important to recognise individual life experiences and how specific events may have contributed to their situation. Identifying the risk factors specific to both loneliness and social isolation can be difficult, due to the interrelatedness of the two issues (Grenade and Boldly, 2008). Furthermore, different factors can lead to increased risk of loneliness and isolation at different stages of life. A number of potential risk factors for social isolation and loneliness are outlined below. These risk factors are general, rather than specific to the AFC.

3.1 Life transitions

Periods of transition across the life course can be trigger points for social isolation and loneliness (Hardeep, 2016). Common life transitions include becoming a parent, the end of a relationship, retirement, and moving to a new area.

Some transitions may increase vulnerability to loneliness and isolation through the weakening of social ties or by threatening a person's sense of identity. The impact of a transition can also vary by its nature – whether it is sudden or gradual and the nature of a person's role in the transition (Wheaton, 1990). If a person struggles with a transition, they may become withdrawn due to a range of barriers depending on their situation and existing resilience. These barriers can exist across individual, community and social levels; and can impact a person's ability to connect with others (British Red Cross/Co-op, 2016).

Compared to the general population, it is likely that members of the AFC will experience an additional number of transitions, due largely in part to the mobile nature of Forces life. Transitions unique to the community include joining up, going on deployment or active duty, and final exit from the Forces to civilian society. Given the evidence of links between transitions and loneliness and social isolation, it is important to be attuned to the volume and intensity of transitions that the AFC are exposed to. This is covered in more detail in section 7.1.



3.2 Age

Research suggests that older individuals (e.g. those aged 75 and over) are at particular risk of loneliness and isolation (Siegler et al., 2015). While rates of loneliness and isolation do appear to increase with age across the general population, it is unclear whether this is due to an age effect or if it is due to other factors related to age, such as declines in health and mobility (Victor et al., 2000). This link between older age and loneliness and social isolation is particularly pertinent for the AFC – in 2014, 46% of the adult ex-Service community were reported to be aged 75 or over, compared to 10% of the UK population as a whole (TRBL, 2014).

Evidence from the general population suggests that people often experience loneliness and isolation at different stages across life (Victor and Yang, 2012). Recent findings from the Office for National Statistics have highlighted that in England, younger adults aged 16 to 24 years reported feeling lonely more often than those in older age groups (Pyle and Evans, 2018). Middle-aged people aged 45–54 in the UK have also reported high levels of loneliness (Beaumont, 2013). This trend can also be found in the ex-Service community, with the Legion's Household Survey finding that the middle-aged ex-Service community is vulnerable to a range of problems (TRBL, 2014). In particular, problems with isolation appear to peak at age 35–54 amongst the ex-Service community.

Ultimately, loneliness and social isolation can affect people at all stages of life, and efforts to reduce risk should not be limited to specific subgroups such as older people (Holt-Lunstad et al., 2010).

3.3 Gender

Research points towards a gender difference in the prevalence of loneliness and social isolation. Evidence indicates that older women are more likely to experience loneliness and isolation than men (Victor et al., 2000). However, this apparent difference may be linked to report bias, with the suggestion that women find it more socially acceptable to admit to being lonely. Lending strength to this, evidence suggests that surveys which measure loneliness indirectly, by avoiding the term 'lonely', often report that men feel lonelier than women (Hardeep, 2016). Considering that 10.2% of current UK serving personnel are female (MoD, 2017), it is worth being aware of potential gender differences in the prevalence or reporting of loneliness and social isolation. Furthermore, spouses and other dependants in the AFC are more likely to be female (MoD, 2017), and as such may experience loneliness and isolation differently, or be more willing to report it.



3.4 Relationship breakdown

Relationship breakdown is linked to the emergence of loneliness and social isolation. A study examining loneliness in men and women in the general population found that divorced men were more likely to experience emotional loneliness, compared to divorced women (Dykstra and Fokkema, 2007). The same study also reported that men attached greater importance to having a partner and tended to have smaller social support networks and higher levels of social loneliness than women (Dykstra and Fokkema, 2007). Research has found that people who have been widowed, separated or divorced are more likely to report feeling lonely (Beaumont, 2013).

This trend follows in the ex-Service community, with loneliness found to be more prevalent among veterans who are widowed, separated or divorced (TRBL, 2014). This may be due to the emotional and intimate loss of a key relationship, as well as the potential loss or weakening of social connections held through that relationship (eg a partner's circle of friends). Age effects may also occur here, with evidence suggesting that younger veterans tend to rank relationship problems among their higher issues of concern (TRBL, 2014; Rassmussen et al., 2017). For older veterans, the loss of key intimate relationships may more commonly be the result of bereavement (TRBL, 2014).

3.5 Physical health and disability

There appears to be a consistent relationship between health status and loneliness and isolation (Wenger et al., 1996). However, it is unclear whether poor health leads to loneliness and isolation or vice versa (Victor et al., 2000). Notwithstanding this uncertainty, chronic health issues and illness, sight or hearing impairments, and other disabilities have all been found to be significantly related to loneliness amongst older people (Victor et al., 2005). Sensory impairments such as hearing loss have been linked with social isolation (Heine et al., 2002; Dalton et al., 2003). Other health issues can also result in a decrease or loss of mobility and functioning, which may lead to loss of free time, independence and ability to socialise (Hardeep, 2016).

For the AFC, evidence suggests that veterans of working age are more likely to report having hearing difficulties, musculoskeletal problems, or some condition that limits activity, compared to the general population (TRBL, 2014). Furthermore, UK veterans aged 16–74 are three and a half times more likely to report hearing problems than UK adults of the same age (TRBL, 2014). However, the most recent figures from the Annual Population Survey of veterans living in Great Britain suggest that there is no overall difference between veterans' and non-veterans' self-reported general health (MoD, 2017).

3.6 Mental health

Evidence points toward links between loneliness, isolation and poor mental health. In particular, depression has been found to have an enduring relationship with loneliness and isolation (Victor and Yang, 2012; Beach and Bamford, 2014; Matthews et al., 2018). Loneliness is considered a strong risk factor for depression – one that appears to remain stable across the lifespan (Nolen-Hoeksema and Ahrens, 2002; Victor and Yang, 2012). However, loneliness has also been found to vary at different points in a person's life, as social needs change over time and are based on circumstance (Qualter et al., 2015). Loneliness has also been linked with a range of mental health disorders (Matthews et al., 2018). However, it is unclear whether the pervasiveness of loneliness across different mental health disorders is a result of a single gene, or whether individuals with a mental health disorder are more likely to feel lonely and marginalised (Matthews et al., 2018).

Feelings of loneliness are thought to trigger specific physical, behavioural and cognitive responses for self-protection. As such, loneliness can lead to increased anxiety and negative thoughts, which may cause some to approach social interactions with caution, or even hostility (Cacioppo et al., 2006). This could lead individuals to become more isolated or to choose to self-isolate as a form of self-protection, losing opportunities to engage socially (Cacioppo and Hawkley, 2005).

For the AFC, research supports evidence of loneliness as a risk factor for depression among veteran populations (Martin and Hartley, 2017). Social isolation has also been linked with psychiatric hospital re-admission rates of older American veterans: with veterans at high or moderate risk of isolation almost five times more likely to be re-admitted to hospital, compared to those with low levels of social isolation (Mistry et al., 2001). Loneliness and isolation have also been linked with attempts or consideration of suicide among veteran populations (Porter et al., 1997; Burnell et al., 2017).

3.7 Other risk factors

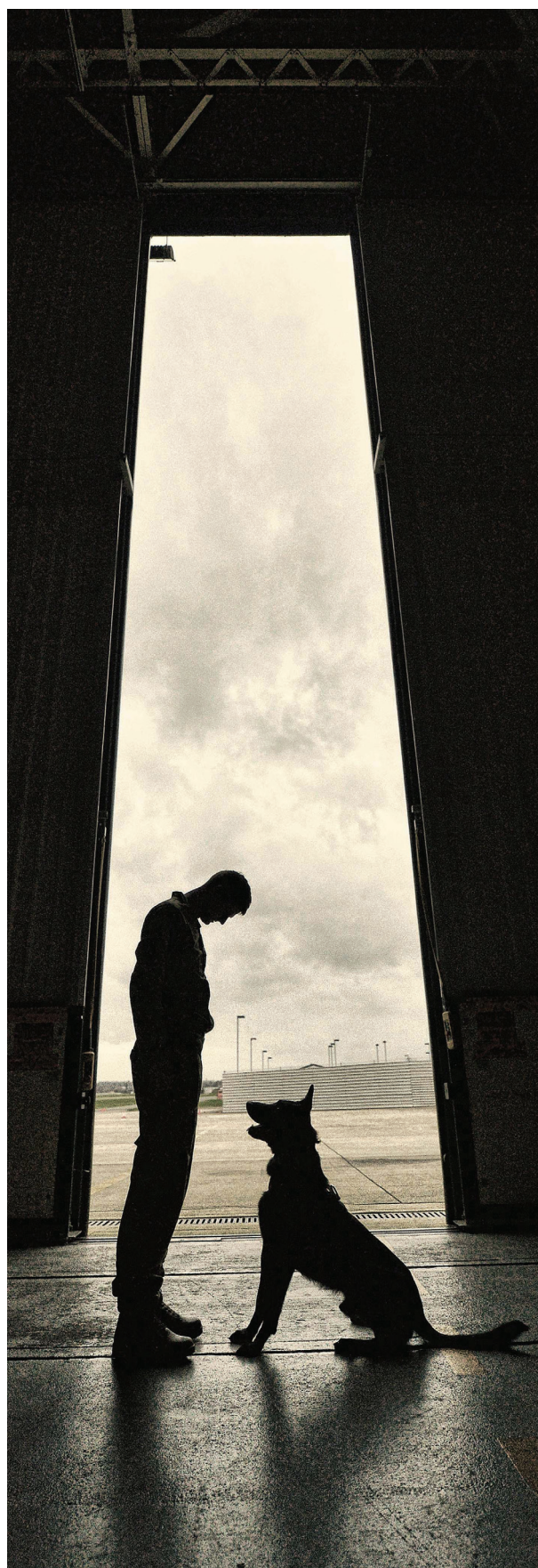
As well as the major factors outlined opposite, research suggests that there are a number of other potential risk factors for loneliness and social isolation, including:

- elements of personality, such as self-esteem and personality traits (eg shy, quiet) (Grenade and Boldly, 2008);
- sexuality and ethnicity (Kuyper and Fokkema, 2010; Victor et al., 2012);
- being a carer (Beach and Bamford, 2014);
- living alone (Wenger et al., 2004)²;
- low income and unemployment (Luhmann and Hawkey, 2016);
- experiencing bullying at a young age (Matthews et al., 2018).

3.8 Protective factors

Research into factors that may protect people from experiencing or becoming lonely or isolated is limited. Grenade and Boldly (2008) suggest that it could be assumed that protective factors include the converse of risk factors, such as those outlined above. Although there is not much evidence to support this statement, research does indicate that there are some potential protective factors for loneliness and isolation. These may include:

- having a social network of friends and family (Adams et al., 2004);
- having a personal confidant (Victor et al., 2005);
- spirituality or belief (Victor et al., 2000);
- higher levels of education (Victor et al., 2005);
- pet ownership, particularly amongst older people (Keil, 1998; Parslow et al., 2005).



