

United Kingdom Veteran Landscape

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About the Military, Veterans, and Society Program

The Military, Veterans, and Society program addresses issues facing America's service members, veterans, and military families, including the future of the All-Volunteer Force, trends within the veteran community, and civil-military relations. The program produces high-impact research that informs and inspires strategic action; convenes stakeholders and hosts top-quality events to shape the national conversation; and engages policymakers, industry leaders, Congress, scholars, the media, and the public about issues facing veterans and the military community.

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Executive Summary

A close history of collaboration in national security and diplomacy between the United States and United Kingdom leads to many similarities between military personnel of both countries, both during and following service. These similarities mean both countries have much to learn from one another regarding best practices for supporting the military community broadly, despite differences in political systems, governance, and cultural norms. The United Kingdom's veteran support landscape is sometimes considered behind that of the United States, in part due to the sector's smaller size; however, the robust nature of the U.K.'s welfare state, combined with renewed engagement from the government, have led to significant progress in recent years. U.K. charities fill gaps in areas the government does not serve, while corporations look to recognize veteran skill sets and challenge existing societal narratives of service. The unique role of the Royal Family and Royal Foundation adds a nationwide focus on mental well-being with a key focus on the armed forces community.

This landscape analysis provides an overview of support for veterans in the United Kingdom to better understand how the United States' closest ally supports veterans from a government, charity, and corporate perspective. In addition to examining the efforts of each sector's support for veterans, this analysis examines the status of veterans across the United Kingdom's devolved nations. Key findings include:

- The charity sector is fairly collaborative, and many involved share a desire to make it better coordinated.
- While the government incentivizes and provides benchmarks for corporate veterans support, not all companies know how to support veterans substantively.
- The government is taking a leading role to better coordinate and facilitate services.
- While nationalized health care means all can receive care, the National Health Service (NHS) is working to make veterans' care more targeted and culturally competent.
- Additional work to change public perceptions of service members and veterans is needed.

Introduction

The United States and United Kingdom have a long-standing collaborative relationship economically, diplomatically, and militarily. The British Armed Forces regularly deploy alongside the U.S. military, including in the wars in Afghanistan and Iraq, and the two countries benefit politically from a “special relationship.” Shared history and joint deployments mean there are many similarities between the service experience of personnel from the United States and United Kingdom. Yet differences in political systems, governance, and cultural norms toward the armed forces lead to a U.K. veteran support system that is both more collaborative between government, charity, and corporate actors, and less comprehensive in service offerings than that in the United States. Furthermore, U.K. charitable and government support hold different roles because the U.K. welfare state provides health care, education, and other critical support for all citizens, including veterans. While government-provided health care and education exist for veterans in the United States, they are premised on need, and the sizable nonprofit sector fills in the gaps.

The United Kingdom’s veteran landscape is sometimes considered less developed than the United States’ “sea of goodwill,” lacking the same amount of available resources, social support and awareness, and grounding in research. However, efforts to better fund and coordinate the space in recent years have seen significant collaboration and cohesion. The United States’ veteran-serving ecosystem has advantages of size, scale, and a charitable infrastructure supportive of funding gaps in government services. Conversely, that of the United Kingdom has an advantage of being much smaller and able to collaborate more effectively through close ties with government and industry. London serves as a central hub for England, Scotland, and Wales, though Scotland has robust veteran support through its local government. Due to its recent and fraught history with the British Armed Forces, Northern Ireland has an underdeveloped veteran charitable sector.¹

Across sectors in the United Kingdom, support for veterans has seen progress in recent years. Following a 2014 review of veterans transition, the U.K. government became much more active in supporting veterans. The government launched the Armed Forces Covenant in 2016, the Strategy for Our Veterans in 2018, and an Office of Veterans Affairs in 2020, all of which provide strategic and whole-of-government support for the armed forces community. These initiatives come after criticism that the government was not doing enough to support veterans; its efforts now are largely seen to be moving in the right direction.² Corporate supporters are pushing to recruit more veterans into their workspaces while challenging dominant negative stereotypes. Finally, the charitable sector (often called the “third sector”) is realigning its resources and refocusing its priorities as engagement in the Middle East winds down and the government provides centralized coordination.

Recent trends in the United Kingdom veteran support space include:

- The charity sector is fairly collaborative, and many involved share a desire to make it better coordinated.
- While the government incentivizes and provides benchmarks for corporate veteran support, not all companies know how to support veterans substantively.
- Government is taking a leading role to better coordinate and facilitate services.
- While nationalized health care means all can receive care, the NHS is working to make veterans’ care more targeted and culturally competent.
- Additional work to change public perceptions of service members and veterans is needed.

This analysis first examines the status of veterans across the United Kingdom’s devolved nations. It then provides an overview of the veteran landscape in the United Kingdom to better understand how the United States’ closest ally supports veterans from a government, charity, and corporate perspective. The

analysis of each sector's support for veterans and conclusions are based on a substantial literature review as well as interviews with numerous charities, corporate actors, and government representatives.

Status of Veterans in the United Kingdom

Understanding and addressing veteran outcomes across the United Kingdom is hampered by an overall lack of demographic, geographic, or disaggregated health data. Estimates on the number of veterans in the United Kingdom is drawn from Ministry of Defence (MOD) exit numbers, with information not widely shared to researchers or practitioners. Numerous researchers and providers indicated lack of information made it hard to identify or sufficiently address needs of this population. Furthermore, absence of continually collected outcomes data such as on suicide, post-traumatic stress, or sexual assault, and absence of key demographic data tied to said results may artificially suppress the true status of veterans across the United Kingdom. Added difficulty collecting information on veterans residing in Northern Ireland mean many existing population estimates pertain to Great Britain, not the United Kingdom as a whole.

Veterans in Great Britain tend to be older, more male (90 percent compared with 47 percent) and less racially diverse (98 percent white compared with 92 percent) than the British civilian population.³ Because almost half of the veteran population is older than 75, veterans are more likely to experience the long-term physical health conditions associated with aging. Health outcomes are exacerbated by these demographics, as British men tend to be less willing to seek care than women. By 2028, the percentage of women veterans is expected to rise to 13 percent, while the percentage of working age veterans will increase.⁴

The majority of veterans transition without any problems stemming from their military service. While the veteran support sector in the United Kingdom is comparatively smaller than that of the United States, as is the number of veterans, the same cracks between national government, local government, and charities exist for veterans transitioning out of service. There are a few differences between the United Kingdom and United States regarding support infrastructure and veteran transition. For instance, all military members leaving service in the United States must complete the Transition Assistance Program, while there is no such equivalent transition program in the U.K. Neither do universities play a significant role in veteran transition, due to the lack of a G.I. Bill equivalent. The concept of a “student veteran” is foreign to the U.K., and an unexplored topic. Veterans who are medically discharged have the best handoff to the NHS thanks to an established and rigorous transfer process, whereas regular service leavers are left to navigate the transfer of health care independently.