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² While living alone is not necessarily synonymous with being alone or loneliness, the link with isolation appears to be closer – ie not all those who live alone are isolated, but most of those who are isolated live alone (Victor et al., 2000).

4. CONSEQUENCES OF LONELINESS AND SOCIAL ISOLATION

Although several studies point towards negative consequences for both loneliness and social isolation, there is little evidence whether one involves more risk than the other (Holt-Lunstad et al., 2015). This may be due to differences in methodological approach, as well as inconsistency in the definition and measurement of the concepts. Notwithstanding this lack of distinction, research strongly indicates that social isolation and loneliness negatively impact on health, with both pointing towards increased likelihood of mortality (Holt-Lunstad et al., 2015).

4.1 Impact on physical health

A review of the impact of loneliness on health outcomes among older people indicated that loneliness was linked to higher blood pressure, poorer sleep, worse immune stress responses and worse cognition over time (Luanaigh and Lawlor, 2008). A study conducted by Steptoe and colleagues using data from the English Longitudinal Study of Ageing (ELSA) found that both social isolation and loneliness were linked to higher mortality (Steptoe et al., 2013). In the same study, loneliness was more strongly related to baseline poor health than social isolation, particularly with respect to arthritis, mobility impairment and depression. However, after adjusting statistically for demographic factors and baseline health, social isolation remained significantly associated with mortality, while loneliness did not. The authors suggest that the experience of loneliness may be characteristic of people who already have major health and mobility problems. It is possible that the link between isolation and mortality may be due to health-risk behaviours due to a lack of social connections, such as increased smoking, inactivity, poor diet and poor adherence to medications (Steptoe et al., 2013).

A meta-analytic review of the link between social relationships and mortality risk found that individuals with adequate social relationships have a 50% greater likelihood of survival, compared to those with poor or insufficient social relationships (Holt-Lunstad et al., 2010).

The authors of this study noted that the magnitude of this effect is comparable with quitting smoking and appears to exceed many well-known risk factors for mortality such as obesity and physical inactivity (Holt-Lunstad et al., 2010). Furthermore, the overall effect remained consistent across several factors including age, sex, initial health status, follow-up period, and cause of death – suggesting that the association between social relationships and mortality may be general and not isolated to specific subgroups, such as older people (Holt-Lunstad et al., 2010).

4.2 Impact on mental health

Evidence indicates that there is an association between loneliness and mental health (Cornwell and Waite, 2009). Loneliness has been found to have strong associations with depression and may be an independent risk factor for depression (Luanaigh and Lawlor, 2008). Similarly, evidence suggests that loneliness can lead to anxiety and depression over time through a persistent self-reinforcing loop of negative thoughts, sensations and behaviours (Cacioppo and Patrick, 2008). This may be one pathway into chronic loneliness, where an individual feels lonely all or most of the time, as opposed to situational or passing loneliness. Furthermore, feelings of anxiety and low self-esteem can lead to people removing themselves from their social networks due to perceived stigma about their condition (Mental Health Foundation, 2010). As such, loneliness may have a reciprocal impact on mental health over time (Cacioppo et al., 2006), and may lead to self-isolating behaviours

5. PROJECT METHODOLOGY

A mixed-methods approach was undertaken for this project. This approach was selected as it allows for both exploration and analysis in the same study, as well as a broader perspective of the issue. The individual strands of this project consisted of desk-based research, qualitative interviews and focus groups, and a quantitative survey. Further details are outlined below.

5.1 Desk-based research

The first phase of this project consisted of a rapid desk-based review of existing research and literature on the issues of loneliness and social isolation, both in the general population and in the AFC. Searches were carried out via online research databases, as well as available grey literature. This phase informed the development of the next phases of the research.

5.2 Qualitative research

The qualitative strand consisted of three phases. Phases one and two were carried out by Supernova, an external research agency recruited by the Legion. In phase one, Supernova conducted 12 teledepth interviews with members of the AFC. Participants consisted of currently serving personnel, veterans and one Service spouse. Participant details are outlined in Table 1 below. These interviews explored key aspects of loneliness and social isolation in relation to causes, triggers, and barriers for seeking help within the AFC.

Table 1. Teledepth participant details

Participant	Service	Position	Stage	Age
1	Navy	Wife of Serviceman	Currently serving	33
2	Army	Serviceman	Recent leaver	34
3	Army	Servicewoman	Veteran	32
4	Army	Serviceman	Recent leaver	23
5	Navy	Serviceman	Veteran	58
6	RAF	Serviceman	Currently serving	36
7	Army	Serviceman	Currently serving	Not stated
8	RAF	Serviceman	Veteran	34
9	Army	Serviceman	Recent leaver	23
10	Army	Serviceman	Currently serving	Not stated
11	RAF	Serviceman	Retired	68
12	Army	Serviceman	Retired	56

Phase two of this strand consisted of three focus groups conducted by Supernova, comprising a total of 24 participants. The groups were split into three categories: working-age veterans, older veterans, and friends and family members. An overview of participant details is outlined in Table 2 below. Focus groups built upon previous interviews by exploring the language and interpretation of social isolation and loneliness in this population, barriers to support, and the support needs of the community.

The third phase of this strand consisted of semi-structured interviews carried out with 11 professionals in the fields of loneliness and social isolation. Participants were policy or practice professionals working in the Armed Forces sector or in the loneliness and social isolation sphere. The purpose of these interviews was to explore professional insight into the issues of social isolation and loneliness amongst the general population and the AFC. Interviews explored how social isolation and loneliness manifest, their triggers, and support needs and delivery.

5.3 Quantitative survey

Findings from the desk-based research and qualitative strands were used to develop and structure an online survey. The survey was developed and disseminated via online platform SurveyMonkey, over one month in December 2017 and January 2018. It was distributed through Legion networks, including social network platforms, Membership forums and partner organisations.

The survey was completed by members of the AFC, defined as 'Anyone with a connection to the Armed Forces'. The survey received a total of 5,015 complete responses. Of these responses, 118 were excluded due to not having a connection with the Armed Forces. The remaining 4,897 respondents comprise the survey data outlined in this report. The majority of respondents had previously served as a Regular or Reserve (70.8%; n = 3,469), were male (77.4%; n = 3,777) and were aged 45–64 (49.1%; n = 2,405).

It must be noted that findings from the survey are not representative of the AFC at large, and thus should be interpreted with caution. Survey responses were anonymous.

5.4 Findings

In the following sections, findings from the research are presented. Although each strand of research was carried out in distinct phases as outlined above, findings from all three have been collated and are presented in line with the following sections:

- Experiences of loneliness and social isolation
- Triggers of loneliness and social isolation in the AFC
- Coping methods
- Barriers to help-seeking
- Support needs
- Key evidence gaps

Under each of these sections, the information gathered as part of the project is presented as a combination of findings from the literature, insights from interviews and focus groups, and findings from the online survey.

Table 2. Overview of focus group participants

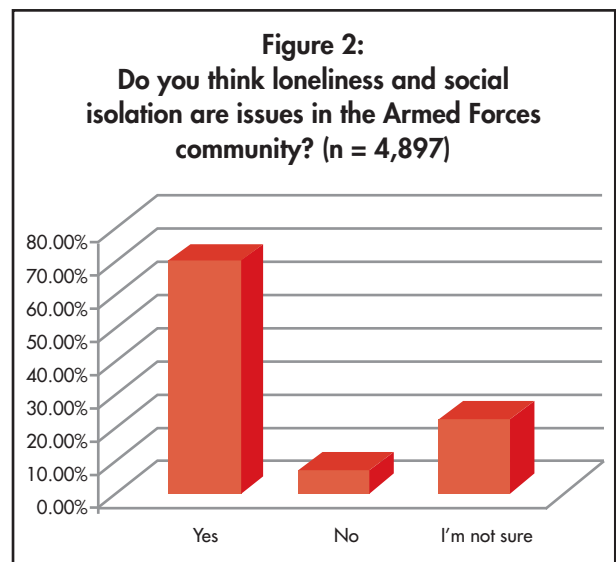
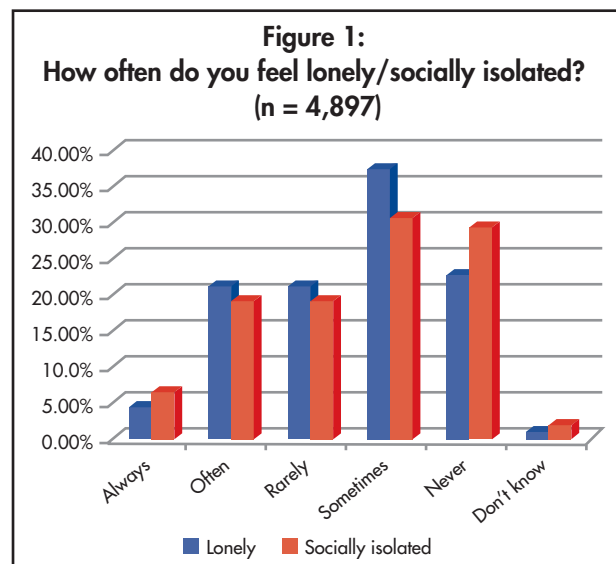
Groups	Participants	Service	Ages
1	Veterans – working age	Mix of Army, RAF and Navy	26–55
2	Friends and family of serving		25–52
3	Veterans – older		59–71

6. EXPERIENCES OF LONELINESS AND SOCIAL ISOLATION

In the UK, 4% of adults in the general population report being lonely always or often (Morrison, 2017), rising to 6% for older people (Thomas, 2015). Although prevalence rates for the AFC are unknown, the Legion's 2014 Household Survey found that 16% of the ex-Service community reported experiencing a relationship or isolation difficulty, and 8% reported feeling lonely (TRBL, 2014).

Respondents to this project's online survey were asked how often they feel lonely and socially isolated. As shown in Figure 1, one in four respondents indicated that they feel lonely 'Always' or 'Often' (25%; n = 1,229). This result was similar for respondents who reported feeling socially isolated (24.5%; n = 1,202). Almost 30% of respondents indicated that they never feel socially isolated (29.1%; n = 1,383), with 22.5% indicating that they never feel lonely (n = 1,093). The majority of respondents indicated that they sometimes feel lonely (37.1%; n = 1,805) and socially isolated (30.4%; n = 1,444). Although these findings must be taken with caution due to the profile of the respondents, the extent of loneliness and isolation reported by this population appears to differ significantly when compared to the UK general population.

Survey respondents were also asked whether they thought loneliness and social isolation are issues in the AFC (defined as anyone with a connection to the Forces). As shown in Figure 2, almost 70% of respondents agreed that loneliness and social isolation are issues in the AFC (69.7%; n = 3,496). Just under a quarter of respondents weren't sure (23.3%; n = 1,155); 7.3% do not think they are issues (n = 364).



7. TRIGGERS OF LONELINESS AND SOCIAL ISOLATION IN THE AFC

Findings from the qualitative and quantitative strands of this project identified a number of potential triggers for loneliness and social isolation in the AFC. Survey findings outlined in Figure 3 below highlight specific life events that caused respondents to feel lonely and/or socially isolated in the past. Respondents were presented with various life events and asked to select which, if any, had caused them to experience these issues in the past. The events presented were based on findings from the literature and the qualitative interviews.

A total of 4,140 people responded to the question. As shown in Figure 3 below, half of respondents indicated that exiting the Armed Forces caused them to feel lonely and/or socially isolated in the past (50.7%; n = 2,101). Likewise, half of respondents indicated that moving to a new area caused them to feel lonely and/or isolated in the past (50.3%; n = 2,085). This was followed by a bereavement, which was selected by 45% of respondents (n = 1,863). Table 3 opposite outlines the full response rates for this question.

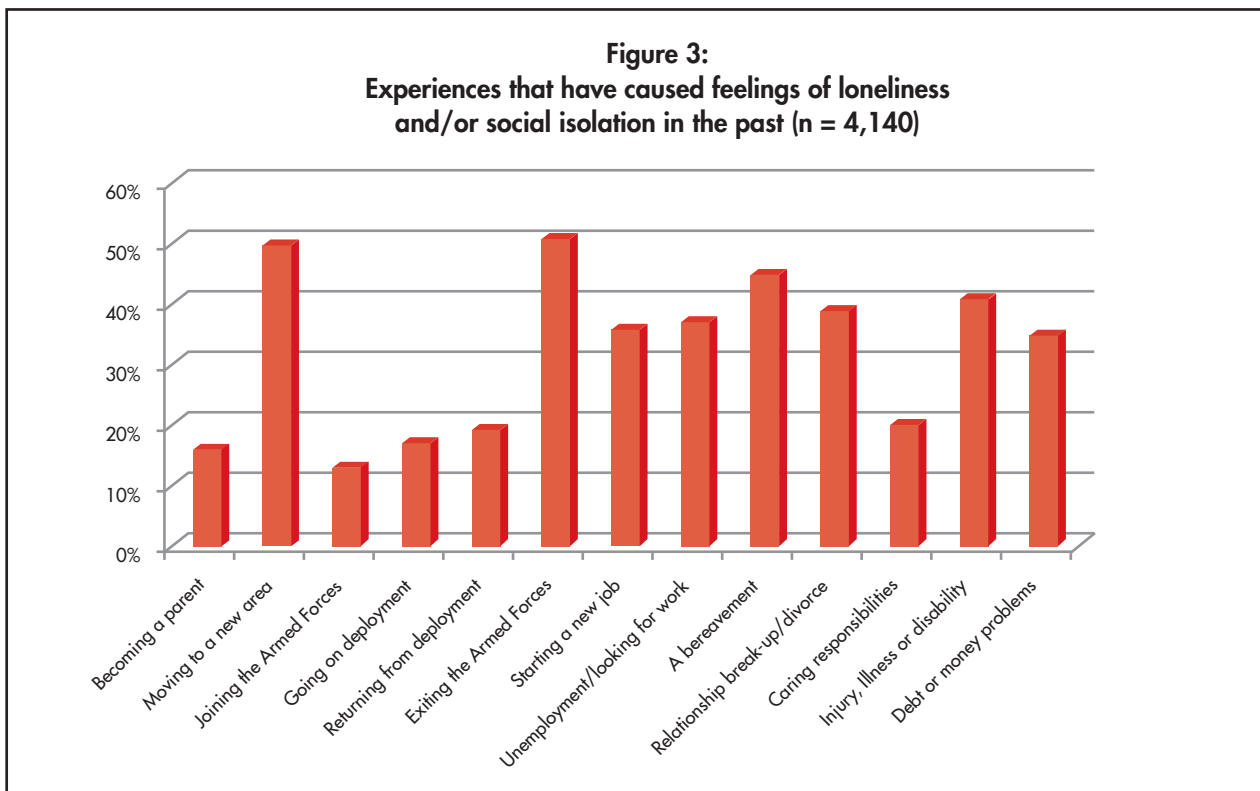


Table 3. Experiences that made respondents feel lonely and/or socially isolated in the past

Which of the following experiences (if any) have made you feel lonely or isolated in the past? Please select all that apply. (n = 4,140)	%
Becoming a parent/having a new child	16
Moving to a new area	50
Joining the Armed Forces	13
Going on deployment	17
Returning from deployment	18
Exiting the Armed Forces	51
Starting a new job	36
Struggling to find work/becoming unemployed	37
A bereavement	45
Relationship break-up/divorce	39
Caring responsibilities	19
Injury, illness or disability	41
Debt or money problems	35
Other	7

Below, Table 4 breaks down each experience based on whether it made respondents feel lonely, socially isolated, or both. For example, of the 16% of respondents who selected 'Becoming a parent/having a new child' (n = 693) 4 % (n = 187) indicated that this experience made them feel lonely, 7% (n = 305) indicated it made them feel socially isolated, and 5% (n = 201) indicated that they felt both lonely and isolated as a result.

Table 4: Experiences that made respondents feel lonely, socially isolated or both in the past

Which of the following experiences (if any) have made you feel lonely or isolated in the past? Please select all that apply.	Lonely %	Socially Isolated %	Both %
Becoming a parent/having a new child	4	7	5
Moving to a new area	10	16	24
Joining the Armed Forces	5	4	4
Going on deployment	8	4	5
Returning from deployment	4	8	6
Exiting the Armed Forces	9	13	28
Starting a new job	11	13	12
Struggling to find work/becoming unemployed	6	10	21
A bereavement	25	4	16
Relationship break-up/divorce	14	4	20
Caring responsibilities	5	6	8
Injury, illness or disability	9	10	22
Debt or money problems	8	9	18

Bereavement was the most common cause of loneliness amongst survey respondents, selected by 25% (n = 1,020). Moving to a new area was the most common cause of social isolation at 16% (n = 653). Finally, exiting the Armed Forces was the most common cause for both loneliness and social isolation (28%; n = 1,167). Based on these findings, it appears exiting the Armed Forces is particularly linked with loneliness and social isolation amongst the AFC. This transition is covered in more detail in section 7.5.

Several triggers for loneliness and social isolation amongst the AFC emerged from the interviews and the online survey. These triggers have been collated into main themes, outlined in the following sections.

7.1 Increased volume of transitions within the Forces

Given the mobile nature of the Forces lifestyle, members of the community are likely to experience more life transitions than those in the civilian population. This could translate to more vulnerability to loneliness and social isolation for members of the AFC, who deal with unique stressors such as deployment and long periods of separation from family. It is important to be aware of the increased volume of transitions within the Armed Forces, which are often experienced alongside more common life transitions such as having children or starting a new job.

Many policy professionals interviewed for this project referred to the mobile Forces lifestyle, and how it could put some people at risk of isolation and loneliness. Data from the most recent Tri-service Annual Families Continuous Attitude Survey (FAMCAS) has shown that just over one in five military spouses have moved three or more times in the last five years (MoD, 2017). One professional noted that regular moves can lead to people lacking time to process their emotions and situations, and that these may catch up with people down the line.

Research has shown that social support is an important facilitator for help-seeking amongst serving personnel, and that the nature of mobile military life often disrupts supportive relationships (Sharp, 2016). Survey respondents also highlighted the struggles of making new friendships and connections due to frequent moves:

"If I manage to make a friend then either they or mostly I are moved. It's got worse since the kids went to school. As we can't/don't attend baby toddler stuff. Being an older mum means I don't fit in to the average group of mums either."
(Survey respondent, family member)

"Finding work is difficult. By the time a network is built up, it's time to move."
(Survey respondent, family member)

"(Struggled) with being new in an established community."
(Survey respondent, veteran)

These quotes illustrate the knock-on effects of frequent moves on the ability to form social connections or find work, which can serve as roads out of loneliness and isolation. Given that half of survey respondents indicated that moving to a new area caused them to feel lonely and/or isolated in the past it is important to be attuned to the impact of the mobile lifestyle on wellbeing and social networks.

7.2 Armed Forces culture

Findings indicated that some elements of Armed Forces culture can contribute to loneliness and social isolation – in particular, a culture of self-reliance embedded in the Forces, and a perceived lack of understanding from the civilian community.

7.2.1 Culture of self-reliance

The Armed Forces promotes and conditions attributes such as toughness, self-sufficiency and mission focus to ensure combat readiness (Dunt, 2009). These attributes are often associated with notions of being self-reliant and a preference for dealing with difficulties without asking for help (Dickstein et al., 2010). This culture can condition serving personnel to refrain from emotional expression and avoid help-seeking for problems. One veteran spoke about the avoidance of speaking about loneliness, and its connotations with weakness:

"In the Army loneliness is seen as a personal weakness. I had an old school para as my Staff Sergeant. His idea of sorting you out was to do some more press ups."
(Recent leaver, Army)

Another veteran hinted at self-sufficiency as a badge of pride, and negative attitudes towards needing help:

"Self sufficiency is the focus. If you can't help yourself, it's as though you have failed – and they won't ask for help because they are too proud."
(Veteran, Army)

This culture of pride and self-sufficiency appears to also operate amongst some Forces families. One policy expert noted that some families feel that they “ought to be able to cope...it wouldn’t occur to them to reach out for help...stiff upper lip...many don’t want to be seen as ‘we’”. Another policy expert noted the “get on with it attitude” of the Army. This reluctance or inability to speak out about emotional issues could potentially compound the emergence of social isolation and loneliness, and may perpetuate stigma and barriers to help-seeking (covered in more detail in section 9). Alternatively, some may hint at or ask for help, only to be rebuffed, and feel at a loss in terms of alternative options for support.

7.2.2 Perceived lack of civilian understanding

Some serving personnel and veterans experience a civilian–military cultural gap, in which they describe feeling misunderstood and even disrespected by civilians who have no experience or appreciation for their lifestyle and what they have been through (Collins, 1998; Demers, 2011). This perceived lack of understanding can heighten feelings of isolation and loneliness for members of the AFC, who may struggle to integrate and form connections with civilians as a result.

One survey respondent highlighted this lack of understanding, while also illustrating the additional consequences of frequent moves:

“I’ve often been lonely as a Service spouse and have tried to make friends wherever I go, but people don’t understand our lifestyle. It takes so long to get into new friendship groups that we are moving again by the time I have got settled!”
(Survey respondent, family member)

Although this apparent culture clash may be perceived as coming from civilians, it is important to note that it does not emanate solely from one community over another, with one survey respondent noting

“I don’t connect with non-military people.”
(Reservist, Army)

Difficulties transitioning into civilian community are covered in some more detail in section 7.5.2.

7.3 Relationship issues

Many elements of Forces lifestyle can put relationships under strain. Specific issues include regular moves, long periods of separation, and difficulties with family re-integration upon return. One policy expert noted that anecdotal evidence points to increased likelihood of relationship breakdown during transition out of the Forces. However, the MoD does not collect data on relationship breakdown, so it is difficult to assess the extent of the issue.