Research into the veteran community’s needs largely focuses on how British veterans differ from the civilian population. Government efforts are focused on not putting veterans at a disadvantage and here is an ongoing discussion of what “disadvantage” means in the veteran space and what conditions fall under “wounded, injured, or sick” deserving of priority care. On the whole, 2016 data showed British veteran self-reported health outcomes no different from those of the general public, though those aged 65 and older of both groups were more likely to experience long-lasting health problems.⁵

Of about 20,000 people who leave military service in the United Kingdom each year, an estimated half of them are early service leavers, largely believed to be at greater risk for poor health and economic outcomes.⁶ Additional research into discrepancies in health outcomes and demonstrated risk among early service leavers is needed; at the moment, the causality is believed to be risk factors prior to joining service. Many stakeholders noted the potentially conflating factor increased rates of Adverse Childhood Experiences (ACEs) among service leavers, with 44 percent of veterans citing six or more ACEs compared to 24 percent of the civilian population.⁷ Of note, enlistment and accession standards are very different in the U.K. armed forces than in the U.S. military; British, Irish, and Commonwealth citizens are eligible to join at the age of 16, and there are no education requirements for enlisting.⁸ In addition to ACEs, veterans also are more likely to suffer from anger issues and be prone to alcohol abuse, all of which complicates their diagnostic and treatment needs.⁹ Given that even those with one day of service are considered veterans and that combat deployments are becoming less common, several interviewees

emphasized the growing recognition that military experiences are not the only factor influencing post-service outcomes.

In recent years, the largest gap in services and outcomes for veterans has been focused on destigmatizing mental health services: there remains both broad stigma and structural barriers to seeking mental health care in the armed forces community. Research shows veterans seeking mental health support go through two phases: initial help-seeking followed by pathways through treatment.¹⁰ Stigmas surrounding mental health both within the armed forces specifically—and society generally—contribute major initial barriers toward seeking help.¹¹ On average, it takes veterans 11 years after leaving the armed forces to seek mental health care.¹² In recent years, the Royal Family, through the Royal Foundation and the Invictus Games, has been at the forefront of normalizing mental well-being. Prince Harry, Duke of Sussex, has led the focus on military mental health. For example, he is the spokesperson for Contact, a partnership between the MOD and NHS working with charities to support mental health in the armed forces. He also launched HeadFit, a tool kit that supports veteran mental fitness, in 2020.¹³ Furthermore, the Royal Foundation of the Duke and Duchess of Cambridge spearheads Heads Together, a campaign focused on mental well-being that partners with numerous charities, ministries, and schools around the U.K.¹⁴ The United Kingdom benefits from the Royal Family's role and reach as celebrity philanthropists with the political connections and impact to drive change.

Many veterans who finally seek help do so after reaching a “crisis point” of severe symptoms resulting from an inability to recognize or unwillingness to acknowledge lower-level mental health difficulties. Service members internalize external negative stigmas, not wanting to feel or be seen as “weak” or risk harming their careers, which negatively impacts their motivation to seek help even after leaving the service.¹⁵ Mistrust of military medical services and negative views toward mental health care providers also serve as barriers.¹⁶ Veterans can be motivated to seek help through support from others and media stories that help veterans identify what they were suffering from and where to go for help.¹⁷ Furthermore, for veterans in the United Kingdom, researchers and service-providers alike expressed the belief that suicide is not a significant issue, let alone an epidemic, because past data shows low rates of suicide. However, a few researchers noted data on this topic is outdated and worth recollecting. It is possible that rates have changed in the years since data was formally collected and in light of the various efforts to destigmatize mental health assistance. Once a veteran overcomes the barriers to initial help-seeking, more barriers emerge on the pathway to and through treatment. Veterans most in need of mental health support are also the most likely to live in areas where access to services is least available.¹⁸ These areas were greatest in Scotland, followed by England and Wales, with Northern Irish veterans being at the least risk.

A few structural barriers can act as disincentives for veterans and could exacerbate conditions. As in the United States, Veterans can face practical barriers like lengthy waiting times or lack of veteran-specific services within the NHS, leading some to disengage from treatment. Veterans have described negative past experiences with accessing NHS services such as experiencing poor therapeutic relationships due to a lack of veteran-specific knowledge in the NHS.¹⁹ Of the enablers which motivate veterans to overcome accessibility barriers in treatment, receiving a diagnosis for mental health issues like post-traumatic stress was most likely to lead to seeking further treatment.²⁰ Veterans can access mental health care through charities and other services, rather than through the NHS, which makes treatment difficult to comprehensively quantify. A regional study examining NHS care compared with Combat Stress, an organization providing mental health services, showed the most common diagnosis for veterans accessing NHS care was “no diagnosis given” (33 percent).²¹ Combat Stress found those veterans seeking help through their services were more likely to receive a diagnosis and consequently were much more likely both to book and attend secondary mental health care appointments. However, the tracking process for follow-up care through the NHS is opaque and therefore difficult to monitor completely.

As previously mentioned, research into veterans in the United Kingdom usually focuses on Great Britain (England, Scotland, and Wales) due to difficulties accessing information in Northern Ireland. Due to differences in local governance, NHS care, and where charities operate, the devolved nations vary in their

support for veterans. Because the U.K. government sits in London, many cross-national armed forces charities are headquartered in or around greater London, and most U.K.-wide efforts to support veterans apply most directly to England.²² Furthermore, 28 percent of British veterans live in South West and South East England.²³ Although Wales today has its own government and national assembly, the level of autonomy is lesser than other constituent nations of the United Kingdom due to a long history of direct English rule dating from the 16th century.²⁴ Therefore, veteran support in Wales closely aligns with that of England versus the other devolved nations. Due to the distinct differences in Scotland's and Northern Ireland's governance structure and support for veterans, their systems are explored in greater detail.