Data from the most recent FAMCAS survey showed that 60% of respondents are satisfied with their quality of life married to a member of the Armed Forces (MoD, 2017). Furthermore, findings from the most recent Annual Population Survey highlighted that divorced and separated veterans were significantly more likely to report suffering from depression and bad nerves than other veterans (MoD, 2017). Findings from the survey carried out for this project show that almost 40% of respondents indicated that a relationship breakdown or divorce caused them to feel lonely or isolated in the past (38.5%; n = 1,598). Given the links between relationship breakdown and social isolation, it is important to be aware of the strains on relationships due to Forces life. Some contributory factors and consequences of Forces lifestyle on relationships are outlined below.

7.3.1 Periods of separation from partner

Long periods of separation due to deployment, active duty or being based far from the family home can place relationships under strain.



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Family separation and the deployment cycle is characterised by a collection of unique stressors for both the individual Service member, and their family and loved ones (Stein and Solomon, 2017). Feelings of loneliness may be exacerbated on tour, when geographical distance can amplify the sense of detachment from a person's home, parents, spouse and children (Stein and Solomon, 2017). Research has noted that although relationships may not end as a result of deployment, it can alter perceptions of the stability and quality of relationships – although not necessarily on a permanent basis (Keeling et al., 2015). Despite a high proportion of Service couples living together, nearly a third of couples were separated from their partner for over three months in 2016 (MoD, 2017).



Participants interviewed for this project reflected on the unique challenges of these separations. Partners of serving personnel who remain at home can struggle with feelings of loneliness. This can be amplified if they are parents, as they are often de facto single parents and can struggle with running the household:

"Loneliness is worst when you are seeing nobody. Being stuck at home with children is a form of loneliness."
(Policy professional)

Spouses miss the company of their partner, and can feel isolated at social events:

"I miss him...the little things like watching TV on my own at night or going to weddings/ parties on my own."
(Spouse, Navy)

Spouses and partners can also experience additional isolation stemming from a perceived lack of understanding of their situation, as mentioned previously. They may also be unsure about where to access support:

"Civilians often don't understand the lifestyle and will be moaning to Naval wives about their partner being away on a course for work."
(Policy professional)

"When my husband is away with the Army there is no support network for families. I don't know any other families."
(Survey respondent, Spouse)

One policy expert noted that maintaining contact with deployed partners can be a challenge, particularly for those serving in the Royal Navy or Royal Marines, who may experience long periods of separation with limited contact with their loved ones.

7.3.2. Return of partner

After a period of separation, families must adapt to changes in family structure by renegotiating roles and responsibilities – often a complex task that can cause anxiety (Stein and Solomon, 2017). Spouses and partners may be concerned about how they will be treated by the returning loved one, and how they may have changed (Jordan, 2011). Indeed, changes may be observed in serving personnel, which can alter family structure. Some may return with injuries – whether they are obvious physical issues, or ones that may initially be less apparent such as traumatic brain injury, depression or post-traumatic stress disorder (PTSD) (Savitsky et al., 2009). Furthermore, returning personnel might be worried that family issues such as financial problems or parenting issues will await them when they return home (Jordan, 2011).

Findings from this project suggest that the return of a serving person from deployment or duty is a stressful time for couples, with many struggling to adapt to changes during their absence:

"Parents return home and find it difficult to revert back to roles – there can often be a power struggle, and roles need to be defined. If the relationship was already on rocky ground, then this can build and cause real problems."
(Policy professional)

Another expert spoke about how returning personnel often report issues around disciplining children, when one parent has been making all the decisions for a time. This can cause strain between parents:

"Mum and the kids might be quite a unit, and dad might not know where he fits in. We often hear that the dads say to the mother (after) 'What I should have done is watch how you handled it first.'"
(Policy professional)

These struggles can add to a sense of guilt and isolation for returning personnel, who may no longer know where they fit in the family:

"Each separation is like a bereavement. Lots of things change...they have to come back into the family and make all those connections again."
(Army Welfare Officer)

7.3.3. Consequences of relationship issues

The pressures of Service life on relationships can result in personnel choosing to exit the Forces early, to prioritise and protect their relationships. Experts noted:

“There is a sense amongst families that they are happy to move around and fly the flag, but there comes a point when enough is enough and they need to be put first.”
(Policy professional)

“About 95% of what I deal with are the ups and downs in marriages on base.”
(Army Welfare Officer)

Where relationships do break down, both partners struggle with the consequences. For serving or ex-Service personnel, anecdotal evidence suggests that relationship breakdown can result in self-medicating with alcohol or other substances, particularly if living alone.

Ex-partners also struggle, particularly if they are living on patch:

“They’re ‘no longer in the club’, they’re out in the cold. The serving person will usually keep their friends on the patch, while the other partner suddenly no longer belongs in this community – they have no status, they are no longer the wife of somebody.”
(Policy professional)

This sudden exclusion from the community can put ex-spouses at risk of social isolation. Ex-spouses must exit Service accommodation within 90 days, often without formal support channels. Some ex-spouses may also have to handle practical elements of relationship breakdown on their own, such as legal advice and actions when undertaking divorce, if their ex-partner is on deployment or active duty.

One expert noted that while couples can access relationship counselling through Service Welfare, the majority are reluctant to engage their employer in their private relationship issues. This is covered in more detail in section 9.2.

7.4 Accommodation

The military provides accommodation for all personnel, for which they pay subsidised rent. Subsidised accommodation is considered a key part of the ‘offer’ for serving personnel. There are two main types of accommodation: Single Living Accommodation (SLA), and Service Family Accommodation (SFA). Three-quarters of Regular personnel live in one of the two during the working week (MoD, 2017). Entitlement to Service accommodation is dependent upon personnel’s circumstances.

The MoD is currently developing a Future Accommodation Model (FAM) for serving personnel. Proposed changes include changing the allocation principle from Service rank to need; encouraging home ownership; and facilitating private renting. Concerns raised about FAM include potential reduction in SFA; lack of support available to members of the AFC; and the insecurity that accompanies private renting (MoD, 2016).

7.4.1 Service accommodation: living on patch

Many serving personnel and their families choose to live on patch, as it can provide access to help and support. Previous research carried out with Army families suggests that families feel SFA, patch life and stability are key, positive characteristics of Forces life (AFF, 2016). Most families have a positive experience; however, experiences of patch life can also be mixed. In some cases, living on patch can serve as a contributory factor to social isolation and loneliness.



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Arriving onto a new patch can be a difficult time for some families – some may struggle to integrate into tightly knit communities. One policy expert noted that some families already living on patch can be unwelcoming to strangers:

“Some families might not be too open to new people coming and going.”
(Policy professional)

New arrivals may be apprehensive about engaging with others, something which may be particularly salient for spouses or partners:

“Walking into a coffee morning of spouses who all know each other well is very intimidating.”
(Policy professional)

For many families, patch life operates as an immediate social network, where members of the AFC can interact with others who understand the lifestyle. However, some communities can be small and inward-facing. Issues sometimes arise between friends and neighbours, leading to gossip, exclusion and isolation. One policy expert noted:

“You can actually be isolated in a close-knit society because it can be like a goldfish bowl, where everyone knows everyone. And you can be isolated because your neighbour knows something about you that they don’t like.”
(Policy professional)

7.4.2 Private accommodation

Many serving personnel and their families choose to move to private accommodation for greater stability. One expert noted that many families choose to move once their children reach school age to avoid disruption in their education. Although the move to private accommodation can provide families with stability, interviews with experts indicated that it can also leave some families at risk of isolation.

One expert noted that such families may not receive information on where or how to access support in their new location, causing them to “feel removed from Welfare support”. Others find it difficult to access information about social events for those in the AFC, which may contribute to isolation or missed opportunities to engage with others. These families may experience a sense of isolation or weakened support from both the military and civilian communities. Families returning from overseas may feel particularly isolated, as they may come from a place where they’ve had intensive support and must now navigate their way through finding accommodation and support in a new area.

Anecdotal evidence suggests that families often relocate to areas where they have their own family or support networks. However, not all members of the community will have these networks available to them, and as such may experience isolation in their new location. One expert spoke about the impact of geographical isolation on members of the community, noting that some may live in areas with poor public transport, and may not be able to drive. Another expert noted that some families may not be able to afford two cars, and as such may struggle if their commuting serving partner has use of the car.

7.4.3. Concerns about the FAM

Policy experts from the Armed Forces sector voiced concern about the impact of the FAM on the community, with one noting that “FAM is constantly in the background” for serving personnel and their families. However, one expert noted that this is potentially less of a concern for Naval families, as the majority of these families live in privately rented or owned accommodation.

Experts noted that RAF and Army personnel and their families have registered concern that they will be dispersed under the new model. In particular, there are concerns around integration into the civilian community, the establishment of friendships and social connections in a new area, and the ability to seek dedicated support as a member of the AFC. This may lead to social isolation and may also act as a barrier to help-seeking.

7.5 Exiting the Forces

Making the move from military to civilian life is a major and unique transition for the AFC. While a small number of exiting personnel struggle with specific issues such as health during transition, all Service leavers must navigate and adapt to a range of new experiences, networks and language. This is a time of key change, and one in which people often experience the loss or weakening of previous social ties in the military, as well as a reduced level of social integration (Hatch et al., 2013).

Survey results from this project indicate that half of respondents selected ‘Exiting the Armed Forces’ as an experience that caused them to feel either lonely, socially isolated, or both in the past (50.7%; n = 2,101). Furthermore, this experience was the most common cause of both loneliness and social isolation amongst all respondents. When survey responses were filtered for veteran respondents only, the percentage who indicated exiting the Forces caused them to feel lonely and/or socially isolated rose to 65%. These findings suggest that exiting the Forces may be a particularly vulnerable time for loneliness and social isolation.

Three key elements of exiting Service – planning to leave, social networks post-exit and sudden exit – are covered in more detail opposite.



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7.5.1. Planning to leave

Serving personnel and their families often experience a lot of concern in the run-up to final exit from the Forces. Many are unsure about what lies around the corner:

"I was really nervous approaching leaving the RAF – it was the unknown that scared me. New location, new job, new people and a new world, all at the same time"
(Veteran, RAF)

A common worry centres on integration into civilian community and building new support networks:

"Many are used to moving into a patch and people being friendly. It can be much more difficult if you don't have that instant community."
(Policy professional)

Worries also vary depending on people's circumstances. One expert noted that childless couples can struggle with transition from Service, as there may be fewer opportunities for engaging with new people. One female veteran noted:

"I knew I would be ok on the other side as I would meet new mums on the school gates but my husband found it much tougher to adjust."
(Recent leaver, Army)

Members of the AFC may also particularly struggle with the loss of routine and structure provided by Forces life, leading to feelings of isolation:

"I don't think that isolation is exclusive to the Army but I do think it's tenfold if you've been used to such structure in your life."
(Family member, Army)

7.5.2 Social networks and support post-Service

Although strong bonds within Service can mitigate against feelings of homesickness upon joining, such bonding may also hinder the transition into civilian society (Demers, 2011). Research suggests that many veterans experience a sense of alienation from the civilian community (Ahern et al., 2015; Smith and True, 2014). This alienation can cause some veterans to withdraw from civilian networks, including their own family, and seek the companionship of other veterans (Ahern et al., 2015; Smith and True, 2014; Stein and Solomon, 2017). For serving personnel, research suggests that the experience of loneliness is more closely related to loss of bonds within the unit, than to relationships with their own family members (Cacioppo et al., 2006).

Although the majority of the AFC transition into civilian life without much trouble, some members struggle. One policy expert noted that veterans and their families can be uncertain about where to go for support or information once they have left Service. Others are concerned about employment opportunities, lack of routine and loss of

identity. Ex-serving personnel also note the loss of camaraderie and friendships built during Service, and the impact of this on their social networks post-exit. Some veterans feel an ongoing sense of alienation from civilian society due to a strong internalised military identity. Two survey respondents noted their sense of marked difference from civilian society:

"Being ex-Service we are on a different wavelength to civilians and I have found it difficult to fully reintegrate into society. All my employment has been with companies where there have been ex-Service people to mix with."
(Survey respondent, Veteran)

"After 25 years of indoctrination, I will never truly be a civilian."
(Survey respondent, Veteran)

Interestingly, one interview participant spoke about a sense of disconnection from military peers in the run-up to discharge. This could add or contribute to isolation just prior to, or during, the transition to civilian society. One veteran also touched on their sense of exclusion by those who remained in Service:

"It's hard to jump back into your existing support network. Once you've left, you've left."
(Veteran, RAF)

Some veterans experience identity conflict on leaving Service, which can cause mental stress (Sharp, 2016). As a result, veterans may withdraw inwards to reassert a sense of control over the transition, limiting opportunities for social support (Sharp, 2016), and potentially leading to social isolation.

7.5.3. Sudden exit from Service

Health issues, injury or legal issues can result in unplanned exit from Service. In some cases, plans may not be in place and the transition out of Service can be quite sudden. One policy professional noted that during this time "quite often, people are scrambling around for support and information".



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Depending on the nature of discharge, some personnel and families may be excluded and stigmatised by others, which can cause additional distress.

Sudden discharge results in the need to quickly adapt to civilian life, often with little support or planning. Although many still transition smoothly, some may struggle and can be at increased risk for isolation and loneliness. One expert noted that this transition often depends on a person's resilience prior to discharge:

*"If (resilience) was poor to begin with, then it will be amplified by this event."
(Policy professional)*

Some struggle with the sudden loss of identity, stability and support, and can feel abandoned and isolated from both communities:

*"The army broke me and now I'm too expensive to fix."
(Recent leaver, Army)*

*"In my own case the sudden loss of camaraderie after medical discharge was difficult to cope with."
(Survey respondent, veteran)*

*"You feel like you don't fit into either life. You're too f*cked up for the civilian world but can't go back into the Army either."
(Recent leaver, Army)*

7.6 Health, ageing and injury

The Legion's 2014 Household Survey highlighted the prevalence of health issues among members of the ex-Service community. Older veterans aged 75 or older reported experiencing problems with self-care, exhaustion and pain, mobility and bladder control (TRBL, 2014). The Household Survey also found that working-aged veterans aged 35–64 are more likely to report a range of long-term health problems compared with UK adults of the same age, particularly musculoskeletal and sensory problems, and depression (TRBL, 2014). However, the most recent Annual Population Survey reported that there were no differences between veterans, and non-veterans' self-reported general health, with the exception of veterans of working age who have previously smoked, who were significantly more likely to report suffering from chest and breathing problems, mental illness, or depression (MoD, 2017).

Forty per cent of survey respondents in this project indicated that injury, illness or disability caused them to feel lonely, isolated, or both in the past (41%; n = 1,720). Although the direction of the relationships between health and loneliness and isolation is not clear, it is important that health is considered in relation to loneliness and social isolation.

7.6.1. Health and ageing

Changes to health can have wide-ranging consequences for members of the AFC. An unexpected set-back can be a trigger for further consequences, such as sudden exit from Service and changes to family dynamics and roles. One policy professional noted that in the case of older people, a growing sense of isolation or loneliness can be exacerbated by further declining health, or an accident such as a fall:

*"For some older people it can be all happening at once...a whole series of things can be a whammy."
(Policy professional)*

Middle-aged and older people may also be vulnerable to isolation in loneliness as they go through key life transitions such as retirement. One expert noted that a lack of planning for the future can result in isolation and loneliness:

*"When you're busy working, something fills your life, but many are not sure about their future."
(Policy professional)*

Ageing is a notable time of change, one that is often accompanied by the instability of close social ties, with fewer ties remaining over time (Wellman et al., 1997). The transition to older age is often accompanied by changes to family structure, such as empty nest syndrome and family members becoming more geographically dispersed. Older people may also experience bereavements over time, including close friends and family members. Bereavement was the third most common cause of loneliness and/or isolation amongst survey respondents (45%; n = 1,863), and the most common cause of loneliness overall (25%; n = 1,020). Although this link may not be surprising, it is important to be aware of it for the AFC, due to the increased age profile of the veteran community in the UK – almost two-thirds of veterans are aged 65 or over, with a significantly higher percentage of veterans aged 75 or over (49%), compared to non-veterans (8%) (MoD, 2017).

One expert also noted the emergence of loneliness and isolation within the 'sandwich generation' – those aged around 45–55. This cohort may struggle with relationships due to juggling caring responsibilities for ageing parents and young children, along with careers and other duties.

7.6.2. Injury as a result of Service

Those injured as a result of Service often have to cope with life-changing injuries and disabilities, along with practical issues that these will entail, such as care and housing adaptations. One expert noted that injured Service personnel have to “adjust to the new normal” and need to gain confidence in their new situation. The same expert noted that this comes with a range of challenges:

“They need to learn what they can and can’t do, as well as dealing with life with a disability. And people’s attitudes change towards you.”
(Policy professional)

Such dramatic changes in life and identity can be quite traumatic and may lead to feelings of isolation and loneliness amongst injured personnel, as well as their family members who often care for them (see section 7.6.3). Life-limiting injuries can also have a knock-on impact on other areas in a person’s life.



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One survey respondent highlighted how her husband’s injury contributed to her experience of social isolation:

“My husband couldn’t get promoted due to injury and I was therefore expected to socialise with people much younger with different life experiences – I had nothing in common with them.”
(Survey respondent, family member)

A US study analysing the needs of veterans and their families in a polytrauma setting found that while families were satisfied with information received from rehabilitation providers, analysis of unmet needs indicated that family members are likely to struggle with day-to-day caregiving at home, and may lack a supportive and understanding network of friends and family who can relate to their experiences (Schaaf et al., 2013).

7.6.3. Carers

Compared with the adult population of England and Wales, members of the ex-Service community are more likely to have some caring responsibility (TRBL, 2014). One in ten carers in the ex-Service community agreed that they struggle to cope with their caring responsibilities (TRBL, 2014). Carers aged 75–84 and those with a long-term illness themselves were slightly more likely to agree.

Young carers from Armed Forces families have also been highlighted as a particularly vulnerable group due to the compounding impact of military lifestyle on their caring duties, including increased mobility, the impact of deployment on the family, and limited support from wider family and friends due to increased transience (The Children’s Society, 2017). Young carers in military families may feel isolated or find it harder to cope without support from extended family or local networks (Public Health England, 2015).

Survey findings from this project indicated that caring responsibilities caused almost one in five of respondents to have felt lonely, isolated, or both in the past (19%; n = 820). Policy and practice professionals interviewed suggested that members of the AFC who have caring responsibilities may be at increased risk of isolation and loneliness. Parents of children with additional needs can struggle when a partner is away on deployment, with one professional noting that in these cases the parent at home will “often up sticks and go home to their own parents” for support. Similarly, some families may not qualify for intensive support and may struggle with childcare, thereby limiting opportunities for spousal employment. This can gradually lead to isolation and loneliness, as carers may not have the time or opportunities to socialise with others.

For injured personnel or veterans, carers can feel isolated as they may not have relevant support networks available to them:

“They might be living somewhere where there isn’t anyone else with an amputation.”
(Policy professional)

Family carers often struggle with their new roles and experience uncertainty around how best to support their loved one. This can lead to gradual isolation, as carers may feel that they don’t have friends or contacts that understand their situation.

One professional also referred to anecdotal evidence of some carers inadvertently contributing to or causing social isolation of an injured loved one:

“(Carers) can often be reluctant to let their loved one go to a perceived unsafe space, and as such, isolation can creep in.”
(Policy professional)

8. COPING METHODS

Findings from the interviews and survey revealed some ways members of the AFC cope with loneliness and social isolation. The main coping methods mentioned are outlined below.

8.1 Internet and social media

Interviews highlighted that many members of the AFC rely on social media to keep in touch with loved ones who are away, such as those on training or weekending families. Private groups on social media appear popular with some members of the community, as they provide a space to communicate with those with similar experiences who may be able to provide advice and encouragement. Online platforms are also important sources of communication for many of those living off-patch and/or in geographically isolated areas.

One policy expert noted the benefits of using social media as an engagement tool with Forces families. Social media is often a way 'in' with families, and can be used by organisations to publicise services that are aimed at the community, as well as maintain exposure and awareness of their work. This might encourage some people to make contact (formal or informal) with organisations, if they need information or support.

Despite the benefits of social media, experts also referred to some negative aspects of its use. One professional referred to social media as 'an isolation tool' that presents relationships that are not real or tangible, and as such can contribute to feelings of loneliness and isolation. Another professional referred to the use of social media amongst families when one member is away on deployment or active duty. Although enhanced contact via online networks can strengthen relationships during this time, it can also inadvertently contribute to a sense of isolation and missing out:

"If a husband sees on Facebook that the family fridge is broken, he might feel useless that he's not there to help."
(Policy professional)

Social media can also be a conductor of rumour-mongering and bullying within the AFC. One expert noted that some members can try to prevent people from expressing any negativity about Forces life:

"(Some are) overly positive, in that they won't allow others to have a whinge...it can be quite toxic, and some people can drag each other down."
(Policy professional)

This may compound isolation amongst other members of the community, particularly those who may already be struggling with aspects of Forces life.

Survey responses around using the internet to cope with loneliness and social isolation were mixed. Just over 25% of survey respondents indicated that an online space would be helpful for those experiencing loneliness or social isolation (26.32%; n = 1,289). Survey comments also revealed that appetite for online support was mixed:

"Help to establish online social media presence to help link to and communicate with family and friends – many don't currently use the internet at all."
(Survey respondent, veteran)

"There need to be local opportunities and not just another blooming online forum. The 'shoving it online because it's cheap and scaleable' approach does not work when it comes to building relationships with actual people. I feel very frustrated by the plethora of such initiatives which leave you still sitting at home alone."
(Survey respondent, family member)

Research into loneliness and internet/social media use has found that there is a bidirectional and dynamic relationship between the two (Nowland et al., 2018). Where online interaction is used as a tool to enhance existing relationships and forge new social connections, it can be useful for reducing loneliness (Nowland et al., 2018). However, the use of social media to withdraw from real-life interaction has been found to increase feelings of loneliness in some. Research recently carried out with young adults in the UK found that lonelier adults reported using technology compulsively, at the expense of other activities and obligations (Matthews et al., 2018). Researchers have suggested that lonely people may need support with their social internet use, so that they use it in a way that enhances existing connections, and/or to forge new ones (Nowland et al., 2018).