SCOTLAND

Scotland has a long tradition of military service and respect for its veterans; historic Scottish regiments have name recognition and support commemorative and educational events throughout the nation. An estimated 230,000 veterans live in Scotland, out of a population of 5.4 million, with incredibly low population density.²⁵ Due to this density, veterans comprise about 10 percent of the Scottish population.²⁶ Scotland faces challenges providing care to veterans who settle in remote areas of Scotland.

Scotland is unique among the devolved nations in having a Veterans Commissioner, first appointed in 2014, to support veterans across sectors in Scotland. In line with the rest of the United Kingdom, Scotland is working to support the nationwide government initiative, "Strategy for our Veterans," publishing "Our Commitments: Scottish Government Support for the Armed Forces Community in Scotland" in 2012, followed by the 2016 "Renewing our Commitments."²⁷ "Our Commitment" established that a Scottish government minister would have an armed forces community portfolio and would appoint an Armed Forces and Veterans Advocate to work on policy development and implementation. Scotland ramped up support across the areas of housing, transport, training, and education, with a particular focus on health.²⁸ Alluding to a broader issue across the U.K., Scotland identified the need to record veteran status on GP records to have appropriate follow-on treatment, as well as the need for culturally competent care. Because health care is devolved, Scotland manages its own NHS—NHS(S)—and began to implement measures to remove any disadvantage the armed forces community faces in the health care system.²⁹ The 2016 "Renewing Our Commitments" detailed the financial commitments and services the Scottish Government achieved against its initial goals.

The Veterans Commissioner published the 2017 "Veterans' Health & Wellbeing in Scotland—Are We Getting it Right?" and the 2018 "Veteran Health and Wellbeing: A Distinctive Scottish Approach."³⁰ With its signing onto the covenant, Scotland implemented significant changes to NHS Scotland in addition to implementing quality and mental health strategies. Therefore, "Veterans Health and Wellbeing in Scotland" asked four primary questions touching on health outcomes and proper care, veteran disadvantages when accessing care, and understanding the needs of Scottish veterans.³¹ Recognizing the acute needs of a minority of Scottish veterans, the Veterans Commissioner noted avenues for improving outcomes for the wider veteran community as well. The update on veteran health and well-being notes that provision of health care, particularly mental health, for veterans in Scotland has stood out among the devolved nations due to "different structures, funding arrangements, governance, and in some cases, delivery models" that is still seeing benefits.³² The report recommended improving collaboration and partnership with cross-border networks and sectors as well as greater leadership and governance.³³

Scotland's initial commitment to veterans included the creation of Veterans First Point (V1P), a one-stop-shop to support the armed forces community.³⁴ V1P provides health, social, employment, and education support and is primarily oriented toward mental health services. There are now eight V1P centers across Scotland. Veterans also are supported via Veterans Scotland, a membership organization with more than 80 member organizations that seeks to encourage cooperation and coordination, engage U.K. and Scottish governments, and act as the singular point of contact for the government.³⁵

The Scottish charity sector seems to be shrinking at a faster rate than in the rest of the United Kingdom.³⁶ This is in part due to the restructuring of British Army regiments in 2006 that sunset many local regiments

by merging and reorganizing them to meet national needs.³⁷ Accordingly, the many regimental associations that have long supported veterans from local regiments—particularly in Scotland, with its deep history of service—soon will no longer have members to provide mutual support and aid. These associations often also support museum and heritage projects to commemorate and recognize Scottish veterans' service. While efforts in Northern Ireland negatively impact the recognition of veterans or their willingness and ability to seek support, the various Scottish regiments that participated in Operation Banner, the British armed forces operation in Northern Ireland, have commemorated their service in Northern Ireland.

NORTHERN IRELAND

Societal and political implications of the Troubles (the Northern Ireland conflict), have led to a different reality for veteran outcomes and support in Northern Ireland. In particular, Northern Ireland's relationship with the British Army is defined by the United Kingdom's policy of Ulsterisation, which deployed local police and units based in Northern Ireland to manage the conflict. These soldiers lived within the same communities they were policing and fighting, which still casts a long shadow over 20 years after the 1998 Peace Accords. Unlike other conflicts, veterans in Northern Ireland lived, and live, in the area of operations, adding complexity for those who may ask for help from people who may have been "on the other side." These historic tensions impact self-identification for military personnel, military families, and veterans.

Today, an estimated 57,000 veterans live in Northern Ireland, or about 3 percent of the Northern Irish population.³⁸ Including their families, 8 percent of the Northern Irish population is part of the veteran community. The general population of Northern Ireland has one of the highest prevalence rates of probable post-traumatic stress disorder in the world.³⁹

Section 75 of the Northern Ireland Act, which replaced decades of direct rule by establishing a devolved legislature for Northern Ireland, outlines requirements to promote equality and prohibits discrimination on the grounds of gender, religion, marital status, disability, and political affiliation.⁴⁰ All policy and legislation must be tested through an equality impact assessment, and thus Section 75 has been a barrier to implementing the Armed Forces Covenant in Northern Ireland. The second principle of the covenant, which promotes priority for veterans in acute need, has been interpreted to give unequal access to services in Northern Ireland in violation Section 75.⁴¹ Beyond Section 75, this issue is one of immense political sensitivity. However, public perception surveys show the majority (70 percent) of the Northern Irish think it fair that a soldier with service-connected PTSD receive priority treatment for mental health problems.⁴² Public attitudes toward veterans in Northern Ireland have been trending more positively in recent years, although serious misperceptions about the veteran community still exist.⁴³ An equal percent (25 percent) of the Northern Irish population agree and disagree that veterans are disadvantaged due to their military service.

Support for veterans in Northern Ireland is largely stagnant. Soliciting or collecting information on outcomes or attempting to offer veteran-specific care is both foreign and uncomfortable. In contrast to work being done in England, Scotland, and Wales, veteran support in Northern Ireland moves very slowly. Difficulty prompting veterans to self-disclose exists within a broader cultural skepticism of outsiders in Northern Ireland. Particularly in the veteran space, understanding the tensions and nuances of cultural and political history is essential. Subsequently, national level charities have difficulty finding a foothold in Northern Ireland, struggling to garner interest or funds; Combat Stress is the only charity with significant presence in Northern Ireland. The emergence of public inquiries into events during the Troubles has led soldiers who served during Operation Banner to be publicly blamed for contributing to the violence and controversy, with some public calls for those service members to be held accountable.⁴⁴ Whereas the other devolved nations are pushing for NHS GP accreditation, there is no such push in Northern Ireland. There is an overall lack of trust from veterans, including of GPs: Veterans are unlikely to disclose veteran status out of fear their GP would then share that information further and put them at risk.

Researchers recommend taking steps toward community integration and building relationships between veterans and the community to develop veteran and community cohesion, trust, and understanding.⁴⁵ This includes a public awareness campaign to promote positive images of veterans to help overcome the negative public perception of mental health and alcoholism in the veteran population.⁴⁶ Furthermore, data collection and monitoring need to be improved to ensure fair and equal treatment for the Northern Irish veteran population within Northern Ireland. As Northern Irish cultural norms slowly shift as distance from the Troubles grows, researchers and supporters expressed a feeling of stagnation and patience about this progress.

Overview of the Sector

Within the U.K. population of 66.4 million, there are an estimated 2.5 million veterans, though an exact veteran count is unknown.⁴⁷ Comparatively, the United States has a population of 329.8 million and an estimated 18 million veterans.⁴⁸ Veteran cohorts in the United Kingdom overlap with those of the United States, and include veterans who served during World War II, the Cold War, the Falklands War, the Troubles, and Iraq and Afghanistan. The primary difference is American Gulf War service compared to British service during the Troubles: societal and cultural tension surrounding the Troubles make it less of a cohesive service era with veterans less inclined to self-identify. The most recent cohort of British veterans who served alongside the United States since September 11 have displayed a greater willingness to identify as a veterans.

“Veteran” in the United Kingdom has slightly different connotations than in the United States. Formally, veteran status is defined as “one-day service.”⁴⁹ In practice, this means anyone who has drawn a single day’s pay, inclusive of the first day of training, is eligible for veteran-specific services and support regardless of when or how he or she exited service. While the term “veteran” is used more broadly today than in the past, “ex-service” is a more common and historically used term for those who have served in Her Majesty’s Armed Forces. Similarly, the term “early service leaver” describes those who left service, voluntarily or involuntarily, prior to completing a four-year contract.⁵⁰

In its veteran initiatives, the U.K. government has advantages due to its size compared with the United States; first, referral organizations serve as an intermediary to place veterans with the proper service support organizations, streamlining the process of finding additional support. Referral organizations, such as SSAFA (the Soldiers, Sailors, Airmen and Families Association), send social workers to evaluate a veteran’s needs and then connect him or her to the appropriate support charity. Second, the centralization of government services makes it possible to coordinate follow-on health care for the military community as veterans transition from Ministry of Defence (MOD) health care back to NHS health care. Lastly, with a population of 66.4 million across four devolved nations, it is possible to have greater centralized coordination.⁵¹ Across the board, veterans’ outcomes in the United Kingdom are similar to those in America: The majority transition out of the armed forces without a problem and successfully reintegrate into society. Those who do poorly, however, tend to do very poorly. As with the United States, many challenges veterans face are not unique to those who have served, but rather reflect broader structural and societal challenges.

GOVERNMENT

The United Kingdom of Great Britain and Northern Ireland encompasses four devolved nations: England, Scotland, Wales, and Northern Ireland, under which the Parliament of the United Kingdom grants statutory powers to the London Parliament, Scottish Parliament, the Welsh Government, and the Northern Irish Assembly. Local authorities provide services within each of these devolved nations. The topic of home rule has been a long-standing issue in Northern Ireland, the modern iteration put into effect in 1921 that created a separate Northern Irish parliament. Home rule was largely disrupted during the Troubles, and Northern Ireland has been inconsistently governed by its own Parliament and Westminster since the 1998 Peace Accords. Some responsibilities, such as education and health services, are devolved and managed by each nation, while defense-related issues are not devolved.

The United Kingdom is, and is proud to be, a welfare state. British citizens are supported no matter what; for example, unlike in the United States, there is no need for veteran status or service-connected disability ratings to be eligible for government-provided health care. When an individual joins the armed forces, his or her medical record is handed off from the NHS to MOD for health care provided through the Defence Medical Services. Once that individual exits service, his or her health record is similarly transferred back to the NHS; however, this process is neither quick nor seamless, with numerous redundancies and delays

for veterans. The perspective on ex-service personnel is very much of a “return to civilian status” once leaving service. Ex-service personnel are reabsorbed into the same systems they had previously left.

The United Kingdom has a long history of supporting its veterans either through commemorations, such as the ubiquitous Poppy Appeal launched by the Royal British Legion; the Royal Hospital Chelsea, which provides accommodation and care for British Army veterans dating from 1692; or the establishment of the NHS following World War II to provide health care for all, inclusive of veterans returning home from war.⁵² In recent years, a number of efforts emerging from the government have indicated a new level of involvement and investment in veteran outcomes. This support emerged after 2012, when concern that veterans were improperly supported led Prime Minister David Cameron to appoint Lord Michael Ashcroft, a member of the Privy Council, to conduct a review of veteran transition, which was published in 2014.⁵³ The Veterans’ Transition Review comprehensively examined various life domains—economic, health, and housing, among others—of service leavers to construct recommendations for U.K. government and the MOD to take regarding education and training, resettlement and employment, housing, health, welfare and the third sector, financial support, and information provision.⁵⁴ The report led to a number of changes across the sector.

The primary responsible party for policy affecting the armed forces community is the Minister for Defence People and Veterans, who works across the Cabinet Office and MOD and is appointed by Parliament.⁵⁵ The minister is responsible for Defense Medical Services (DMS) and the Armed Forces Covenant, launched in 2016, which serves as a nationwide pledge encompassing government and business to support those who have served.⁵⁶ Furthermore, the ministerial position indicates the responsibility of the MOD for the well-being of the entire military community including service personnel, families, and veterans.

The covenant and the 2018 “Strategy for Our Veterans” serve as the guiding principles for how government, organizations, and corporate partners work to support veterans across the U.K. The covenant is a voluntary pledge that organizations and companies sign to express specific support to the military community. The 2018 “Strategy for Our Veterans” is a U.K.-wide vision that aims “to make the U.K. the best place in the world to be a veteran.”⁵⁷ The core premise of the strategy is that British service personnel, veterans, and their families should not be disadvantaged due to their military service. The U.K., Scottish, and Welsh governments have endorsed the Strategy for Our Veterans, with the U.K. government consulting for Northern Ireland.