8.2 Alcohol



Research suggests that both serving and ex-Service personnel appear to misuse alcohol significantly more than the general population and are more likely to be dependent upon it (TRBL, 2014; Hatch et al., 2013). Female personnel are also around five times more likely than women in the general population to be alcohol dependent (Fear et al., 2007). Research suggests that alcohol and other drugs may provide respite from negative memories or flashbacks experienced by veterans (Stein and Solomon, 2017). However, it appears that high levels of drinking are also a strong part of Armed Forces culture, regardless of exposure to traumatic events.

Ex-Service personnel referred to a culture of using alcohol as a coping tool within the Armed Forces. This appears to be encouraged from the top-down in some cases, to distract from emotional issues. One recent leaver referred to the encouragement of this behaviour:

*"We are told...go to the pub and drink until you man up and forget about it all."
(Recent leaver, Army)*

As previously mentioned, members of the Forces are trained to avoid expressing emotions, or opening up about their burdens:

*"We're trained to be focused, not to be emotional, we don't talk; if one of the lads had a problem you'd just drink your way through it, no one talks about it."
(Recent leaver, Army)*

These learned behaviours can also be carried over after exiting the Forces, which can increase isolation during this time:

*"I just went in on myself, blotting stuff out with alcohol for weeks at a time. I was in my flat not seeing people for weeks."
(Recent leaver, Army)*

The use of alcohol as a coping tool is troubling due to its associated negative health outcomes, and its potential contribution to social isolation. Anecdotal evidence of promotion of heavy drinking may illustrate the role of Forces culture in the emergence or worsening of loneliness and social isolation.

8.3 Internalising behaviours

As previously mentioned, veterans that are experiencing mental stress during transition may withdraw inwards, to regain control over the experience, thereby limiting opportunities for social support (Sharp, 2016). Social and emotional withdrawal may also be linked to Armed Forces culture of self-sufficiency and avoidance of help-seeking.

Some may experience guilt and wish to hide away to avoid worrying loved ones:

*"I kept myself to myself – I didn't want to burden my friends and family. I wanted to be on my own and be a miserable f*cker."
(Recent leaver, Army)*

One professional referred to a "sense of fatalism" around loneliness, in which people can feel like the situation is out of their control, and that they lack the agency to change their situation. This can prevent help-seeking and lead to a worsening of isolation and loneliness.

9. BARRIERS TO HELP-SEEKING

Research has found that supportive social networks can be key facilitators of help-seeking in relation to mental health issues – specifically, the encouragement of family and friends to seek help and wanting to save relationships are key motivations (Sharp, 2016). However, it is possible that isolation from social networks or barriers to speaking about issues may result in inability to seek support.

Findings from this research highlighted barriers to help-seeking across members of the AFC. Some barriers appear to have links to Armed Forces culture, such as stigma around help-seeking and a sense of lack of entitlement compared to others in the community. These barriers are covered in more detail below.

9.1 Stigma

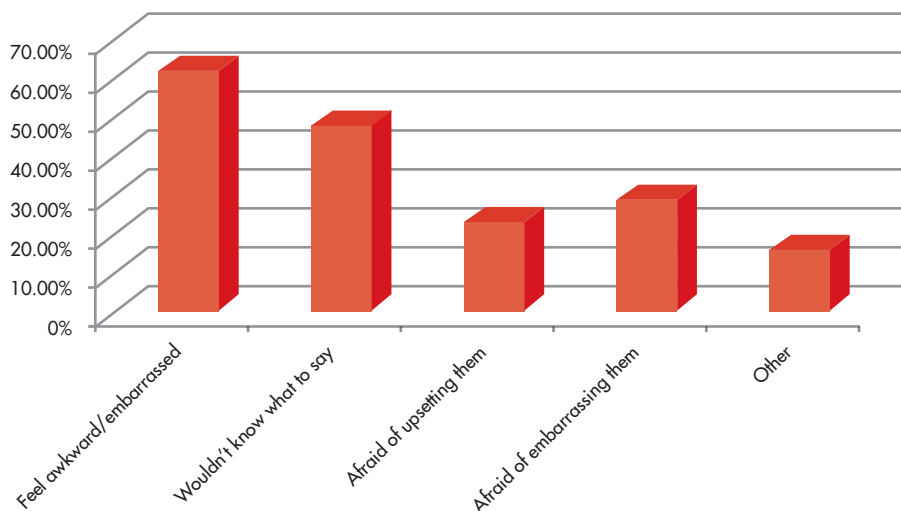
Fear of stigma from others can often result in reluctance to seek help and lead to withdrawal inwards (Hoge et al., 2004). There is currently a lack of research into stigma and loneliness and isolation in the AFC. However, research conducted into mental health issues in the community has

found that stigma is often a substantial barrier accessing care and support (Coleman et al., 2017). However, research has also found that although stigma around mental health issues is a concern for veterans, it does not translate into a barrier to seeking care for the majority (Rafferty et al., 2017). Rather, it is the experience of a crisis event that results in accessing of care for mental health issues.

Stigma appears to be a large barrier to seeking help for loneliness and social isolation, both in the general population and the AFC. As part of the survey, respondents were asked if they would feel able to start a conversation about loneliness and/or social isolation if they were experiencing those issues. Forty per cent of respondents indicated that they would not feel able to start a conversation (40.5%; n = 1,982). These respondents were asked a follow-up question as to why. The results for this question are displayed in Figure 4 below (17 respondents skipped this follow-up question).

The majority of respondents indicated that they would feel awkward or embarrassed (62.2%; n = 1,227). This was followed by almost half of respondents indicating that they wouldn't know what to say (48.4%; n = 951).

Figure 4:
Reasons respondents wouldn't feel able to start a conversation with someone if they were feeling lonely or isolated (n = 1,965)



A number of respondents who selected 'Other' (15.5%; n = 307) directly referred to the stigma surrounding the issues of loneliness and social isolation, and the inability or unwillingness to speak about them. Some of this stigma appears to stem from aspects of the military culture of self-sufficiency, as mentioned previously and illustrated by survey and interview quotes below:

"I do not wish to burden others or appear weak and feeble after 22 years' service. I feel everyone expects me to be the strong one and know what and how to do/get things done."
(Survey respondent, veteran)

"The military community is one in which I wouldn't want to admit that I felt this way."
(Survey respondent, veteran)

"I think the military develops a culture amongst its members of being able to sort out your problems by yourself, talking about feeling lonely or isolated would be seen as not the done thing, even as a sign of weakness (or) failure."
(Survey respondent, veteran)

"There's a stigma around being a Welfare case, as being seen as needy."
(Policy professional)

Another expert mentioned reluctance from some injured veterans to engage with support coming from a charity, rather than directly from the MoD.

Survey findings also hinted at a perceived lack of understanding from the civilian community as a barrier to seeking support, as mentioned previously:

"They wouldn't understand unless they had served."
(Survey respondent, veteran)



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9.2 Distrust in Service Welfare

There appears to be some distrust of Service Welfare amongst some members of the AFC. Policy and practice professionals noted that people living on patch may have social relationships with Unit Welfare Officers and may be reluctant to confide in them about their personal issues, or problems with other members of the community. One professional noted that in these cases "perceptions can be skewed somewhat".

There also appears to be a fear that engaging with Welfare will reflect negatively on those who engage with it, and that issues raised will be misinterpreted and included on their records, possibly becoming a barrier to promotion. This distrust leads some to keep their problems to themselves, which could lead to an escalation of the issue. One female veteran noted:

"I just had to go with it and keep my head down. A pregnant woman bleating to Welfare, all that would have happened is that I'd get mental health problems put on my record."
(Veteran, Army)

9.3 Entitlement to support

Some members of the AFC appear to hold a belief that they are not as entitled to support as others:

*"There are worse off people than me so I wouldn't seek help as I wouldn't want to take someone else's spot."
(Serving, Army)*

The nature of support on offer can also be a barrier to help-seeking; with one professional noting that some injured personnel believe that they don't deserve as much help as those whose injuries were a result of conflict.

One professional noted that some members of the community simply aren't aware of their entitlement to support, such as unaccompanied families not based with a regiment who are not aware of their right to support.

Similarly, findings indicated Armed Forces widows feel excluded from both communities and the support on offer, due to their circumstances:

*"They don't see themselves as 'family', because they've lost their partner."
(Policy professional)*

*"Being a widow of two and a half years I suddenly just don't belong anywhere – no longer part of the army and don't feel like a civvie."
(Survey respondent, family member)*

Professionals also referred to a sense of separation from the Forces community among Reservist families. One noted that families of Reservists tend not to view themselves as part of the military family, and as such often don't engage with military support services. Another professional noted that some Reservist families don't view it as a career, and as such may not access support that they are entitled to from the military:

*"It is just something their partner does on a Tuesday night."
(Policy professional)*



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9.4 Lack of language

Members of the AFC appear uncertain about what language or vocabulary to use in relation to loneliness and social isolation – both when experiencing it themselves and when concerned about someone else.

Interview participants noted that some people may not necessarily recognise what they are experiencing as isolation or loneliness, or that they would avoid such terms:

“(They) wouldn’t even think about isolation; their situation just is what it is.”
(Policy professional)

“They would be more likely to say ‘I’ve not been out of the house’ or ‘I’ve split up with the wife’.”
(Policy professional)

“I became really low and felt isolated – the camaraderie just wasn’t there any more. I didn’t know what to call it so I used to say ‘when I fell off my perch’.”
(Veteran, RAF)

This inability to speak about the issue can be frustrating for those who recognise something is wrong, and want to talk about it:

“You just keep asking: ‘Are you OK, are you OK, are you OK, what’s up?’ and then you give up when you get nothing back.”
(Family member, Army veteran)

However, some family members would prefer to avoid the issue, for fear of causing distress:

“You don’t want to talk about it either, you don’t want to upset them and you don’t want to hear sometimes.” (Family member, Army veteran)

As mentioned previously, almost half of survey respondents who would feel unable to start a conversation about loneliness and isolation said this was because they wouldn’t know what to say (48.4%; n = 951).

Survey respondents were also asked if they thought there was a better term or way to describe the issues of loneliness and social isolation. Recurring themes included:

- loss of Armed Forces family/brotherhood/camaraderie/comradeship/companionship;
- disconnection/social disconnection/detachment;
- exclusion/excluded/social exclusion;
- forgotten/overlooked/abandoned;
- outside/outsider/misfit/not fitting in/not belonging.

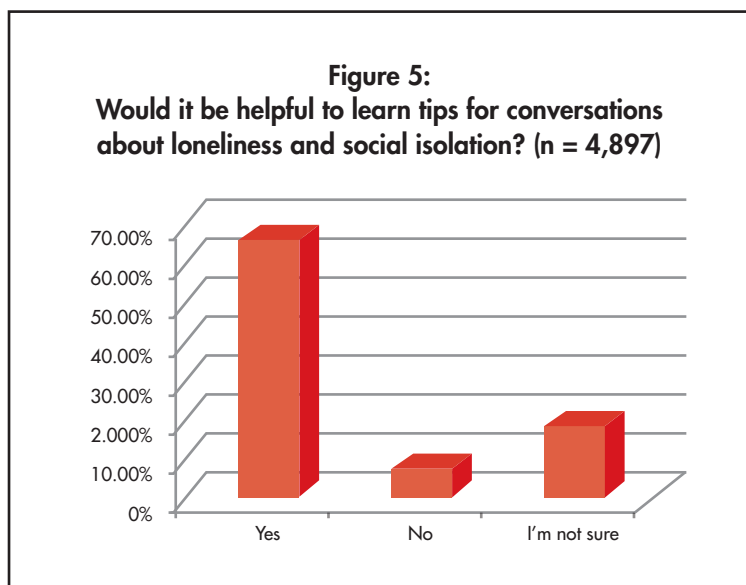
Some respondents replied with more in-depth suggestions or observations:

“Not belonging to local social fabric.”
(Survey respondent, veteran)

“Loneliness/social isolation – must be like living under an invisible cape that keeps the lonely from being detected.”
(Survey respondent, veteran)

“Loneliness to me means having no one to share the day with. Social isolation to me means things are available to do but being unable or unwilling to access them.”
(Survey respondent, family member)

Almost 70% of survey respondents agreed that it would be helpful to learn tips for conversation about loneliness and social isolation (69%; n = 3,379). Just over 20% were unsure (21.4%; n = 1,046), while just under 10% of respondents did not think it would be helpful (9.6%; n = 472).



10. SUPPORT NEEDS

As previously mentioned, different factors can lead to increased risk of loneliness and isolation at different stages of life. As such, preventative strategies or interventions that reflect these variations need to be developed (Victor and Yang, 2012). Findings from this project identified challenges when developing interventions for loneliness and social isolation, as well as the types of support that survey respondents think would be helpful for addressing these issues.

10.1 Identifying those who are lonely and isolated

A number of professionals provided anecdotal evidence of people contacting services for support for issues other than loneliness and isolation. For example, older people who are experiencing loneliness may contact a charity helpline, but ask about help for a practical issue, such as home adaptation. One professional suggested that such contact should be treated as an opportunity to screen for loneliness and isolation in a subtle, non-intrusive way. This can be achieved via staff training and the use of discreet questioning that avoids terms that may be stigmatising, such as the word lonely. Given the evidence of stigma around loneliness and social isolation in the AFC, as well as lack of language for the issues, subtle questioning may be a more suitable way to identify those who are lonely or isolated.

10.2 Little evidence on what works

Evidence from the literature on 'what works' in interventions for loneliness and social isolation is limited. Although there are a range of intervention types to choose from including one-to-one engagement, group activities and wider community activities, there is no consensus on which approaches are most effective. Ultimately, there is no 'right' approach to take. Owing to the complexity and multi-dimensionality of the issues, it is unlikely that one specific approach can be delivered to the variety of different circumstances, contexts and interests of people (SCIE, 2011).

Professionals interviewed stressed the need to take a person-oriented approach to intervention, encompassing an individual's life experiences and interests. Many suggested that bringing together people based on shared interests appears to have the best outcomes, as opposed to grouping people based on similar backgrounds or demographics (eg age). One expert cautioned the use of military identity or background as the core element of an intervention as it may lead to the exclusion of civilians and could prevent veterans from integrating into the civilian community. This in turn could perpetuate a sense of isolation from the civilian community.

Cattan and colleagues carried out a review of effective interventions for loneliness and social isolation (Cattan et al., 2005). Their review identified shared characteristics of effective interventions, including:

- group-based interventions with an educational input;
- interventions that targeted specific groups such as women or those with mental health issues;
- inclusion of or consultation with participants and/or facilitator control before the intervention;
- interventions that identified participants from agency lists, obituaries of participants' spouses, or mass-media contact;
- interventions that had some form of process evaluation and their quality was judged to be high.

The authors also noted that physical activity interventions were effective also. Ineffective interventions shared one characteristic: they were one-to-one activities conducted in people's own homes. However, this may be due to issues around intervention design or outcome measurement, rather than inherent flaws in this type of programme.

10.3 Interventions with the AFC

Evidence on interventions carried out with the AFC is limited, particularly in relation to social isolation. However, some interventions are outlined below.

Burnell and colleagues carried out a scoping review of community-based programmes for older veterans in the UK (Burnell et al., 2017). The authors reported much variance in the support provided, as well as a lack of evaluative evidence examining these programmes. The study also included a consultation focus group with older veterans, exploring their views on the suitability of peer support for older veterans. Participants noted the importance of individual preferences. Peer support was also considered beneficial due to a shared sense of identity and the provision of emotional support and signposting.

Gould and colleagues examined a telephone-based intervention with older veterans. This programme targeted social risk factors for depressive symptoms, with the aim of decreasing loneliness (Gould et al., 2017). Peer support was also considered beneficial in this study, as was the benefits of conversational and social activities, technology learning, games and travel. Physical barriers affecting participation included problems accessing activities due to financial, physical and transportation limitations.

Greenleaf and Roessger (2017) examined a programme of care farming designed to reduce perceived loneliness and improve life satisfaction and optimism for veterans of all ages. Care farming is the practice of using working farms

and agricultural landscapes to promote mental and physical health. In this study, two of five participants showed decreased or decreasing loneliness after beginning the intervention. The authors note that increasing socialisation does not necessarily reduce feelings of loneliness.

Cacioppo and colleagues carried out a double-dissociative randomised controlled study in which 48 Army platoons were randomly assigned to social resilience training or a control cultural awareness training group (Cacioppo et al., 2015). Social resilience training was designed to address feelings of isolation and maladaptive social cognition, with an emphasis on modifying maladaptive cognitions and motivating soldiers to practise the new perspectives and skills that were taught. Resilience training produced small but significant improvements in social cognition (increased empathy, perspective taking and military hardiness) and decreased feelings of loneliness, but no evidence was found to generalise beyond these training foci. The authors note that further research is needed to establish how to boost social connection in different settings, as well as to establish the long-term durability of the training.

Although the above studies provide some insight into facilitators and barriers to interventions with the AFC, most notably the role of peer support in decreasing feelings of loneliness and aiding military transition, the majority lack robust evidence and evaluation of their benefits and as such must be taken with caution. Further research into interventions with members of the AFC is required to identify what approaches work best with this population.



10.4 Types of support

When considering the support needs of the Armed Forces, professionals referred to the diversity of the Forces as a whole, with one expert referring to “a real hotchpotch of people”. This further underlines the need for tailored support, as generic or universal programmes aimed at the Forces population may not work. Furthermore, the AFC will not all have the same experiences of Service or transition, something that must be considered when developing effective support.

One professional stressed the importance of not pigeonholing people in terms of support needs. Experts agreed that the best approach is to listen to people’s needs and try to elicit what they think is causing loneliness or isolation. This approach lends itself to helping people to find their own solutions, thereby empowering them and ensuring they are viewed “not as recipients, but as protagonists”.

Survey respondents were asked what type of support they thought would be most helpful for those experiencing loneliness and/or isolation. These options were developed from findings from the literature and interviews conducted. Figure 6 below displays the responses for types of support. Three-quarters of respondents selected emotional support (75.3%; n = 3,778), including activities such as befriending or counselling. This was followed by group activities based on a shared interest (68.2%; n = 3,420), and opportunities to volunteer in a meaningful activity (58.25%; n = 2,917).

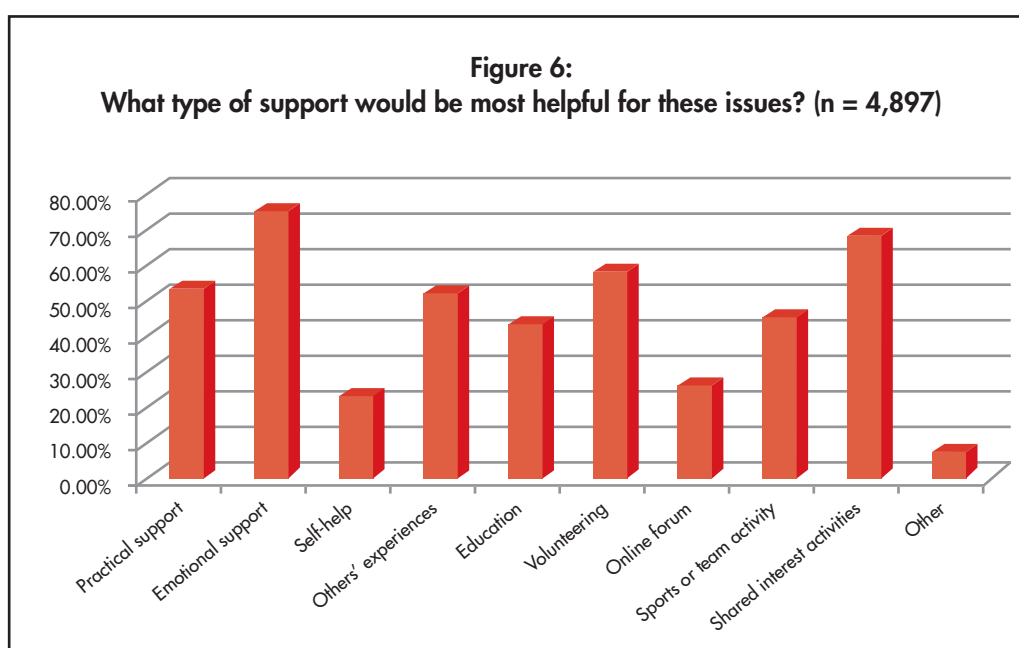
Preference for services based around emotional support, shared interests and meaningful activities suggests there is an appetite for a complement of options tailored for individuals. Help in the form of coaching or resilience training could potentially meet the need for support that can be adapted according to an individual’s needs, interests and values. Furthermore, given the evidence outlined in section 10.3 above, peer support may be helpful for some members of the AFC, particularly older veterans or those struggling with transition into civilian life (Ahern et al., 2015).

Comments from survey respondents reflected the necessity for tailored support based on individual need and context:

“All of the above. People need options and the help to initially access the right option for them. Different people respond to different things.”
(Survey respondent, serving)

“All of these have a place and the right outcome will be very much dependent upon the individual and their situation. There is no one size fits all.”
(Survey respondent, veteran)

“Any help/support would need to be tailored to individuals.”
(Survey respondent, veteran)



Survey comments also illustrated some barriers to engaging with support or activities, including limited programme design or availability, a sense of exclusion and lack of free time:

“Women only groups, creating opportunities/ activities for women, who due to their time in Service cannot return to a predominantly male environment for courses/activities. Many women veterans are missing out and are not catered for.”
(Survey respondent, veteran)

“These are great but if your partner is deployed and you have kids it’s very hard to join anything.”
(Survey respondent, family member)

As outlined earlier, the wide variety of interventions available and their different outcome measures make it difficult to know what works for what groups. Ultimately, when developing or matching interventions for target groups, consideration must be given to the needs and nature of the group, the potential barriers to their engagement, the key issues to be targeted and the specific type of programme that would benefit participants. Despite the mixed evidence on interventions, heed must be given to existing knowledge of effective characteristics, while allowing for an element of flexibility and adaptation for services (SCIE, 2011). However, innovation to interventions should firstly be piloted and evaluated, due to the magnitude of health risks (Coyle and Dugan, 2012). Partnership and consultation with existing organisations and services, as well as target beneficiaries, is also recommended.