The covenant is managed by the Armed Forces Covenant Fund Trust, from which £10 million a year goes to support the armed forces community. The trust awards grants against four themes: measures to integrate military and civilian communities, support during and after service, removal of barriers to family life, and provision of non-core health care needs. Each of the local authorities in Great Britain has committed to implementing the covenant. One outstanding project that should provide clarity to the space is a “Map of Need,” commissioned in 2017 and not yet scheduled for release, that will examine the kinds of services being sought and where.⁵⁸ Corporate representatives interviewed for this project seemed to feel pressure or expectation to participate in the covenant, even though they support the guiding principles within their own work. In comparison, charities expressed the belief that the covenant is largely toothless, with no enforcement mechanisms even within government agencies. Indeed, the covenant has no legal obligations or accountability for those who adopt it. It is backed by robust financial investments, although it is not clear whether these funds are as readily available and accessible for smaller charities and support services, particularly in devolved regions such as Northern Ireland.

The covenant spurred a multitude of efforts by the U.K. government to ensure that military service does not put the armed forces community at a disadvantage compared with other British citizens. Though created by the MOD, the covenant is a whole-of-government approach to supporting veterans and military-connected individuals. In 2017, for instance, the government launched the Veterans’ Gateway to serve as a veteran’s first point of contact when seeking support. A consortium of organizations uses a referral process that works with social workers to place veterans and their families with the appropriate

organization for their needs.⁵⁹ Referral organizations are charities and not formally part of the government system. This contrasts with the United States, which due to its large and diverse charity sector, further compounded by differences in provision between states, has been unable to create a comprehensive rating system or nonprofit guide for veterans' use. The Veterans' Gateway provides assistance with housing, employment, finances, living independently, mental well-being, physical health, and family and communities, and allows veterans to search by locale and service.

Many people working in the space were adamant that the covenant does not give veterans an advantage over other citizens but instead is designed to ensure they do not experience worse outcomes due to their service. The cultural grain of the country runs against special treatment of specific groups with more effective support emerging organically; some stakeholders expressed concern about the risk of backlash arising should veterans be advantaged, given that many others serve society as well. Similarly, attention to potential veteran advantage is informed by cultural reticence to making big shows of emotion, including for veterans or the nation. While the covenant is somewhat of a symbolic gesture, other government initiatives provide specific goals for supporting veterans through the government and charity sectors.

The 2018 "Strategy for Our Veterans" is an ambitious vision that names five cross-cutting factors and six key themes to set the delivery of public services, adding specificity and policy guidance to the overarching support laid out by the Covenant. The five key factors aim to improve: collaboration between organizations, coordination of veterans' services, data on the veteran community, public perception and understanding, and recognition of veterans. These factors nest with the six broad themes: community and relationships; employment, education, and skills; finance and debt; health and well-being; making a home in civilian society; and veterans and the law.⁶⁰

In late 2019, the government announced the new Office of Veterans Affairs sitting in the Cabinet Office, jointly run by the Cabinet Minister and the Minister of Defence People and Veterans.⁶¹ Its location in the Cabinet Office gives it gravitas and indicates its cross-cutting ability. Stood up to address the fragmented way support currently is offered, it is designed to provide a centralized office to coordinate effort. Researchers and supporters interviewed for this project expressed belief that the office will provide focus and better guidance to the third sector. Furthermore, identifying lack of data as having negatively impacted the ability to address outcomes, the March 2021 census in England, Scotland, and Wales will include a question about military service to provide much-needed data on veterans.⁶² This question fits under the strategy's cross-cutting "data on the veteran community" factor and will be a significant aid in decisionmaking. The question about prior service will not be included when Northern Ireland runs its own census, however, because the information was considered too sensitive.

Data collection is one of the government's main goals, and one that will provide a baseline of information that researchers and supporters can reference. Many individuals cited the need for comprehensive and disaggregated data pertaining to demography, geography, and health outcomes. This should include data on women, commonwealth citizens, and black, Asian, and minority ethnic (BAME) individuals. When released, the proposed regional map of need, will be an asset to ongoing initiatives. A few data points not specifically addressed but which would support the U.K. in providing comprehensive care moving forward would include: information on commonwealth and non-U.K. service members and veterans; rates of sexual assault and harassment in service, plus identifying the impact of military sexual trauma on life after service; regular collection of rates of post-traumatic stress and veteran suicide; and the state of military spouse and children outcomes.

National Health Service

Armed forces personnel traverse two medical systems: the NHS and DMS. The MOD covers operational health care, occupational health, mental health as tied to occupational health, rehabilitation, primary health, dental, and specialist care through the DMS. NHS covers almost all the rest of health care including maternity, cancer, and heart treatment.⁶³ Armed forces personnel access medical care through DMS, NHS, and armed forces charities. While serving service members use DMS, their families utilize

NHS. A service member transitions from NHS care to DMS during serving, and back to NHS when leaving the armed forces. Between these two systems, continuity of care is provided, but the transition between the two is not always straightforward.

For veterans transitioning out of service, there is a six-month window in which medical records should be transferred from DMS to NHS, though this process is sometimes imperfect. For veterans with significant injuries, the Seriously Injured Leavers Protocol facilitates a rigorous handover process to ensure continuity of care.⁶⁴ For veterans who are not medically discharged or in need of immediate mental health care, the process is less straightforward. The transfer of service member health records back to the NHS has caused some difficulty in accurately and effectively tracking veterans seeking health services, particularly secondary care services such as mental health treatment. Medical records are transferred largely by hand from DMS to NHS, creating logistical and procedural hurdles for veterans seeking care. The health transfer process nests within a larger trend showing many general practitioners (GPs) are unsure of how many veterans are in their practice, which can negatively impact their ability to provide competent care. Currently, NHS does not normalize a veteran screening question, which not only could help GPs contextualize patient care, but act as a referenceable code in a patient's record. A pilot program called the Veteran Universal Passport sought to give veterans a health care passport containing their personal health care records in order to facilitate continuity of care. Recently independently reviewed, the scheme seems initially successful.⁶⁵

Inherent to care for veterans under the Armed Forces Covenant within the NHS system is the guidance that veterans should receive "priority treatment" in the health care system for issues stemming from service. NHS care is premised on an idea of "clinical need and not on the background, occupation or category of a patient," complicating priority treatment for veterans within the larger system.⁶⁶ Furthermore, NHS operates on a rationing-based system to be able to provide care for everyone across the nation: the National Institute for Health and Care Excellence serves to provide "national guidance and advice to improve health and social care."⁶⁷ The community that supports veterans navigates this tension between desire to support veterans and national guidelines to treat all citizens as equal; many reiterate the concept of ensuring veterans have "no disadvantage" due to their service when discussing their place in the medical system.