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11. KEY EVIDENCE GAPS

Findings from this project have provided an overview of the issues of loneliness and social isolation in the AFC, including triggers, coping methods and support needs. However, findings have also highlighted some gaps in research and knowledge. These gaps include:

1. Prevalence of loneliness and social isolation in the AFC.
2. The experience of isolation and loneliness for specific groups within the AFC, including: Reservists, Early Service Leavers, minority groups (eg LGBT), serving female personnel and female veterans, childless couples, specialist branches, or veterans of specific conflicts (eg veterans living in Northern Ireland, Special Forces).
3. Effectiveness of interventions with the AFC, including those that specifically target military identity.
4. The role of technology in loneliness and social isolation for members of the community, as both a contributor to loneliness and isolation and as a support tool.
5. The impact of spousal employment opportunities on social isolation (eg opportunities to socialise, integration with the civilian community, childcare).
6. The impact of Service accommodation on loneliness and social isolation (eg single quarters, the introduction of Pay As You Dine, the FAM).



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12. CONCLUSIONS

Findings from this research indicate that loneliness and social isolation are an issue for this community and there are a range of barriers to speaking out or seeking help. Furthermore, experiences appear to differ depending on where a person is in their life or career in the military, and their position in the AFC (ie Regular, Reservist, veteran, family member).

It is important to remember that members of the Armed Forces will eventually become civilians, and as such may experience unique triggers for loneliness and isolation during Service, followed by risk factors shared by the general population after discharge (eg age, health). Therefore, it is possible that members of the AFC are vulnerable to a greater number of trigger points for loneliness and social isolation, compared to the general population.

The main conclusions from this project are:

- Loneliness and social isolation are serious issues, both in the general population and the AFC. Negative outcomes associated with loneliness and isolation in the AFC include self-isolating and internalising behaviours, alcohol misuse and relationship strain or breakdown.
- There appear to be unique triggers for loneliness and isolation in the AFC. These include the mobile lifestyle, key transitions including deployment and Service discharge, and a culture of self-sufficiency and emotional repression.
- There are several barriers to help-seeking amongst this population. In particular, there is a stigma associated with asking for help, or showing any form of 'weakness'. There also appears to be some distrust in seeking help from Service Welfare due to stigma and a perceived lack of confidentiality and impartiality. Members of the AFC also appear to lack language and skills for speaking about loneliness and social isolation, which may further hinder the ability to seek support.
- The barriers to seeking help are concerning as they may be masking the full extent of the issue in the AFC. They are also likely to prevent help-seeking until persons have reached crisis point.
- There is a lack of evidence on 'what works' for tackling loneliness and social isolation. Interventions targeting loneliness and isolation must consider the specific needs and nature of the target group, consider existing evidence on effective characteristics of interventions, and consult and include beneficiaries prior to the intervention. This is particularly important considering the unique culture and experience of Forces life. Programmes should also include an evaluation strand along with plans for sustainability.
- Participants in this project indicated that there is an appetite for tips on speaking about loneliness and social isolation. There also appears to be appetite for support in the form of emotional support, and for group activities centred on a shared interest. Support needs will differ by groups within the AFC such as serving personnel, veterans and family members. Support should be tailored to each individual based on their own experiences, interests and needs. Consideration should be given to community navigator and peer support options to reflect this.

13. RECOMMENDATIONS

The findings outlined in this report highlight gaps in the evidence base around loneliness and social isolation, as well as key areas for support for the AFC. Based on these gaps, we outline a series of recommendations below:

Research and measurement

1. *We recommend the incorporation of questions or measures for loneliness and social isolation into the Tri-Service annual surveys: AFCAS (Armed Forces), RESCAS (Reserves) and FAMCAS (Families) surveys.*

There is a lack of data about loneliness and social isolation within the AFC in the UK, particularly in relation to serving personnel and their families. This limits knowledge of the prevalence of the issue and the ability to identify trends and related factors. This gap also limits effective development and targeting of interventions around loneliness and social isolation. Annual measurement of these issues will provide data to fill in these gaps.

2. *We recommend the funding of a robust research programme examining the prevalence and causes of loneliness and isolation across the Armed Forces community.*

Accurate data on the prevalence of social isolation and loneliness remains unknown within the demographics of AFC. Several gaps remain in knowledge of the experiences of specific groups (eg Reservists), and the impact of new military policies on loneliness and social isolation (eg the FAM). We recommend the funding of a robust research programme focusing on the prevalence of loneliness and social isolation in the AFC. This programme should include specific strands on the experiences of minority groups including:

- foreign and Commonwealth families;
- LGBT personnel;
- carers within the AFC.

We recommend that the MoD specifically fund research into causes of loneliness and isolation amongst serving personnel. Resources should also be allocated for longitudinal research to track Service leavers from exit to explore trends in loneliness and isolation over time.

We further recommend that the Covenant Reference Group consider making loneliness and social isolation priorities for the Covenant Fund, to explore prevalence of the issues and support research into what interventions are most effective with the AFC.

3. *We recommend that the MoD monitor impact on loneliness and social isolation in the pilot of the FAM.*

The FAM will significantly change the accommodation offer for serving personnel. A pilot of FAM is due to be launched in December 2018 and to run for three years across a number of locations in the UK. Findings from this report indicate that patch life provides a form of social support for many members of the AFC. Findings also highlighted that moving to a new area can cause loneliness and social isolation due to a lack of social connections, uncertainty of where to seek support, and a perceived lack of understanding from the civilian community. In light of this, we recommend that the MoD monitor loneliness and isolation as part of the pilot of FAM, to establish whether the policy has an impact on these issues.

4. *We recommend that local and devolved governments adopt common definitions of loneliness and social isolation, and also ensure that their work on these issues reflects the specific needs of the Armed Forces community.*

The terms loneliness and social isolation are often used interchangeably; however, it is important to recognise that they are distinct concepts. While we welcome plans to tackle loneliness and social isolation across the UK, we recommend that local and devolved governments adopt common definitions in order to align measurement criteria, to ensure data is comparable and that it can be used to track progress across regions. We further recommend that the devolved governments are mindful of the specific needs of the Armed Forces community, and that these needs are addressed clearly in terms of resource and delivery.

5. *We recommend that all local authorities include loneliness and social isolation in their Joint Strategic Needs Assessment (JSNA), or equivalent, and that they consider how additional initiatives could be targeted at members of the Armed Forces community.*

Findings from this report suggest that members of the AFC may be at increased risk of loneliness and social isolation. In response to this, we recommend that all local authorities commit to defining and understanding the issues of loneliness and social isolation in their area. Within this, we also call on local authorities to link in with existing assessments carried out in relation to the needs of the AFC at a local level. This could enable local authorities to recognise and respond to the issues of loneliness and isolation locally, as well as to explore the provision of additional initiatives or tailored interventions to members of the AFC, as required.

Service life can lead to relationship issues and breakdown – a key risk factor for loneliness and social isolation. Findings also suggested that some members of the AFC lack trust in in-Service Welfare and are reluctant to ask for support over fears about confidentiality and barriers to promotion. We recommend that the MoD fund free or subsidised relationship support, to be provided by independent organisations. This should include investment in counselling and preventative relationship education through a blended approach, to ensure personnel or families living overseas are able to access it.

Education, prevention and support

6. *We recommend the introduction of a module on social resilience for all serving personnel as part of resettlement provision, with a focus on loneliness and social isolation and preparation for transition out of the Forces.*

This module should be included as part of resettlement programmes delivered as part of resettlement provision. The module should focus on social resilience and include: education around the triggers of loneliness and social isolation in the Forces; how to spot signs and have conversations about them; and signposting for professional support. Briefings or packs on loneliness and social isolation should also be provided to family members to help them prepare for periods of separation, moves to new areas, and final transition out of the Forces.

7. *We recommend the incorporation of specific questions about loneliness and social isolation into the HARDFACTS Assessment and Monitoring Tools.*

The HARDFACTS Monitoring and Assessment Tools are periodically used to monitor personnel progress and assess Service leavers before they are discharged, to identify any issues that might require resolution as they are discharged and establish themselves in civilian life. The tools cover a range of areas including health, accommodation and family. We recommend that questions relating to loneliness and social isolation are incorporated into these tools, to monitor and support personnel who may be experiencing these issues, and to assess whether Service leavers need additional support around these before and after discharge.

8. *We recommend that the MoD fund relationship support for couples experiencing issues related to Service.* Findings from this project indicate that the pressures of

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Glossary

AFC: Armed Forces community – defined here as anyone with a connection to the Armed Forces.

AFCAS: The Armed Forces Continuous Attitude Survey.

Annual Population Survey: An annual publication by the MoD, providing estimates on the size and socio-demographic characteristics of the UK veteran population living in households in England, Scotland and Wales.

Armed Forces Covenant: The Armed Forces Covenant defines the principles for ensuring that Armed Forces personnel are not disadvantaged in their access to public and commercial services as a result of their service. It also sets out that in some cases special treatment may be appropriate, for example for those that have given the most, such as the injured and the bereaved.

FAM: Future Accommodation Model. The 2015 Strategic Defence and Security Review (SDSR) committed the MoD to make a new accommodation offer, to help more personnel live in private accommodation and meet their aspirations for home ownership.

FAMCAS: The Families Continuous Attitude Survey

Foreign and Commonwealth nationals: Service personnel from the Republic of Ireland and the Brigade of Gurkhas are recognised as foreign nationals by the British Armed Forces. Commonwealth nationals are those from any of the 52 member states that make up the Commonwealth nations.

Future Reserves 2020 (FR20): The FR20 programme aims to increase the size of the Reserve Forces by 2020 in line with the Whole Force concept, which aims to provide a more integrated balance of Regular and Reservist military personnel, by increasing the proportion of Reserve personnel relative to the Regular Force.

HARDFACTS: The HARDFACTS Monitoring and Assessment tools are periodically used to monitor personnel progress and assess Service leavers before they are discharged, to identify any issues that might require resolution as they are discharged. The acronym HARDFACTS stands for: **H**ealth; **A**ccommodation; **R**elocation; **D**rugs, Alcohol and Stress; **F**inance and Benefits; **A**ttitude, Thinking, Behaviour and Welfare; **C**hildren and Family; **T**raining, Education and Employment; **S**upporting Agencies.

JSNA: Joint Strategic Needs Assessment. The JSNA assesses the health, wellbeing and social care needs of a local community.

MoD: Ministry of Defence

RAF: Royal Air Force

Regulars: Full-time Service personnel.

RESCAS: The Reserves Continuous Attitude Survey

Reservists: The Reserve forces are made up of both Regular and Volunteer Reservists. Regular Reservists are former full-time members of the Armed Forces. They may still be liable for call out for a number of years after their military service has ended, depending on their age, length of original Service and the skills they have. Volunteer Reservists consist mainly of people who have joined directly from the civilian community with careers outside the military.

RM: Royal Marines

RN: Royal Navy

SFA: Service Family Accommodation

SLA: Single Living Accommodation

Veteran: Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

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