In the United States, recognition of the need for culturally competent care for veterans has led to concerns that it cannot be found outside the Veterans Health Administration. For example, the Association of American Medical Colleges and American Academy of Nursing both have examined and advocated for cultural competent and socio-cultural data to be included in training to eliminate status-based differences.⁶⁸ In the United Kingdom, as a generally held principle, veterans should have culturally competent GPs in the NHS system. Because many veterans feel their service-specific needs are insufficiently addressed, NHS is working toward more robust cultural competency training through the Royal College of General Practitioners, which hosts a "veteran friendly" accreditation for armed forces surgeries and hospital trusts. The Royal College of General Practitioners has outlined "veteran friendly" as: screening new patients for past military service and recording that response on the GP computer system, assigning a clinical lead for veterans who participates in veteran-specific training, and eligible practices should be evaluated as "good" or higher in the NHS rating system.⁶⁹ Once accredited, practices receive additional information and training. Health Education England also hosts online education courses for practitioners.⁷⁰

Mental health services in general are oversubscribed in the United Kingdom; NHS England noticed this gap and has increased funding for cognitive behavioral therapy and mental health services as a result. However, NHS does not have a great track record providing mental health care to veterans specifically.⁷¹ Transition Intervention Liaison Services is "is a dedicated local-community-based service for veterans and those transitioning out of the armed forces with a discharge date," managed through regional NHS surgeries.⁷² It primarily provides mental health care for transitioning veterans though also can include assistance with housing, employment, alcohol misuse, and social support.⁷³ It includes Complex Treatment Services, which "provides a range of intensive care and treatment for people with military

related complex mental health difficulties.” Government-supported health care is supplemented by specific services offered by the charity sector.

The NHS has conducted significant work in past years to provide better primary and critical care for veterans. Recognized next steps for implementation aim to instill a veteran screening question that is recorded in a patient’s record for continuity of care and ensure veterans are receiving proper diagnoses of mental health conditions linked to service.

CHARITABLE SECTOR

As in the United States, a significant inflection point for the armed forces charitable sector in the U.K. was its participation in the conflicts resulting from 9/11, which led to dramatic expansion in the number and types of charities. There are an estimated 1,888 registered armed forces charities in the United Kingdom: 1,575 in England and Wales, 251 in Scotland, and 22 in Northern Ireland.⁷⁴ Of the 1,888 total organizations, 40 provide services across the U.K., primarily in England, Scotland, and Wales. The charitable sector that supports veterans in the United Kingdom supplements core essential services the government provides. Comprised primarily of charities that provide support to the armed forces community and heritage organizations that commemorate various units, this sector largely arose after World War I to fill gaps in government services. Charities that address needs of the veteran community comprise 82.7 percent of armed forces charities; heritage charities are the remainder.⁷⁵

There are six types of organizations in the charity sector: welfare charities, service funds charities, heritage charities, associations, association branches, and mixed-type charities.⁷⁶ Welfare charities deliver relief in need and include grant-making charities. Service funds charities provide facilities and services. These organizations often deal with what is considered “wounded, injured, and sick” veterans. The welfare charity sub-sector accounts for two-thirds of income in the space and is a volatile sector, experiencing turnover as charities open and close.⁷⁷ The sector is fairly collaborative, boasting a number of umbrella groups and referral organizations that are cross-cutting.

While the sector is fairly stable in size and services provided, it is grappling with changes to veteran demographics: the number of veterans has decreased by half in the past 20 years, with the expectation that it will do so again in the next 20 years. As in the United States, the U.K. veteran population is aging and experiences a higher degree of complex health and social needs. By 2028, the veteran population is expected to decrease from 2.5 million to 1.6 million.⁷⁸ Perhaps unsurprisingly, there has been slight shrinkage of the sector in the past decade, declining from 2,237 charities in 2014 to 1,888 in 2019.⁷⁹ Scotland and England have the most developed charity sectors, with English charities often providing services for Wales. Of charities closing, Scottish charities are closing at a proportionally faster rate than charities in England and Wales, noticeable in part because the sector in Scotland itself is small. As previously mentioned, the largest organizations provide services across the devolved nations.

In 2018, the sector had a total annual income of £1.1 billion with £939 million in expenses.⁸⁰ Welfare charities account for two-thirds of the total charity income and 67.8 percent of spending across the charity sector; service funds and heritage charities account for 16.2 percent of income and 11.7 percent of spending; associations, despite being the most common type of armed forces charity, both generate and spend very little comparably, with roughly 4.3 percent of income and 5.8 percent of spending.⁸¹ Charity size impacts large differences in charity contributions: small charities make up the majority of armed forces charities, totaling 1,319, yet only contribute 2 percent to the sector, while the largest 45 charities account for 74 percent of the sector’s income.⁸² Larger charities often also make grants to other charities.

As in the United States, some consider the number of charities confusing and difficult to navigate.⁸³ Major players include the Royal British Legion, which provides direct services and case workers; Help for Heroes, which provides services for wounded veterans; SSAFA, which provides case workers to sort and assign veterans in need to specific organizations; ABF The Soldiers’ Charity (formerly the Army Benevolent Fund), which supports soldiers in need; and Combat Stress, the U.K.’s largest veterans’

mental health organization.⁸⁴ As noted above, and similar to the United States, the dominant U.K. charities not only have name recognition but generate the majority of income in the space.

Charities offer services and support to the entire military community—serving personnel, veterans, and families—however, because charities predominantly provide assistance to veterans in need, they serve a small group of the overall veteran population. Said differently, because the majority of veterans transition without experiencing an issue stemming from service, charities never see the majority of veterans. This support is usually direct support to veterans in need either through cash grants, “white goods” (household appliances), or other financial assistance. Charities also offer some direct service programming, though not with the same breadth as in the United States.

The process for veterans seeking assistance is fairly straightforward: seeking help through the one-stop-shop of Veterans Gateway, a caseworker is then assigned through SSAFA or a similar organization to assess a veteran’s need (elder care, financial support, etc.), and then connects the veteran to the appropriate organization. These organizations, including regimental associations, then offer assistance or guidance. Some veterans go directly to the largest organizations for assistance, which follow similar processes.

The primary differences between the United Kingdom’s third sector and the United States’ sea of goodwill are the reflective and strategic nature of charities in the sector. While U.K. charities work closely with the government, they rarely lobby on policy issues, and work to hand back services to government agencies. The U.K. welfare state is committed to providing a wealth of support across life domains; while charities emerged to support unaddressed needs in the veteran space, some of the services provided may fall under the purview of the government, leading to ongoing debate over what services should be handed back.⁸⁵ In conversations with nonprofit researchers and directors, they were adamant that while the landscape was not always collaborative or straightforward, it has seen significant progress in the past few years. The most acute health needs already are supported by the government through the NHS, and the strong welfare state provides a baseline of support for all. The third sector is generally seen as adequately filling remaining gaps for those who seek out additional assistance. However, while in the United States a growing amount of attention has been paid to the specific needs of various veteran subpopulations—such as women, LGBT individuals, racial/ethnic minorities, students, those with “bad paper,” or those who served in particular eras—much less attention has been paid to the possibility of these groups facing different challenges in the U.K. An exception is those who are involved in justice related issues.

Two cross-cutting factors, “collaboration between organisations” and “co-ordination of Veterans’ services,” detailed in the government’s “Veterans Strategy,” have the potential to significantly impact the third sector.⁸⁶ The 2028 goal is to improve collaboration between veteran charities and make consistent aims and principles in the space. The strategy aims to make the support network more holistic through collaboration to minimize the number of times a veteran will have to provide his or her background to an organization.⁸⁷ Furthermore, the strategy aims to build better coordination between public, private, and charitable sectors. The government-led covenant and strategy raise a long-standing debate in the charity space of what degree of government support is appropriate.

For instance, the most prominent charities have not resolved the question “Do we think we should exist?” Because many organizations emerged to temporarily fill gaps in services, a guiding question is whether the government should be doing more or offering these services, an debate over which charities constantly seek to find balance. The increased governmental role in past years, including initiatives under the Strategy for Veterans and Office of Veterans Affairs, may start to redefine essential charity work. Next steps for charities, both jointly and in collaboration with the government, will be to examine the services small organizations provide at the local and regional levels to identify gaps in services or coordination. More comprehensive information about the veteran community via data capture will provide armed forces charities and nonprofits more broadly with concrete information on how to support the community.

CORPORATE SECTOR

The United States has influenced U.K. corporate veteran support through exposure and guidance from cross-national and global companies involved in the so-called “sea of goodwill” stateside. U.K. companies try to keep pace with a changing landscape, one component of which has been transition programs and veteran recruitment. The smaller size of the veteran support ecosystem in the United Kingdom led to closer ties between government and corporate actors that allows for coordination and expedience instituting programs to support the military community. One aspect of this relationship is the push-pull between the government’s encouragement to sign and support the Armed Forces Covenant and the increasing interest from companies to employ and support British veterans. A number of U.K.-based companies started their own veteran hiring initiatives out of a desire to diversify the talent pool and a recognition that veterans are an asset to companies due to their problem-solving skills and leadership experience, among other attributes. Corporations, which see high-performing veterans who have adjusted well to civilian life, express frustration over negative narratives in the press and in fictional television programs about poor veteran outcomes (the stereotype that veterans are “mad, bad, or sad”), which impede this work.⁸⁸ In fact, the original Veterans’ Transition Review identified the need for perceptions of service leavers to change, a theme that holds in the United States with the hero/broken individual dichotomy.⁸⁹

The government attempts to recognize employer initiatives and facilitate veteran employment transition through a few programs. First, to recognize business support for the armed forces community, the government hosts the Defence Employer Recognition Scheme (ERS), which awards Gold, Silver, and Bronze awards based off assessment criteria that outline corporate support for veterans and reservists.⁹⁰ An estimated 1,300 organizations participate in the scheme, with 28 organizations, referred to as the Alumni Group, holding a Gold ERS award. The majority of this group is composed of banks, accounting firms, and defense contractors.⁹¹ Scale and broad scope seem to be a trend through those corporations interested in participating and successful when they do.

Because the third sector largely addresses relief in need and this typically manifests months or years after leaving the service, charities’ involvement in veteran transition is minimal. However, some of the larger organizations do facilitate a degree of employment support. The closeness of the U.K. government and business is further evidenced by veteran transition support. MOD facilitates resettlement and transition programs for service leavers, one component of which is Defence Relationship Management (DRM), which manages military community employment, partnering with organizations to support the Armed Forces Covenant and build corporate partnerships.⁹² In addition to supporting employment for reservists, spouses, and cadets, DRM supports follow-on employment for veterans through a few schemes. The primary transition and resettlement program is the Career Transition Partnership (CTP), which supports career transition and employment for regular members upon leaving the service.⁹³ The MOD contracts Right Management, part of ManpowerGroup, to run CTP, which provides support during the two years before and after a service member leaves regular service. Similar to the U.S. Department of Defense’s SkillBridge program, CTP offers a number of vocational training courses for service leavers to take, tailored to different sectors.⁹⁴ Corporate actors invested in hiring and supporting veterans largely expressed discontent about CTP training, arguing it is not the right standard and not fit for purpose.⁹⁵ Instead, corporate actors thought CTP should be better able to respond to demands from the market and tailored to industry sectors, which should be a demand of MOD in its contract with Right Management.

On the corporate side, companies have started their own initiatives to support and facilitate veterans transitioning into their businesses. Barclays Bank and Deloitte do significant work in the veteran space. Barclays Military & Veterans Outreach (MVO) offers: Armed Forces Banking (AFB), a suite of banking products and services to meet the unique needs of the military community; the Armed Forces Transition, Employment & Resettlement (AFTER), which supports veterans in transition; and is a founding member of Veteran Employment Transition Support Programme (VETS), a coalition of companies that support veterans finding the right job.⁹⁶ VETS is a collaboration of corporate, charity, and government partners

seeking to fill skill gaps and show the value proposition of veteran workers that offers veterans access to mentors, training and pre-employment support, and access to jobs through its consortium network.⁹⁷ While many companies see veterans as assets to their businesses, convincing others to work with the consortium sometimes requires working directly with employers to address instilled misperceptions. One key next step for VETS is breaking down perceptions of veterans to expand the conversation around the country.

Deloitte is a standout actor not only for veteran hiring support but investment in research, support programs, and changing the narrative about veterans. Starting in 2012, Deloitte launched a number of initiatives to support veterans. Seeing a spike in veterans applying for positions at Deloitte, the company launched the Deloitte Military Transition and Talent Programme (DMTTP) to provide support to military veterans through the application process. DMTTP sits under Deloitte's "One Million Futures" initiative, which aims to help one million British citizens get support through education and employment opportunities.⁹⁸ In 2016, Deloitte launched the Veterans Work portfolio to examine evidence-based insights on veterans in the workplace, and has subsequently published two reports on veteran outcomes.⁹⁹ Veterans Work has surpassed Deloitte to become its own brand, providing research and insight into the veteran employment and business space in the United Kingdom.

The first report, "Veterans Work: Recognising the potential of ex-service personnel," sought to answer whether employing veterans and reservists can be good for society and business.¹⁰⁰ The 2016 paper assessed how veterans were faring in employment situations nationwide, and largely found that veterans were assets to a work environment, in line with what Deloitte had witnessed internally with their own veteran hires. It furthermore found organizations that have employed veterans are largely supportive of hiring veterans and see a value proposition in veteran experiences and skill sets. The second report, "Veterans Work: Moving On," included a veteran perspective and key findings on transition.¹⁰¹ It sought to ask what motivates veterans and how they can be successful in the workplace, finding veteran employment is fairly strong throughout the U.K. Specifically, 81 percent of veterans have paid employment, though the population is fairly geographically immobile, which may exclude them from other job opportunities.¹⁰² As is seen in the United States and reflected in previous CNAS research, veterans interviewed for the Veterans Work report expressed difficulty finding the right job immediately following service.¹⁰³ This trend is exacerbated by a lack of employment opportunities in rural areas where many military bases are located. The report identified tension between veterans' expectations regarding work-life balance and employment opportunities as well as some differences between officers and enlisted, women and men.

Most veterans transition out of service with few issues and few veterans struggle overall, though those who do comprise a disproportionate amount of the narrative. Through its Veterans Work research, Deloitte is working to change the narrative around hiring veterans. One shift is away from seeing veteran hiring as a charity case and toward it being a business case recognizing their contributions, earning potential, and benefits to a company. Veterans Work also has released three short films for three target audiences—veterans, employers and hiring managers, and individuals with existing biases—to broaden the conversation.¹⁰⁴ In January 2020, Deloitte hosted "Veterans Work: The Debate," featuring representatives from Deloitte, the MOD, and veterans to debate stereotypes and myths about veterans.¹⁰⁵ These initiatives aim to showcase veteran assets, which run in contradiction to charity and media narratives that feed into the mad, bad, or sad representation of veterans.

The overall goal is to shift from the government pushing veterans into employment to employers themselves seeing the business case for hiring veterans and recruiting them. The accompanying change among those who support veteran employment should be research that informs decisionmaking about hiring veterans to make the business case. Comparatively, numerous banks, defense contractors, and other corporations have evidenced the business case in the United States. Next steps in research include evaluating whether there are particular aspects of military service that are indicative of the traits needed for veterans to succeed in business and society.

Conclusion

Overall, veterans in the United Kingdom have a wide range of support available and are largely doing well. While the United Kingdom's veteran support landscape sometimes is seen as behind the United States' sea of goodwill, this is not evidenced today. In recent years the U.K. government has taken a larger role leading and organizing veteran support across the nation; this has led to significant positive movement across Britain (primarily England, Scotland, and Wales) and across sectors. This uptick in engagement comes after criticism that the U.K. government and veteran support sectors were, in fact, lacking, with gains seen since gaps were publicly identified.

As in the United States, stigmas and misconceptions about veterans abound in the United Kingdom. The use of "veteran" as a referenceable descriptor by the media when covering stories of perpetrators or criminals brings these perspectives into everyday life. The rhyming phrase "mad, bad, and sad" is seen as the pervasive media portrayal and understanding of veterans nationwide. Some researchers expressed dislike of using language such as "heroes" and "warriors" because it builds veterans up in the minds of the public and themselves, which could contribute to a reticence to seek help and support. The strategy notes that "public support for Veterans may be high but there is some misunderstanding of military life, compared to when most families included someone who had served."¹⁰⁶

Another of the strategy's cross-cutting factors is "public perception and understanding," with a goal for the U.K. population to value and understand veterans.¹⁰⁷ Some advocates in the space expressed concern that the covenant could foster the perspective that veterans are damaged or need assistance in some way because it aims to remove veteran disadvantage. Previous ministers of defence people expressed a desire to improve veteran recognition, which is not a traditional part of the British social canon. Similarly, corporate actors who regularly recruit and hire veterans have sought to focus on veterans as civic assets and good employees through efforts such as the Veterans Work videos "Not Only a Veteran" and "What Does an Idea Sound Like?"¹⁰⁸ The strategy acknowledges that understanding determines the climate into which a veteran returns, and that many hold incorrect beliefs about military service. It states, "a more nuanced public understanding of Veterans' experience, especially dispelling popular myths, would better enable improvements across all six key themes [of the strategy]."¹⁰⁹ However, these initiatives attempt to be cognizant of the cultural grain of the country, which is reluctant to make public displays of support or elevate a particular group.

By most measures, the NHS and charities are doing fairly well. Although the third sector provides less expansive services than in the United States, a centralized resource for veterans to seek care (the Veterans' Gateway) and welfare charities' ability to provide relief-in-need provides a safety net for veterans. The smaller scale of the U.K. sector facilitates opportunity for greater coordination among charities and business. The British welfare state provision of health care both guarantees medical coverage and brings veterans back into the civilian system. However, health care is run through each nation's NHS and varies by coverage, forms of care, and availability, though it is largely working to improve the quality of and access to care.

There do remain beneficial opportunities for intervention, primarily in regard to data collection and within the corporate sector. The lack of up-to-date or comprehensive data on veteran demographics and outcomes may be masking the reality of many veterans across the U.K. Additional data collection on minority groups (including women and individuals who are black, Asian, and minority ethnic) and outcomes (such as suicide and PTSD) is essential for continued progress in programming and support. Given the majority of veterans do well and charities support those in acute need, there are inroads to help veterans do even better economically and socially. While information providers should take additional steps to challenge perceptions of the armed forces community, corporations hold a unique ability to showcase the value of veteran employees and their skill set earned through service as they work to change the narrative around U.K. veterans.

Governmental, social, and historical differences between the United States and United Kingdom make them difficult to compare when it comes to support for veterans, but many of the same trends in outcomes and approach hold for both countries. The United States can learn from the degree to which the United Kingdom charity and government sectors are collaborative, while the United Kingdom can take lessons from enhanced levels of corporate engagement in the United States.



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- ¹⁶ Heads Together, <https://www.headstogether.org.uk/about/>.
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